



## Surrey & Sussex Healthcare NHS Trust

**An Organisation-wide Policy for management of allegations made against an employee, volunteer, or any other person contracted to work within the Trust.**

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EIA Status	Complete (April 2013)
This policy is available on request in different formats and languages from the Policy Coordinator / PALS.	
The latest approved version of this document supercedes all other versions. Upon receipt of the latest approved versions all other version should be destroyed, unless specifically stated that the previous version(s) are to remain extant. If in any doubt please contact the document owner or Policy Coordinator.	

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Management of allegations of abuse of a patient made against an employee, volunteer or any other person contracted to work within the Trust

<b>Change history</b>			
<b>Version</b>	<b>Date</b>	<b>Author/Procedure Lead</b>	<b>Details of change</b>
1	2009	Vikki Carruth	New Policy
2	2013	Fiona Crimmins Safeguarding Adults Lead	Updated February 2013

## 1. Introduction

This policy is aimed at All staff, volunteers and any other person contracted to work within the Trust

Patients can be subjected to abuse by those working with them in any and every setting. All allegations of abuse or maltreatment of a patient by a person working within the Trust must therefore be taken seriously and treated in accordance with Trust Procedures.

The Surrey Multi-agency procedures outline the process of the management of allegations against any adult who works with patients.

Surrey and Sussex Healthcare NHS Trust is a partner of the Local Safeguarding Adults and Children's Board in both Surrey and Sussex and as such, has an organisational responsibility to ensure that appropriate procedures are in place.

This policy applies to allegations of abuse where there is reasonable cause to believe a patient has suffered or is likely to suffer significant harm.

It also takes into account allegations of abuse made outside the workplace which may involve an adult or child at risk of significant harm. The nature of these allegations may indicate that the member of staff is unsuitable to work with patients in their present position or any capacity.

Staff who are the subject of criminal or legal proceedings outside of the Trust, should inform their manager in line with the Trust's CRB policy and procedures and contracts. An assessment of the risks will then be carried out in order to identify the continued suitability of their current role.

Under the terms of the Surrey Multi-agency Safeguarding adults procedure, the definition of the term vulnerable adult is "a person over the age of 18 years who has or appears to have a substantial physical disability, a sensory disability, a mental illness or a learning disability. A person may also be considered vulnerable by virtue of age, illness or injury. Whether or not a person is vulnerable in this case will depend upon surrounding circumstances, environment and each case must be judged on its own merits".

This policy should be used in respect of all cases in which it is alleged that a person who is working within the Trust has:-

- Behaved in a way that has harmed a vulnerable adult or may have harmed a vulnerable adult.
- Possibly committed a criminal offence against a vulnerable adult or related to a vulnerable adult.
- Behaved towards a vulnerable adult in a way that indicates they are unsuitable to work with a vulnerable adult.

Every situation must be judged on its own merit. All patients over the age of 18, must be referred to the Adult Safeguarding Team regardless of capacity or disability if they are involved in an allegation of abuse against a person working within the Trust.

There are 3 possible responses when considering the management of the allegation:-

1. A police investigation of a possible criminal offence.
2. Enquiries and assessment by Social Services about whether a vulnerable adult is in need of protection or in need of services.
3. An Internal Investigation in accordance with the Trust's Disciplinary Policy and Procedure (All cases).

Any person who comes in to the Trust as a patient or visitor should be safe from harm. Any allegations that a person working within the Trust has by their action contravened this principle will be taken seriously by the Trust. Please see section six regarding children.

## **2. Purpose**

The purpose of this policy is to ensure that all staff are aware that allegations against staff, volunteers or contractors are taken seriously and will be dealt with under the processes set out in this policy.

A patient can be subjected to abuse by those working with them in any and every setting. All allegations of abuse or maltreatment of a vulnerable adult, child or any

patient by a staff member or volunteer must therefore be taken seriously and treated in accordance with Trust Procedures.

All organisations which provide services for any people who are at higher risk of harm, or provide staff or volunteers to work with or care for adults or children at risk of harm should operate a procedure for handling such allegations.

Surrey and Sussex Healthcare NHS Trust is committed to Safeguarding and promoting the welfare of all patients. Any allegation will be managed in a way which ensures that the patient is protected from harm, that there is compliance with procedures and that the alleged abuser has the opportunity to respond in a manner which is fair and just.

The Trust Named Lead has overall responsibility for:-

- Ensuring that the organisation operates a procedure for dealing with an allegation in accordance with the Sussex and Surrey Safeguarding Adult multi-agency procedures.
- Resolving interagency issues.
- Liaising with the Local Safeguarding Board(s) on the subject.

The Trust Designated Lead has overall responsibility for ensuring that procedures are followed at an operational level.

Procedures should be applied with common sense and judgement. All allegations require immediate referral to the immediate manager/Matron in hours. The immediate manager/Matron should discuss with the Safeguarding Lead if on duty, if not they should contact Surrey Social Care Team. Some serious allegations may need to be reported by the manager/Matron/Safeguarding Lead directly to Social Care Team who will undertake an assessment of seriousness, apply a level of intervention and take the appropriate action in line with the multi agency procedures, this will include where appropriate liaison with the Police.

Out of hours all concerns should be directed to the Site Manager who will discuss with the Duty Matron 9-5 at weekends or the on call Senior Manager. This **must** also be reported to the Emergency Duty Social Work Team on 01483 517 899.

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It is important, however, to ensure that less serious allegations are also followed up appropriately and examined objectively by someone independent of the organisation.

All allegations must be followed up regardless of whether the person involved resigns from their post.

### **3. Definitions**

CRB Criminal Records Bureau

CQC Care Quality Commission

DBS Disclosure and Barring Service

IMCA Independent Mental Capacity Advocate

### **4. Duties**

The Safeguarding Vulnerable Adults Operational Lead and the Named Nurse for Safeguarding Children in conjunction with the Steering group is responsible for undertaking an assessment of current practice against the guidance, identifying any gaps in compliance, informing the Executive Lead (Chief Nurse), the Strategic Lead (Deputy Chief Nurse), the Clinical Audit Facilitator and Directorate Senior Management teams of the non compliance.

### **5. Procedure**

#### **Initial consideration**

When an allegation has been made by a patient, carer or visitor against a person working within the Trust, or there is a suspicion of abuse, the person receiving this information must inform their Line Manager immediately. The line manager should discuss it with the Trust Safeguarding Team if on duty. If an allegation is made outside of normal working hours, the On Call Senior Manager should be informed verbally via the Site Manager. The Executive on Call will also be advised.

If the Line Manager or On Call Senior Manager is the subject of the allegation, it should be reported directly to the Executive on Call. This should then be reported immediately to the Surrey Social Services Emergency Duty Team on 01483 517 899.

The immediate manager and Trust Safeguarding Team should be informed immediately if on duty or at the earliest opportunity. If on leave, the named alternative should be informed in their absence.

The person reporting the allegation must document what the allegation is and this must include time, date, name and signature. A Safeguarding Adult Alert form should be completed sent to the Social Care Team or to Emergency Duty Team if out of hours (see link below). A copy should be kept in the medical records for audit purposes.

<http://intranet.sash.nhs.uk/clinical-support/adult-safeguarding/referral-process/>

If the allegation is made outside of normal working hours, the On Call Senior Manager must contact the duty Social Worker on the number given above or via the hospital switchboard. The allegation must be processed by the Designated Senior Manager or representative at the beginning of the next working day.

The named Social Worker will initiate the investigation and determine its status. The Trust will make further enquiries if required. Information gathered will be shared with the named Social Worker in order to make a decision as to how to proceed.

If the allegation is such that it is clear that investigations by the Police and/or enquiries by Social Services are **NOT** necessary, the Social Worker will discuss the next steps with the Designated Senior Nurse/Manager for the area where the alert was raised.

In the event that the allegation, following an assessment of seriousness, does meet the threshold of intervention under the Surrey Safeguarding Adult procedures the Social Worker will make a referral to the Police to determine whether they need to be involved. They will also request that a Safeguarding Adults Planning Meeting is convened within 5 working days. This discussion will involve the Social Worker and the Designated Senior Nurse/Manager.

If the carers of the patient (where applicable) are not already aware of the allegation, the Social Worker and Designated Senior Nurse/Manager will discuss how and by whom they should be informed. In circumstances in which the Police or Social Services may be

involved, the Social Worker should consult relevant colleagues about how best to inform the carers. In some circumstances the Trust may need to advise them of an incident involving the patient straight away – e.g. when they have received an injury. If the patient has no non paid care workers an Independent Mental Capacity Advocate must be instructed. An IMCA can also be instructed if there are family members but they are unable or unwilling to advocate or if there is a concern that they may be abusing the patient.

The Trust may be informed of an incident that has occurred outside the organisation which may have implications for the suitability of a person working within the Trust to continue employment in their current capacity. In these circumstances, the Designated Senior Nurse/Manager should be informed at the earliest opportunity and will contact the Social Care Team to discuss how to proceed.

### **Actions following initial consideration**

In line with the Trusts Disciplinary Policy and Procedure and Safeguarding guidance, the person working within the Trust should be informed that an allegation has been made, what action will be taken i.e. suspension etc, but no information regarding the person making the allegation or the nature of the allegation should be given.

If there is Police involvement, their investigation must be carried out and completed prior to any interviews or investigation by the Trust.

It is necessary to suspend Trust investigations until the Police have informed the Trust that they are not proceeding with a criminal investigation. Where the initial evaluation decides that the allegation does not involve a possible criminal offence the Trust will decide as to whether or not suspension is required and communicate this to Social Services. In cases where Social Services has made enquiries regarding the alleged abuse, relevant information gathered as part of their investigation should be taken into account when considering disciplinary action.

Information about an allegation should be restricted to those who have a need to know in order to protect the patient, facilitate enquiries, manage disciplinary/complaints aspects and protect any rights of the alleged abuser. Every effort should be made to maintain confidentiality and guard against publicity while an investigation is being carried out or considered.

Social Services should continue to liaise with the Designated Senior Nurse/Manager in order to monitor the progress and offer advice and support as required.

### **Cases subject to police investigation**

If a criminal investigation is agreed from the Safeguarding Adults Planning meeting a target date should be identified at the outset for reviewing the progress of the investigation, and consulting with the Crown Prosecution Service about whether to proceed, charge the individual with an offence or close the case.

If a decision is made not to charge the individual, to issue them with a caution or if the person is acquitted by a Court, the police should inform the Trust at the earliest opportunity. The police should provide the Trust with any relevant evidence or information obtained through their investigation which is likely to be relevant to the disciplinary process. In these circumstances, Social Services should discuss the situation with the Designated Senior Nurse/Manager and a Human Resources representative and proceed as outlined above.

In the event that the individual is convicted of an offence, the Police should inform the Trust immediately in order that appropriate action can be taken in line with Trust policy.

1. If the allegation is substantiated and the employee is dismissed or the Trust ceases to use their services, the Designated Senior Nurse/Manager should make a referral to the relevant professional regulatory body as applicable. This process will involve the Investigating Officer and a Workforce representative. If a referral is required, it should be made within one month.
2. In certain circumstances, the Trust has a duty to refer to the DBS. This will happen when they have dismissed an employee working in regulated activity, following harm to a child or adult or where there is a risk of harm.

### **Escalation policy**

In all cases of allegations of abuse made against a person working within the Trust, the Executive Director on call must be informed immediately.

## **6. Allegations made regarding Children**

If an allegation is made by a child or parent / carer of a child regarding a member of staff the allegation should be reported to the senior manager and Trust Safeguarding Lead immediately. If the allegation meets the following criteria then the Trust Safeguarding Lead should report it to the local authority designated office (via social services) within 1 working day.

If the employee 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 is unsuitable to work with children

(child being someone <18yrs of age)

The local authority designated office will advise the Trust Safeguarding Lead as to the course of action. This may include referring the case onto the police.

## **7. Consultation and Communication with Stakeholders**

This policy has been developed in line with recommendations as set out in the Multi-agency Procedures and in consultation with the Designated Leads for Vulnerable Adults in Surrey and Sussex. The policy has been discussed and reviewed at the Trusts Safeguarding Vulnerable Adults Committee.

## **8. Approval and Ratification**

This policy was ratified on behalf of the Trust Board by the Workforce Governance Group and the Safeguarding Vulnerable Adults Steering group.

## **9. Review and Revision**

This policy will be reviewed in line with the Trust Policy on Management of Procedural Documents in June 2012 by the Safeguarding Vulnerable Adults Steering Group (chaired by the Safeguarding Vulnerable Adults Strategic Lead) and the Steering group.

## **10. Dissemination and Implementation**

The Trust process for dissemination of policies will be followed as described in the Organisation Wide Policy for the Management of Procedural Documents as a minimum.

Electronic copy posted onto the Trust website. A note will also be placed in the e-bulletin to inform all staff. Weekly statutory training sessions will also describe the policy to staff in attendance.

## **11. Archiving**

The policy will be held in the Trust database and archived in line with the arrangements in the Organisation wide Policy for the Management of Procedural Documents.

## **12. Monitoring compliance**

The Operational Lead will monitor compliance via quarterly reports concerning Safeguarding alerts and IMCA referrals. The policy will be continuously monitored using key performance indicators (monthly nursing metrics) via the Nursing & Midwifery Business forum and Professional Committee who are responsible for collating this information. The Safeguarding Steering Group will be reviewing the compliance and make recommendations regarding issues and escalating any non compliance issues to relevant group/directorate/dept. The policy will also be monitored annually through audit of the standards within the policy. The audit will be devised by the Operational Lead and the Safeguarding Steering group with support from the audit dept.

The audit will go into the Directorates audit programme. It will also record the group that will receive the audit results and be responsible for overseeing the action plan to address any issues of non compliance / poor practice.

### 13. References

Department of Health (DH) 2000 *No Secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse*  
HMSO London

Department of Health (DH) 2008 *Safeguarding adults: a consultation on the review of the 'No Secrets' guidance* HMSO London

Department of Health (DH) 2009 *The Protection of Children in England: A progress report. Lord Laming* HMSO London

Department of Health (DH) 2010 *Working Together to Safeguard Children; A guide to interagency working to safeguard and promote the welfare of children*  
HMSO, London

Surrey Safeguarding Adults Board 2011 *Surrey safeguarding adults multi-agency procedures information and guidance*  
[http://www.surreycc.gov.uk/data/assets/pdf\\_file/0004/241690/0-Multi-Agency-Procedures-Nov-2011-ver0.2-Foreword,-flowchart-and-index.pdf](http://www.surreycc.gov.uk/data/assets/pdf_file/0004/241690/0-Multi-Agency-Procedures-Nov-2011-ver0.2-Foreword,-flowchart-and-index.pdf)

The Children Act 2004 HMSO, London

West Sussex County Council 2012 *Sussex Multi-Agency Policy & Procedures for Safeguarding Adults at Risk*  
<http://pansussexadultsafeguarding.proceduresonline.com/index.htm>

### 14. Associated Documents

Child Protection – Safeguarding and Promoting the Welfare of Children Guidelines

Department of Health (DH) 2000 *No Secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse*  
HMSO London

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Department of Health (DH) 2008 *Safeguarding adults: a consultation on the review of the 'No Surrey & Sussex Healthcare NHS Trust (20--)* Trust CRB policy and procedures *Secrets' guidance* HMSO London

Surrey Safeguarding Adults Board 2011 *Surrey safeguarding adults multi-agency procedures information and guidance*  
[http://www.surreycc.gov.uk/\\_data/assets/pdf\\_file/0004/241690/0-Multi-Agency-Procedures-Nov-2011-ver0.2-Foreword,-flowchart-and-index.pdf](http://www.surreycc.gov.uk/_data/assets/pdf_file/0004/241690/0-Multi-Agency-Procedures-Nov-2011-ver0.2-Foreword,-flowchart-and-index.pdf)

Surrey & Sussex Healthcare NHS Trust (2009) *Disciplinary Policy* (Under review)

Surrey & Sussex Healthcare NHS Trust (2012) *Trust CRB checklist & ISA registration policy and procedures*

West Sussex County Council 2012 *Sussex Multi-Agency Policy & Procedures for Safeguarding Adults at Risk*  
<http://pansussexadultsafeguarding.proceduresonline.com/index.htm>

## **Appendix 1 - Role of Trust Named Officer and Designated Senior Nurse/Manager**

There should be a Senior Nurse/Manager within the organisation who has overall responsibility for ensuring that the procedures are followed at an operational level.

### **NAMED SENIOR OFFICER (NSO) – Chief Nurse**

The Named Senior Officer has overall responsibility for:

- Ensuring that their organisation operates procedures for dealing with allegations in accordance with the Sussex and Surrey Multi-Agency procedures.
- Resolving any inter agency issues and liaising with Social Services on the subject.

Responsibilities include ensuring that

- their organisation complies with the standards identified and agreed by the Social Services for managing allegations as outlined within the Multiagency Procedures 2011/ 2012.
- procedures for managing allegations are reflected and implemented within their own agency procedure
- the workforce is aware of and implements the procedures in relation to all allegations against staff who work with or on behalf of vulnerable adult
- the organisation has systems in place to review cases and identify and implement any changes therefore improving procedures and practice.
- any inter-agency issues arising can be resolved quickly and effectively, therefore not delaying the implementation of multiagency procedures
- the key roles of Named Senior Officer and Designated Senior Nurse/Manager (employer) are reflected in their agency policy and procedure
- effective reporting and recording arrangements within their agencies are in place.

Meeting these responsibilities will require

- A strategic lead (Deputy Chief Nurse)
- An operational Lead (Safeguarding Vulnerable Adults Lead)

- Access to up to date and relevant information regarding the management of allegations

## **DESIGNATED SENIOR NURSE/MANAGER WITHIN THE ORGANISATION (DSM)**

### **– Safeguarding Vulnerable Adults Lead**

The Senior Nurse/Manager within the organisation has overall responsibility for ensuring procedures are followed at an operational level. This person may be, or may represent the employer

Responsibilities include:

- Ensuring that the multi-agency procedures are properly applied and implemented
- Providing advice, information and guidance for staff within the organisation
- Being the Senior Nurse/Manager within the organisation to whom all allegations or concerns are reported
- Referring allegations in accordance with the organisation's and Social Service's procedures
- Gathering any additional information which may have a bearing on the allegation e.g. previous known concerns, care and control incidents, etc
- Providing the subject of the allegation with information and advise them to inform their union or professional body
- Should the allegation be unfounded, consideration needs to be given to a referral through to Social Services for support or to the Police if the allegation is deemed to be deliberately malicious or invented
- Attend strategy meetings where required
- Liaising with Social Services
- Liaising with Human Resources where employers disciplinary action is required
- Ensuring that risk assessments are undertaken where and when required
- Ensuring that effective reporting and recording systems are in place which allow for the tracking of allegations through to the final outcome
- Undertaking appropriate checks with data the agency may hold
- Providing reports and information as required by the Named Senior Officer / Strategic Lead

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- Raising the awareness of the need to empower vulnerable adults who are in vulnerable positions by ensuring their agency produce good whistle blowing and complaints procedures for all vulnerable adults
- Ensuring appropriate and relevant training programmes are in place for all and accessed by all staff
- Ensuring relevant support programmes are in place for staff, carers and vulnerable adults.

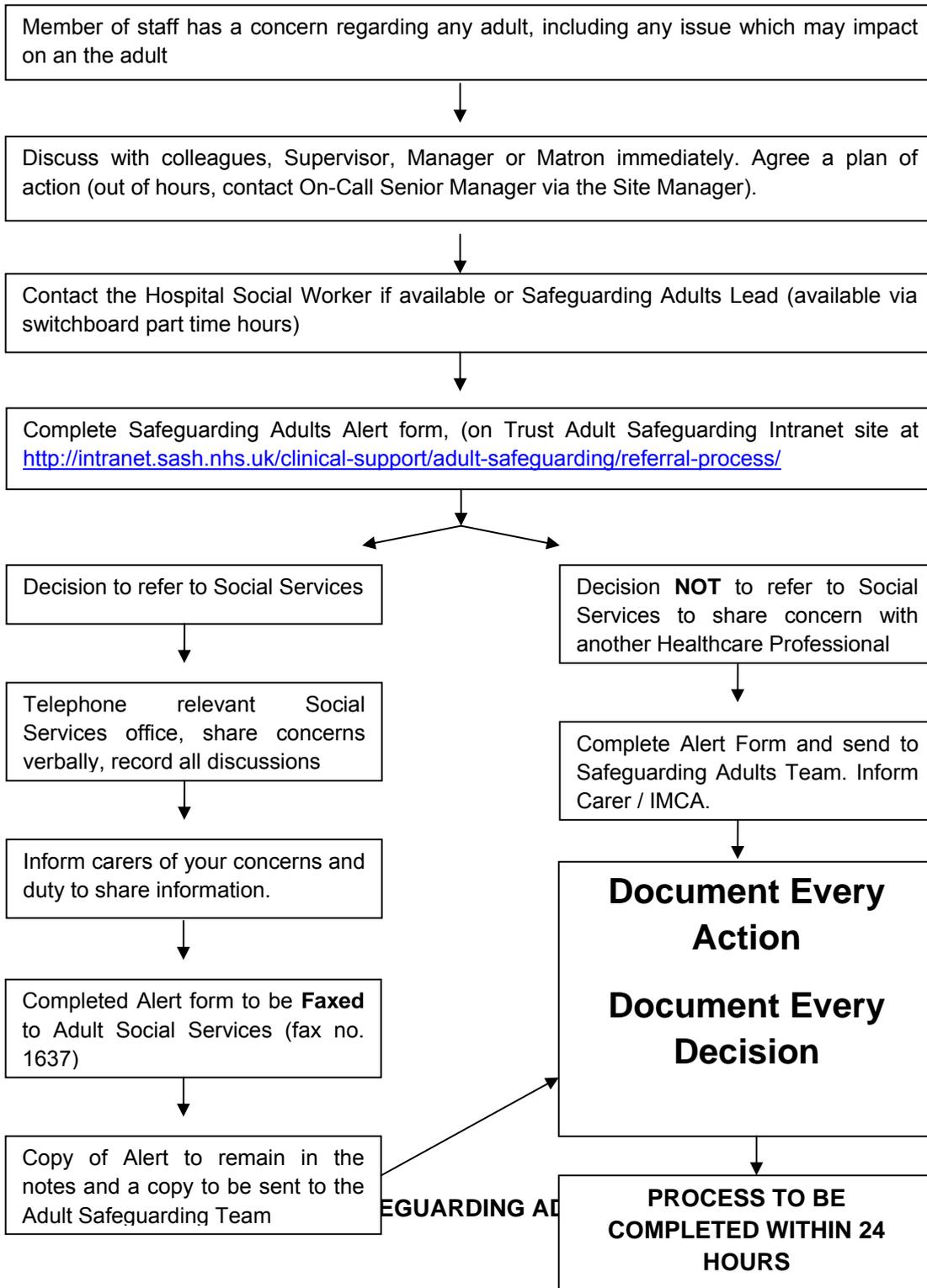
Meeting these responsibilities will require;

- Understanding of the multi-agency procedures for managing allegations against staff who work with or on behalf of Vulnerable adults.
- Training in procedural matters
- Access to a recording and monitoring system
- Access to advice and guidance from 'someone independent of the organisation'

**Appendix 2 - Flowchart**

**SAFEGUARDING ADULTS FLOW CHART**

**Please use in conjunction with the guidance.**



## FLOWCHART GUIDANCE

This guidance and flow chart should be used in conjunction with the relevant Safeguarding Adults Multi-agency Procedures, available on the Trust Intranet site at <http://intranet.sash.nhs.uk/clinical-support/adult-safeguarding/>

Referral (Alert) Forms are available on the Trust Intranet site under Adult Safeguarding.

1. Concern identified regarding the safety and/or well being of an adult.
2. A plan of action should be made after discussion with your Manager or Supervisor. Concerns should be shared with the Hospital Social Worker or Adult Safeguarding Team.
3. All concerns must be recorded within the adult's records. Record the reason for your concern, date, time and action taken. Clearly print your name and sign.
4. If it is deemed necessary to make a referral to Social Services, telephone the appropriate office (Extension 1802) complete the Alert form and fax to the relevant office within 24hrs (fax number 1637). Send a copy to the Adult Safeguarding Team. Place a copy in the patient's records.
5. Following a decision **NOT** to refer to Social Services but to share information with another Health Professional, send the completed Alert form to the Adult Safeguarding Team and place a copy in the patient's record.
6. All concerns and plans of action should be discussed with the carers (where appropriate) **EXCEPT** in circumstances of Fabricated Illness, disclosure of Sexual Abuse or threatening situations which would put the adult or adults at further risk. If the decision is made not to share concerns and/or referrals with the carers, ensure that your reasons are documented clearly.

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### **Appendix 3 - Additional responsibilities for the Trust**

- Raising awareness of the Policy for Raising Serious Concerns (Whistle-blowing)
- Ensuring that there is appropriate training for staff and volunteers.
- Ensuring that carers and vulnerable adults receive the appropriate support.

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## **Appendix 4 – Contact Details**

**Trust Named Officer** – Director of Nursing (in working hours)

**Trust Named Strategic Lead** - Deputy Director of Nursing (in working hours)

**Designated Senior Nurse/Manager** – Safeguarding Adults Lead (in working hours – part time)

**Trust Safeguarding Adults Lead** – available via the hospital switchboard (in working hours part-time)

**Safeguarding Adult Facilitator** - available via the hospital switchboard (in working hours part-time)

In their absence, or in the event that they are the subject of the allegation, please discuss with the Site Manager and contact the on call Senior Manager via the hospital switchboard who may contact the Executive on Call if applicable.

For details of Social Services and Duty Social Worker etc please go via the hospital switchboard as these numbers may change.

## Appendix 5

<p><b>Names of assessors carrying out the screening procedure (min of 2- author / manager and staff member / patient representative)</b></p> <ul style="list-style-type: none"> <li>• Fiona Crimmins</li> <li>• Sally Knight</li> </ul>	<p><b>Name of lead author /manager &amp; contact number</b></p> <p>Fiona Crimmins X2839</p>
<p><b>1. Name of the strategy / policy / proposal / service function</b></p> <p><b>Policy for management of allegations made against an employee, volunteer, or any other person contracted to work within the Trust.</b></p>	<p><b>Date last reviewed or created &amp; version number.</b></p> <p>V2 April 2013</p>
<p><b>2. Who is the strategy / policy / proposal / service function aimed at?</b></p> <p>All staff, volunteers and any other person contracted to work within the Trust</p>	
<p><b>3. What are the main aims and objectives?</b></p> <p>The purpose of this policy is to ensure that all staff are aware that allegations against staff, volunteers of contractors are taken seriously and will be dealt with under the processes set out in this policy.</p>	
<p><b>4. Consider &amp; list what data / information you have regarding the use of the strategy / policy / proposal / service function by diverse groups?</b></p> <p>Workforce data</p> <p>Service data</p> <p>Allegations against staff come from a variety of sources e.g. People who are elderly/ confused, with learning disabilities, mental health conditions, brain injury, parents and guardians and carers and other staff or volunteers.</p>	
<p><b>5. Is the strategy / policy / proposal / service function relevant to any of the protected</b></p>	

characteristics or human rights below?			
If <b>YES</b> please indicate if the relevance is <b>LOW, MEDIUM or HIGH</b>			
•			
	<b>Protected Characteristics</b>	<b>Patient, their carer or family</b>	<b>Staff</b>
•	<b>Age</b>	Positive impact	Positive impact
•	<b>Disability</b>	Positive impact	Positive impact
•	<b>Gender Reassignment</b>		
•	<b>Race/ Ethnic Communities / groups</b>		
•	<b>Religion or belief</b>	No	No
•	<b>Sex (male female)</b>	No	No
•	<b>Sexual Orientation</b> (Bisexual, Gay, heterosexual, Lesbian)	No	No
•	<b>Marriage &amp; Civil Partnership</b>	No	No
•	<b>Pregnancy &amp; Maternity</b>	No	No
•	<b>Human Rights</b>	<b>Yes</b>	<b>Yes</b>
6.	<b>What aspects of the strategy / policy / proposal / service function are of particular relevance to the protected characteristics?</b>  The policy provides protection for staff, volunteers and patients. It will have a positive impact on all groups especially age and disability  The right not to be tortured or treated in an inhuman or degrading way		
7.	<b>Does the strategy / policy / proposal / service function relate to an area where there are known inequalities? If so which and how?</b>  Allegations of abuse can happen in all organisations, often when the person is vulnerable due to diagnosis or medical intervention		

8.	<p><b>Please identify what evidence you have used / referred to in carrying out this assessment.</b></p> <p>See q 4.</p> <p>Authors knowledge and experience</p>	
9.	<p><b>If you identify LOW relevance only can you introduce any minor changes to the strategy / policy / proposal / service function which will reduce potential adverse impacts at this stage? If so please identify here.</b></p> <p>N/A</p>	
10.	<p><b>Please indicate if a Full Equality Impact Assessment is recommended.</b></p> <p>(required for <b>all</b> where there is <b>MEDIUM &amp; HIGH</b> relevance)</p>	<p><b>NO</b></p>
11.	<p><b>If you are not recommending a Full Equality Impact assessment please explain why.</b></p> <p>The policy covers good practice, recognised national guidelines and recent case e.g. Winterbourne View, Savile enquiry. It will have a positive effect on all groups and is unlikely to have any potential for negative impact</p>	
12.	<p><b>Signature of author / manager</b></p>	<p><b>Date of completion and submission</b></p>

Please send completed form to [sally.knight@sash.nhs.uk](mailto:sally.knight@sash.nhs.uk)

## Definitions of relevance

### Low

- The policy **may not be relevant** to the Equality General Duty\* as stated by law
- Little or no evidence is available that different groups may be affected differently
- Little or no concern raised by the communities or the public about the policy etc when they are consulted – (recorded opinions, not lack of interest)

### Medium

- The policy **may be relevant** to parts of the Equality General Duty\* in the policy etc regarding differential impact
- There may be some evidence suggesting different groups are affected differently
- There may be some concern by communities and the public about the policy

### High

- There **will be relevance** to all or a major part of the Equality General Duty\* in the policy regarding differential impact.
- There will be substantial evidence, data and information that there will be a significant impact on different groups

There will be significant concern by the communities and relevant partners on the potential impact on implementation of the policy etc.

•	<b>Human Rights</b>
1	the right to life
2	the right not to be tortured or treated in an inhuman or degrading way
3	the right to be free from slavery or forced labour
4	the right to liberty
5	the right to a fair trial
6	the right to no punishment without law
7	the right to respect for private and family life home and correspondence
8	the right to freedom of thought, conscience and religion

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9	the right to freedom of expression
10	the right to freedom of assembly and association
11	the right to marry and found a family
12	the right not to be discriminated against
13	the right to peaceful enjoyment of possessions
14	the right to an education
15	the right to free elections