

POLICY, PROCEDURES AND GUIDANCE FOR RESPONDING TO ALLEGATIONS OF ABUSE OR NEGLECT OF A CHILD AGAINST AN EMPLOYEE OF NHS VALE OF YORK CCG

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POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

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1. POLICY

- 1.1.1 Relevant legislation and statutory guidance:
- The Children Act 1989
 - The Children Act 2004
 - Working Together to Safeguard Children 2010
- 1.1.2 A child is defined as any person under the age of 18 years.
- 1.1.3 The policy applies irrespective of whether or not the allegation relates to current, recent or historical behaviour, to all situations which indicates that a person has:
- behaved in a way that has harmed a child, or may have harmed a child; *or*
 - possibly committed a criminal offence against or related to a child; *or*
 - behaved towards a child or children in a way that indicates s/he may pose a risk of harm to children.
- 1.1.4 NHS Vale of York CCG is subject to s11 of the Children Act 2004 which outlines specific organisations' roles & responsibilities in relation to safeguarding & promoting the welfare of children & young people. This organisation is committed to the need to safeguard and promote the welfare of children and takes seriously the health and welfare of children accessing its services and considers the welfare of children to be paramount.
- 1.1.5 The CCG will take all allegations of harm to children made against any member of the CCG or employee¹ seriously. Where such allegations are made the matter will always be responded to in line with the relevant Local Safeguarding Children Board procedures.
- 1.1.6 The CCG will support and advise member(s) of staff against whom the allegation has been made, in line with advice from the Local Authority Designated Officer (LADO) and subject to considerations relating to the integrity of an investigation.
- 1.1.7 The responsibility to investigate concerns rests with Children's Social Care and the Police, subject to advice from the LADO. Enquiries under s.47 of The Children Act 1989 (i.e. child protection enquiries) **always** take precedence over internal & disciplinary investigations.
- 1.1.8 All allegations and concerns relating to these procedures **must immediately** be reported to the line manager and the Designated Nurse for Safeguarding Children, who acts as the NHS Vale of York CCG Senior Managing Officer for Allegations Against Staff (SMO) (see Appendix 1). Failure to report or act upon information or a concern may result in disciplinary action.
- 1.1.9 The CCG will support any employee who reports legitimate concerns (e.g. under 'whistle blowing procedures' or through any other route) relating to the conduct of any member of staff in relation to a child/children.

¹ Throughout this document the term 'employee' or 'member of staff' will be used to mean any one who works for, or whose services are contracted by, the CCG, either in a paid or voluntary capacity, working on or off the CCG premises and sites.

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- 1.1.10 On becoming aware of an allegation of concerns reference should also be made to the CCG Performance Management, Disciplinary and Serious Untoward Incident Policies and Procedures, and North Yorkshire Safeguarding Children Board's "Procedures for Allegations Against Persons Working With Children including Volunteers & Foster carers".

2. PROCEDURE

2.1 Scope

- 2.1.1 This procedure applies to allegations where there is reasonable cause to suspect that a child (anyone under 18 years of age) is suffering, or is likely to suffer, significant harm as a consequence of the actions of any CCG member or employee. It also applies to cases where allegations are made that indicate that a person is unsuitable to work with children & young people in their current role, or in any capacity. This procedure should therefore be used in respect of all cases in which it is alleged that a person working within, for, or commissioned by the CCG, or a member of the CCG has:

- Behaved in a way that has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child; or
- Behaved towards a child or children in a way that indicates s/he may pose a risk of harm to children.

- 2.1.2 Allegations may arise in a number of ways and from a number of sources e.g. a concern, a suspicion, a complaint or report from a child, parent or other adult within or outside of the CCG, or from information arising from a disciplinary, criminal or child protection investigation.

- 2.1.3 This procedure applies to **all** information relating to 2.1.1 whether or not the person reporting wishes to make a formal complaint.

2.2 Initial Response

- 2.2.1 Any member of staff who has a concern or has received information that an employee has behaved in a way outlined in 2.1.1 **must** report this to the Senior Manager for Allegations Against Staff (SMO - see Appendix 1 for details) **without delay both verbally and in writing.**

- 2.2.2 The member of staff, or managers within the CCG, **must not** attempt to undertake any enquiries or to seek to determine whether the allegation is true or not.

- 2.2.3 However it is acknowledged that immediate action may need to be taken to protect the child/children (e.g. removal of a member of staff from the premises), and any evidence should be secured and preserved (e.g. mobile telephone, computer etc) subject to advice from the SMO, Police or Local Authority Designated Officer (LADO – see Appendix 1 for details).

- 2.2.4 The individual's line manager may make limited enquiries as to the whereabouts of the employee against whom the allegation has been made.

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- 2.2.5 No discussion should occur between any manager within the CCG and the employee against whom the allegation has been made prior to discussion with the SMO who will advise further.
- 2.2.6 Where it is believed that a child is at immediate risk, the Police should be contacted by telephoning 999.
- 2.2.7 If the SMO may be implicated in the allegation or there is a concern that they may not have followed the CCG procedures, then the matter should be reported directly to the LADO, & Safeguarding Children Lead within the CCG.
- 2.2.8 Where staff receive an allegation against someone working within another organisation this should be reported to the LADO, although advice may be sought from the SMO or Designated Nurse.
- 2.2.9 Any member of staff receiving details of an allegation or concern must make a full record of the allegation including:
- *when* the allegation was made,
 - *to whom* the allegation was made,
 - recording the actual words used by the child or whoever made the allegation, and
 - any actions taken.

This record should be signed, if possible, by the child or person making the allegation, dated, timed and held securely.

- 2.2.10 The line manager of the person receiving the allegation should collate all documentation & relevant information available at the time the allegation was made.
- 2.2.11 On receiving information regarding an allegation/concern the SMO will, prior to contacting the LADO, gather the following information in order to establish **the known facts** of the allegation:
- Names, addresses, and dates of birth of the child or children concerned, and the employee concerned;
 - Details of any potential witness to the event/concern;
 - Details of the employee's employment record, including any previous allegations/concerns;
 - The account of the person receiving the allegation or witnessing the event;
 - Information regarding any other known paid or voluntary work that the employee undertakes with either children or vulnerable adults;
 - Whether the employee has any children of their own or who they care for (such as grandchildren, step-children);
 - Any other information which may be of relevance;
 - Any actions already taken;
 - Information regarding the legal status of any particular child concerned.

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2.2.12 In all circumstances of concern or allegation being made, the SMO must consult with the LADO within one working day of the concern arising/the allegation being made. Following consultation by the SMO with the LADO & the Police, and agreement by these individuals the employee against whom an allegation has been made may be informed about the nature of the allegation, or that an allegation has been made.

2.3 Consultation with LADO

2.3.1 Consultation by the SMO with the LADO will consider:

- Is the allegation demonstrably false? i.e. is there clear evidence to suggest that the event(s) did not take place?
- Could the child have suffered/be at risk of suffering significant harm? If so, the LADO will consult with a Children's Social Care manager to consider convening a Child Protection Strategy Meeting under section 47 of The Children Act 1989.
- Could a criminal offence have been committed? If so, the LADO will consult with the Police to consider holding a Child Protection Strategy Meeting.
- Could the person have behaved towards a child in a way that indicates he/she is unsuitable to work with children? If so, an Allegations Against Staff Strategy Meeting will be held and the LADO will advise the CCG as to what action they should take.
- Does none of the above apply? If so, the LADO will advise what, if any, internal action should be taken by the CCG.

2.3.2 If an Allegations Against Staff Strategy Meeting is to be held then no action will be taken by the CCG prior to the outcome of the meeting, unless agreed with the LADO, Children's Social Care & the Police in order to provide information for the meeting or to safeguard the welfare of a child/children.

2.3.3 The CCG SMO and LADO will exchange confirmation in writing about their discussions, including any actions taken or planned, within 24 hours of that discussion.

2.3.4 Following informing the LADO, and subject to advice received, the SMO will also inform the following of the allegation, within one working day:

- The relevant Director of Human Resources
- NHS Vale of York CCG Lead for Safeguarding Children
- NHS Vale of York CCG Director of the service in which the employee against whom an allegation has been made normally works
- The Designated Nurse for Safeguarding Children

The purpose of informing the above is to indicate what action has been taken or is proposed, and to determine any immediate action necessary to protect the child(ren) or any other children with whom the employee may have access, and to protect any evidence. Consideration will be given as to whether the NHS Vale of York CCG Chief Operating Officer needs to be informed at this stage.

2.3.5 It is recognised that such allegations or concerns can have a profound effect on the

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victim, the employee against whom an allegation has been made and colleagues, and so it is essential that confidentiality is maintained with information only being shared with those who need to know about the allegation. Any breaches of confidentiality, beyond information sharing with those who need to know about the allegation, may result in disciplinary action being taken.

2.4 Referral to Children's Social Care

2.4.1 If child protection enquiries or a criminal investigation is initiated, the member of staff against whom the allegation has been made will be contacted (by a person agreed at the Allegations Against Staff Strategy Meeting) and told:

- The nature of the allegation;
- How the enquiries will be conducted;
- Any conditions preventing discussion/contact with relevant persons.

This information will be confirmed in writing to the member of staff against whom the allegation has been made.

2.4.2 The person against whom the allegation has been made should also be advised of:

- Their right to contact and seek advice from their Professional Association, Trade Union or a legal representative;
- The possible outcomes of the enquiries e.g. criminal and/or disciplinary action;
- Agreements for ongoing support and provision of information;
- How decisions will be made regarding referral for consideration of inclusion on those lists preventing or restricting their work with children and young people;
- Any information which will be passed to registering bodies e.g. Nursing and Midwifery Council, General Medical Council etc.

2.4.3 Allegations Strategy Meetings

2.4.4 The CCG SMO will discuss with the CCG Lead for Safeguarding Children who should attend the Allegations Against Staff Strategy Meeting to represent the CCG. Consideration should be given to the attendance of:

- Executive Lead for Safeguarding Children
- Relevant Director of Human Resources
- CCG Chief Operating Officer
- Designated Nurse &/or Doctor for Safeguarding Children
- NHS Vale of York CCG Senior Manager for Allegations Against Staff (SMO)
- Director/Manager of the member of staff against whom the allegation has been made
- Any other professional leads, as appropriate and agreed by the CCG Chief Operating Officer

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The employee who is the subject of the allegation **will not** be invited/entitled to attend the Strategy Meeting.

2.4.5 In addition to the initial Allegations Against Staff Strategy Meeting mentioned above, subsequent meetings will be held **at a minimum of monthly intervals** and must address (unless otherwise agreed by the LADO):

- Progress and results of enquiries;
- Investigation strategy;
- Agency cooperation;
- Outcome of objectives;
- Adherence to timescales;
- Reasons for any delays and, where appropriate, how these should be addressed and resolved, and by whom;
- Therapeutic and support needs of the child/children concerned;
- Support needs of staff who have received the allegation;
- How to manage any actual/potential media interest;
- Support for the member of staff against whom the allegation has been made;
- Appropriate applications for Criminal Injuries Compensation;
- Actions to be taken by the CCG;
- Future relevant needs of the CCG (and any other relevant organisations).

2.4.6 A final meeting will be held at the end of child protection enquiries or criminal investigation to review the case, categorise the allegation (see section G14) and plan any further actions required, including any issues to be shared with the Local Safeguarding Children Board or the CCG regarding need for procedural review, training, risk management etc.

2.4.7 Outcomes of any CCG internal procedures must be reported to the LADO & the Chair of the Allegations Against Staff Strategy Meeting.

2.4.8 If the allegations are **substantiated** then the internal CCG process will be dealt with under the CCG Disciplinary Policy & Procedures. This should also include the CCG undertaking an internal enquiry to ascertain what lessons can be learned by the organisation and how to apply those lessons.

2.4.9 Consideration must also be given as to the need to inform relevant professional bodies such as GMC, NMC etc. and the Disclosure & Barring Service, of the substantiated allegation.

2.5 When an Allegation is Unsubstantiated

2.5.1 Where, following Police or Children's Social Care investigations, it is concluded that the allegation is unsubstantiated, the chair of the Allegations Against Staff Strategy Meeting will prepare a report of the enquiry and forward this to the NHS Vale of York CCG Senior

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Manager for Allegations Against Staff (SMO), to enable to the CCG to consider what further action, if any, should be taken.

- 2.5.2 Allegations may be unsubstantiated from a criminal perspective either because they do not reach the threshold for criminal prosecution, or because a person has not been convicted on the burden of proof of 'beyond all reasonable doubt', or because it is not perceived to be in the public interest to proceed with a prosecution. However, there may be sufficient evidence for the case to be considered under internal CCG disciplinary procedures, where the burden of proof is on 'the balance of probability'.
- 2.5.3 Consideration must also be given by the CCG as to the need to inform any professional regulatory body (e.g. NMC, GMC etc.) or the Disclosure & Barring Service of the unsubstantiated allegation.
- 2.5.4 Where concerns remain about an employee's conduct or behaviour in relation to children, internal enquiries should continue and may include the commissioning of a specialist assessment to consider the risk that the employee/volunteer may pose.
- 2.5.5 Where the employee is also employed by another employer, the CCG will consider the necessity to inform that employer of any relevant concerns. A balance will need to be struck between maintaining the employee's confidentiality, and breaching that confidentiality if it is in the wider public interest to do so. Information will only be disclosed on a 'need to know' basis.
- 2.5.6 Where the allegation is demonstrably false it must be considered whether the child is in need of any services from any relevant organisation, or whether the child may have been harmed or abused by someone else.
- 2.5.7 The investigation will continue to completion, irrespective of whether the person remains employed (on a paid or voluntary capacity) by the CCG.

2.6 Action on Conclusion of the Case

- 2.6.1 Investigations into allegations against employees, including the outcome, will be placed on the employee's personal file. Where it is found that the employee **did not** commit the alleged act or that there are no grounds for concern, the employee should be notified in writing of the decision and that no further action will be taken. The CCG will consider the employee's need for ongoing support e.g. counselling.
- 2.6.2 If an allegation is substantiated (whether or not the person is dismissed, or the CCG ceases to use the person's services, or the person resigns or stops providing services), the CCG SMO and the LADO will discuss the need to inform any professional regulatory body (e.g. NMC, GMC etc) or the Disclosure & Barring Service of the unsubstantiated allegation. If such a referral is to be made it should be made within **1 month** of the conclusion of the case.
- 2.6.3 In all cases where the allegation is substantiated, disciplinary proceedings will be instigated by the CCG.
- 2.6.4 If on conclusion of the case it is decided that the person who has been under investigation is to return to work, the CCG SMO should advise the relevant Director(s)/ Managers how best to facilitate this, and what support may facilitate the employee to

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do so after what has, most probably, been a very stressful experience. This should include consideration of contact with the person(s) who made the allegation and/or the child who was the subject of the allegation, and any needs for monitoring or training (and where appropriate the parameters e.g. time frame/review periods for such monitoring or training).

2.7 Monitoring

2.7.1 The LADO will report regularly to the CCG SMO:

- Any instances where the CCG has failed to deal with an allegation in accordance with the CCG or North Yorkshire Safeguarding Children Board Allegations Against Staff Procedures;
- Any concerns regarding interagency working in respect to an allegation against a member of staff.

2.7.2 An Annual Report will be provided by the LADO to the relevant Safeguarding Children Board which will include:

- Number of allegations by category;
- Number of allegations by agency;
- Number of Allegations Against Staff Strategy Meetings held;
- Number of Children's Social Care enquiries held;
- Number of Police investigations held;
- Number of employee disciplinary investigations held;
- Outcomes of the above (substantiated, unsubstantiated, unfounded, deliberately invented/malicious);
- Timescales adherence;
- Procedural compliance;
- Interagency issues.

3. GUIDANCE

Children can be subjected to abuse by those who work with them in any and every setting. All allegations of abuse or maltreatment of children by a professional, staff member or volunteer must therefore be taken seriously & treated in accordance with relevant CCG & Local Safeguarding Children Board procedures.

3.1 Definitions

3.1.1 A child is a boy or girl who has not yet reached their eighteenth birthday.

3.1.2 Physical Abuse

A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical

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harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. (DCSF 2013)

3.1.3 Emotional Abuse

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone. (DCSF2013)

3.1.4 Neglect

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers);
or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. (DfE 2013)

3.1.5 Sexual Abuse

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. (DfE 2013)

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- 3.1.6 Physical intervention or the restraint of a child is permitted where it is believed that the child poses a risk to themselves, others or a serious risk to property. However, the use of pre-emptive or inappropriate restraint may be considered abusive.
- 3.1.7 Allegations of child abuse may be either regarding CURRENT abuse or HISTORICAL abuse, i.e. abuse that is ongoing or recent, or abuse that occurred a number of years ago. Whether or not an allegation against an employee is regarding current or historical abuse, that allegation must be acted upon as per these procedures.

3.2 Guidance Re Scope

- 3.2.1 If concerns arise about the person's behaviour in regard to his/her own children or occurring outside of their employment with the CCG, Police &/or Children's Social Care will inform the CCG in order to assess whether there may be implications for children with whom the person has contact through their work.
- 3.2.2 All allegations should, in the first instance, be considered as requiring a child protection response. However, following an Allegations Strategy Meeting, less serious allegations may be dealt with under the CCG performance management, disciplinary or complaints processes.
- 3.2.3 Any allegation made against a member of CCG staff of the physical punishment of a child whilst carrying out their duties should be dealt with under these procedures.
- 3.2.4 Other situations where these procedures apply include:
- Abuse of trust – involving a child in sexual activities where a professional relationship of trust exists;
 - Grooming – developing a relationship with a child or young person with the intention of perpetrating sexual harm;
 - Offences suggesting a person may pose a risk of harm to children, including:
 - Possession of child pornography;
 - Serious assault on an adult;
 - Perpetration of domestic abuse;
 - Serious drug offences;
 - Cumulative concerns, including multiple unfounded / inconclusive allegations of abuse;
 - Concerns indicating neglect or emotional harm;
 - Allegations of abuse relating to an employee/volunteer's previous employment or events in their past.

3.3 Guidance Re Strategy Meetings

- 3.3.1 It is not the role of the Allegations Strategy Meeting(s) to decide whether a person should be suspended, although the meeting may recommend a course of action regarding suspension. Therefore, the CCG will consider whether the employee against whom the allegation has been made should be suspended (without prejudice), or re-deployed to a non-patient/client area.
- 3.3.2 Once the an employee has been made aware of the allegation they should be treated

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fairly, with honesty and be offered support throughout the investigation process, as should other members of staff affected by the situation. The concerns should be clearly explained to them (where appropriate and as recommended by the Strategy Meeting), as should the employment processes regarding the allegation, with details of timescales and personnel involved.

- 3.3.3 The pace of internal processes will often be dependent upon enquiries made by other agencies, such as Children's Social Care & the Police. However, all internal processes must be completed as quickly as possible, without impeding a thorough investigation. The member of staff/volunteer should be advised to seek support from their union or professional body, and be made aware of the support available within the CCG.
- 3.3.4 When reaching decisions on further actions, the members of the Allegations Strategy Meeting will balance the welfare of the child (which must remain paramount) and the interests of the member of staff.

3.4 Guidance Re Suspension

- 3.4.1 The CCG must decide whether it is necessary to suspend, without prejudice, during investigation, the employee against whom the allegation has been made. This decision must be very carefully considered and should not be undertaken without good reason. The decision should be made with the advice of the Police if there is a belief that a criminal offence may have been committed. The advice of an Employment Law specialist may also need to be considered.
- 3.4.2 Suspension should always be considered where:
- There is cause to suspect a child is at risk of significant harm; or
 - The allegation warrants investigation by the police, or
 - The allegation is so serious that it might be grounds for dismissal, or
 - Where it is necessary to allow the conduct of an investigation to proceed unimpeded.

3.5 Risk Assessment

- 3.5.1 A Risk Assessment must be completed by Human Resources, in consultation with the SMO, to determine whether the member of staff should be suspended. This Assessment must be recorded and a copy kept on file.
- 3.5.2 Any decision to suspend a member of staff must always involve the relevant Human Resources department, and the need to seek legal advice should be considered. The SMO cannot make decisions about suspension, but will offer advice to the relevant Human Resources department regarding the child safeguarding/protection issues.
- 3.5.3 In the case of an incident where it is not practicable to obtain immediate advice, for example at the weekend, a reasonable course of action as an interim measure would be to send the individual(s) home. Although legally this may be regarded as a suspension, at this stage the proper process of suspension will not have been taken. Also, the action is reversible should the Head of Human Resources, in consultation with the SMO, subsequently decide to take alternative action. If the decision is subsequently to

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suspend, then the normal process should be carried out immediately.

- 3.5.4 The suspension must be carried out face to face with the member of staff concerned, wherever possible. He/she should be provided with the opportunity to be accompanied at the meeting to suspend him or her by a Trade Union or professional association representative, or a work colleague.
- 3.5.5 The process must be handled sensitively. The member of staff should be informed that an allegation has been made against him/her and that suspension is being considered as a precautionary measure pending a full investigation of the case. The member of staff should be given as much information **as is consistent with not interfering with an investigation into the allegation, and as agreed with the SMO and LADO**. The member of staff should be informed that his/her status is not affected by the suspension.
- 3.5.6 When called to an interview where suspension is a possible outcome, the member of staff should be advised to seek the advice and assistance of his or her Trade Union or professional association. A work colleague may assist an individual who is not a member of either a Trade Union or Professional Association.
- 3.5.7 Given the need to preserve all available forensic evidence, the member of staff should be asked to return any patient records or CCG documentation, keys, mobile phones and laptops (including any devices which may allow the individual to gain access to any IT facilities such as SystemOne or CCG intranet sites), and including declaration of computer passwords as appropriate and under supervision, and to collect any personal belongings which he/she might require during the period of suspension.
- 3.5.8 It may also be appropriate to seek to agree with the member of staff what his/her colleagues will be told concerning the reason for his/her absence.
- 3.5.9 Written confirmation of the suspension should be despatched within one working day, giving the reasons for suspension. Wherever possible, written confirmation should be prepared and handed to the individual at the meeting.
- 3.5.10 Where suspension is considered appropriate the CCG should also consider if possible alternatives to suspension could be used e.g. transfer of duties not involving contact with children, additional supervision/support.

3.6 Guidance Regarding Confidentiality

- 3.6.1 It is recognised that allegations of abuse or harm to a child can have a profound effect on the victim & his/her family, the employee against whom the allegation was made, and colleagues of the employee. For this reason it is imperative that all concerned understand the need to maintain the confidentiality of those affected.
- 3.6.2 All information shared should only be on a **'need-to-know' basis**, with all decisions, including the rationale for those decisions, regarding the sharing, or withholding, of information carefully recorded and stored securely.

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3.7 Support for the Child & Family Who Have Made the Allegation

- 3.7.1 Abuse or harm of a child is serious and causes the child & their family significant levels of distress.
- 3.7.2 Mechanisms of support for the child & family should always be discussed at the Allegations Against Staff initial Strategy Meeting. It is probable that a Social Worker will be allocated to be involved in the investigation & will also have a role in supporting the child & family.
- 3.7.3 A representative of the CCG should also be appointed to support the child & family throughout the process of the investigation, and to provide them with relevant information to ensure that their rights are respected, and that they feel listened to & supported. Where possible the family should initially be offered the support of a member of staff already known to them.

3.8 Support for the Employee Against Whom the Allegation Has Been Made

- 3.8.1 NHS Vale of York CCG accepts that it is distressing for an employee if an allegation is made against them, and as part of the CCG's duty of care undertakes to ensure that the employee has appropriate support. This support will be given both during the investigation (and the employee's suspension, if this step has been taken) & beyond its completion if necessary. Support offered and given must be handled sensitively & carefully to ensure that no evidence is lost or contaminated; advice may need to be sought from the police as to boundaries of support offered.
- 3.8.2 As soon as an employee is made aware of the allegation or concerns, a named person (selected in consultation with the employee) should be identified to act as a support for the employee and to ensure that communication is effective between all parties concerned. The employee must be made aware that any information which they share with the named person may have to be passed on to the Police, Children's Social Services or the CCG if felt to be relevant to the investigation.
- 3.8.3 The employee should be advised to seek legal advice & to contact their union and/or professional body.

3.9 Legal Considerations

- 3.9.1 Enquiries into allegations made against an employee of NHS Vale of York CCG may commonly involve three related strands:
- Child protection enquiries, relating to the safety & welfare of children;
 - Police enquiries into a possible criminal offence;
 - Disciplinary procedures, where an allegation may amount to misconduct.
- 3.9.2 Whilst these three related strands add complexity, it is essential that enquiries adhere as far as possible to accepted investigative practice, with the child's welfare ALWAYS considered paramount.

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3.9.3 Criminal Investigation may be undertaken by the Police, who have a duty & responsibility to investigate all potentially criminal offences.

3.10 General Principles and Guidance

3.10.1 All allegations should be responded to with common sense and will always entail discussion and advice with the SMO, and a Designated Nurse or Doctor for the CCG as well as advice from Human Resources.

3.10.2 Investigations should be proportionate to the circumstances of the allegation, its seriousness and the impact on the child/children.

3.10.3 Consideration of and investigations into allegations should be expeditious, fair, thorough and independent.

3.10.4 Those considering / investigating allegations should always be alert to signs or patterns which indicate that abuse could be widespread or organised, either within or outside of the organisation where the person works, and where appropriate initiate the North Yorkshire Safeguarding Children Board Complex Abuse Procedures

3.10.5 Where investigation of the allegation is required this could involve:

- A police investigation of a possible criminal offence;
- Enquiries and assessment by Children's Social Care about whether a child is in need of protection and/or services;
- Consideration of disciplinary action.

3.10.6 Whilst the purpose of Children Act 1989 (section 47) is to allow the Local Authority to assess whether legal action should be taken to protect a child, the Local Authority has a general duty to safeguard and promote the welfare of children in need in their area (Children Act 1989 & 2004). Consequently, allegations against those who work with children may not strictly amount to 'section 47 enquiries' (where the allegation relates to the persons work), however similar processes should be followed to determine the action necessary to safeguard the welfare of the child/ren.

3.10.7 The child/ren concerned should receive appropriate support.

3.10.8 The child/ren concerned and their parents/carers should be helped to understand the process and kept informed throughout. However, the LADO should be consulted regarding when and how to inform parents / child(ren) to ensure that this does not impede the proper exercise of enquiry, disciplinary or investigative processes.

3.10.9 The CCG should, as soon as possible, inform the employee against whom an allegation has been made, about the nature of the allegation, how enquiries will be conducted and the possible outcome. **However, the LADO should be consulted before informing the member of staff, to ensure that this does not impede the proper exercise of enquiry, disciplinary or investigative processes.**

3.10.10 The employee against whom an allegation has been made should be: treated fairly and honestly; provided with support; helped to understand the concerns expressed and processes; kept informed of the progress and outcome of any investigation and the

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implications for any disciplinary or related process. They should be advised to contact their union or professional association and/or seek legal advice. Human Resources should be consulted at the earliest opportunity in order that appropriate support can be provided via the CCG's occupational health or employee welfare arrangements. If the person against whom an allegation has been made is suspended, the CCG should make arrangements to ensure that they are informed about developments in the workplace.

- 3.10.11 Other than in an emergency no action should be taken by Police and Children's Social Care before consulting with the LADO.
- 3.10.12 Investigating agencies (police & Children's Social Care) should, in all child protection enquiries, specifically ask about any current or previous work with children or young people, (paid or voluntary) undertaken by the person who is subject of the allegation. Where the person who is being investigated works within the NHS, Children's Social Care &/or Police have a duty to inform the NHS employer of the person being investigated.
- 3.10.13 If any person suspects that an allegation is not being properly responded to, they should report this to the LADO.
- 3.10.14 Enquiries must be conducted within confidentiality principles in order that information can be given freely and without fear of victimisation, and that the rights of all parties are preserved. Every effort should be made to maintain confidentiality and guard against publicity while an allegation is being investigated / considered. Information therefore should be restricted to those who have a 'need to know' in order to: protect children; facilitate enquiries/investigations; and manage related disciplinary or complaint procedures.
- 3.10.15 The Police should take the lead on whether information is given to the press or media, and only after a person is charged with an offence, (except in exceptional circumstances e.g. an appeal to trace a suspect. In such cases, the reasons should be documented, and partner agencies consulted, before any information is released to the media.)
- 3.10.16 When there is insufficient evidence to support a criminal prosecution, disciplinary or regulatory procedures may still be appropriate, as the level of evidence required in these is 'the balance of probabilities' rather than 'beyond reasonable doubt' as in criminal investigations.
- 3.10.17 Arrangements should be in place to ensure that evidence/information gathered in the course of a Children's Social Care enquiry or Police investigation are made available to the employer for disciplinary, regulatory or complaint proceedings.
- 3.10.18 Following the conclusion of child protection and criminal processes, if further enquiries are pursued for the purpose of a disciplinary, regulatory or complaint investigation, this should be arranged in a way that, wherever possible, avoids the repeated interviewing of children or other vulnerable witnesses. It may therefore be necessary for those who conducted the initial enquiry or investigation to give statements for evidence at any disciplinary or similar hearing.
- 3.10.19 If an allegation relating to a child is made about a person who also undertakes paid or unpaid care of vulnerable adults, the CCG Adults Safeguarding Procedures should be

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followed.

- 3.10.20 Every effort should be made to reach a conclusion in all cases, including those where the person refuses to cooperate and/or ceases to provide their services (e.g. resigns or retires), in order to establish if the allegation is substantiated. **'Compromise agreements' must not be used** i.e. where a member of staff agrees to resign and a future reference is agreed.
- 3.10.21 The disciplinary policies, 'whistle blowing' and any other allegations procedures of the CCG should reflect this guidance and procedures.

3.11 Conflict of Interest

- 3.11.1 It is essential that all allegations are considered objectively.
- 3.11.2 Any person involved in the consideration and/or investigation of an allegation must declare any possible conflict of interest in their personal or professional life e.g. if the allegation relates to someone known to them such as a relative, friend, colleague, (including colleagues worked with regularly in another agency,) or someone from an organisation to which they are affiliated e.g. religious, social, etc.
- 3.11.3 When enquiries/ investigations are required there should be due consideration given to ensuring objectivity by, for example,
- Use of staff within the organisation who are sufficiently separate from the line management of those against whom the allegation is made;
 - An arrangement with another police authority/ local authority;
 - The appointment of independent investigator(s) to undertake the investigation or oversee the process.

3.12 Record Keeping

- 3.12.1 All involved should keep clear and comprehensive records. The CCG SMO should compile a summary of: the allegation, actions taken, decisions made and reasons for them and, on completion, provide a copy to the employee. The CCG records should be retained on the employee's confidential personal file until normal retirement age or for ten years, whichever is the longer. Where disciplinary action has been taken and if it is a Child Protection matter, the CCG reserves the right to retain the documentation indefinitely.
- 3.12.2 Where a child has made an allegation, a copy of the statement or the record made of it should be kept on the section of the child's records which is not open to disclosure, together with a written record of the outcome of the investigation.

3.13 Timescales

- 3.13.1 It is in everyone's interest for cases to be dealt with as quickly as possible whilst ensuring any investigations are sufficiently thorough. *Working Together to Safeguard Children (DfES, 2010)* suggests target indicative timescales which are reflected in these

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procedures. These should be achievable in most cases, however there is recognition that more serious or complex investigations may take longer.

3.14 Allegation Categories

- 3.14.1 **Unsubstantiated:** Where there is *insufficient evidence* to prove or disprove the allegation.
- 3.14.2 **Unfounded:** Where there is evidence that *disproves* the allegation.
- 3.14.3 **Deliberately invented/malicious:** There is evidence that not only disproves the allegation, but also proves a *deliberate intent to deceive*.
- 3.14.4 **Displaced:** When an allegation is made *to draw attention to child protection issues* elsewhere.
- 3.14.5 **Misinterpreted:** A *misunderstanding*, e.g. where inaccurate meaning has been ascribed to words or actions.
- 3.14.6 **Substantiated.**

4. ASSOCIATED DOCUMENTS

This policy should be read in conjunction with:

- NHS Vale of York CCG Child Protection Policy;
- NHS Vale of York CCG Whistleblowing Policy; and
- North Yorkshire or City of York Safeguarding Children Boards Allegations Against Persons Working With Children including Volunteers and Foster carers.

5. IMPACT ANALYSIS

5.1 Equality

In developing this policy an equalities impact analysis has been undertaken. As a result of performing the analysis, this policy does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage. VoY CCG is committed to ensuring that patients whose first language is not English receive the information they need and are able to communicate appropriately with healthcare professionals. All information in relation to the complaints process is available in alternative languages and formats upon request.

Every complainant is dealt with as an individual and spoken with to agree their preferred outcome and how we will maintain contact. Adjustments are made on an individual basis.

We seek views of complainants at the end of the process for their input on whether the complaints process was followed to their satisfaction. An equality and diversity monitoring form accompanies the survey which is completed voluntarily.

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A copy of the completed Equality Impact Analysis can be found at Appendix 3.

5.2 Sustainability

The Sustainability Impact Assessment identifies two positive impacts in relation to this policy or the CCG's sustainability themes. These relate to teleconferencing and electronic documentation and meeting management. See Appendix 4

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CONTACT DETAILS:

Senior Manager for Allegations Against Staff (SMO),
NHS Vale of York CCG:

Sue Roughton, Designated Nurse, Nurse Consultant for Safeguarding Children 07946-337290
or sue.roughton@nhs.net

NORTH YORKSHIRE COUNTY COUNCIL LOCAL AUTHORITY DESIGNATED OFFICERS (LADOS)
Karen Lewis 01609 534200 & Dave Peat 01609 535646 for Scarborough, Ryedale, Hambleton
& Richmondshire
Rosemary Cannell 01609 534974 & Susan Crawford 01609 532152 for Harrogate, Selby, Skipton
CITY OF YORK UNITARY AUTHORITY LOCAL AUTHORITY DESIGNATED OFFICER:

Joe Cocker
City of York Safeguarding Children Board Manager
CYSCB, Ashbank, 1 Shipton Road, York, YO24 4JA.
Mobile: 0771 7571801
Tel: 01904 555695
Email: joe.cocker@york.gov.uk

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6. APPENDIX 1: ROLES & RESPONSIBILITIES

6.1 Role of Senior Manager for Allegations Against Staff (SMO)

6.1.1 The Senior Managers for Allegations Against Staff have overall responsibility for ensuring that procedures are followed at an operational level.

6.1.2 The Senior Managers for Allegations Against Staff responsibilities include:

- Ensuring that the CCG procedures regarding Allegations Against Staff are properly applied & implemented;
- Providing advice, information & guidance for the CCG staff;
- Being the Senior Manager/individual within each CCG to whom ALL allegations or concerns are reported;
- Clarifying information regarding details of specific allegations;
- Gathering any additional information which may have a bearing on the allegation, e.g. previous known concerns, other related incidents etc;
- Providing the subject of the allegation with information, & advising them to inform their union or professional body, in accordance with advice from the LADO;
- Requesting advice from Children's Social Care should the allegation be unfounded, as the child or young person may be in need of services themselves, or the Police may need to be involved if the allegation is deemed to be deliberately malicious or invented;
- Attending Allegations Strategy Meetings where required;
- Liaison with the Human Resources lead where employers disciplinary action may be required;
- Ensuring that risk assessments are undertaken as & when required;
- Ensuring that effective reporting & recording systems are in place, which allow for the tracking of allegations through to the final outcome;
- Undertaking appropriate checks with data which the CCG may hold;
- Providing reports and information as required, to the CCG, Police, Children's Social Care & LADO;
- Raising awareness of the need to empower children and young people who are in vulnerable positions, by ensuring that the CCG maintains a whistle blowing policy & complaints procedure;
- Ensuring that appropriate relevant training programmes are in place for CCG staff;
- Ensuring that relevant support programmes are in place for staff, parents, children & young people in relation to allegations against staff.

6.1.3 Within NHS Vale of York CCG the role of Senior Manager for Allegations Against Staff (SMO) role is undertaken by the Designated Nurse for Safeguarding Children (See contacts section for contact details)

6.2 The Local Authority Designated Officer (LADO)

6.2.1 Local Authorities (LAs) should designate officer(s), Local Authority Designated Officer, (LADO) to:

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- be involved in the management & oversight of individual cases:
- provide advice & guidance to employers & voluntary organisations;
- liaise with the Police & other relevant agencies
- monitor the progress of cases to ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process.

6.2.2 The LADO for City of York Council is the City of York Safeguarding Children Board Manager. (See contacts section for contact details).

6.2.3 The LADO's for North Yorkshire County Council are the 3 Education Safeguarding Managers covering North Yorkshire in their respective geographical areas (See contacts section for contact details).

6.3 Police Authority Designated Officer (PADO)

6.3.1 The Police Authority Designated Officer role is to:

- Liaise with the LADO
- Take part in Allegations Against Staff Strategy Meetings
- Review the progress of cases where there is a police investigation
- Share information as appropriate on completion of an investigation or prosecution.

(See contacts section for contact details)

6.4 Allegations Against Staff Strategy Meetings

6.4.1 Membership:

In the interests of confidentiality Allegations Against Staff Strategy Meetings membership should be kept to the minimum necessary to undertake the task. The LADO, in consultation with the SMO and/or PADO will agree who needs to attend. Membership should include:

- A Chair – this should be a Senior Manager of at least the CCG Executive Lead for Safeguarding Children, or equivalent from another agency;
- A nominated minute taker (not the Chair);
- Social Care Manager & worker appointed to undertake any Child Protection enquiries;
- PADO & officer appointed to undertake any police enquiries;
- LADO;
- NHS Vale of York CCG SMO;
- Human Resources lead (or deputy);
- Consultant paediatrician if the child may have suffered physical or sexual abuse;
- Designated Nurse &/or Designated Doctor for Safeguarding Children where allegation or 'witnesses' relate to a member of health staff.

Others who may be asked to attend as appropriate are:

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- Legal Advisor;
- Representatives of other Local Authorities e.g. if the child(ren) is residing outside of their 'home' authority e.g. at residential school, foster placement etc., or the employee against whom the allegation has been made works in more than one local authority area, or lives and works in different local authority areas;
- Those responsible for the regulation, registration &/or inspection of the unit/staff member/placement e.g. CQC, OfSTED, NMC, GMC, etc.;
- Fostering/placement manager if the child is Looked After by the Local Authority;
- Any other relevant professional who has information or professional expertise which could assist the meeting.

NB: where the representative of an agency is implicated through an accusation of collusion or failure to respond to previous complaints/allegations, consideration will be given to excluding that person from the meeting.

6.4.2 Purpose of Meeting:

- Share all relevant information;
- Consider the current allegation or concern & review any previous allegations or concerns made against the employee or the organisation;
- Consider the risk to the child/other children and, if appropriate, vulnerable adults;
- Decide whether there should be a Child Protection Enquiry (under section 47 of The Children Act 1989) and/or a criminal investigation;
- Scope & plan any Child Protection Enquiry (under section 47 of The Children Act 1989) and/or a criminal investigation;
- Consider, if a Child Protection Enquiry is appropriate, whether a complex abuse investigation is applicable;
- Establish a clear action plan and allocate tasks;
- Identify who may need to be interviewed e.g. witnesses, staff, children;
- Set time scales;
- Decide who to inform and when;
- Make recommendations regarding immediate suspension without prejudice, disciplinary, competency, regulatory or complaint procedures be undertaken;
- Agree criteria for a re-referral should new evidence come to light which suggests that a further Allegations Against Staff Strategy meeting needs to be convened;
- Consider how to manage any media interest.

6.4.3 Additional Considerations:

The meeting should, where appropriate:

- Ensure that all children who may have been affected are identified and considered, including any children the person has contact with in their professional and personal

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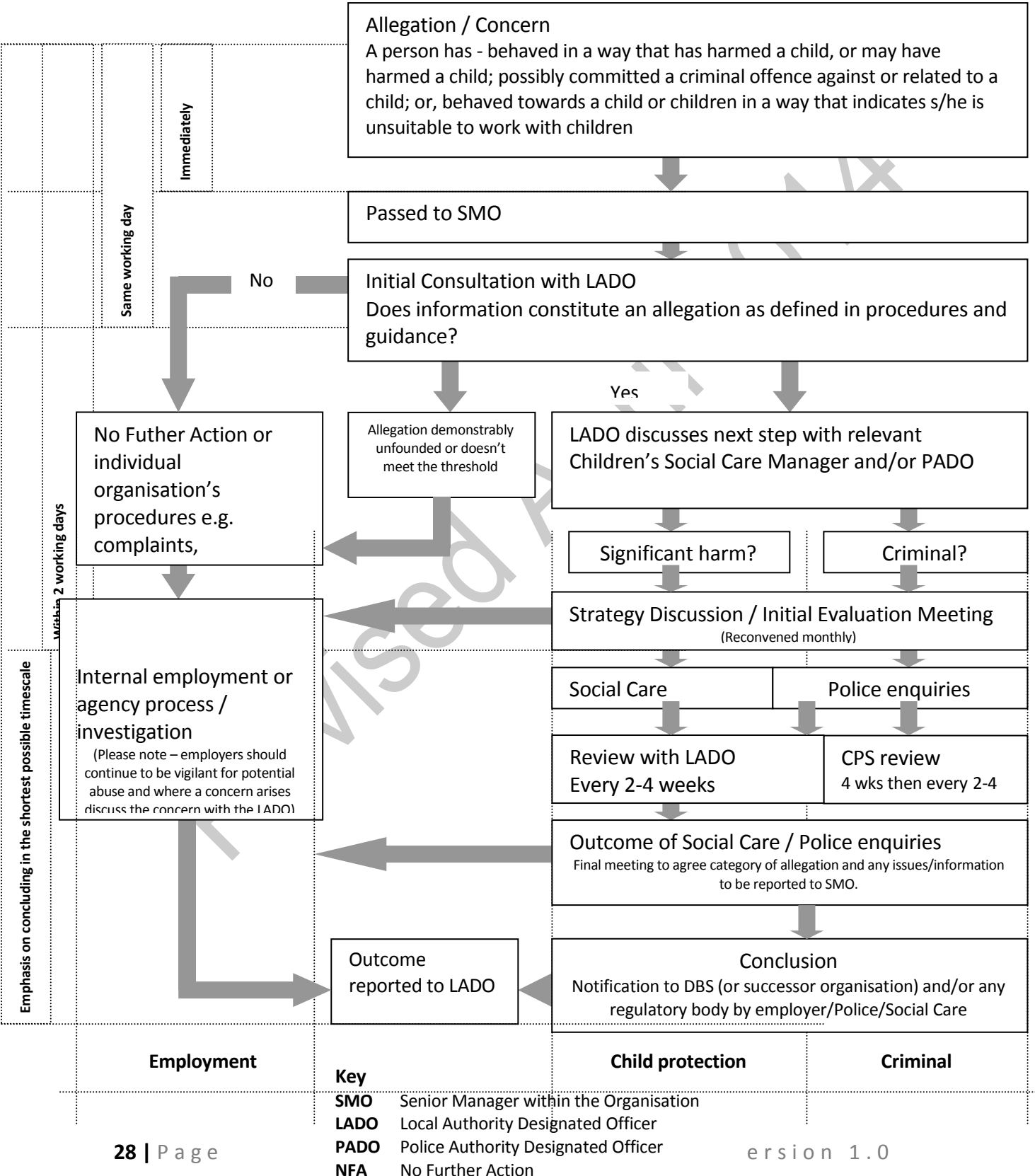
life e.g. own children, children of relatives and friends and children the person has contact with in any other paid or voluntary work;

- Ensure that the child and witnesses are supported, and make plans to address any identified needs;
- Recommend to the CCG any action required to protect the interests of children whilst enquiries are conducted, including suspension or alternatives to suspension;
- Consider what action may be taken if an the CCG Chief Operating Officer refuses to suspend or transfer the member of staff as recommended by the meeting;
- Agree any conditions to be placed on the employee regarding discussion/contact with any colleagues from the CCG, and children and their parents. (Contact should normally only be prevented where potential witnesses could be intimidated or otherwise be at risk, or such contact would interfere with an investigation).
- Make arrangements to inform the child and parents of any children who may have been harmed and other child witness to be interviewed, and consider how they will be involved, supported and information provided to them during any enquiries or investigation;
- Make any necessary arrangements for individual support for all other persons, including children, parents and staff of the establishment. This could include Trade Union representation and/or legal representation as appropriate;
- Consider if any other agencies or organisations should be informed, including any regulatory or professional registering body and agree who will undertake this;
- Agree the initial information to be shared with the employee who is the subject of the allegation, and who will undertake this;
- Make arrangements for the ongoing support and provision of information to the staff member who is the subject of the allegation, and determine who will undertake this;
- Make arrangements to notify the CCG Chief Operating Officer;
- Agree what information will be shared with other staff within the CCG, and who will undertake this;
- Agree what information will be shared with children and their parents, including those with parental responsibility in the case of Looked After Children;
- Agree how any anticipated media interest will be managed, and by whom;
- Agree arrangements for regular ongoing information updates to the LADO/PADO;
- Agree arrangements for any necessary ongoing information updates to the Strategy Meeting members, and recognise that the meeting may need to be quickly reconvened if information comes to light which necessitates a review of the agreed strategy;
- Set a date for the next Allegations Against Staff Strategy Meeting which should take place within 1 month.

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7. APPENDIX 2: FLOWCHART:

City of York and North Yorkshire Safeguarding Children’s Board’s Allegations against people working with children flow chart



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8. APPENDIX 3: EQUALITY IMPACT ANALYSIS

1. Equality Impact Analysis									
Policy / Project / Function:	Policy, procedures and guidance for responding to allegations of abuse or neglect of a child against an employee of NHS Vale of York CCG								
Date of Analysis:	June 2014								
This Equality Impact Analysis was completed by: (Name and Department)									
What are the aims and intended effects of this policy, project or function ?	<p>To provide assurance that the organisation has appropriate systems, policies and procedures to manage allegations of abuse and neglect of a child by CCG employees.</p> <p>This policy is intended to benefit all employees of Vale of York CCG in executing their role and responsibilities for safeguarding children.</p> <p>Whilst the policy does not aim to promote age or disability equality, it does enable the organisation to make reasonable adjustments to ensure that the different needs of children are met, and vulnerable children are protected. It promotes human rights, in that it enables allegations to be properly investigated and enables children to access the human right to live a life that is free from abuse and neglect. Adults identifying children at risk of abuse or neglect should be able to access public organisations for appropriate interventions.</p>								
Please list any other policies that are related to or referred to as part of this analysis?									
Who does the policy, project or function affect ?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Employees</td> <td style="width: 30%; text-align: center;">✓</td> </tr> <tr> <td>Members of the Public</td> <td style="text-align: center;">✓</td> </tr> <tr> <td>Service Users</td> <td style="text-align: center;">✓</td> </tr> <tr> <td>Other (List Below)</td> <td></td> </tr> </table>	Employees	✓	Members of the Public	✓	Service Users	✓	Other (List Below)	
Employees	✓								
Members of the Public	✓								
Service Users	✓								
Other (List Below)									
Please Tick ✓									

2. Equality Impact Analysis: Screening					
	Could this policy have a positive impact on...		Could this policy have a negative impact		Is there any evidence which already exists from previous (e.g. from previous engagement) to evidence this impact
	Yes	No	Yes	No	
Race					There may be cultural differences in raising children to understand - what might seem acceptable in one family or community may be deemed inappropriate in another. There may be lack of awareness or training in relation to cultural differences. Staff may need to access to interpreting and translation services if allegations of neglect or abuse is made by families where English is not their first language. Guidance should be available in a variety of media and languages so that families and carer's have an understanding of services available and the processes of sharing information when there are safeguarding concerns.
Age					Allegations of abuse and neglect may be received from young persons inexperienced to making complaints.
Sexual Orientation					
Disabled People					
Gender					
Transgender People					
Pregnancy and Maternity					
Marital Status					
Religion and Belief					
Reasoning	Policy and procedures are clearly aimed at safeguarding children equally, regardless of gender, disability, race, religion or belief or sexual orientation and taking into account their particular vulnerabilities.				

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3. Equality Impact Analysis: Local Profile Data

Local Profile/Demography of the Groups affected (population figures)	
General	
Age	
Race	
Sex	
Gender reassignment	
Disability	23,225 persons where day-to-day activities limited a lot
Sexual Orientation	
Religion, faith and belief	
Marriage and civil partnership	
Pregnancy and maternity	

1. Equality Impact Analysis: Equality Data Available

<p>Is any Equality Data available relating to the use or implementation of this policy, project or function? Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine <i>Protected Characteristics</i> – referred to hereafter as ‘<i>Equality Groups</i>’.</p> <p>Examples of <i>Equality Data</i> include: (this list is not definitive)</p> <ol style="list-style-type: none"> 1. Application success rates <i>Equality Groups</i> 2. Complaints by <i>Equality Groups</i> 3. Service usage and withdrawal of services by <i>Equality Groups</i> 4. Grievances or decisions upheld and dismissed by <i>Equality Groups</i> 5. Previous EIAs 	<p>No</p> <p>Where you have answered yes, please incorporate this data when performing the <i>Equality Impact Assessment Test</i> (the next section of this document).</p>
<p>List any Consultation e.g. with employees, service users, Unions or members of the public that has taken place in the development or implementation of this policy, project or function</p>	
<p>Promoting Inclusivity How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation</p>	

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4. Equality Impact Analysis: Assessment Test				
What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by <i>The Equality Act 2010</i> ?				
Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and if applicable, justification where a Genuine Determining Reason exists
Gender (Men and Women)				
Race (All Racial Groups)				
Disability (Mental and Physical)				
Religion or Belief				
Sexual Orientation (Heterosexual, Homosexual and Bisexual)				
Pregnancy and Maternity				
Transgender				
Marital Status				
Age				

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5. Action Planning				
As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by <i>The Equality Act 2010</i>				
Identified Risk:	Recommended Actions:	Responsible Lead:	Completion Date:	Review Date:

6. Equality Impact Analysis Findings			
Rating	Impact	Actions	Wording for Policy / Project / Function
Red Stop and remove the policy	Red: As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i> . It is recommended that the use of the policy be suspended until further work or analysis is performed.	Remove the policy Complete the action plan above to identify the areas of discrimination and the work or actions which needs to be carried out to minimise the risk of discrimination.	No wording needed as policy is being removed

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6. Equality Impact Analysis Findings			
Rating	Impact	Actions	Wording for Policy / Project / Function
Red Amber Continue the policy	As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i> . However, a genuine determining reason may exist that could legitimise or justify the use of this policy and further professional advice should be taken.	<p>The policy can be published with the EIA</p> <ul style="list-style-type: none"> List the justification of the discrimination and source the evidence (i.e. clinical need as advised by NICE). Consider if there are any potential actions which would reduce the risk of discrimination. Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date. 	<p>As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i>. However, a genuine determining reason exists which justifies the use of this policy and further professional advice.</p> <p>[Insert what the discrimination is and the justification of the discrimination plus any actions which could help what reduce the risk]</p>

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6. Equality Impact Analysis Findings			
Rating	Impact	Actions	Wording for Policy / Project / Function
Amber Adjust the Policy	As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the <i>Action Planning</i> section of this document.	<p>The policy can be published with the EIA</p> <ul style="list-style-type: none"> • The policy can still be published but the Action Plan must be monitored to ensure that work is being carried out to remove or reduce the discrimination. • Any changes identified and made to the service/policy/ strategy etc. should be included in the policy. • Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date. 	<p>As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the <i>Action Planning</i> section of this document.</p> <p>[Insert what the discrimination is and what work will be carried out to reduce/eliminate the risk]</p>

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6. Equality Impact Analysis Findings			
Rating	Impact	Actions	Wording for Policy / Project / Function
Green No Major Change	As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.	The policy can be published with the EIA Another EIA must be completed if the policy is changed, reviewed or if any discrimination is identified at a later date	As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.
Brief Summary/Further comments			
Approved By:	Name	Job Title	Date

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9. APPENDIX 4: SUSTAINABILITY IMPACT ASSESSMENT

Staff preparing a policy, Governing Body (or Sub-Committee) report, service development plan or project are required to complete a Sustainability Impact Assessment (SIA). The purpose of this SIA is to record any positive or negative impacts that this is likely to have on sustainability.

Key: to Impact of Activity Ratings

-1	Negative	0	Neutral	1	Poistive
1	Positive	?	Unknown	N/a	Not Applicable

Title of the document	Policy, procedures and guidance for responding to allegations of abuse or neglect of a child against an employee of NHS Vale of York CCG
What is the main purpose of the document	Implement appropriate systems and procedures to respond to allegations in line with statutory responsibilities and duties.
Date completed	
Completed by	

Domain	Objectives	Rating	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Travel	Will it provide / improve / promote alternatives to car based transport? Will it support more efficient use of cars (car sharing, low emission vehicles, environmentally friendly fuels and technologies)? Will it reduce 'care miles' (telecare, care closer) to home? Will it promote active travel (cycling, walking)?	0		

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Domain	Objectives	Rating	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it improve access to opportunities and facilities for all groups?			
Procurement	<p>Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery?</p> <p>Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives?</p> <p>Will it promote ethical purchasing of goods or services?</p> <p>Will it promote greater efficiency of resource use?</p> <p>Will it obtain maximum value from pharmaceuticals and technologies (medicines management, prescribing, and supply chain)?</p> <p>Will it support local or regional supply chains?</p> <p>Will it promote access to local services (care closer to home)?</p> <p>Will it make current activities more efficient or alter service delivery models?</p>	0		
Facilities Management	<p>Will it reduce the amount of waste produced or increase the amount of waste recycled?</p> <p>Will it reduce water consumption?</p>	0		
Workforce	Will it provide employment opportunities for	0		

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Domain	Objectives	Rating	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	local people? Will it promote or support equal employment opportunities? Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)? Will it offer employment opportunities to disadvantaged groups?			
Community Engagement	Will it promote health and sustainable development? Have you sought the views of our communities in relation to the impact on sustainable development for this activity?	0		
Buildings	Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)? Will it increase safety and security in new buildings and developments? Will it reduce greenhouse gas emissions from transport (choice of mode of transport, reducing need to travel)? Will it provide sympathetic and appropriate landscaping around new development? Will it improve access to the built environment?	0		

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Domain	Objectives	Rating	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Adaptation to Climate Change	Will it support the plan for the likely effects of climate change (e.g. identifying vulnerable groups; contingency planning for flood, heat wave and other weather extremes)?	0		
Models of Care	<p>Will it minimise 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes?</p> <p>Will it promote prevention and self-management?</p> <p>Will it provide evidence-based, personalised care that achieves the best possible outcomes with the resources available?</p> <p>Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways?</p>	0		