

Policy for Safeguarding Children and Young People

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Equality statement

Surrey Downs Clinical Commissioning Group aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. We take into account the Human Rights Act 1998 and promote equal opportunities for all. This document has been assessed to ensure that no employee receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

Members of staff, volunteers or members of the public may request assistance with this policy if they have particular needs. If the member of staff has language difficulties and difficulty in understanding this policy, the use of an interpreter will be considered.

We embrace the four staff pledges in the NHS Constitution. This policy is consistent with these pledges

Equality Impact Analysis Stage 1

Stage One: Screening for Relevance to Equality Strands and Prioritising

To be completed and attached to any procedural document as part of main document sited between version control sheet and contents page.

1	Name of the strategy / policy / proposal / service function	Safeguarding children Policy
2	Who is the strategy / policy / proposal / service function aimed at?	All staff
3	What are the main aims and objectives?	To ensure staff are aware of their responsibilities to safeguard children
4	Identify the data / information you have regarding the use of the strategy / policy / proposal / service function by diverse groups? Use qualitative, quantitative and anecdotal information e.g. demographic data, results of consultations, research and surveys, local authority monitoring data, PALS, complaints, public enquiries, audits & reviews.	N/A
5	<p>Is the strategy / policy / proposal / service function relevant to any of the protected characteristics below? Please consider whether an impact if negative and positive. If YES please indicate if the relevance is low, medium or high.</p> <p>Low</p> <ul style="list-style-type: none"> • The policy may not be relevant to the Equality 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) <p>Medium</p> <ul style="list-style-type: none"> • The policy may be relevant to parts of the Equality 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 <p>High</p> <ul style="list-style-type: none"> • There will be relevance to all or a major part of the Equality 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 • 	
Equality strands		Will there be a Low, Medium or High

	positive or negative impact on this group? Yes/No		
		Patient, carer or family	Staff
Age	Yes	Low	Low
Disability	Yes	Low	Low
Ethnicity / Race / Ethnic Groups	Yes	Low	Low
Gender	Yes	Low	Low
Gender reassignment	Yes	Low	Low
Religion and Beliefs	Yes	Low	Low
Marriage and Civil Partnership	Yes	Low	Low
Pregnancy and maternity	Yes	Low	Low
Sexual Orientation	Yes	Low	Low
6	<p>Are there barriers which could inhibit access to the benefits of the strategy / policy / proposal / service function? E.g. Communication / information, physical access, location, sensitivity etc. Communication</p>		
7	<p>Does the strategy / policy / proposal / service function relate to an area where there are known inequalities? If so which and how? No</p>		
8	<p>Please identify what evidence you have used / referred to in carrying out this assessment. Consultation and review of equivalent EIAs.</p>		
9	<p>Identify any minor changes to the strategy / policy / proposal / service function which will reduce potential adverse impacts at this stage. The policy stipulates the need to carry out an Equality Impact Analysis in relation to all policies, to identify and mitigate unintended consequences affecting any of the protected characteristics.</p>		
10	Please indicate if a Full Equality Impact Analysis is recommended (delete).	NO	
11	<p>If you are not recommending a Full Impact assessment please explain why. There is low risk identified to the protected characteristics.</p>		
12	Signature of lead or Director	Date completed	

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Surrey Downs Clinical Commissioning Group Policy for Safeguarding Children and Young People

1. Introduction

This policy represents the safeguarding responsibilities for Surrey Downs Clinical Commissioning Group (SDCCG) to ensure effective discharge of their duty to improve the health of the whole population which includes safeguarding and promoting the welfare of children and young people.

For the purpose of this Policy a child (including the unborn) is defined as anyone who has not yet reached their 18th birthday. 'Children' therefore means 'children and young people' throughout.

2. Statutory Responsibilities, Key Guidance and Legislation

The corporate responsibilities for Safeguarding Children are explicit and are predominantly informed by legislation and national directives. Essential to corporate business is attention to the requirements of Working Together to Safeguard Children 2013 (Chapter 2) which now incorporates the statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004 and the Framework for the Assessment of children in need and their families (2000).

The Mandate from the Government to the NHS England for April 2013 to March 2015 (published in November 2012) says:

"We expect to see the NHS, working together with schools and children's social services, supporting and safeguarding vulnerable, looked-after and adopted children, through a more joined-up approach to addressing their needs."

'The role of CCGs is about more than just managing contracts and employing expert practitioners. It is about working with others to ensure that critical services are in place to respond to children and adults who are at risk or who have been harmed, and it is about delivering improved outcomes and life chances for the most vulnerable.'

(NHS E 2013)

Effective safeguarding arrangements in every local area should be underpinned by two key principles:

- **Safeguarding is everyone's responsibility:** for services to be effective each professional and organisation should play their full part.
- **A child-centred approach:** The child's welfare and needs are paramount – an effective safeguarding system is child-centred with a clear focus on ascertaining the needs, wishes and feelings of each child regardless of their age or stage of development. (*Working Together to Safeguard Children, HM Govt 2013*)

This means that there is a responsibility within the health economy to ensure that:

- All health professionals working directly with children and young people have a clear responsibility to ensure that safeguarding and promoting children and young people's welfare is a central and integral part of the care they offer.
- Commissioning of health services for both children and adults takes into account the need to safe and promote the welfare of children and young people.
- Safeguarding children and promoting their welfare is reflected in all aspects of the CCG's and Provider organisation's policies and procedures.
- Ensuring that there are clear lines of accountability.
- Ensuring that safeguarding children and promoting their welfare is an organisational priority and is discharged and monitored effectively.
- Ensuring that staff members are appropriately trained for their responsibilities and that they are able to access support and advice.
- Health professionals, who come into indirect contact with children, through working with parents or carers also need to be fully informed about their responsibilities to safeguard and promote the welfare of children and young people.
- Promoting a culture where safeguarding children issues are managed effectively and actions, decisions and outcomes are recorded and information is shared appropriately.

The following key guidance and legislation informs how the CCG will discharge its function and duties to safeguard and promote the welfare of children.

- HM Government: The Children Act (1989)
- HM Government: The Children Act (2004)
- HM Government: Working Together to Safeguard Children (2013)
- Children and Families Act 2014
- Letter – David Nicholson letter July 2009 Safeguarding Children Declarations.
- HM Government: Statutory Guidance on Promoting the Health and Well-being of Looked After Children
- Department for Education: What to do if you're worried a child is being abused
- Department for Education: Every Child Matters (2003)
- Department of Health/Department for Education: National Service Framework for Children, Young People and Maternity Services: standards 5 & 11.2 (2004)
- Recruiting safely: Safer recruitment guidance helping to keep children and young people safe
- HM Government: Information Sharing – Guidance for practitioners and managers (2009)
- When to suspect child maltreatment NICE 2009.
- Data Protection Act 1998.
- Human Rights Act 1998.
- Intercollegiate Document Safeguarding Children and Young People: Roles and competencies for healthcare staff (2013).
- NHS Commissioning Board: Safeguarding Vulnerable People in the reformed NHS: Accountability & Assurance Framework (March 13)
- Care Quality Commission (CQC) Outcome 7 (Regulation 11)

In line with the principles of Clinical Commissioning, the CCG maintains a robust scheme of contract and quality monitoring of all services provided by organisations commissioned by the CCG. They also have clinical governance processes in place that inform the scheme of contract and quality monitoring.

3. Corporate Responsibility:

- The Children Act (2004) section 10 places a statutory duty on CCGs and NHS England to cooperate with local authorities in making arrangements to improve the wellbeing of all children in the authority's area, which includes protection from harm and neglect.
- The Children Act (2004) section 11 places a statutory responsibility to safeguard children upon all NHS organisations including CCGs, NHS England, NHS Trusts and Foundation Trusts.
- The Children Act (2004) section 13 requires NHS England, CCGs, NHS Trusts and Foundation Trusts to cooperate and engage fully with partner agencies as competent members of their Local Safeguarding Children's Board (LSCB).
- The Children Act (1989) section 17 requires NHS England, CCGs, NHS Trusts and Foundation Trusts to cooperate with the Local Authority in helping children in need of support.
- The Children Act (1989) section 47 requires NHS England, CCGs, NHS Trusts and Foundation Trusts to cooperate with Local Authorities in their enquiries regarding children at risk of significant harm.

4. Purpose and Scope

This policy sets out arrangements for safeguarding and promoting the welfare of children. It should be read in conjunction with the Surrey Safeguarding Children Board Procedures Manual (SSCB), and Statutory Guidance Working Together to Safeguard Children (2013). Access to the procedures manual can be found at www.SSCB.proceduresonline.com
<http://www.workingtogetheronline.co.uk/index.html>

Where a concern relating to safeguarding adults is identified, staff members are guided to follow the CCG's policy on safeguarding adults by accessing <X:\NHS Surrey Downs CCG\CCG Corporate Governance\Policies and Procedures\Policies\CL06 Safeguarding Adults Policy and Statement Final.pdf>

The CCG is committed to the promotion of children's welfare and to protecting vulnerable children from abuse and neglect. This policy outlines the governance structures in place to ensure that all members of staff are clear about their roles and responsibilities and are competent in safeguarding and promoting the welfare of children.

CCGs are charged with ensuring that they commission good quality services on behalf of their population. Although CCGs are not directly responsible for commissioning Primary Medical Care, they have a duty to support improvements in the quality of Primary Medical Care.

The policy provides support to CCGs and their Commissioning Support Services and strengthens local safeguarding assurance arrangements for services commissioned for local children and families. The Safeguarding Children Policy also sets out a framework to underpin monitoring of safeguarding arrangements across the health economy.

This Policy is applicable to all staff employed by the CCG (permanent and temporary) working in any location who may come into contact directly or indirectly with children and

pregnant women and those working in settings whose main client / patient is an adult. The key principles are also applicable to all services commissioned by the CCG. All employees of the CCG have an individual responsibility for the protection and safeguarding of children and young people.

All managers must ensure their staff are aware of, able to access this policy, and ensure its implementation in their line of responsibility and accountability.

The CCG is committed to all processes that safeguard children and young people and promote their welfare and aims to commission safeguarding services that will ensure equal access to all children and young people, regardless of:

- Race, religion, first language or ethnicity
- Gender or sexuality
- Age
- Health status or disability
- Political or immigration status

The children may be NHS service users in their own right or cared for by service users who are receiving NHS services. It also encompasses other children in the wider community that come to the attention of CCG staff in the course of their work.

5. Policy Statement

The CCG will fulfil its statutory duties relating to the safety and welfare of children through the demonstration of:

- Compliance with all statutory guidance on safeguarding children.
- Active partnership and co-operation with Surrey LSCB
- Ensuring that children and young people are valued and their safety and welfare is considered at all stages of commissioning, including contracting arrangements and performance management frameworks. This will be best achieved through partnership processes across the LSCB area.

6. Definitions

Safeguarding and promoting the welfare of children is defined as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes

Child protection – is a part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or likely to suffer significant harm.

6.1 Child in need is defined as:

Children who are defined as being 'in need' under section 17 of the Children Act 1989 are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services; or a child who is disabled.

The critical factors to be taken into account in deciding whether a child is in need under the Children Act 1989 are:

- What will happen to a child's health or development without services being provided;
- and the likely effect the services will have on the child's standard of health and development

Children in need under section 17 may be assessed by children's services in relation to their special educational needs, disabilities, or as a carer, or because they have committed a crime. A section 17 assessment should also be undertaken for children whose parents are in prison and for asylum seeking children.

6.2 Significant Harm

Some children are in need of protection because they are suffering, or likely to suffer significant harm. The Children Act (1989) section 47 places a duty on a Local Authority children's service to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering or is likely to suffer significant harm. It identifies significant harm as the threshold that justifies compulsory intervention in family life in the best interest of the child.

6.3 What is Abuse and Neglect?

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm.

Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely by a stranger.

They may be abused by an adult or adults or another child or children. Forms of abuse are:

- Physical abuse: may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to child.
- Sexual abuse: involves forcing or enticing a child or young person to take part in sexual activities including prostitution whether or not the child is aware of what is happening.
- Neglect: 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.
- Emotional abuse: persistent emotional maltreatment of a child such as to cause severe and persistent adverse effect on the child's emotional development. This includes a child witnessing or seeing the ill-treatment of another.

7 Roles and Responsibilities

The roles and responsibilities of all organisations and staff groups regarding safeguarding children are outlined in the statutory guidance section of '*Working Together to Safeguard Children*' (HM Government 2013). All staff and managers should be aware of those responsibilities.

The CCG has a duty under Section 11 of the Children Act 2004 to ensure that:

- Their functions are discharged having regard to the need to safeguard and promote the welfare of children; and
- Any services provided by another person pursuant to arrangements made by the person or body in the discharge of their functions are provided having regard to that need

8 Leadership

The CCG has an identified children's lead which incorporates the lead for safeguarding children. It is the responsibility of CCG to ensure that both a Senior Doctor and Nurse are contracted to fulfil the functions of Designated Professionals in accordance with *HM Government 2013*. The Designated professionals are employed within one CCG but have a role across all Surrey CCG's.

The CCG has a responsibility to ensure that all organisations with whom they have a contract are carrying out their roles and responsibilities through contracting quality arrangements. This is achieved through a range of monitoring processes including contract monitoring, quality schedules, supervision of named professionals by the designated professionals and assurance visits to provider premises.

- The Director for Quality, Patient Safety and Nursing is the Executive Lead for Safeguarding Children and represents the CCG on appropriate groups of the LSCB.
- The Safeguarding Team consists of Designated Doctors, Nurses and Named GPs. This team will lead on providing analytical reports for the CCG regarding the effectiveness of safeguarding arrangements and will support and challenge commissioners and providers to improve the outcomes for children across the health economy.

9 The CCG Governing Body

The Chief Officer of the CCG is the accountable officer having responsibility for ensuring that the health contribution to safeguarding and promoting the welfare of children is discharged effectively across the local health economy through the CCGs' commissioning arrangements.

Within the CCG this role is supported through the Safeguarding lead Director and the designated professionals. The CCG Governing Body will regularly receive information relating to:

- Safeguarding performance of commissioned services
- Serious Case Reviews from Surrey Safeguarding Children Board.
- Local and national safeguarding issues
- Reports and papers regarding any specific issues requiring Board approval or decision.

10 Responsibilities of Employees

All employees of the CCG, partner practices and contracted support services e.g. CSU, must be mindful of their responsibility to safeguard children. Therefore, all staff must be up to date with the appropriate level of safeguarding children training as set out in the Intercollegiate Document (March 2014).

11 Key Roles

11.1 Designated Nurses and Doctors for Safeguarding Children

- Provide advice to ensure the range of services commissioned by the CCG take account of the need to safeguard and promote the welfare of children.
- Provide advice on the monitoring of the safeguarding aspects of CCG contracts.
- Involvement in contract monitoring meetings, for appropriate children and family health services.
- Provide advice, support and clinical supervision to the named professionals in each provider organisation.
- Provide skilled advice to the LSCB on health issues.
- Play an important role in promoting, influencing and developing relevant training, on both a single and inter-agency basis, to ensure the training needs of health staff are addressed.
- Provide skilled professional involvement in child safeguarding processes in line with LSCB procedures.
- Review and evaluate the practice and learning from all involved health professionals and providers commissioned by the CCGs, as part of Serious Case Reviews, other multi agency or single agency health reviews following serious incidents.
- Inform the LSCB of any relevant serious incidents.

11.2 Designated Professionals for Looked After Children

The CCG have arrangements in place for a Designated Doctor and Nurse for Looked After Children who take a strategic lead in the health aspects of children in care, including :

- Advising commissioners regarding the needs of this population,
- Monitoring the quality of the health assessments, medical, nursing and CAMHS services available to the children and young people,
- Working with Local Authorities to improve the outcomes for this group.

These professionals are currently placed in provider trusts but have a reporting line to the Safeguarding Team. The professionals will work in conjunction with the Safeguarding Team and contribute to monthly exceptional, 6 monthly and annual reporting to the CCGs.

11.3 Designated Paediatrician for Unexpected Child Deaths

The CCG have a Designated Paediatrician and Specialist nurse for Unexpected Child Deaths whose main responsibilities are set in section 11.4 below. Working Together to Safeguard Children (2013) Chapter 5 sets out the procedure to be followed when a child dies. There are two inter-related processes for reviewing child deaths:

- A rapid response by a group of key professional who will come together for the purpose of enquiring into and evaluating each unexpected death of a child.
- The SSCB is responsible for ensuring that a review of each death of a child normally resident in their area is undertaken by a Child Death Overview Panel (CDOP).

11.4 Responsibilities and functions of the CDOP include:

- Reviewing all child deaths up to the age of 18 years, excluding babies who are stillborn and planned terminations of pregnancy carried out within the law.
- Collecting and collating information on each child and seeking relevant information from professionals and, where appropriate, family members.
- Discussing each child's case, and providing relevant information or any specific actions related to individual families to those professionals who are involved directly with the family so that they, in turn, can convey this information in a sensitive manner to the family.
- Determining whether the death was deemed preventable, that is, those deaths in which modifiable factors may have contributed to the death and decide what, if any, actions could be taken to prevent future such deaths.
- Making recommendations to the SSCB or other relevant bodies promptly so that action can be taken to prevent future such deaths where possible.
- Identifying patterns or trends in local data and reporting these to the SSCB.
- Where a suspicion arises that neglect or abuse may have been a factor in the child's death, referring a case back to the SSCB Chair for consideration of whether an SCR is required.
- Agreeing local procedures for responding to unexpected deaths of children; and
- Cooperating with regional and national initiatives – for example, with the National Clinical Outcome Review Programme – to identify lessons on the prevention of child deaths.

11.5 Named GPs

The CCG have arrangements in place for access to a named GP. Area team Nurse Directors and Medical Directors work closely with the CCG to ensure through this role local practices are supported to develop effective safeguarding children arrangements. The named GP works closely with designated professionals, commissioners in the local area team and the CCG.

11.6 CCG Staff Members

The CCG is required to ensure that it clearly identifies the standards expected from its staff members with regard to ensuring the safety and welfare of children is promoted. Staff members employed or contracted who do **not** directly deliver services to individuals, in circumstances where they identify a concern around the safety and welfare of a child or young person, are expected to ensure that they act in accordance with the SSCB Procedures and national guidance (What to do if you are worried a child is being abused.)

11.7 Independent Contractors

Any independent contractors who deliver services directly to children, young people and their families should ensure that they:

- Access safeguarding children training in accordance with national and local guidance and competency frameworks.
- Act in accordance with the Surrey Safeguarding Children Board's procedures.

12 Responsibilities of NHS Trusts, Foundation Trusts and Private Healthcare Providers

All provider health organisations are required to have effective arrangements in place to safeguard vulnerable children and to assure themselves, regulators and their commissioners that these are working. It is not sufficient to have structures in place but to create an organisational culture that acknowledges the responsibilities of staff to identify risk factors for children and take appropriate action to reduce the level of harm. Key examples of health work to support the safeguarding of children include:

- Monitoring and reporting missed appointments
- Routine enquiry regarding domestic abuse in adult settings
- Assessment of impact of adult health problems on children in the household i.e. needs of young carers

Specific arrangements include:

- A Board executive lead for safeguarding children who takes responsibility for governance, systems and organisational focus on safeguarding children.
- A Named Doctor and Nurse (Named Midwife for maternity services) who have a key role in promoting good professional practice within their organisation, and provide advice, expertise and training strategy within the organisation.
- Safe recruitment including compliance with the Disclosure and Barring system; job descriptions which reflect requirements for staff to have due regard for safeguarding and promoting the welfare of children.
- A Named Senior Officer (NSO) must be identified who will lead on allegations against staff working with children. The NSO must ensure any allegations involving children in work or personal life are reported to Local Authority Designated Officer and Designated Nurse.

- There must be a training strategy and plan in place informed by a training needs analysis with regard to safeguarding, safe recruitment and specific areas of need such as domestic abuse, child sexual exploitation and Prevent. Evidence of the effectiveness of all training delivered must be evaluated. The training programme must comply with the levels in the intercollegiate document (2014) and NHS England Prevent Training & Competency Framework.
- Arrangements for the provision of safeguarding children supervision for staff to promote good practice. The level of supervision provided should be in accordance with the degree and nature of contact that staff have with children, young people, vulnerable adults and families.
- Named professionals must access safeguarding supervision from the CCG Designated Safeguarding Professionals.
- They must inform Designated Nurses of any serious incidents involving children and confirm that the incident has been reported in accordance with the NHS England and CCG requirements.
- They must comply with the SSCB and Designated Nurse requests for information or reports in relation to serious case reviews or other multi agency reviews as set out in Working Together to Safeguard Children (HM Govt 2013).
- Work with the Designated Professionals and SSCB in developing and implementing an audit programme to provide evidence of improved outcomes for children.
- Ensure staff understand their responsibilities in identifying and respond to risk factors in abuse or neglect; recognise children, young people or their parents/carers in need of support; be able to communicate effectively with children and young people and stay focused on the child's safety and welfare; share information appropriately; work in partnership with other agencies to assess, plan and respond to children in need of support or protection as set out in Working Together to Safeguard Children (2013).
- Adhere to National, SSCB policies and procedures including the requirement for having a process for following up referrals to children's social care; a process for the identification of children/young people who are at risk from domestic abuse and for recognised/acting on concerns; a process for following up children who miss appointments; contributing and participating in local safeguarding processes; process for ensuring that adult or adolescent patients are routinely asked about dependents, such as children or caring responsibilities; system in place for flagging safeguarding children concerns; system in place for identifying children subject to a Child Protection Plan.
- Ensure that staff are aware of the need to escalate concerns via the Named and Designated professionals where there are differences of opinion between professionals both within health and the multi-agency network.

- Evidence of compliance will be included in the Annual Report to the CCGs Outcome 7, Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009).

13. GP Practice Leads

GP practices must have a lead for safeguarding who must work closely with the CCG Named GP and Designated Professionals to address quality issues in relation to safeguarding children.

- GP practices must maintain an up to date list of staff training in relation to safeguarding.
- GPs must ensure that they contribute effectively to children in need of support or protection, including provision of reports for child protection conferences.

14. Summary of Key Safeguarding Roles and Responsibilities

Surrey Downs CCG	Has a duty to make arrangements to ensure that in discharging their functions they have regard to the need to safeguard and promote the welfare of children. Work with the Local Authority (ies) to commission and provide integrated services for children, young people and families. Ensure that commissioning arrangements effectively incorporate safety and welfare issues across the health economy. Should ensure they commission the services of a senior Doctor and Nurse to undertake the functions of Designated Professionals.
Provider Organisations	Co-operate with arrangements to safeguard children, share the responsibility for effective safeguarding arrangements. Ensure that they identify appropriate staff to undertake the functions of Named Professionals.
Designated Professionals	Provide : <ul style="list-style-type: none"> • Strategic professional lead on all aspects of health service • Contribution to safeguarding children across the CCG area. • Provision of advice and support to named professionals in each provider organisation. • Professional advice to the CCG Board to ensure the organisation discharges its responsibilities effectively and appropriately. • Co-ordination of the health elements of Serious Case Review process.
Named Professionals	Will focus upon safeguarding arrangements within their own organisation by: <ul style="list-style-type: none"> • Providing support and advice to staff in the day-to-day management of safeguarding practice. • Promoting good practice in safeguarding work • Providing advice to support their own organisations governance arrangements for safeguarding children. • Developing a safeguarding children training strategy. • Developing the safeguarding Children training programme and ensuring its delivery meets the required standards.

15. Safeguarding within Commissioning Arrangements

Surrey Downs CCG as a commissioner will:

- Ensure commissioning arrangements work in co-operation with Local Authority, NHS England and link to the priorities of the Local Safeguarding Children Board (LSCB)
- Ensure there is a senior commissioning lead for children and young people to ensure their needs are at the forefront of local planning and service delivery.
- Ensure that clinical governance arrangements are in place to assure the quality of services commissioned by the CCG.
- Commission secondary health care for looked after children, including those placed outside of the borough.

16. Contracts

Contract monitoring

Surrey Downs CCG as a commissioner will:

- Ensure through contracts with commissioned services that health services and healthcare workers contribute to multi-agency safeguarding working.
- Include the requirement for sharing information with CCGs and LSCBs regarding Safeguarding arrangements and Outcome Frameworks in all commissioning arrangements, contracts and/or service level agreements
- Ensure that Designated Professionals have been consulted on all relevant contracts and service level agreements.

17. Assurance regarding safeguarding arrangements across the CCG's: annual and 6 month interim reporting

17.1 Six month interim reporting including Dashboard

As outlined in the revised 'Working Together' clinical commissioning groups (CCGs) will be the major commissioners of local health services and will be responsible for safeguarding quality assurance through contractual arrangements with all provider organisations. The dashboard will be used as a tool to provide commissioners with assurance that providers are compliant with their safeguarding responsibilities, it will ensure that there is both quantitative and qualitative data available which demonstrate how providers are moving towards an outcomes based focus. (Table 1 overleaf)

Table 1

Safeguarding in Health Outcomes Framework
<ul style="list-style-type: none">• Leadership and Workforce• Training• Safeguarding Supervision• Partnership Working• Responding to Wider Social Issues and Vulnerable Groups of Children• Serious Incidents and Child Deaths• Adult Issues and Early Help

17.2 Annual Reporting

The CCGs and all NHS Trusts or Foundation Trusts are required to publish an annual report of safeguarding children and it is expected that the following will be included:

Table 2

Annual Report components
<ul style="list-style-type: none">• Safeguarding Professionals and Board Executive Lead• LSCB Participation• Education & Training• Safeguarding Children Supervision• Clinical Governance & Risk Management• Compliance with CQC Regulations• Section 11• Employment Practice• Policies & Procedures

Table 3
CCG Reporting

Safeguarding Children	
Frequency	Report title and content
Annual 1st May	The Quality Committee receives an Annual Report for safeguarding children. This is an overview of safeguarding practice across providers and within commissioning.
6 month interim 1st November	6 month interim report will focus on key issues of the dashboard <ul style="list-style-type: none"> • <i>Leadership and workforce</i> • <i>Training</i> • <i>Supervision</i> • <i>Partnership working</i> • <i>Vulnerable groups</i> • <i>SI, SCR, CR, IMR's</i> •
Monthly 1st of every month	Exceptions reports including serious case reviews or serious issues as necessary.

18. Safe Recruitment

The CCG has a duty to ensure that safe recruitment processes are complied with and will act in accordance with the NHS employers regulations, including the Safeguarding Vulnerable Groups Act (HM Government, 2006), SSCB procedures and the local HR recruitment policies.

The CCG will also ensure commissioned services fulfil their safeguarding requirements.

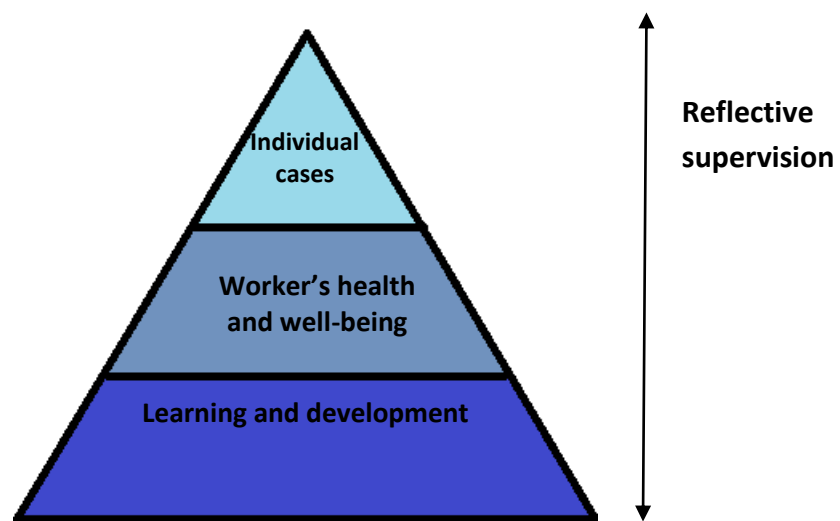
19. Supervision

Supervision supports, assures and develops the knowledge, skills and values of an individual worker and provides accountability for decision-making. High quality supervision is the cornerstone of effective working with all children and young people.

There are five main functions of Safeguarding supervision. Difficulties and failure in any area could compromise effective Safeguarding of children.

- Clinical/Reflective practice - Critical evaluation of the assessment and planning for child and family
- Managerial – To ensure competent and accountable performance, management and practice appropriate for the professional role. This includes monitoring progress against agreed tasks and timescales, maintaining clarity and accountability, reviewing priorities and risk in line with action plans and the annual Assurance and Accountability Framework.

- Developmental- To ensure continuous professional development. This includes job related training, monitoring continual professional and managerial development, providing feedback on performance, acknowledging strengths and acting on capability issues.
- Supportive – To provide personal support for effective performance and offer help to manage any personal impact of their work. This also includes giving positive feedback as well as constructive criticism where necessary and helping staff to reflect on their contribution to the team, service and organisation.
- Advocacy – This may involve negotiations around roles and responsibilities and management of resource implications. It also includes escalation of concerns both in relation to individual cases and performance issues, dealing sensitively with complaints and opportunities for mediation if internal processes are not effective in resolving disputes.



All supervision sessions should include all levels of the pyramid

Each provider commissioned by the CCG is responsible for ensuring a robust safeguarding supervision model is in place.

The designated professionals provide supervision for named professionals. As part of this supervision process evidence submitted through the dashboard, annual assurance and accountability framework and section 11 can be triangulated. A Supervision contract will be agreed between the designated and named professional (appendix 1)

20. Serious Case Reviews

The CCG has a statutory duty to work in partnership with the Local Safeguarding Children Board, and/or any other Safeguarding Children Board,

Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 sets out the functions of LSCBs. This includes the requirement for LSCBs to undertake reviews of serious cases in specified circumstances. Regulation 5(1) (e) and (2) set out an LSCB's function in relation to serious case reviews, namely:

5 (1) (e) undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned. (2) For the purposes of paragraph (1) (e) a serious case is one where: (a) abuse or neglect of a child is known or suspected; and (b) either — (i) the child has died; or (ii) the child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant agencies worked together (Working Together. 2013).

When the circumstances of a particular incident, including those in which a child may have died, raise serious concerns about inter-agency working to protect children from harm, the Local Safeguarding Children Board (LSCB) should undertake a Serious Case Review. The prime purpose of a Serious Case Review (SCR) is for agencies and individuals to learn lessons to improve the way in which they work both individually and collectively to safeguard and promote the welfare of children. The lessons learned should be disseminated effectively, and the recommendations should be implemented in a timely manner so that the changes required result, wherever possible, in children being protected from suffering or being likely to suffer harm in the future.

SCRs are not inquiries into how a child died or was seriously harmed, or into who is culpable. These are matters for coroners and criminal courts, respectively, to determine as appropriate. Nor are SCR's part of any disciplinary inquiry or process relating to individual practitioners. Where information emerges in the course of a SCR indicating that disciplinary action would be appropriate, such action should be undertaken separately from the SCR process and in line with the relevant organisation's disciplinary procedures. SCR's may be conducted at the same time, but should be separate from disciplinary action. In some cases (for example, alleged institutional abuse) it may be necessary to initiate disciplinary action as a matter of urgency to safeguard and promote the welfare of other children (SSCB Safeguarding Procedure)

The process of a Serious Case Review (SCR) may require each agency to undertake an Individual Management Review (IMR) of their involvement with the child and if appropriate their family, or a report if the involvement with the child and family has been limited. The Individual Management Review should include information about any recommendations and improvement actions that the agency should undertake.

The Designated Safeguarding Professionals will inform relevant agencies including the Care Quality Commission (CQC) and LAT when a Serious Case Review is commissioned.

All IMRs commissioned across the health economy will be submitted to the commissioners of service. It is expected that each provider organisation will have a robust sign off process by their board level lead and that reports received will have been subject to this scrutiny process. Designated professionals will have a role in quality assuring on behalf of the CCG.

The CCG will ensure that designated and named professionals are given sufficient time and necessary support to contribute to the SCR process.

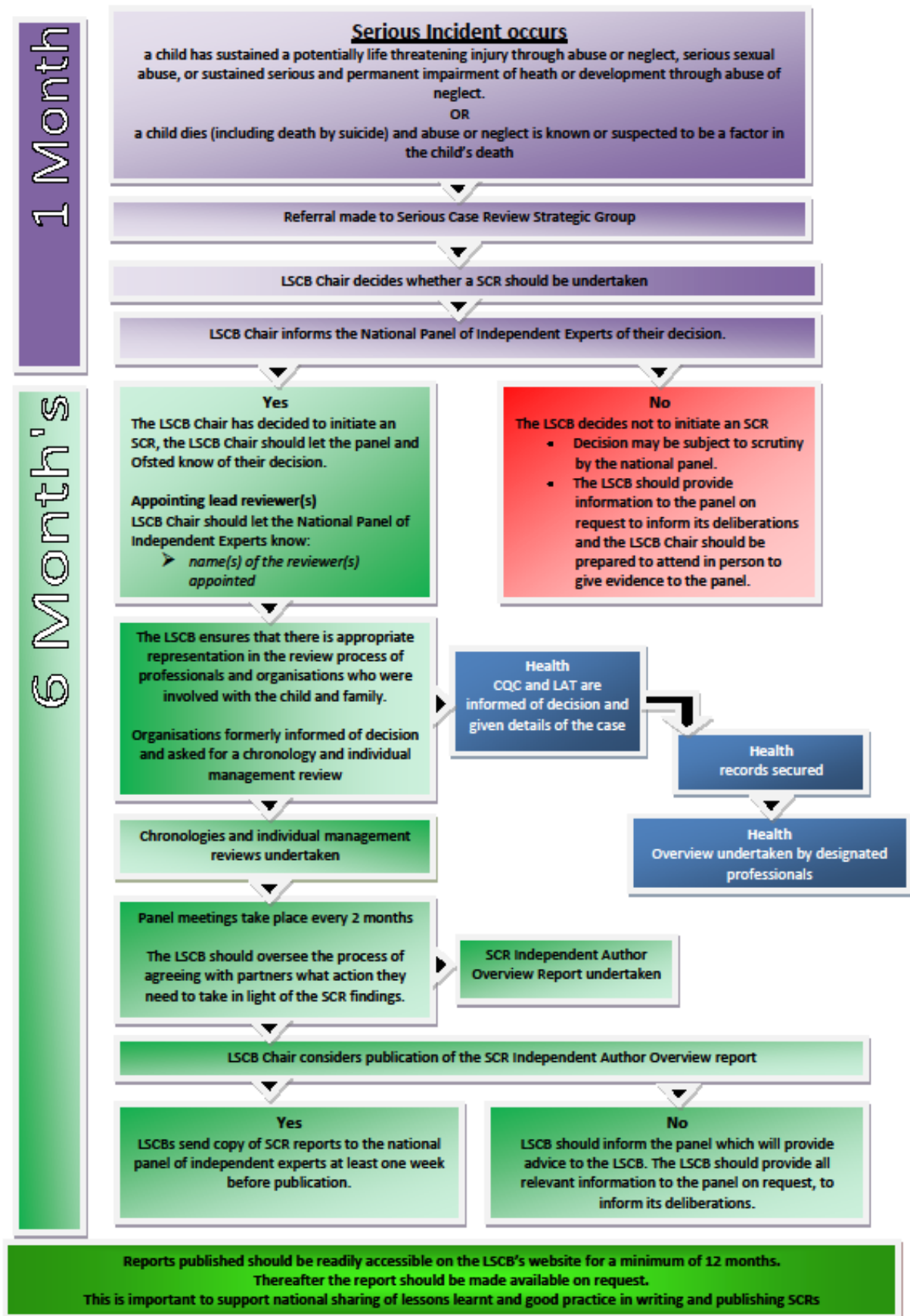
The Designated safeguarding health professionals, on behalf of the commissioners, should review and evaluate the practice of all involved health professionals, and providers commissioned by the CCG area. Designated safeguarding health professionals also have an important role in providing guidance on how to balance confidentiality and disclosure issues to ensure an objective, just and thorough approach to identifying lessons in the IMR.

The CCG must ensure that the review, and all actions following the review, are carried out according to the timescale set out by the LSCB Serious Case Review Panel scoping and terms of reference.

The SSCB Strategic Case Review Group and health and safeguarding sub-group will monitor the progress of identified recommendations and supporting action plans.

The process is set out overleaf in Chart 1.

Chart 1: Serious Case Review Process



20.1 Action Plans

For health services there are at least three points at which concerns about the conduct of a child's safeguarding arrangements may result in actions for improvement being identified. These are;

- at a time after the first notification of the case is made, usually but not exclusively, by way of responding to the report of a Serious or Adverse Incident;
- Following completion of the IMR and / or the Health Overview report and;
- On publication of the recommendations of an overview report.

20.2 Case Reviews

Where the circumstances of a case are not appropriate for a Serious Case Review but warrant further investigation of safeguarding arrangements a Case Review may be undertaken. The purpose of the case review is similar to the serious case review processes in that it enables agencies and individuals to learn lessons and improve the way in which they work both individually and collectively to safeguard and promote the welfare of children. As with a Serious Case Reviews the lessons learned from a Case Review should also be disseminated effectively, and the recommendations should be implemented in a timely manner so that the changes required result, wherever possible, in children being protected from suffering or being likely to suffer harm in the future.

20.3 Monitoring of Action Plans

Providers are required to submit copies of action plans arising from all safeguarding children concerns including IMR, SI's and Adverse Incidents to the relevant CCG. These will be subject to initial scrutiny by the Designated professionals, who will provide advice regarding implementation for contract monitoring purposes.

Providers are also required to report progress against SCR, CR, and IMR action plans to the LSCB on request. Progress against all safeguarding action plans will be routinely monitored during the SSCB Health and Safeguarding sub-group meeting.

21. Managing Allegations against People who Work with Children

The procedure for managing allegations against people who work with children is a requirement of 'Working Together to Safeguard Children 2013' The procedure for managing allegations against people who work with children applies to a wider range of allegations than those in which there is reasonable cause to believe a child is suffering, or likely to suffer, significant harm. They also apply in cases where allegations indicate someone is unsuitable to continue to work or volunteer with children in his/her present position, or in any capacity. These procedures should be used when there is an allegation or concern that any person who works with children, in connection with his/her employment or voluntary activity, has:

- behaved in a way that has harmed a child, or may have harmed a child either by act or omission;

- 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.

These behaviours should be considered within the context of the four categories of abuse (i.e. physical, sexual and emotional abuse and neglect). These include concerns relating to inappropriate relationships between members of staff and children or young people e.g;

- Having a sexual relationship with a child under 18 if in a position of trust in respect of that child, even if consensual;
- Grooming (i.e. meeting a child under 16 with intent to commit a relevant offence);
- Other grooming behaviour giving rise to concerns of a broader child protection nature (e.g. inappropriate text / e-mail messages or images, gifts, socializing etc);

In addition, these procedures apply to an individual who works with children but the allegation or concern arises in his/her personal life which indicates he/she may be unsuitable to work in their present position, or any capacity e.g. when a person assaults his or her own child. Similarly, the allegation might relate to the spouse or partner of the person who works with children, whose response or attitude to this suggests that his/her ability to fulfil his/her work role might be compromised.

Each LSCB member organisation should identify a designated senior officer with overall responsibility for:

- ensuring that the organisation deals with allegations in accordance with these procedures;
- resolving any inter-agency issues;
- liaising with the Surrey Safeguarding Children Board on the subject.

Surrey County Council has named officers; Local Authority Designated Officer (LADO) whose role is to:

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

Normally, the LADO role is undertaken by a number of Children's Services staff. Any contacts with the LADO should therefore be made via the Children's Services Safeguarding Unit who will identify the appropriate LADO and ensure urgent contact with the referrer/employer.

Contact details for the LADO are included at appendix 2.

Thus the CCG has designated:

- a senior manager to whom allegations or concerns should be reported;
- a deputy to whom reports should be made in the absence of the designated senior manager or where that person is the subject of the allegation or concern.

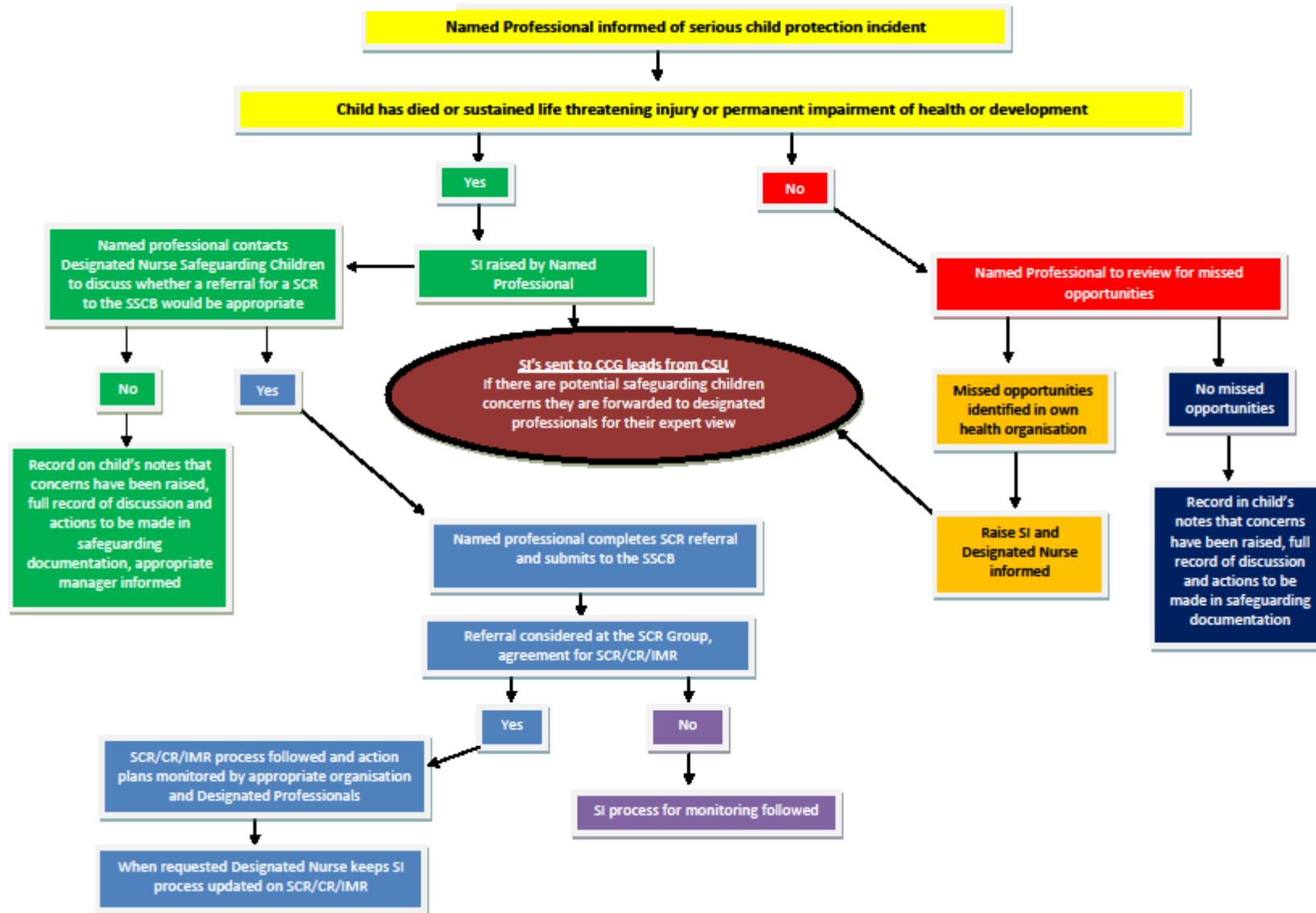
Surrey Downs CCG has designated the Designated Consultant Nurse for Safeguarding Children as the senior manager to whom allegations or concerns about employees and contractors such as Primary Care providers should be reported. Contact details are in appendix 2.

The procedures for managing allegations are consistent with and should be read in conjunction with relevant policies of Surrey Downs CCG. In particular, the Human Resources Business Partner will be responsible for ensuring consistency with the CCG Disciplinary and Capability Policy and where appropriate will support the Trust designated managers.

These procedures are complementary to, and do not replace, any Trust policies and procedures in relation to governance and risk. Where appropriate, Adverse Incidents and Serious Incident reporting will take place.

The Serious Incident process is set out overleaf in Chart 2.

Chart 2: Serious Incidents



22. E-Safety

The CCG has a duty under Section 11 of the Children Act 2004 to ensure that they recognise e-safety issues and plan accordingly to help to ensure appropriate, effective and safe use of electronic communications including the internet, mobile phones, games' consoles, handheld technology and social media, including social networking. If there is an issues regarding e-safety this can be discussed with the Designated Professionals.

23. Engagement with the Surrey Safeguarding Children Board

The Surrey CCG's will agree representation of an appropriate senior level on the Safeguarding Children Board and its standing groups, and is supported by the Designated Nurse Consultant for Safeguarding Children and the Designated Doctor for Safeguarding Children.

24. Committee with the Overarching Responsibility for this Policy

Overarching responsibility for all aspects of this policy will be with the CCG Governing Body. An assurance report will be submitted by the Designated Nurse Consultant every 6 months. This will include information about single and multiagency audits of compliance with aspects of this policy as appropriate.

25. Other Committees / Groups with Responsibility for Aspects of this Policy

Safeguarding children and in particular the discharge of responsibilities in respect of serious case reviews, audits and managing allegations against people who work with children, will necessarily require engagement with a number of different committees and groups appropriate to each case. This will include the SSCB Health Group.

26. Patient / Carer / Relative / Visitor / Contractor Communication and Support

For staff and independent contractors, personal involvement in a Serious Case Review, Audit and Individual Management Review can be a matter of considerable concern. In particular, it is usual practice for anonymised versions of reports to become publicly available bringing with it a high risk of media exposure. Managers of IMR authors and Designated Managers for managing allegations will be attentive to welfare and will make appropriate arrangements for effective communication with staff including where appropriate, with line managers, occupational health and staff associations. Support for patients, their carers and relatives will be coordinated through the relevant Local Safeguarding Children Board.

27. Internal Communication

A fundamental purpose of serious case reviews and audits is that organisations and their staff including independent contractors learn from the review and implement changes to practice that aim to prevent the recurrence of any failings identified in the

review. Supporting Managers, the Designated Consultant Nurse and Doctor for Safeguarding Children will, as appropriate, ensure that learning is disseminated.

28. Safeguarding Children Training Strategy

It is the responsibility of managers to evaluate the different roles within their organisation at the recruitment stage to determine the level of safeguarding training that is appropriate to the role. Adherence to the levels will be reviewed through the Performance and Development Review process (PDR).

The commissioners acknowledge that safeguarding children and young people work is often complex and stressful, and that effective supervision is important to ensure good standards of safeguarding practice.

All Safeguarding training should be consistent with *The Common Core of Skills and Knowledge*, Children's Workforce Development Council (CWDC) 2010 www.cwdcouncil.org.uk and congruent with Safeguarding Children and Young people: roles and competences for health care staff (Intercollegiate Document 2014), and Working Together (HM Government 2013).

The minimum requirements for training for all staff are set out in the Safeguarding Children and Young people: roles and competences for health care staff (Intercollegiate Document 2014) which was produced by the Royal College of Paediatrics and Child Health and agreed by the relevant professional bodies.

The Prevent Training and Competencies Framework works in conjunction with the Safeguarding Children and Young People: roles and competences for health care staff (Intercollegiate Document 2014) in order to ensure a consistent approach within the children safeguarding agenda and develop some parity between the expectations to safeguard both children and adults at risk.

The Prevent strategy aims to stop people becoming terrorists or supporting terrorism. The health sector is involved in two key objectives:

1. To prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support.
2. To work with sectors and institutions where there are risks of radicalisation that we need to address.

Prevent is part of existing safeguarding responsibilities for the health sector, not an additional responsibility. Healthcare workers have the opportunity to refer vulnerable individuals for support in a pre-criminal space by:

- a) Recognising vulnerable adults, children and young people who may be at risk of radicalisation;
- b) Working in partnership to reduce risk and protect the individual and
- c) Providing adequate and necessary support as part of a proportionate multi-agency response to any concerns.

Level 1: All staff working in healthcare settings (clinical and non-clinical) should be trained to this level. Additionally, the training must include the national objectives of the Prevent strategy and how all staff members can contribute to the Prevent agenda. A

mandatory session of at least 30 minutes duration should be included in the general staff induction programme or within 6 weeks of taking up a post within organisations.

Learning outcomes should include:

- Understanding what constitutes abuse and neglect.
- Know the range of physical abuse, emotional abuse, sexual abuse and neglect including radicalisation, child trafficking and FGM.
- Understanding that some groups of children and young people are particularly vulnerable to abuse, neglect and radicalisation
- Know what to do when they are concerned that a child is being abused.

Level 1 updates: Over a 3 year period, staff at level 1 should receive refresher training equivalent to a **minimum** of 2 hours. Therefore, training can be tailored by organisations to be delivered annually or once every 3 years and encompass a blended learning approach.

Level 2: All clinical and non-clinical staff who have regular contact with parents, children and young people should be trained to this level. Additionally, Managers should be aware that some staff in this group may require a risk assessment on the level of contact with individuals and groups with a higher level of vulnerability to determine if Workshop to Raise Awareness of Prevent (WRAP) is required.

Learning outcomes should include:

- Competence at level 1.
- To be able to recognise child abuse.
- To be able to document their concerns.
- Know who to inform.

Understanding the next steps in the child protection process.

Level 2 updates: Over a 3 year period, professionals at level 2 should receive refresher training equivalent to a **minimum** of 3-4 hours. Therefore, training can be tailored by organisations to be delivered annually or once every 3 years and can encompass a blended learning approach. Training at level 2 will include the training required at level 1 and will negate the need to undertake refresher training at level 1 in addition to level 2.

Level 3: All staff working predominately with children, young people and parents should be trained to this level. Staff in services and roles in this group, and including levels 4 and 5 will always require Workshop to Raise Awareness of Prevent (WRAP) due to regular contact with individuals or groups with a higher level of vulnerability.

Learning outcomes should include:

- Competence at level 2.
- Knowledge of the implications of key national documents/reports.
- Understanding the assessment of risk and harm.
- Understanding multi-agency framework/ assessment / investigation /working.

- To be able to present child protection concerns in a child protection conference.
- The ability to work with families where there are child protection concerns.
- To be able to put into practice knowledge of how to improve child resilience and reduce risks of harm.
- Understanding forensic procedures/practice.
- Where appropriate, be able to undertake forensic procedures.
- To be able to advise other agencies regarding the health management of child protection concerns.
- To be able to contribute to serious case reviews or equivalent process.

Level 3 updates: Over a 3 year period, professionals at level 3 should receive refresher training equivalent to a **minimum** of 6 hours (which equates to a **minimum** of 2 hours per annum). Training can be tailored by organisations to be delivered annually or once every 3 years and can encompass a blended learning approach. Those undertaking level 3 training do not need to repeat level 1 or level 2 training as it is anticipated that an update will be encompassed in level 3 training.

Level 4: Specialist roles such as named professionals should be trained to this level. In addition to the core competencies and skills required for this level (outlined in the Intercollegiate Document) Named professionals should:

- Participate regularly in support groups or peer support networks for specialist professionals at a local and national level and their attendance recorded.
- Complete a management programme with a focus on leadership and change management within 3 years of taking up a post

Level 4 updates: Named professionals should attend a **minimum** of 24 hours of education, training and learning over a 3 year period. This should include non-clinical acquisition such as management, appraisal and supervision training. Those undertaking level 4 training do not need to repeat level 1, 2, or 3 training as it is anticipated that an update will be encompassed in level 4 training.

Level 5: Designated roles should be trained to this level. In addition to the core competencies and skills required for this level (outlined in the Intercollegiate Document). Designated professionals should:

- Participate regularly in support groups or peer support networks for designated professionals at a local and national level and their attendance recorded.
- Complete an executive level management programme with a focus on leadership and change management within 3 years of taking up a post.
- Additional training programme such as the RCPCH level 4/5 training for paediatricians should be undertaken within 3 years of taking up the post.

Level 5 updates:

Designated professionals including lead paediatricians, and consultant nurses should attend a **minimum** of 24 hours of education, training and learning over a 3 year period. This should include non-clinical knowledge acquisition such as management, appraisal,

supervision training. Those undertaking level 5 training do not need to repeat level 1, 2, 3 or 4 training as it is anticipated that an update will be encompassed in level 5 training.

Board Level for Chief Executive Officers, Trust and Health Board Executive and non-executive directors/members, commissioning body Directors

This will require a tailored package to be delivered which encompasses level 1 knowledge, skills and competences, as well as Board level specific as identified in the Intercollegiate Document 2014 (*Intercollegiate Document 2014*)

[http://www.rcpch.ac.uk/sites/default/files/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%2002%20-%20%20%20\(3\).pdf](http://www.rcpch.ac.uk/sites/default/files/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%2002%20-%20%20%20(3).pdf)

29. Assurance and Governance

Assurance will be required by the SSCB that **all** staff have been trained to an appropriate level in safeguarding children and young people. In order to provide assurance to the CCG, all contracted practitioners/services will record information including:

- Numbers of staff requiring each level of training as stated in Roles and Competencies for Health Care Staff: Intercollegiate Document 2014.
- Attendance figures for all levels of training.
- Attendance at relevant specialist courses

Spot checks will be carried out by the safeguarding team to assure the commissioner that the knowledge and skills acquired through the training programme are being embedded in practice. Internal and specific service related evaluation and audit of safeguarding practice will be commissioned as appropriate.

30. Dissemination and Implementation

This Safeguarding Commissioning Policy is to be circulated to all staff within the CCG. It will also inform the contracting process with commissioned services. The policy will be included in the documents library on the intranet.

31. Approval and Ratification Process

The Safeguarding Children Policy will be approved by the individual CCG Quality and patient Safety lead and ratified by the Clinical Commissioning Governing Body.

32. Policy Review

This policy will be subject to a routine annual review, and will also be subject to alteration if required through the creation of additional national policy, legislation or guidance and / or local guidance. If revised, all stakeholders will be alerted to the new version. The review will be conducted by the Safeguarding team and other relevant personnel.

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RCPCH (2014) *Safeguarding Children and Young People, Roles and Competencies for Health Care Staff. Intercollegiate Document*

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Appendix 1

CCG Supervisory Contract

Supervision is a structured formal process through which staff can have regular protected time for facilitated in depth reflection of practice.

Supervision should be carried out on a one to one basis between two professionals who trust each other.

Supervision supports, assures and develops the knowledge, skills and values of an individual worker and provides accountability for decision-making. High quality supervision is the cornerstone of effective working with all children and young people.

The purpose of Named Professional supervision is:

- To assist the named professional in performing to the standards specified in their Job Description
- To ensure that the named professional is clear about their roles and responsibilities.
- To support the named professionals professional development by assisting in the identification of developmental needs, interests, goals and action plans
- To be a source of support for the named professional, recognising the particular stresses and pressures of working in the area of safeguarding children and child protection
- To jointly examine evidence submitted as part of the named professionals organisations section 11 or dashboard submissions
- To provide an opportunity for the named professional to reflect on skills, knowledge and value base by enabling reflection on her own performance
- To provide constructive feedback to the Named Professional on their performance, based on information provided.

As supervisee and supervisor, we agree to the following:

Aim

To work together to facilitate, In-depth reflection on issues affecting practice aimed at supporting personal and professional development.

Time

We will protect the time and space for supervision, by keeping to agreed appointments and time boundaries. We will meet times a year

Privacy will be respected and interruptions avoided

Before supervision sessions

We will:

- consider any actions resulting from supervision
- reflect on any actions resulting from supervision
- allow time to attend supervision
- plan work to ensure punctuality at supervision sessions

- ensure venue and times are arranged

Supervision sessions

We will:

- work respectfully
- be open to feedback about the supervision sessions
- avoid interruptions
- Listen to each other and never interrupt when someone is speaking.
- be positive

Records

The Supervisor will keep:

- records of attendance
- brief records of key points raised at the session
- brief action points agreed at the meeting

Although these are personal to the supervisee, they may be subpoenaed by a court of law or viewed by the employer if supervision is part of the employment contract.

The Supervisee will keep:

- a brief record of individual action points
- a reflective log in relation to action points
- a note of issues to be discussed at clinical supervision

Confidentiality

Information revealed in supervision sessions remains confidential with the exception of:

- ❖ **Unsafe, unethical or illegal practice being disclosed that you are unwilling to go through the appropriate procedures to address.**
- ❖ **Evidence in relation to the named professionals organisations safeguarding arrangements required by the CCG as a commissioner**

In the event of an exception arising every attempt will be made to support you to deal with the issue yourself. However if concerns remain I will reveal the information only after informing you that I am going to do so. I may also consider informing your line manager if you repeatedly fail to attend sessions but will inform you before I do this.

Use this box to add any amendments you agree:

Signed (Supervisee)

Name *(printed)*

Signed (Supervisor)

Name *(printed)*

Date

Appendix 2

Contact Details

Surrey Wide

Consultant/Designated Nurse for Safeguarding Children

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LADO Team:

Allegations consultations and general safeguarding advice
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Leatherhead
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Telephone the Surrey Safeguarding Children Unit on 01372 833310 to
access the LADO on duty

Senior Manager to whom allegations or concerns should be reported to
Amanda Boodhoo
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Mobile: 07799622327