

**Policy for managing allegations of, or concerns about, possible child/adult abuse perpetrated by staff including those on temporary or permanent contracts as well as agency staff and those who are volunteering for the Lincolnshire Integrated Care Board**

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V2	25/05/24	Rebecca Pinder/Claire Tozer	New policy to include Adults and supersedes previous children's policy. Amended to new policy template.
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# 1. Introduction

1.1 Lincolnshire Integrated Care Board (LICB) staff should act in a manner to safeguard and promote the interests of patients and clients and promote their professional standards. Staff must always follow LICB safeguarding policies and respond to any allegation of abuse concerning adults and/or children involving LICB staff, including those on temporary or permanent contracts as well as agency staff and those who are volunteering.

1.2 This policy applies when an allegation, or suspicion of abuse is identified regarding a current member of staff, including those on temporary or permanent contracts as well as agency staff and those who are volunteering within their employment, with their own family, with other adults/children living outside their family and historical allegations.

1.3 LICB is required to fulfil its legal duties under the following legislation:

Children Act 1989  
Children's Act 2004 Section 11  
Looked After Children 2015,  
Working Together to Safeguard Children 2023  
The Care Act 2014  
Mental Capacity Act 2005,  
Domestic Abuse Act 2021,  
Health and Social Care Act 2008,  
Human Rights Act 1998, Counter Terrorism Act, 2015

1.3 This policy is required to ensure allegations are treated in accordance with the Lincolnshire Safeguarding Children Partnership (LSCP) procedures manual - [Welcome to Lincolnshire SCP Policy and Procedures Manual \(proceduresonline.com\)](https://www.proceduresonline.com) and the Lincolnshire Safeguarding Adults Board (LSAB) safeguarding adults procedures - [accessible-version-lsab-procedures-sept-2023.pdf \(trixonline.co.uk\)](https://www.trixonline.co.uk)

# 2. Purpose

2.1 The purpose of this policy is to provide a framework for managing allegations made about LICB staff including those on temporary or permanent contracts as well as agency staff and those who are volunteering, which indicate that children or adults at risk are believed to have suffered, or are likely to suffer, significant harm. Concern may also be raised if the staff member is behaving in a way which demonstrates unsuitability for working with children or adults at risk, in their present position, or in any capacity. The allegation or issue may arise either in the employee's work or private life.

2.2 If an allegation or suspicion relating to a child is made about a person who works with adults at risk or vice versa about LICB staff including those on temporary or permanent contracts as well as agency staff and those who are volunteering, consideration will be given

by the LICB Chief Nurse regarding alerting the employee's line manager. This consideration should be given regardless of whether the allegation relates to occurrences inside or outside of the workplace or working hours.

There are four strands in consideration of an allegation:

- Enquiries and assessment by children social care (CSC) / adult social care (ASC), about whether a child/adult at risk, is in need of protection or in need of services.
- Whether a referral needs to be made to ASC or Local Authority Designated Officer (LADO) in relation to persons in positions of trust working with adults or who work with children.
- A police investigation of a possible criminal offence if indicated.
- Consideration of disciplinary action (including suspension, removal from direct patient duties, Disclosure and Barring Service (DBS) reporting or notification to a professional body).

### 3. Scope

3.1 This policy applies to all staff working for LICB, including those on temporary or permanent contracts as well as agency staff and those who are volunteering. This policy does not apply exclusively to individuals working directly with the public; it also applies to those having access to records, photographs, individual patient data or visiting NHS sites in the course of their duties.

3.2 The policy applies whether the allegations arise in connection with;

- the employee's work.
- children, young people, or adults in need of safeguarding living within the employee's household
- children, young people, or adults in need of safeguarding living outside the household
- whether the concern or suspicion is current or historical

3.3 All employees of LICB including those on temporary or permanent contracts as well as agency staff and those who are volunteering have an individual responsibility for the protection and safeguarding of children, and adults at risk and should be read in conjunction with the Lincolnshire Safeguarding Board's Children and Adults Safeguarding Procedures and the organisation's Disciplinary Policy and Procedure.

3.4 Managers should ensure the implementation of the policy in accordance with their line of responsibility and accountability.

## 4. Definitions

### 4.1

Term	Definition
Child	A person under the age of 18
Adult at risk	An adult who is experiencing, or is at risk of, abuse or neglect; and; As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect
Staff	A person who currently has a contract of employment with LICB including those on fixed-term contracts, temporary staff, bank staff, locums, agency staff, contractors, volunteers (including celebrities), lay representatives, students and any other learners undertaking any type of work experience or work-related activity

## 5. Roles and Responsibilities

### 5.1 LICB Chief Nurse

5.1.1 The LICB Chief Nurse will have overall accountability for safeguarding. Maintain a strategic oversight and undertake director level conversations where needed internally and/or with other stakeholders and/or partner agencies. They will receive information in relation to an allegation/identifying a concern and consider if the child/ adult at risk has suffered, or is at risk of suffering, significant harm and if this is the case make an immediate referral under the appropriate Safeguarding Children or Safeguarding Adults Multi Agency procedures. They are also responsible for ensuring the police and LADO are notified (if appropriate) and working with Human Resources (HR) around any disciplinary proceedings following the outcome of investigation if required. Liaise with Care Quality Commission (CQC) and, where required, complete a report of the allegation against a healthcare or non-healthcare professional via the Datix system.

### 5.2. Local Authority Designated Officer/ Persons in a Position of Trust (PiPoT) process

5.2.1. The Local Authority Designated Officer (LADO) is a statutory role with responsibility for coordinating the response to concerns that an adult who works with children may have caused them or could cause them harm. [app1\\_lado\\_leaflet.pdf \(proceduresonline.com\)](#)

5.2.2. Staff can be in a 'position of trust' where they are likely to have contact with adults at risk as part of their employment or voluntary work, and

- Where the role carries an expectation of trust and,
- The person is able to exercise authority, power or control over an adult(s) at risk (as perceived by the adult at risk).

The Lincolnshire Safeguarding Adults Board (LSAB) requires its partner agencies to be individually responsible for ensuring they adopt the principles of the PiPoT protocol and maintain clear agency procedures for dealing with PiPoT concerns. [PiPoT Protocol \(trixonline.co.uk\)](http://trixonline.co.uk)

### **5.3. Managers**

Managers will be responsible for ensuring that staff and volunteers have received safeguarding training in line with the Intercollegiate Documents for adults and children, and are aware of the content of this policy, see Appendix C.

### **5.4 Staff**

All staff and volunteers will be aware of their responsibilities and act in accordance with this policy and ensure that they have received the appropriate training, see Appendix C.

### **5.5 Human Resources**

Human Resource team will be available for support and advice.

## **6. Body of Policy**

### **6.1 Responding to concerns/allegations against members of staff or volunteers.**

#### **6.1.1 Sources of concerns/allegations**

There are several sources from which a complaint, concern or direct allegation may arise and require assessment, including, but not limited to:

- A child or adult at risk.
- Parent or another adult.
- Member of the public.
- Professional colleague internally or from a partner organisation.
- You may notice it yourself.
- Via a disciplinary investigation.
- Via a safeguarding children/adult investigation (including referrals made under Prevent).
- Via a police investigation.
- Via a complaint received by the LICB or NHS England.

#### **6.2 Initial action by person receiving the allegation/identifying concern.**

6.2.1. The person to whom the allegation is first reported or who first identifies a concern should treat the matter seriously and keep an open mind.

6.2.2. The safety of the child or adult at risk is of paramount importance. Urgent action may be required to secure the immediate safety of any children or adults at risk, in which case a report to the police should be made via 999.

Examples of allegations include:

- Committing of a criminal offence against, or related to, children or adults at risk.
- Behaving towards children or adults at risk in a manner that indicates they are unsuitable to work with children, or adults at risk.
- Where an allegation or concern arises about a member of staff or volunteer, arising from their private life such as perpetration of domestic abuse, or where inadequate steps have been taken to protect vulnerable individuals from the impact of violence or abuse.
- Where an allegation of abuse is made against someone closely associated with a member of staff or volunteer such as a partner, member of the family or other household member.

This policy also applies where there are concerns relating to inappropriate relationships between those who work with children and adults as outlined in the Sexual Offences Act 2003, namely:

- Having a sexual relationship with a child under 18 if the adult is in a position of trust in respect of that child, even if the relationship is said to be consensual (Sections 16-19, Sexual Offences Act 2003).
- 'Grooming', i.e., meeting a child under 16 with intent to commit a relevant offence (Section 15 Sexual Offences Act 2003).
- Other 'grooming' behaviour giving rise to concerns of a broader child protection nature (e.g., inappropriate text/ e-mail messages or images, gifts, socialising, use of social media etc.)
- Possession of indecent images of children or use of the internet to access indecent images of children.
- For care workers for people with a mental disorder: sexual activity with a person with mental disorder and related offences (Sections 38-44, Sexual Offences Act 2003)".

### **6.3 The person received the allegation/identifying concern should:**

- Record the information (where possible using the child's/ adult's own words), including the time, date and place of incident, persons present, and any actions taken.
- Immediately report the matter to their line manager and LICB Chief Nurse, or the Strategic on call for the LICB if out of normal working hours.
- Consider if the child/ adult has suffered, or is at risk of suffering, significant harm and if this is the case make an immediate referral under the appropriate Safeguarding Children or Safeguarding Adults Multi Agency procedures.
- If the allegation may be a criminal offence, the matter should be reported to the police and discussions should take place as to who is most appropriate to do this depending on the circumstances. In such cases the police have primacy for any investigations and evidence must be preserved. Interviews or de-briefs with staff members should not be instigated, and any potential crime scene or evidence should remain undisturbed until advised by the police.
- Seek advice from the LICB Chief Nurse if unsure regarding which action to take.
- The person who is the subject of the allegation should not be informed until advice has been sought from the LICB Chief Nurse. This is important in terms of future investigations (see 6.4 below).

## 6.4 Initial action by the LICB Chief Nurse

6.4.1. When informed of a concern or allegation they should:

- Ensure (if appropriate) that a safeguarding children/adults referral is made (or has been made) in accordance with multi agency procedures – **this should be within one working day**.
- If the allegation relates to a person working with a child, report the allegation to the relevant Local Authority Designated Officer (LADO), again, within **one working day** using the LADO referral form or mechanism via the relevant local authority website. (LADO referral forms should be emailed using secure email).
- If the allegation relates to a person working with an adult with care and support needs, a safeguarding adult referral should be made in accordance with safeguarding procedures where the allegation took place, following the PiPoT process, and discuss with the local authority safeguarding manager.
- Where the allegation/concerns relate to LICB directly employed staff or volunteer, the LICB Chief Nurse, should contact the HR department for advice regarding the action to be taken in relation to the employee in consultation with the LADO or Local Authority Safeguarding Manager. In conjunction with HR, the staff member's line manager, and the police where there is a criminal investigation, it will be considered as to whether suspension or removal from patient/public facing duties is appropriate during the period of investigation. HR will advise on the authority levels and process requirements for this action. HR will also advise whether the LICB disciplinary procedure is to be followed and whether referral is needed to the Disclosure and Barring Service.
- The LICB safeguarding team can be contacted for advice if needed, [licb.safeguarding1@nhs.net](mailto:licb.safeguarding1@nhs.net)

## 6.4.2 Managing allegations of abuse made against individuals who work with children and in any setting.

6.4.3 Every Local Authority has a statutory responsibility to have a LADO who is responsible for coordinating the response to concerns that an adult who works with children may have caused them harm. The criteria for making a referral to LADO are that an individual 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.
- Behaved towards a child(ren) in a way that indicates they may pose risk of harm to children.
- Behaved or may behave in a way that indicates they may not be suitable to work with children.

6.4.4 The report to the LADO should include;

- Written details of the concern/ allegation.
- Any information relating to times, dates, location of the incident, and names of any potential witnesses.
- All discussions, any decisions made and rationale for these and any actions taken so far.

## **6.5 Further considerations and actions.**

6.5.1 Consideration within strategy discussions should be given to informing any relevant regulatory bodies and NHS England.

6.5.2 Consideration in these discussions must be given to any other persons who may be at risk/ have suffered harm and any actions needed to identify/ address.

6.5.3 In conjunction with HR, if the staff member is a registered professional, consideration must be given to notifying any relevant regulatory body. This should be led by the LICB Chief Nurse in conjunction with the person's line manager.

6.5.4. Any action taken by the LICB to manage an allegation must not jeopardise any external investigations, such as a criminal investigation.

6.5.5 A communications lead may be required to be notified if the situation may attract media interest.

## **6.6 Informing the referred person.**

6.6.1 Following advice from Local Authority Adult Safeguarding Manager/ LADO/ Designated Professionals and, where relevant, the police, the line manager should inform the referred person as soon as possible about the nature of the allegation, how enquiries will be conducted, and the possible outcome. If it is not appropriate to inform them of detail at an early stage, for example risk of jeopardising a criminal investigation, it should be agreed between HR, LICB Chief Nurse and their line manager as to what information will be shared.

6.6.2. The referred person should:

- Be allocated a manager to support them through the process and keep them informed.
- Be treated fairly and helped to understand the allegations.
- Be reminded of their right to have support from a colleague or representative.
- Be kept informed of the progress and outcome of the investigation and implications for any disciplinary action; and
- If suspended, be kept up to date about significant events in the workplace.
- Offered a referral to the employee assistance programme.

## **7 Next steps in management of allegations.**

7.1 There are three strands in consideration of an allegation:

- Enquiries and assessment by CSC or ASC about whether a child/ adult at risk, is in need of protection or in need of services.
- A police investigation of a possible criminal offence.
- Consideration of an investigation under disciplinary procedures (including possible suspension from duties).

7.2 A discussion between health/ social care and possibly police should take place and consider the following:

- If CSC or a police response may be appropriate and if a Strategy Meeting and/or an Evaluation Meeting needs to be held.
- If the allegation should be managed solely by the employer (with the proviso that if further information comes to light suggesting a child/ adult safeguarding response or criminal response).

### **7.1 Communication with the Employee**

7.1.1 The Police and Social Care Services (Children or Adults) should be consulted before informing the employee of an allegation (as a criminal investigation may be ongoing).

7.2.2 Thereafter, the employee should be helped to understand the processes involved and the possible outcomes and kept informed of progress in the case by the LICB Chief Nurse or their deputy. The employee or volunteer should be advised to contact his/her union or professional association at the earliest opportunity. Human Resources should be consulted about the support available.

### **7.2 Outcome of a referral**

7.2.1 Outcomes of an adult/ LADO referral may include no further action; disciplinary and/or internal investigation; Safeguarding Children/ Adults Strategy Meeting and Evaluation Meeting.

7.2.2 No further action - where agreed that no further action is to be taken regarding the individual facing the allegation, the decision and justification should be recorded by both the LICB Chief Nurse and LADO/ ASC. They should:

- Agree what information should be put in writing to the individual concerned.
- Identify any action in respect of those who made the initial allegation where there is evidence that an allegation was made maliciously, and.
- Consider what information should be shared with the child and their parents / carers, or the adult and/or carers, and by whom.

Where the allegation does not require a formal process, appropriate action should be initiated within **three working days**.

7.2.3 Safeguarding Children Evaluation Meetings – following a safeguarding children strategy meeting or in cases where a formal strategy discussion is not considered appropriate because the threshold of ‘significant harm’ is not reached, but a police investigation might be needed, the LADO should nevertheless conduct a similar discussion with the police, the employer, and any other relevant agencies to evaluate the allegation and decide how it should be dealt with.

7.2.4 The formal evaluation meeting will determine whether the allegation is substantiated, false, malicious, unfounded, or unsubstantiated, and agree actions accordingly.

- **Substantiated** - there is sufficient identifiable evidence to prove the allegation.
- **False** - there is sufficient evidence to disprove the allegation.
- **Malicious** - there is clear evidence to prove there has been a deliberate act to deceive and the allegation is entirely false.
- **Unfounded** - there is no evidence or proper basis which supports the allegation being made. It might also indicate that the person making the allegation misinterpreted the allegation or was mistaken about what they saw. Alternatively, they may not have been aware of the circumstances.
- **Unsubstantiated** - this is not the same as a false allegation. It means that there is insufficient evidence to prove or disprove the allegation. The term, therefore, does not imply guilt or innocence.

7.2.5 For all allegations a clear and comprehensive summary of the allegation, details of how the allegation was followed up and resolved, a note of any action taken, and the decisions reached should be kept on the confidential personnel file of the individual concerned and a copy of this should be provided to the individual.

### **7.3 Actions on Conclusion of a Case**

7.3.1 If the allegation is substantiated and the person is dismissed, the LICB ceases to use the person's services, or the person resigns (there will be no compromise agreements in safeguarding cases), if not already made a Disclosure and Barring Service and/or to a regulatory body should be considered. If a referral is made, it should be submitted within one month of the allegation being substantiated.

7.3.2. If the staff member is on sick leave or resigns their post before the investigation is concluded, it is important to conclude the investigation and make the required referrals as far as possible. If the investigation process cannot fully conclude HR should maintain records of the concerns for future consideration and reference requests.

7.3.3. As well as supporting the member of staff or volunteer throughout the investigation, consideration must be paid to supporting the member of staff through integration back into the workplace should this be appropriate post investigation. On-going support for the member of staff may be offered through Occupational Health. Support may also be needed for colleagues/ other staff members involved.

### **7.4 Learning Lessons**

7.4.1 The LICB Chief Nurse and HR come together to review the circumstances of each case to determine whether there are any improvements to be made to the LICB procedures or practice. Any recommendations from the review will be implemented and information disseminated to the appropriate people within the LICB and local safeguarding forums.

### **7.5 Confidentiality**

7.5.1 Every effort should be made to maintain confidentiality and guard against publicity whilst an allegation is being investigated or considered. Information should be restricted to those

who have a need to know to protect children/ adults and the staff member concerned, facilitate enquiries, and manage disciplinary processes.

## **7.6 Record Keeping**

7.6.1 All staff involved in managing and investigating safeguarding allegations against staff including those on temporary or permanent contracts as well as agency staff and those who are volunteering have a responsibility to establish:

- The nature of the allegation/concern.
- Who was spoken to as part of the process and what statements/notes were taken and when.
- Any records that were seen and reviewed.
- What actions were considered and justification for specific decisions, including suspension and any actions taken under the LICB Disciplinary Procedure.
- Minutes and actions of all meetings that take place.
- Details of how the allegation was followed up and decisions reached.

7.6.2 A clear and comprehensive summary of the case should be kept on the confidential personnel file, and he/she provided with a copy, in accordance with the LICB's record keeping policy and/or any national directives (e.g., guidance from the Independent Inquiry into historical child sexual abuse). It should be kept at least until the person reaches normal retirement age or for ten years from the date of the allegation if that is longer. Records relating to allegations which have been found to have no substance must also be retained in the same manner. Accurate record keeping and retention will allow for patterns of behaviour which pose a risk to children and adults in need of safeguarding to be identified.

7.6.3. Records should also be retained for staff including those on temporary or permanent contracts as well as agency staff and those who are volunteering who subsequently leave LICB. The purpose of the record is to enable accurate information to be given in response to any future request for a reference and will provide clarification in cases where a future DBS disclosure reveals information from the police that an allegation was made, "no further action" was taken or did not result in a prosecution or conviction. It will also prevent unnecessary re-investigation if, as sometimes happens, allegations resurface after a period of time.

7.6.4. All records should be saved in a secure area and not on personal drives and the folder should be restricted to relevant personnel on the shared drive.

7.6.5. Emails can form part of records or can be seen as individual records, so if they are also a critical part of the investigation, they should also be securely stored in the relevant file.

7.6.6. Any entries into clinical records should be sensitive to the staff member and not share this detail.

## 8. Communication, Monitoring and Review

8.1 This policy will be reviewed every three years by LICB Safeguarding/HR teams. Earlier review may be required in response to exceptional circumstances, organisational change, or relevant changes in legislation / guidance. The review log will be updated following any review.

8.2 This policy will be available for all staff via the LICB intranet.

8.3 Any individual who has queries regarding the content of this policy, or has difficulty understanding how this policy relates to their role, should contact LICB safeguarding team via; [licb.safeguarding1@nhs.net](mailto:licb.safeguarding1@nhs.net)

## 9. Staff Training

9.1 All LICB staff will complete the level of training commensurate with their role and responsibilities, they will be competent to be alert to potential indicators of abuse and neglect in children and adults, know how to act on their concerns and fulfil their responsibilities in line with local safeguarding procedures.

9.2 All LICB staff are required to be compliant with the mandatory safeguarding training relevant to their role.

9.3 The recruitment team will carry out pre-employment checks in line with NHS Employers guidelines.

## 10. Equality and Diversity Statement

10.1 In applying this policy and procedure, managers, employees, workers, and their representatives will have regard to the Equality Act 2010 – public sector duty for the principles and requirements of the Lincolnshire ICB Equality and Diversity Strategy. The organisation is committed to equality, diversity, and human rights; accordingly, the implementation of this policy and its impact will be monitored across all equality protected characteristic strands and reported regularly to the appropriate Lincolnshire ICB Board.

10.2 LICB as an organisation will not discriminate in the application of this policy and procedure in respect of age, disability, race, ethnic or national origin, gender, religion, beliefs, sexual orientation, marital/partnership status, social and employment status, gender identification, language, trade union membership or mental health status.

10.3 LICB is committed to ensuring that commissioning activities also consider the disadvantages that some people in our diverse population experience when accessing health services. Such disadvantaged groups include people experiencing economic and social deprivation, carers, refugees and asylum seekers, people who are homeless, workers in stigmatised occupations, people who are geographically isolated, gypsies, roma and travellers

## 11. Interaction with other Policies

11.1 This policy is supported by LICB policies and procedures which demonstrate the organisation's commitment to improving safeguarding.

- Safeguarding Adults Policy.
- Safeguarding Children Policy.
- Staff Experiencing Domestic Abuse Policy.
- Safeguarding Supervision Policy.
- Freedom to Speak Up Policy.
- LICB HR Policies.
- LICB Disciplinary Policy
- LICB IG Policy
- LICB Learning & Development Policy
- Mental Capacity Act Policy

## 12. Glossary

LICB – Lincolnshire Integrated Care Board

LSCP – Lincolnshire Safeguarding Children's Partnership

LSAB – Lincolnshire Safeguarding Adults Board

CSC – Childrens Social Care

ASC – Adults Social Care

LADO – Local Authority Designated Officer

PiPOT – Person in a Position of Trust

DBS – Disclosure and Barring Service

HR – Human Resources

CQC – Care Quality Commission

NHSE – National Health Service England

IG – Information Governance

## 13. References

11.1 HM Government (2014) **Care Act** [Care Act 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

11.2 HM Government (1989, 2004) **Children Act** [Children Act 1989 \(legislation.gov.uk\)](https://www.legislation.gov.uk)  
[Children Act 2004 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

11.3 HM Government (2015) **Counter Terrorism & Security Act** [Counter-Terrorism and Security Act - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

11.4 HM Government (2021) **Domestic Abuse Act** [Domestic Abuse Act 2021 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

11.5 HM Government (2012) **Health and Social Care Act** [Health and Social Care Act 2012 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

11.6 HM Government (1998) **Human Rights Act** [Human Rights Act 1998 \(legislation.gov.uk\)](#)

11.7 HM Government (2005) **Mental Capacity Act** [Mental Capacity Act 2005 \(legislation.gov.uk\)](#)

11.8 HM Government (2003) **Sexual Offences Act** [Sexual Offences Act 2003 \(legislation.gov.uk\)](#)

11.9 HM Government (2007) **Statutory guidance on making arrangements to safeguard and promote the welfare of children under S11 CA 2004** <http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/eOrderingDownload/DFES-0036-2007.pdf>

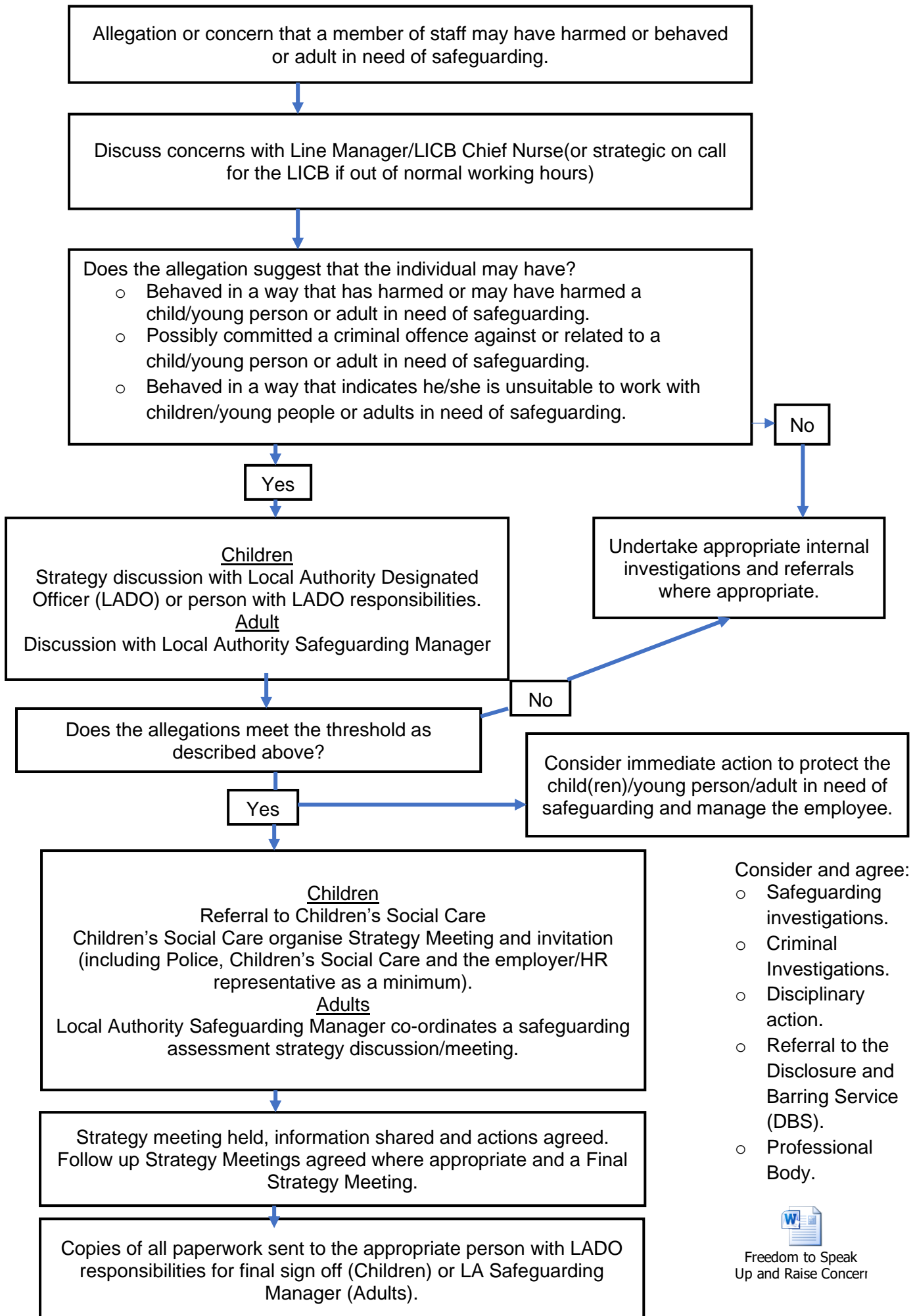
11.10 HM Government (2023) **Working together to safeguard children** [Working together to safeguard children - GOV.UK \(www.gov.uk\)](#)

11.11 Lincolnshire Safeguarding Adults Board **Safeguarding Adults Board (LSAB) Multiagency Policy and Procedures** [accessible-version-lsab-procedures-sept-2023.pdf \(trixonline.co.uk\)](#)

11.12 Lincolnshire Safeguarding Children Partnership **Safeguarding Children Board (LSCP) Multiagency Policy and Procedures** [Welcome to Lincolnshire SCP Policy and Procedures Manual \(proceduresonline.com\)](#)

11.13 RCPCH (2019) **Safeguarding Children and Young People: Roles and Competence for Health Care Staff. Intercollegiate Document** [Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff | Royal College of Nursing \(rcn.org.uk\)](#)

## Appendix A – Process flow chart



# Equality Impact Analysis Form

## Stage One - Quality Impact Assessment Initial Screening Tool

The QIA Initial Screening Tool is required for all projects to identify the project's impact on quality, be it positive, neutral, or adverse.

Five quality domains are thereby defined in the Initial Screening Tool, against which risks must be assessed and scored (see Appendix B for instructions on scoring).

For each quality domain in the Initial Screening Tool, highlight the proposal's impact on quality as either positive (P), neutral (N) or adverse (A). For **neutral** and **adverse** impacts, add a score for consequence (C) and likelihood (L) (Appendix B). Multiply the consequence and likelihood scores and record that number as the total score (T), then enter yes or no regarding need for a Stage 2 QIA for any domains with scores of 8 or greater. Calculate and record the total score of all domains. Complete an Equality Impact Assessment (EIA) and the EIA section on the QIA screening tool.

Quality Impact Assessment - Initial Screening Tool		Instructions:					
		<ul style="list-style-type: none"> <li>• Answer Positive, Neutral or Adverse (P, N or A) against each quality domain</li> <li>• If Neutral or Adverse, insert a Consequence (C) and Likelihood (L) score, multiply the scores and insert the total score in the Total (T) column</li> <li>• Add a brief description of the potential impact and mitigating actions</li> <li>• Insert Y (yes) indicating need for a Stage 2 QIA for any domains with scores of 8 or greater</li> <li>• Record the total score of all domains</li> <li>• Complete an Equality Impact Assessment (EIA) and the EIA section on the QIA screening tool</li> </ul>					
Quality Domain	Impact Question	P/ N/ A	C	L	T	Brief description of potential impact	Mitigation strategy and monitoring arrangements
Duty of Quality	Could the proposal impact on any of the following? <ul style="list-style-type: none"> <li>• The duty to safeguard children and vulnerable adults</li> <li>• The duty to promote equality – see</li> </ul>	P				Impacts on the organisations duty to effectively safeguard vulnerable cohorts of the population and manage it's	

## Appendix D – LADO leaflet



app1\_lado\_leaflet.pdf

## Appendix E – Training requirements



Enc D1 - Appx B  
Managing Allegatio