

CCG SAFEGUARDING CHILDREN POLICY

Ratification Process

Lead Author	Sarah Hamilton Designated Nurse Safeguarding Children
Developed by	Ben Brown, Deputy Designated Nurse Safeguarding Children
Approved by	Carol Anderson Chief Nurse
Ratified by	Integrated Performance, Assurance and Quality Committee
Version	4
Latest Revision date	September 2019
Review date	August 2022

Document Control Sheet

Development and Consultation:	Safeguarding Team CCG and NHS England Area Team
Dissemination	The policy will be disseminated widely to health partners and the SCB.
Implementation	Integrated Performance, Assurance and Quality Committee
Training	All staff must undertake mandatory training
Monitoring	Integrated Performance, Assurance and Quality Committee
Review	CCG Safeguarding Team
Links with other documents	The policy should be read in conjunction with: Adult Safeguarding Policy Recruitment and Selection Policy Whistleblowing Policy Disciplinary Policy Disclosure and Barring Service Policy Safeguarding Children Training Policy
Equality and Diversity	The Safeguarding Team has carried out an Equality Impact Assessment and concluded the document is compliant with the CCG Equality and Diversity Strategy. Appendix 6.

Revisions

Version	Page/Para No	Description of Change	Date Approved
1		This new policy replaces those previously in place for NHS Cambridgeshire and NHS Peterborough.	12 th Nov 2013
2		Whole document reviewed in light of Working Together 2015 publication	June 2015
3	Appendix 5 and 6	Inclusion of a training needs analysis, and procedures for management of perplexing presentations and escalation procedures	March 2016
4	Whole document	Whole document reviewed in light of Working Together 2018, the Children and Social Work Act (2017) and the NHS EI Safeguarding Accountability and Assurance Framework (2019).	August 2019

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What to do if you are concerned about a child
Don't keep it to yourself, if in doubt, seek advice.

The contact details of the CCG Safeguarding Team can be found on the CCG public website

<https://www.cambridgeshireandpeterboroughccg.nhs.uk/your-health-and-services/safeguarding/children-and-young-people-safeguarding/>

If you think that a child or young person is at risk of serious harm call the Contact Centre immediately.

Children's Social Care	
• Cambridgeshire	0345 045 5203
• Peterborough	01733 864180
• Early Help Hub	01480 376 666
• Out of office hours and weekends	01733 234724

All telephone referrals should be followed up in writing within 48hrs using the joint referral form which can be accessed via this link:

Cambridgeshire and Peterborough Safeguarding Children Board:

<http://www.safeguardingcambspeterborough.org.uk/wp-content/uploads/2019/02/Safeguarding-Children-Referral-Form.docx>

Where you are concerned about a child, but do not feel that there is a risk of immediate serious harm, please contact the Early Help Hub on

Cambridgeshire 01480 376 666

Peterborough 01733 863649

Sources of Help/Advice

If you want to discuss your concerns or need advice e.g. if you not sure whether your concerns are justified, you would like more information about issues like confidentiality or you would like to know what happens next (after you have reported your concerns), do one of the following:

- The CCG Safeguarding Team
 - Designated Nurse - Safeguarding Children
Tel: 07932 643813 / 079702943949
 - Designated Doctor - Safeguarding Children
Tel:07739 795728
- Children's Social Care in Cambridgeshire or Peterborough (numbers above)
- Cambridgeshire and Peterborough Local Safeguarding Children Guidance:
<http://www.safeguardingpeterborough.org.uk/children-board/professionals/lscbprocedures/>
- NSPCC National Helpline 0808 800 5000
- Childline 08001111

1. Introduction

Fundamentally it remains the responsibility of every NHS Funded organisation and each individual health care professional working in the NHS to ensure that the principles and duties of safeguarding adults and children are holistically, consistently, and conscientiously applied with the wellbeing of patients at the heart of what we do.

As an NHS body, the CCG is under a duty to make arrangements to ensure that, in discharging its functions, it has regard to the need to safeguard and promote the welfare of children.

As a major commissioner of local health services, the CCG also needs to assure itself that the organisations from which they commission have effective safeguarding arrangements in place including primary care.

2. Purpose and Scope

This policy describes how Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) will,

- meet and monitor its statutory duty to safeguard children.
- assure effective safeguarding arrangements in the services it commissions.
- work with the Local Safeguarding Children Boards, NHS England local authorities and other key partners to develop and improve safeguarding practice across the whole health economy.

It applies to all staff working within the CCG. It focuses solely on safeguarding children however there are increasing areas of joint working across the adult and children safeguarding agenda.

Safeguarding Children and Adults Teams Visions and Values:

Vision:

- To focus on delivering a quality service at the front line
- To work supportively with partners and providers to strengthen the system
- To champion the voice of adults and vulnerable children in the commissioning and transformation agenda.
- To support adults at risk in achieving their desired outcome to live safely and free from harm and to work collaboratively and transparently with other professionals wherever possible.
- To ensure training for all CCG staff is available at induction and beyond according to the level of patient contact and responsibility of CCG staff.

Values:

- Supportive of each other
- Available as a resource
- Seeking to pull together
- Outward looking and forward thinking
- Careful stewards of our resources
- Resilient members making a difference

3. Definitions

For the purpose of this policy the following definitions provide clarity of terms:

Commissioning

The process of arranging continuously improving services which deliver the best quality outcomes for patients, and meet the population's health needs.

Children

As defined in the Children Act 1989 and 2004, a child is anyone who has not yet reached their 18th birthday. 'Children' therefore means children and young people throughout.

Safeguarding Children and Promoting the Welfare of Children

Defined in Working Together 2018 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 life chances.

4. National Context

The Mandate from the Government to CCGs in the Assurance and Accountability Framework (2019/20):

"NHS England's objective is to ensure that Clinical Commissioning Groups work with Local Authorities to ensure that vulnerable people, particularly those with learning disabilities and autism, receive safe, appropriate and high-quality care." (Objective 13)

And

"NHS England's objective is to make partnership a success. This includes in particular evidencing progress against the government's priorities of:

- Continuing to improve safeguarding practice in the NHS.
- Contributing to multi-agency family support services for vulnerable and troubled families.
- Contribute to reducing violence, in particular by improving the way the NHS shares information about violent assaults with partners and supports victims of crime" (Objective 23)

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: for services to be effective they should be based on a clear understanding of the needs and views of children.

(Working Together to Safeguard Children, 2018)

Health professionals are in a strong position to identify welfare needs or safeguarding concerns regarding individual children and, where appropriate, provide support. This includes understanding risk factors, communicating effectively with children and families, liaising with other agencies, assessing needs and capacity, responding to those needs and contributing to multi-agency assessments and reviews.

5. Policy Context

There is extensive guidance, national regulations, reports and legislation that govern how services should be provided, managed and monitored including:

- The Children Act (1989) and (2004).
- Children and Social Work Act (2017).
- Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004. Updated March 2007.
- Working Together to Safeguard Children (2018).
- Letter – David Nicholson letter July 2009 Safeguarding Children Declarations.
- When to suspect child maltreatment NICE 2009.
- Information Sharing Guidance (DCSF 2015).
- Data Protection Act 2018.
- Human Rights Act 1998.
- Intercollegiate Safeguarding Children and Young People: Roles and competencies for healthcare staff (2019).
- CQC standards.
- Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework (2019)
- Promoting the Health and Well-being of Looked After Children (2015)
- Safeguarding Children and Young People: Roles and Competencies for Paediatricians (2019)

6. Duties and Responsibilities

6.1 NHS England and Improvement (East Region)

NHS England (E) and NHS Improvement (I) are aligned national bodies with regional representation in the East. They are responsible for ensuring that the whole health and care commissioning system is working effectively to safeguard and improve the outcomes for children and adults at risk and their families, and thus promotes their welfare. NHE E also has responsibilities for health services that are directly commissioned.

NHS E & I provide oversight and assurance of CCGs' safeguarding arrangements and supports CCGs in meeting their responsibilities. NHS England is responsible for empowering local systems to hold partners to account, ensuring that there are effective arrangements to meet their safeguarding needs.

Within each Region, the Chief Nurse has the lead responsibility for safeguarding for both children and adults, with a safeguarding lead leading the portfolio of work. The safeguarding lead within the East will act as the main conduit of advice and support to the wider system, and act as a link between the national safeguarding team at NHS E and I and local systems.

Each region facilitates local 'Safeguarding Forum(s)' which acts as a source of expertise and underpins improvements in safeguarding practice. Locally this called the Children and Young People Safeguarding Advisory Forum (CYPSAF) and is open to all designated nurses, doctors, and named professionals for primary care. There are formal subgroups for looked after children colleagues and child death review colleagues.

6.2 Clinical Commissioning Groups and Integrated Care Systems

This section reflects the changing language used to describe local commissioning organisations be they Clinical Commissioning Groups (CCGs), Primary Care Networks (PCNs) or Integrated Care Systems (ICSs).

Currently, CCGs are responsible in law for the safeguarding element of services they commission. As commissioners of local health services, CCGs need to assure themselves that organisations from which they commission have effective safeguarding arrangements in place. CCGs need to demonstrate that their designated clinical experts (for children and adults), are embedded in the clinical decision-making of the organisation, with the authority to work within local health economies to influence local thinking and practice.

The Long Term Plan states that ICSs will have a key role in working with Local Authorities at 'place' level. Through ICSs, commissioners will make shared decisions with providers on population health, service redesign and Long-Term Plan implementation. PCNs will be at the centre of these ICSs; building on the core of current primary care services enabling greater provision of proactive, personalised, coordinated and more integrated health and social care.

Integral to the development of these networks is the support, guidance and peer assurance and review that can be provided for safeguarding children, young people, adults at risk and for the development of robust Mental Capacity Act processes. Local safeguarding leaders must work in collaboration with their local ICS, PCN and GPs to ensure safeguarding and Mental Capacity Act legal requirements are integral to their networks.

6.2.1 Clinical Commissioning Group - Organisation

- The Children and Social Work Act (2017) has given a clear responsibility to the CCG to be "equal partners" with local authorities and the police in regards the facilitation of multi agency working to protect children in a given area.
- The Children Act (2004) section 10 places a statutory duty on CCGs and NHS England/Improvement 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 duty on all NHS organisations including CCGs, NHS England/Improvement, NHS Trusts and Foundation Trusts to have effective arrangements in place to safeguard children.

- 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 Safeguarding Partnership arrangements.
- The Children Act (1989) section 17 & section 47 requires NHS England, CCGs, NHS Trusts and Foundation Trusts to cooperate with the Local Authority in helping children in need of support and children at risk of significant harm.
- Section 16 of the Children Act (2004) also requires that NHS bodies must in exercising their functions relating to Safeguarding Children Boards, have regard to any guidance given to them by the Secretary of State. One such piece of guidance is Working Together to Safeguard Children, (HM Govt 2018) which describes in detail the legislative requirements and expectations on individual services to safeguard and promote the welfare of children.

The CCG have to demonstrate that there are appropriate systems in place for discharging their responsibilities in respect of safeguarding, including,

- Plans to train their staff in recognising and reporting safeguarding issues
- A clear line of accountability for safeguarding, properly reflected in the CCG governance arrangements.
- Equal system leadership with police, local authority children services, and appropriate arrangements to co-operate with safeguarding partners in the operation of SCBs, SABs and health and wellbeing boards.
- Ensuring effective arrangements for information sharing, and responding to concerns about children who have suffered neglect or abuse.
- Securing the expertise of designated doctors and nurses for safeguarding children and for looked after children and a designated paediatrician for unexpected deaths in childhood.
- Undertaking of health assessments for children in care and provide services to children in care without undue delay.
- Ensure adult and childrens services work together to provide a smooth transfer of care to avoid sudden changes in clinicians culture and support to young people in care.

6.2.2 Clinical Commissioning Group - Leadership

The ultimate accountability for safeguarding sits with the Accountable Officer of the CCG to ensure that safeguarding is discharged effectively across the whole local health economy through the organisation's commissioning arrangements.

Under the Constitution of the CCG, the Governing Body is responsible for ensuring that the CCG regularly reviews and updates this policy in line with emerging statutory duties and best practice. The Governing Body will receive regular safeguarding reports and undertake training to ensure that their decisions give due regard to safeguarding issues.

The safeguarding function of the CCG sits within the Safeguarding Team which is part of the Nursing and Quality Directorate. The executive lead for Safeguarding within the CCG is the Chief Nurse, whose responsibilities include championing safeguarding issues at the Governing Body and attending the Joint Safeguarding Executive Partnership.

The CCG Safeguarding Childrens Team consists of the Designated Nurse for Safeguarding Children (1 w.t.e), Designated Doctor for Safeguarding Children (6 p.a/week), Designated Doctor for Deaths in Childhood (2pa/week), a Designated Doctor for Looked after children (2 pa/month), Designated Nurse for Looked After Children (0.4 w.t.e) Deputy Designated Nurse for Safeguarding Children (0.6 wte), Named Nurse Safeguarding Children for Primary Care (0.8 w.t.e) and administrative support (0.4 w.t.e).

6.3 Designated Professionals for Safeguarding and Looked After Children

The Designated Doctor and Designated Nurse take a strategic and professional lead on safeguarding children across the health economy. They act as the representatives for the health economy on the Safeguarding Children Board. Their role and responsibilities are described in Appendix 1.

The Designated Doctor and Nurse for safeguarding children work closely with the provider trusts' named doctors and nurses to develop and improve safeguarding practice within and between organisations

The Designated Professionals for children offer safeguarding supervision to the named doctors and nurses.

The Designated Nurses and Doctor will access training and supervision commensurate with their roles.

6.4 Designated Doctor for Deaths in Childhood

The CCG is required to secure the services of a Designated Paediatrician for Deaths in Childhood.

Key responsibilities include:

- Lead responsibility for medical responses to unexpected deaths of children which occur within an identified area as outlined in Ch 5 Working Together to Safeguard Children (2018).
- Oversee and contribute to a rota to provide a "rapid response" to unexpected child deaths
- Work with the Police and Children's social Care to co-ordinate responses to unexpected child deaths
- Notify the CCG and Safeguarding Partners when serious incident investigations, serious case reviews or other practice review are necessary. Participate in these reviews when appropriate and help share the learning.
- Liaise with those who have on-going responsibility for other family members providing support to the bereaved family, and where appropriate referring on to specialist bereavement services following the death.

6.6 Named GP/Named Professional for Primary Care.

Named GPs have a key role in promoting good professional practice, providing advice and expertise to primary care professionals, and ensuring appropriate safeguarding

training is in place. Training, experience and qualification requirements for named GPs/named professionals are set out in the children's and adults intercollegiate documents and should be complied with.

The Named Nurse for Primary Care who undertakes quality assurance aspects of the Named GP role and strengthens the contribution that primary care can give to child protection processes. The Named Nurse for Primary Care also attends the regional Named GP forum. This post reports to and works with the Designated Professionals for Safeguarding Children, the post holder liaises with NHS England/Improvement and CCG Primary Care GP leads, Providers as appropriate.

6.7 GP Safeguarding Leads

The CCG has established a network of safeguarding children lead GPs, with one in every GP practice. This network is supported by the CCG Safeguarding Childrens Team who offer advice, regular newsletters, resource pack and training.

Role Description

- to act as a first point of contact for colleagues with safeguarding concerns
- to act as a local champion for children and safeguarding best practice.
- to alert the CCG Safeguarding Childrens Team of local barriers to effective working together
- to disseminate relevant information to the practice, provided by the CCG Safeguarding Childrens Team

This network will further develop in order to be equipped to influence primary care networks (PCN) to make good decisions for their local place based populations as PCNs develop.

6.8 Commissioning and Contract Managers

Commissioning and contract managers will ensure that service specifications of all health providers from whom services are commissioned include clear service standards for safeguarding and promoting the welfare of children, consistent with LSCB procedure, the statutory guidance within Working Together to Safeguard Children (2018) and Section 11 of the Children Act (2004).

Contracts / Service Specifications should take account of:

- Safeguarding children responsibilities.
- Cultural and ethnic diversity.
- The requirement to work in accordance with the Data Protection Act, General Data Protection Regulation and Caldicott Principles; to secure information in transmission when sharing information within and between organisations; and to comply with CCG Information Governance policies.
- Adult parents / carers with vulnerable risk factors e.g. substance misuse, mental health and domestic abuse.
- All services commissioned or provided are delivered in a non-discriminatory manner, respect the individuality and rights of the child, and are child-centred.

6.9 Responsibilities of Employees

All CCG employees must be mindful of their responsibility to safeguard children. They

should be able to recognise indicators of abuse and know how to act upon concerns. The depth of knowledge should be commensurate with their roles and responsibilities.

All staff must be up to date with the appropriate level of safeguarding children training as set out in the Intercollegiate Document (2019) and HR mandatory training guidance.

Staff should recognise that sharing information is vital to ensure that children are protected from abuse and neglect and that the safeguarding of children is paramount and can override any duty of confidentiality.

All staff share a responsibility to uphold safe working practice by acting on concerns relating to the conduct of colleagues, particularly in relation to children and adults at risk.

Staff should seek advice from their line manager or another senior manager when they have a safeguarding concern. The Safeguarding Children Team are also available for advice and support.

Staff are responsible to adhering to the disclosure and barring policy around any criminal records they may have.

7.0 Partnership Working

The CCG shares a responsibility to work with its partners to safeguard and promote the welfare of children. The practice of this is achieved in the following ways,

- Designated professionals work across the health economy and local authority services to develop and improve safeguarding practice
- The CCG is represented on the Joint Safeguarding Executive Partnership by the Chief Nurse (Director of Quality, Safety and Patient Experience). The Cambridgeshire and Peterborough SCB by the Designated Professionals. The Designated professionals also attend a number of SCB subcommittees including delivery group, quality and effectiveness and serious case review panel.
- The Designated Professionals chair an operational group for named nurses and doctors across the county.
- The Provider Chief Nurses are invited to come to the safeguarding boards and receive both the papers and the minutes.
- The Designated professionals attend the Child and Young People Advisory Forum. This is a regional meeting of Designated nurses and doctors hosted by the NHS England and NHS Improvement East Team.

The CCG Safeguarding Team also attend ad hoc events and improvement meetings aimed at reviewing and improving working together.

See Appendix 2 for a diagram explaining lines of accountability within the health economy.

8.0 Quality Assurance and Audit

The section below outlines the process by which the CCG assures itself of the safeguarding activity both internally and across the health economy.

8.1 Commissioned Services

The CCG has a system for quality assuring the safeguarding arrangements of provider organisations it commissions directly. Expectations are set through contracts and service specifications.

The CCG also undertakes announced and unannounced inspections when necessary.

The Contract and Clinical Quality Review Process (CCQR) sets annual quality metrics for each Trust. See Appendix 5 for an example. These are monitored and rag rated quarterly. They include compliance with Section 11 of the Children Act 2004, training, supervision and audit. Serious Case Review action plans and action plans arising from internal, external or regulatory inspections (CQC or OFSTED) are monitored through the CCQR process.

The Safeguarding Team are consulted on all reported serious incidents investigations (SIs) raised by the provider Trusts that involve children. Appropriate SI action plans are monitored through the CCQR process.

8.2 Clinical Commissioning Group

Like all NHS organisations the CCG is expected to meet its statutory duties for safeguarding children. It completes a biannual Section 11 (Children Act 2004) self audit and receives feedback from the SCB. Action plans are monitored by the SCB and the CCG Safeguarding Children Team.

Further audits will be completed in relation to specific circumstances to ensure that recommendations arising from safeguarding reviews have been achieved / embedded into practice.

An annual report on Safeguarding Children arrangements will be presented to the CCG board.

The Safeguarding Children Policy should be reviewed every three years by the Designated Nurse for Safeguarding Children or sooner if there is significant local or legislative changes.

The CCG will notify NHS England of all Serious Case Reviews via the NHS England quarterly return. The CCG will also comply with the NHS England Safeguarding Commissioning Assurance Toolkit, the toolkit by which it assures itself that statutory duties are being met by Commissioners and Providers alike.

Safeguarding risks are escalated through the Integrated Performance and Quality Committee which reports directly to the CCG Governing Body.

The Designated Professionals are embedded in the clinical decision making of the organisation, with the authority to work within the local health economies to influence local thinking and practice. They exercise this through engagement with internal and external transformation processes, and joint commissioning units.

9 Information Sharing

Promoting young people's well being and safeguarding them from harm depends upon effective information sharing, collaboration and understanding. Often, it is only when information from a number of sources has been shared and pulled together that it becomes clear that there are concerns or that a child is in need of protection or services.

It is important, of course, to keep a balance between the need to maintain confidentiality and the need to share information to protect others. Decisions to share information must always be based on professional judgement about the safety and well being of the individual and in accordance with legal, ethical and professional obligations.

Health and care professionals can disclose information for the purposes of safeguarding provided that the proposed disclosure meets the public interest test. This test involves weighing up;

- (a) the public interest of protecting individual children or vulnerable adults who are potentially at risk of harm, against
- (b) the public interest of protecting their confidentiality and privacy, while taking account of the individual's wishes where these are known.

In making disclosures, professionals need to disclose information incrementally, starting with the minimal disclosure. The responsibility for making these disclosures rests with the senior responsible professional. Where the balance of public interests is unclear, the advice of the Caldicott Guardian should be sought.

The disclosure and the reasoning behind the decision to disclose should be documented in the record of the individual and possibly also in an organisational disclosure log.

The CCG is signed up to the Cambridgeshire and Peterborough Multi-Agency Information Sharing Framework and is a member of the Information Sharing Forum.

10 Safer Employment

10.1 Recruitment

The CCG recruitment policy adheres to the principles of safer recruitment. For example,

- safeguarding statements in job descriptions and adverts
- seeking appropriate references (2 minimum, including most recent employer)
- checking ID and professional qualifications
- seeking appropriate DBS checks (formerly CRB)
- checking employment history and accounting for anomalies

10.2 Allegations against staff

The CCG adheres to the Local Area Designated Officer (LADO) process for dealing with allegations relating to staff conduct towards children or other behaviour which indicates they pose a risk to children. This process is described in the CCG Disciplinary and Whistleblowing policies.

Concerns should be first discussed with a line manager, senior manager or member

of the HR team.

The CCG's Nominated Senior Officer for dealing with allegations is the Head of Organisational Development and Human Resources who can provide advice and guidance in such situations. They must be informed of all allegations as soon as possible. The Local Authority Designated Officer (LADO) will then be informed in accordance with the LSCB core inter-agency procedures.

Peterborough Local Area Designated Officer: 01733 864 038

Cambridgeshire Local Area Designated Officer: 01223 727968

10.3 Whistleblowing

A culture of open practice underpins effective safeguarding within an organisation. This CCG's whistleblowing policy contributes to the CCG's safeguarding children and adult arrangements by supporting a culture where issues can be raised safely and addressed by the organisation. This may be in relation to an individual's conduct and practice, illegal activity or a widespread or systemic failure in the provision or management of services to children and adults which places them at risk.

10.4 Professional Boundaries

Maintaining professional boundaries is central to providing safe and quality care for patients. It ensures personal and organisational reputation is maintained, professional standards are upheld and statutory requirements are met.

Staff should be aware that this responsibility extends to conduct on the internet and in the use of communication devices such as mobile phones and tablets.

See CCG Standards of Employment Practice Policy and Social Media Policy and Procedure.

11 Supervision and Support

Safeguarding Children supervision is described as 'An accountable process which supports, assures and develops the knowledge, skills and values of an individual, group or team. The purpose is to improve the quality of their work to achieve agreed outcomes.' (Skills for Care and CWDC 2007, page 5)

The CCG is responsible for ensuring that all provider services make provision for their staff to receive safeguarding supervision and access to advice and support from qualified safeguarding professionals within the organisation.

Certain staff groups will be expected to have dedicated safeguarding supervision including health visitors and school nurses. All clinical staff should discuss safeguarding concerns within supervision and know how to access further advice.

Designated Professionals should receive one to one supervision on a quarterly basis and have access to ad hoc supervision or peer support with a designated safeguarding professional, preferably outside of the county.

The Designated professionals are responsible for provision of safeguarding children supervision and support, both on a formal basis, every three months and on an ad hoc

basis to the named safeguarding professionals within the county.

The CCG Safeguarding Children Team are available for advice and support to anyone in the health economy. Normally staff within provider services would be expected to seek advice from safeguarding professionals within their organisation. CCG staff, GPs and practice staff would be expected to approach the CCG Safeguarding Team.

12 Training

In order to safeguard and promote the welfare of children and young people all staff who work in a healthcare setting must have the knowledge and skills to carry out their roles and responsibilities. The minimum training requirements for staff are set out in the intercollegiate guidance (2019): 'Safeguarding Children and Young People: Roles and Competencies for Health Care Staff'

The level of training required will be dependent on role. As a minimum all staff must access Level 1 training every 3 years. All new staff will receive this via the elearning package: <https://www.safeguardingchildrenincambs.nhs.uk/> which is maintained by the CCG Safeguarding team. CCG Staff are informed of this at induction. The Safeguarding Children Team Administrator and HR ensure completion of this package. Compliance is reported on regularly to the CCG Board.

Further guidance about what is required and how to access training is described on the CCG Extranet mandatory training web page.

The Cambridgeshire and Peterborough CCG Safeguarding Children Training Policy (2019) sets out clear expectations for provider Trusts in relation to training. It is written in accordance with SCB policy and the 'intercollegiate guidance'.

The government's response to the Caldicott Review charged Health Education England and NHS England with reviewing the information governance educational requirements of staff and, in particular, specialist staff.

13 References

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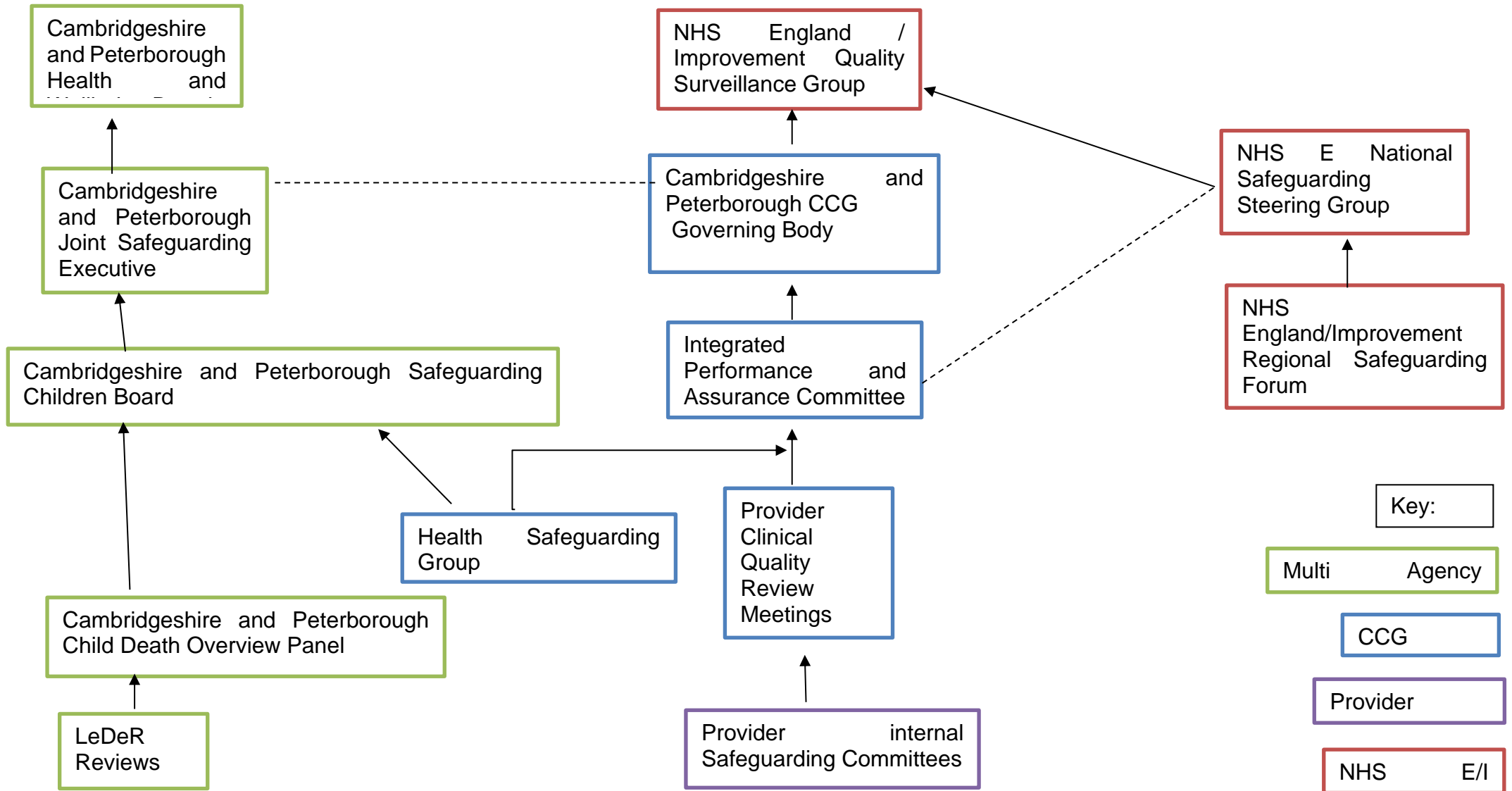
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Appendix 1 – Designated Professionals Responsibilities - Summary

The designated professionals take a strategic, professional lead on all aspects of the health service contribution to safeguarding children, children in care and child death within the CCG. Their responsibilities include:

- To attend reflective/restorative supervision meetings regularly. These supervision meetings must be formally documented and should be professionally facilitated if possible.
- Have direct access to the CCG Executive (Board level) lead, to ensure that there is the right level of influence of safeguarding on the commissioning process. The CCG Accountable Officer (or other executive level nominee) should meet regularly with the designated professionals to review child, children in care and adult safeguarding in the local area.
- To coordinate practice reviews / learning reviews and management reviews on behalf of health commissioners. They are also responsible for quality assuring the health content and disseminating the lessons learnt.
- To provide expert advice to Health Education England (HEE) and Local Education and Training Boards.
- Must accompany their CCG members of the local safeguarding children partnerships to ensure up to date professional expertise is effectively linked into the local safeguarding arrangements.
- Must be consulted and able to influence at all points in the commissioning cycle from procurement to quality assurance. This will ensure that all services commissioned meet the statutory requirement to safeguard and promote the welfare of children.
- A designated doctor for child deaths must be a senior paediatrician, appointed by the CDR partners, who will take a lead in coordinating responses and health input to the CDR process, across a specified locality or region.
- Will advise commissioning bodies' on training needs and the delivery of training for all health staff across the health community including those GPs, paediatricians and nurses undertaking health assessments and developing plans for children in care.
- Will provide advice on monitoring of elements of contracts, service level agreements and commissioned services to ensure the quality of provision for children in care including systems and records to:
 - ensure the quality of health assessments carried out meet the required standard,
 - ensure full registration of each child in care – and all care leavers – with a GP and dentist and optometric checks undertaken,
 - ensure that sensitive health promotion is offered to all children in care and young people,
 - ensure implementation of health plans for individual children, and
 - ensure an effective system of audit is in place.
- Will work with CCGs to ensure there are robust arrangements to meet the health needs of children in care placed outside the local area and ensure close working relationships with LAs to achieve placement decisions which match the needs of children.

Appendix 2 – Safeguarding Accountability Health Economy



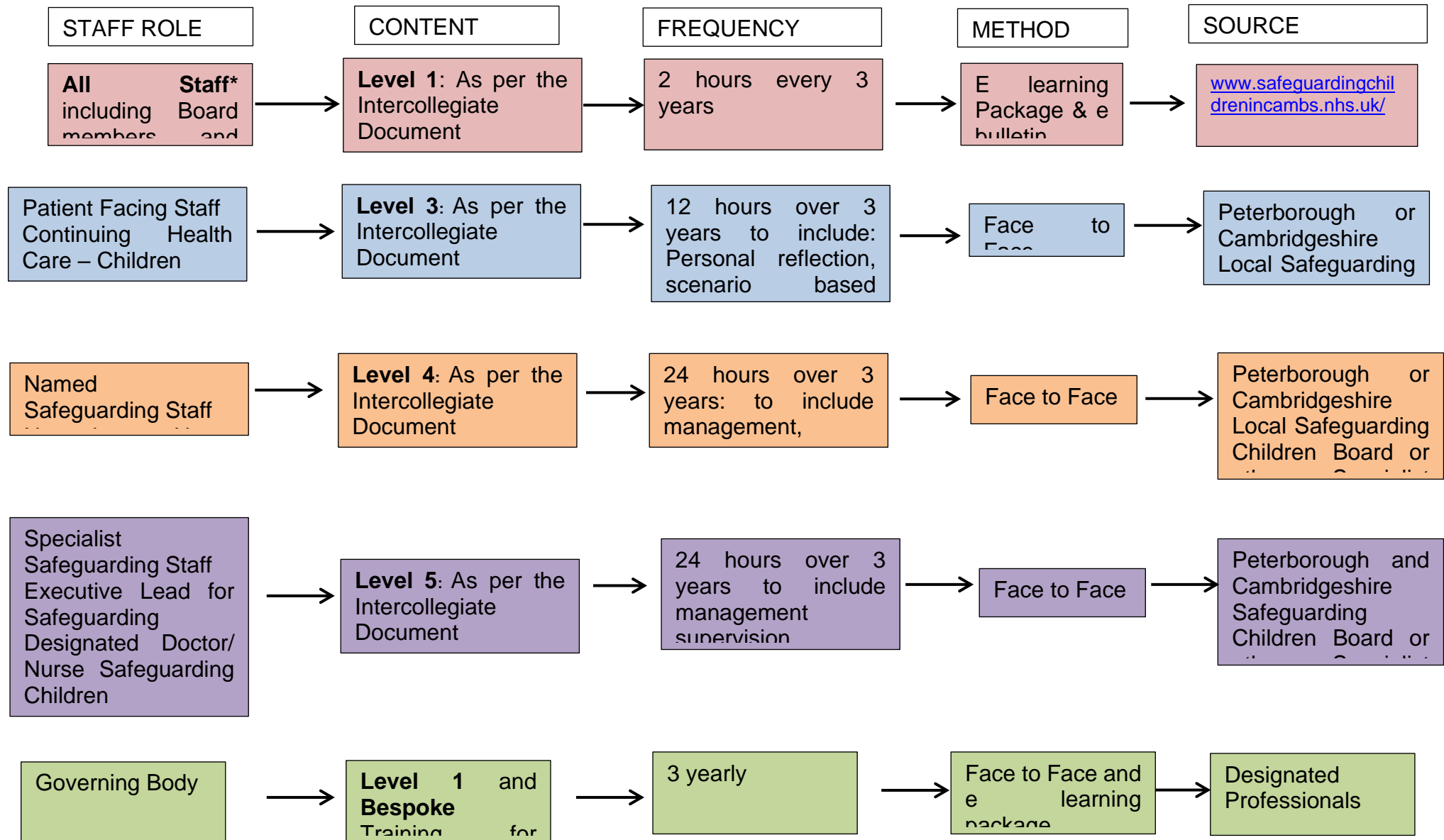
Appendix 3 – Quality Metrics – 2019/20

11 a	Safeguarding Children	11.a.1 Recognition and Response to Vulnerable Children.	Quarterly Report including: numerical information, narrative around trends, learning from audits	No evidence of recognition and response to vulnerable Children.	Evidence of recognition and response to vulnerable children but insufficient evidence of onward action to improve outcomes.	Evidence of recognition and response to vulnerable children, good awareness of cross organisational awareness of vulnerability.
		11.a.2 Evidence of working and learning together across the multi-agency arena.	Quarterly Report including: numerical information, narrative around trends, learning from multi agency audits, serious case reviews	Organisation is unable to contribute to more than 60% of required multi agency meetings eg ICPC and no recognition of multiagency participation by clinicians and no evidence of learning from serious case reviews.	Organisation can contribute to more than 75% of required multi agency meetings eg ICPC and some recognition of multiagency participation by clinicians and no evidence of ongoing learning from serious case reviews in at least two trust audits.	Organisation can contribute to more than 90% of required multi agency meetings eg ICPC and minimal recognition of multiagency participation by clinicians and no evidence of ongoing learning from serious case reviews in at least four trust audits.
		11.a.3 Organisational Safeguarding Leadership and Workforce.	Quarterly Report and Annual Report submitted by August of the following reporting year.	No evidence of progress against Sn11 audit. No annual report submitted. No awareness of organisational safeguarding responsibilities. Or no executive nurse/deputy attendance at LSCB/HESB	Safeguarding children annual report and Section 11 Audit or equivalent and action plan provided but does not SMART. No evidence of progress against action plan.	Safeguarding children annual report and Section 11 Audit or equivalent and SMART action plan provided covering relevant national and local audits with evidence of progress. And Executive Nurse/Deputy attendance at LSCB/HSEB

		11.a.4 Recognition of Adult Issues and Engagement in Early Help	Quarterly Report including: numerical information, narrative around trends, learning from multi agency audits and multi-agency work.	No evidence of recognition and response to vulnerable adults who are parents or engagement with Early Help	Evidence of recognition and response to vulnerable adults who are parents or engagement with Early Help but insufficient evidence of onward action to improve outcomes.	Evidence of recognition and response to vulnerable adults who are parents or engagement with Early Help, good awareness of cross organisational awareness of vulnerability.
		11.a.5 Safeguarding Supervision	Quarterly Report including: numerical information, narrative around trends, external supervision.	Less than 75% of staff are supervised appropriately for their role OR Supervision figures not broken down by professional group and level of training	Between 75% and 90% of staff are supervised appropriately for their role and no evidence that supervision is affective in altering practice.	More than 90% of staff are supervised appropriately for their role and evidence that Supervision is affective in altering practice.
11 b		Safeguarding Training	Quarterly Report including: numerical information, narrative around trends, LSCB training	Less than 75% of staff are trained to the level appropriate for their role OR Training figures not broken down by professional group and level of training	Between 75% and 90% of staff are trained to the level appropriate for their role and no evidence that training is affective in altering practice.	More than 90% of staff are trained to the level appropriate for their role and evidence that training is affective in altering practice.

Appendix 4 – Cambridgeshire and Peterborough CCG Safeguarding Children Training Needs Analysis.

This training needs analysis is in align with recommendations of Safeguarding Children and Young People: roles and competence for Health Staff.



Appendix 5 - Escalation Procedure for resolution of Professional Difference between Health and Social Care

This procedure upholds and expands upon the content of the Resolving Professional Difference procedure from the Cambridgeshire and Peterborough Safeguarding Children's Board and must be read in conjunction with them. It can be found here:

http://www.safeguardingpeterborough.org.uk/children-board/professionals/procedures/escalation_policy/

It is every professional's responsibility to safeguarding children and to act in their best interests. This means that they should 'problem solve' where required in order to support effective multi-agency safeguarding work. It is also the responsibility of all professionals to present a challenge to the actions and decisions of other agencies where they believe they have evidence to suggest that the child's development or their safety may be compromised. Robust professional challenge can be facilitated through consistent communication and information sharing between agencies, and through clear plans for children and families. Professionals should know who in the multi-agency network is involved with the child, young person and their family. The aim must be to resolve a professional disagreement at the earliest possible stage, as swiftly as possible, always keeping in mind that the child and young person's safety and welfare is paramount.

Definition:

Cases where there are concerns of a lack of progression leading to children being put at risk either in individual cases or in multiple cases. In the case of concerns by Providers around multiple cases where poor practice is an issue, the Designated Doctor/Nurse for Safeguarding at the CCG must be informed immediately.

Expected process for Escalation:

Front line health professional has a concern about the decision made by social care in regard to a child. Initial discussion with Social Worker does not result in a change to Social Care decision.



Front line health professional discusses this with their Manager/Supervisor or Named Professional for their Agency (Safeguarding Lead for GPs). The front-line health professional gains further insight, assurance or actions in order to resolve the concern with social care.



If the concern remains, the Health Service Manager, Named Professional or (Designated Nurse/Doctor for GPs) raises the concern with the relevant Social Care Team Manager/Group Manager for further insight, assurance or action in order to resolve the concern.



If the concern remains the Named Professional, who will raise with the relevant Social Care Head of Service for further insight, assurance or action in order to resolve the concern. The Named Professional at this point also raises the concern with the CCG Designated Doctor or Nurse.



If this concern remains, the Designated Professionals will raise with the relevant Head of Safeguarding or Directors of Social Care and the CCG. The Chair of the LSCB will also be informed at this point if necessary. Considerations will also be given to changes that may need to be made in relevant policy or process.

Salient Points:

If professionals are worried that the immediate welfare of the child may be being compromised, it is advised that Named Professionals or CCG Designated Professionals contact the appropriate Head of Service to resolve the issue.

All escalation of concerns must be clearly documented in the patient’s records, including details of who was spoken with and what the agreed actions were.

Rationale:

The reason for directing concerns through the CCG Safeguarding Team is twofold.

1. Identifying problems in the system help influence commissioning decisions and identify if system wide changes need to be considered, due to the frequency and theme of concern identified.
2. The CCG Safeguarding leads meet regularly with the Heads of Safeguarding for both Cambridgeshire and Peterborough in order to deal with issues and strengthen work between professionals.

Reporting:

Providers are asked to include the number of escalations they are undertaking in their quarterly reporting under “Evidence of Working and Learning together across the multi-agency arena”

Suggested information:

Level of Escalation	Number	Themes	Local Authority
E.g. Team Manager/CCG Safeguarding Team			

Appendix 6 - Management of Safeguarding Concerns in Children with Perceived Complex Health Needs.

This procedure upholds and expands upon the content of the Fabricated and Induced Illness procedure published by the Cambridgeshire and Peterborough Safeguarding Children's Board and must be read in conjunction with them. It can be found here:

<http://www.safeguardingcambspeterborough.org.uk/children-board/professionals/procedures/fabricated-or-induced-illness/>

It is recognised that there is a cohort of children who appear to have complex health needs and whose parents are obstructive in seeking to meet those needs in the best way advised to. There are also parents who continue to seek medical attention for unwitnessed health issues failing to believe the responses that they have been given. Children may show significant resilience and not be affected by the actions of the parents. However, there are occasions when the actions of the parents will either obstruct the child from accessing the health services they require thus causing the child's developmental needs to not be met, preventing the child from reaching their true potential. There may also be occasions when parents exaggerate the symptoms their child is experiencing in order to meet a need perceived by the parent, gain attention, or benefits for themselves. Sadly, in these situations trust that normally exists between Parents and Professionals is lost quickly.

Things professionals need to always remember in these cases:

- The importance of focusing on the outcomes for the child's health and development.
- The importance of always considering the holistic needs of a family managing a child with complex needs, therefore offering support services early eg short breaks teams, CaF support.
- The importance of being professionally curious and challenge Parents on their perception of the situation from an early stage, the evidence they have for that view and what benefit is gained from the child having a special diagnosis. Parents may have substantial medical knowledge and confidence about their understanding of the situation. It is not suggested that professionals tell the parent they think the illness is fabricated as this may put the child at more risk.

When concerns arise, it is important to triangulate that information at the earliest stage, this helps to give a clear and consistent picture of the health needs of the child to social care. This has led to the development of the following process:

1. Providers raise concerns around a child with perceived complex health needs to the CCG Safeguarding Team.
2. CCG Safeguarding Administrative Team co-ordinate the gathering of information from all Health Agencies.
3. CCG Safeguarding Administrative Team arrange a Health Professionals meeting for 7-10 days after the return deadline.
4. Provider agencies continue to facilitate lead paediatrician function who refers to Children's Social Care.

The welfare of the child is always paramount, and it may be that in some cases the situation

cannot wait for the above process to take place. In those cases, a referral must be sent through to Children's Services immediately. Children's Services should be advised however of all the relevant health professionals that need to be informed and involved in any professionals meeting that may take place so that they can get a full picture from health and to prevent any splitting of professionals that the parents may seek to do.

Organisational Responsibilities in cases of children with perceived complex health needs are:

1. Provider agencies prepare reports for strategy/case conferences as per usual.
2. Designated professionals to be informed if concerns regarding response by social care and will escalate in accordance with the Escalation Procedure.
3. Designated Professionals will give expert advice on cases as appropriate to social care and to health.

Appendix 7 – Equality Impact Assessment Form

Name of Proposal (policy/strategy/function/service being assessed)	CCG Safeguarding Children Policy
Those involved in assessment:	Sarah Hamilton, Designated Nurse Safeguarding Children
Is this a new proposal?	No, updated.
Date of Initial Screening:	Nov 2013

What are the aims, objectives?	<p>This policy describes how Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) will,</p> <ul style="list-style-type: none"> • meet and monitor its statutory duty to safeguard children. • assure effective safeguarding arrangements in the services it commissions. • work with the Local Safeguarding Children Boards, NHS England local authorities and other key partners to develop and improve safeguarding practice across the whole health economy. <p>It applies to all staff working within the CCG.</p>
Who will benefit?	The CCG, its staff, all children and their parents.
Who are the main stakeholders?	CCG staff, patients, Local Safeguarding Children Boards, commissioned health providers, local authority services and other LSCB partner agencies.
What are the desired outcomes?	Children will be effectively safeguarded.
What factors could detract from the desired outcomes?	Lack of staff knowledge and capacity. Inadequate safeguarding arrangements in place to support good practice.
What factors could contribute to the desired outcomes?	Staff training, an effective safeguarding team with clear role and objectives. Sec 11 action plan and teamwork plan.
Who is responsible?	All staff. Safeguarding Executive Lead – Carol Anderson, Chief Nurse
Have you consulted on the proposal? If so with whom? If not, why not?	Safeguarding team. Patient Safety and Quality Committee.

Which protected characteristics could be affected and be disadvantaged by this proposal (Please tick)		Yes	No
Age	<u>Consider:</u> Elderly, or young people		<input type="checkbox"/>
Disability	<u>Consider:</u> Physical, visual, aural impairment Mental or learning difficulties		<input type="checkbox"/>
Gender Reassignment	<u>Consider:</u> Transsexual people who propose to, are doing or have undergone a process of having their sex reassigned		<input type="checkbox"/>
Marriage and Civil Partnership	<u>Consider:</u> Impact relevant to employment and /or_training		<input type="checkbox"/>
Pregnancy and maternity	<u>Consider:</u> Pregnancy related matter/illness or maternity leave related mater		<input type="checkbox"/>
Race	<u>Consider:</u> Language and cultural factors, include Gypsy and Travellers group		<input type="checkbox"/>
Religion and Belief	<u>Consider:</u> Practices of worship, religious or cultural observance, include non-belief		<input type="checkbox"/>
Sex /Gender	<u>Consider:</u> Male and Female		<input type="checkbox"/>
Sexual Orientation	<u>Consider:</u> Know or perceived orientation		<input type="checkbox"/>

What information and evidence do you have about the groups that you have selected above?

This policy is written to support national and local policy and guidance aimed at promoting the welfare of all children and protecting them from harm.

Consider: Demographic data, performance information, recommendations of internal and external inspections and audits, complaints information, JNSA, ethnicity data, audits, service user data, GP registrations, CHD, Diabetes registers and public engagement/consultation results etc.

How might your proposal impact on the groups identified? For example, you may wish to consider what impact it may have on our stated goals: Improving Access, Promoting Healthy Lifestyles, Reducing Health Inequalities, Supporting Vulnerable People

Examples of impact re given below:

- a) Moving a GP practice, which may have an impact on people with limited mobility/access to transport etc
- b) Planning to extend access to contraceptive services in primary care without considering how their services may be accessed by lesbian, gay, bi-sexual and transgender people.
- c) Closure or redesign of a service that is used by people who may not have English as a first language and may be excluded from normal communication routes.

Please list the positive and negative impacts you have identified in the summary table on

the following page.

Summary	
Positive impacts (note the groups affected) This policy should impact positively on all groups.	Negative impacts (note the groups affected) N/A

Summarise the negative impacts for each group:

What consultation has taken place or is planned with each of the identified groups?

What was the outcome of the consultation undertaken?

What changes or actions do you propose to make or take as a result of research and/or consultation?

Briefly describe the actions then please insert actions to be taken on to the given Improvement Plan template provided.

Will the planned changes to the proposal?


Please State
Yes or No

Lower the negative impact?	
Ensure that the negative impact is legal under anti-discriminatory law?	
Provide an opportunity to promote equality, equal opportunity and improve relations i.e. a positive impact?	

Taking into account the views of the groups consulted and the available evidence, please clearly state the risks associated with the proposal, weighed against the benefits.

What monitoring/evaluation/review systems have been put in place?

When will it be reviewed?

Date completed:	3/12/13
Signature:	
Approved by:	
Date approved:	