

Corporate	CCG CO15 Safeguarding Children Policy
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Version Number	Date Issued	
4	November 2018	November 2020

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Consultation Process:	Governance Lead, Head of Corporate Affairs, Newcastle Gateshead Designated Nurses Safeguarding Children Safeguarding Committee
Formally Approved:	6 November 2018

Policy Adopted From:	CO15 Safeguarding Children Policy (3)
Approval Given By:	QSR Committee

Document History

Version	Date	Significant Changes
1	28/02/2013	First issue
2	04/11/2014	Reflects review of statutory guidance
3	25 /04/2017	Reflects review of local and national guidance
4	18/09/18	Reflects review of local and national guidance

Equality Impact Assessment

Date	Issues
20/09/18	See section 9 of this document

POLICY VALIDITY STATEMENT

This policy is due for review on the latest date shown above. After this date, policy and process documents may become invalid.

Policy users should ensure that they are consulting the currently valid version of the documentation.

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1. Introduction

The CCG aspires to the highest standards of corporate behaviour and clinical competence, to ensure that safe, fair and equitable procedures are applied to all organisational transactions, including relationships with patients their carers, public, staff, stakeholders and the use of public resources. In order to provide clear and consistent guidance, the CCG will develop documents to fulfil all statutory, organisational and best practice requirements and support the principles of equal opportunity for all.

The CCG is required to fulfil its legal duties under the Children Act 2004, Section 11 of the Children Act 2004, Statutory Guidance on promoting the health and well-being of Looked After Children (DH, 2009) and statutory responsibilities in *Working Together to Safeguard Children*, HM Gov. (2018¹). All staff working within the CCGs' health economy that commission or provide children's services must make safeguarding and promoting the welfare of children an integral part of the care they offer to children and their families.

There is a requirement that the provider "will be expected to adhere to practices that safeguard children in line with the Safeguarding Children's policies of the commissioners" NHS Standard Contract.

This policy outlines how as a commissioning organisation the CCG will fulfil its legal duties and statutory responsibilities effectively both within its own organisation and across its local health economy via its commissioning arrangements. The CCG will ensure it has in place robust structures, systems, standards and an assurance framework, which are in accordance with the legal structure and with Local Safeguarding Children Boards within each CCG area. Safeguarding is firmly embedded within the wider duties of all organisations across the health system but there is a distinction between providers' responsibilities to provide safe and high quality care and support, and commissioners' responsibilities to assure themselves of the safety and effectiveness of the services they have commissioned.²

The CCG will have in place a contractual agreement to secure the expertise of designated professionals for safeguarding children, looked after children and child deaths.

The CCG arrangements will ensure that both its own functions and services provided on its behalf are discharged with regard to the need to safeguard and promote the welfare of children.

¹ Working Together to Safeguard Children - HM Gov 2018 outlines new safeguarding partnership requirements to be implemented by Sept 2019. This policy will support the current N/LSCB arrangements and reflect the principles of the new safeguarding partnership arrangements identified in WT 2018.

² Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework NHS England 2015

The CCG acts as an advocate between children and provider services in conjunction with social care statutory requirements regarding the rights of all children and young people not to be abused, neglected or exploited and to have the right to be happy, healthy, safe and productive in their contributions to society.

1.1 Status

This policy is a corporate policy.

1.2 Purpose and scope

1.2.1 This policy describes how the CCG will discharge its responsibility for ensuring its own organisation, and the health services it commissions, fulfill its duty to safeguard and promote the welfare of children. The CCG will ensure compliance with the requirements of Section 11 of the Children Act 2004, *Working Together to safeguard children*, 2018 and in line with the NHS England Accountability and Assurance Framework (2015). Compliance is also required in relation to Promoting the Health and Wellbeing of Looked After Children – a statutory guidance for local authorities, clinical commissioning groups and NHS England (DfE / DoH 2015)

All should be aware of recommendations in current key documents
Looked After Children, Knowledge Skills and Competences of healthcare staff- Intercollegiate Role framework (RCN RCGP & RCPCH 2015)
NICE Guidance pg 28- looked after children and young people (2010- modified 2015)

1.2.2 This policy applies to all staff employed by the CCG – including any agency, self-employed or temporary staff.

1.2.3 All managers must ensure their staff are made aware of this policy and how to access it and ensure its implementation in their line of responsibility and accountability.

1.2.4 All CCG personnel have an individual responsibility for the protection and safeguarding of children and must know what to do if concerned that a child is being abused or neglected.

'What to do if you are worried a child is being abused,' HM Government
<https://www.education.gov.uk/publications/eOrderingDownload/6840-DfES-IFChildAbuse.pdf>

2. Definitions

The following terms are used in this document:

2.1 ***Working Together to Safeguard Children*, HM Gov. 2015 definitions:**

2.1.1 **Child or young person:**

In this document, as in the Children Acts 1989 and 2004, a *'child'* is anyone who has not yet reached their 18th birthday. For disabled children this will be inclusive of those up to and including 18 years of age. The fact that a child has reached 16 years of age, is living independently or is in further education does not change their entitlement to services or protection under the Children Act 1989 (*Working Together*, HM Government, 2015). Where *'child'* or *'children'* is used in this document, this refers to children and young people.³

2.1.2 **Safeguarding and promoting the welfare of children** - is the process of protecting children from abuse or neglect and/or preventing impairment of their health or development. This includes ensuring children are growing up in circumstances consistent with the provision of safe and effective care so as to enable them to have optimum life chances and to enter adulthood successfully.

2.1.3 **Child Protection** – This is part of safeguarding and promoting children's welfare. Child protection refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm. *Working Together* defines six categories of abuse:

- **Physical abuse** – this may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. A parent or carer fabricating the symptoms of illness in a child or deliberately inducing illness in a child may also cause physical harm.
- **Emotional abuse** – this is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. Emotional abuse may involve conveying to children they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. Emotional abuse may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children

³ Definitions identified within *Working Together* 2015 remain applicable

frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

- **Sexual abuse** – this involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. It may not necessarily involve a high level of violence. The sexual activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. Sexual abuse may also include non-contact activities, such as involving children in looking at or in the production of sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Adult males do not solely perpetrate sexual abuse; women can also commit acts of sexual abuse, as can other children.
- **Neglect** – this is the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food, clothing and shelter (including exclusion from home or abandonment.) Neglect may involve failing to protect a child from physical and emotional harm or danger, not ensuring adequate supervision (including the use of inadequate care-givers) or not ensuring access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.
- Child sexual exploitation (CSE) - is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.
- Female Genital Mutilation (FGM) - is a collective term for a range of procedures which involve partial or total removal of the external female genitalia for non-medical reasons. It is sometimes referred to as female circumcision, or female genital cutting. The practice is medically unnecessary, is extremely painful and has serious health consequences, both at the time when the mutilation is carried out, and in later life.
http://www.cps.gov.uk/legal/d_to_g/female_genital_mutilation/#a01

2.1.4 **The Concept of Significant Harm** - some children are in need because they are suffering, or likely to suffer, significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children. It gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

2.3 **Executive Lead [for Safeguarding Children]**

The Executive Lead for Safeguarding Children will be the Executive Director of Nursing Patient Safety and Quality.

3. **Safeguarding Children**

3.1 The Children Act 1989 provides a comprehensive framework for the care and protection of children. The fundamental principle that underpins the act is that the welfare of the child (under 18 years) is paramount.

3.1.2 The CCG has a statutory duty under the Children Act 2004 to make arrangements for ensuring that its own functions, and services provided on its behalf, are fulfilled with regard to the need to safeguard and promote the welfare of children.

3.1.3 Following the continued publication of serious case reviews the profile of Safeguarding Children is paramount and continues to be a significant priority for the CCG, and is considered through all the organisation's governance arrangements.

3.1.4 The NHS Commissioning Board and CCGs are required to review their arrangements with organisations from which they commission services so as to improve their oversight of safeguarding, and to ensure their GP practices have adequate leadership and training with regard to safeguarding children.

3.5 The publication in March 2013 of the Government's updated and revised *Working Together to Safeguard Children* statutory guidance addressed Lord Laming's principal recommendations. *Working Together 2015* sets out how organisations and individuals should work together to safeguard and promote the welfare of children and provided clear direction for those responsible for commissioning and providing health services. Health requirements to safeguarding children were strengthened further in the Assurance Framework 2015

- 3.1.6 The Munro review 2010 identified differences between where the relevant agencies are now and where they need to be to best protect children. Munro set out proposals for reform. In 2016 the secretary of state further commissioned a review by Professor Wood which led to a review of the Children and Social Work Bill to be endorsed in 2017.
- 3.1.7 In July 2018 the new Working Together arrangements were published with a timeframe for transitional arrangements (September 2019) and interim guidance⁴. The statutory guidance places new responsibilities on local authorities, police and clinical commissioning groups. It reinforces that safeguarding is everyone's responsibility; and sets out key roles for organisations and agencies to deliver effective safeguarding arrangements.
- 3.1.7 *Safeguarding Children and Young People Roles and Competencies for Health Care Staff*, Intercollegiate Document, 2014 and *Looked After Children: knowledge, skills and competencies of health staff (RCN, RCPCH, 2015)* set out levels of competencies, which all staff working in health care settings are expected to achieve. All staff must ensure they have the required skills, knowledge and competency for their role as set out in this document. These competencies are the minimum requirement for safeguarding children training and are used by the Care Quality Commission when inspecting health services.
- 3.1.8 The National Institute for Clinical Excellence (NICE) *updated the guidance on Child Abuse and Neglect*⁵ about recognizing and responding to physical, sexual, emotional abuse and neglect. It specifically supports practitioners who carry out assessments and provide early help and interventions to children, young people, parents and carers.
- 3.1.9 This CCG Policy should be used in conjunction with local Safeguarding Children Boards' safeguarding children procedures, which state what staff must do where child abuse and neglect is considered, suspected or alleged.

3.2 Governance and Accountability

- 3.2.1 The CCGs' governing body is responsible for making certain all its provider services have arrangements in place to meet their statutory requirements relating to safeguarding and promoting the welfare of children and young people and that these arrangements are being complied with. Each CCG governing body will assure itself that safeguarding children is a priority across the health economy and will receive regular reports and updates with reference to safeguarding children matters across its health economy.

4

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/722306/Working_Together-transitional_guidance.pdf

⁵ Child Abuse and Neglect National Institute Clinical Expertise 2017
<https://www.nice.org.uk/guidance/ng76>

3.2.2 The CCG will ensure effective leadership, commissioning and governance of safeguarding children services across the local health community by:

- Ensuring a robust governance structure is in place to support the work of the local Safeguarding Children Boards and the CCG governing bodies in delivering safeguarding children responsibilities.
- Ensuring all commissioned services are fully aware of their local and statutory responsibilities regarding safeguarding children and that the CCGs' commissioning, contracting, contract monitoring and quality assurance processes fully reflect this.
- Ensuring service specifications, invitations to tender and service contracts fully reflect safeguarding requirements as outlined in this policy with specific reference to the clear standards for service delivery.
- Monitoring safeguarding children compliance both within the CCG and across commissioned services, addressing weaknesses as a matter of priority.
- Reviewing Serious Case Reviews and their subsequent action plans and ensuring that learning from these is reflected in the strengthening of commissioning, quality assurance and practice, as relevant.
- Ensuring a system is in place for escalating risks.

3.2.3 The Local Safeguarding Children Boards (LSCBs) are to be replaced with the new Safeguarding Partnership Arrangements as outlined in *Working Together 2018* who now have the responsibility for keeping children safe, as set out in the guidance under the Children Act 2004. This includes the prevention of significant harm or the risk of significant harm, as well as the wider remit of ensuring every child's welfare is safeguarded. Within the CCG leadership is expected from the highest level i.e. accountable officer. However, the lead can delegate their function to a person who is of sufficient seniority and have authority to support the partnership arrangements e.g. Executive Director of Nursing Patient Safety and Quality. The designated nurse and designated doctor for safeguarding children are integral to the new partnership arrangements

3.3 Safeguarding Children Standards

3.3.1 In accordance with the NHS England Assurance Framework 2015 and *Working Together (2018)* the CCG is ensuring clear service standards for safeguarding children and promoting their welfare are included in all assurance framework commissioning arrangements as appropriate to the service. These include:

i. Leadership and Accountability

- A lead senior manager who is informed about, and who takes responsibility for the actions of their staff in safeguarding and promoting the welfare of children.
- A senior lead for children and young people to ensure their needs are at the forefront of local planning and service delivery.
- Safeguarding children is integral to clinical governance and audit arrangements, and there is a clear line of accountability and responsibility for this.

ii. Policies / Strategies

- Each provider must have comprehensive up to date safeguarding children policy and procedures, which are in line with Government, CQC and LSCB/Local Safeguarding Partnership guidance and take account of guidance from any relevant professional body. The policy should include a child's right to protection from abuse regardless of gender, ethnicity, disability, sexuality or beliefs. This policy must be accessible to staff at all levels.
- Clear priorities for safeguarding and promoting the welfare of children should be explicitly stated in providers' key policy documents and strategies.
- Clear principles should underpin direct work with children and families, which are child centered, focused on positive outcomes, informed by evidence and rooted in child development.

iii. Staff training and Continued Professional Development

- Staff should be trained and competent to be alert to potential indicators of abuse and neglect in children, know how to act on their concerns and fulfil their responsibilities in line with their Local Safeguarding Children Boards/Local Safeguarding Partnership requirements.
- A staff training strategy and programme should be in place that includes the levels of safeguarding children training appropriate to staff's roles and responsibilities. And compliant with the *Safeguarding Children and Young People Roles and Competencies for Health Care Staff*, Intercollegiate Document, 2014 and *Looked After Children: knowledge, skills and competencies of health staff* (RCN, RCPCH, 2015)
- A training database detailing the uptake of all staff training so employers can be alerted to unmet training needs and training provision can be planned.
- Staff as appropriate should be made aware of any new guidance or legislation and any recommendations from local and national serious case reviews and internal management reviews with regards to safeguarding children.

iv. Safe Recruitment and Vetting Procedures

Safe recruitment policies and practices including the necessary Disclosure and Barring Service (DBS) checks for all staff working with children must be in place and must make certain no person who is barred by the Independent Safeguarding Authority is recruited. See Section 3.4

v. Managing Allegations Against Staff

Procedures for dealing with allegations of abuse against staff and volunteers, including referral to the Local Authority Designated Officer (LADO) must be in place. The procedures should clearly reference following Local Safeguarding Board/ procedures in particular referral to the LADO. See section 3.5

vi. Effective Inter-agency Working

- Staff should be aware of and where relevant trained to use the Common Assessment Framework (CAF)
- Staff should work together with other agencies in accordance with their LSCB/ Local Safeguarding Partnership policies and procedures

vii. Information Sharing

- Providers should have in place or have adopted local policies and procedures for sharing information where there are concerns for the welfare of a child.
- Senior Managers should promote good practice in information sharing according to the published national guidance; *Information Sharing; Guidance for Practitioners and Managers* DCSF 2008.

viii. Supervision

- Each provider should have a safeguarding children supervision policy in place, which has been agreed with the Designated Nurse Safeguarding Children and meets the requirements of national guidance and the Local Safeguarding Children Board/ Local Safeguarding Partnership.
- All providers must have effective arrangements for staff working with children / families or adults at risk of abuse or neglect. These arrangements should include 3 monthly, 1-1 supervision for caseload holders; and 3 monthly, group supervision for staff who work with children. Staff should be aware how to contact their own Named Professional(s) for safeguarding or Safeguarding Children Lead for supervision/consultation.

ix. Response to Incidents and Complaints

- There should be a policy with regard to incidents, errors and complaints relating to any aspect of safeguarding children and it should include the requirement to inform the Named or Safeguarding lead within the organisation/practice.
- Procedures are in place for reporting Serious Incidents to the CCG via the Incident Reporting and Investigation Policy and Procedure and Policy and Procedure for the Management of Complaints

x. Serious Case Review (SCRs)

- Providers will cooperate with any Local Safeguarding Children Board// Local Safeguarding Partnership conducting a Serious Case Review/Local Practice Reviews and will ensure any lessons coming out of the Review are learnt, fully shared and implemented.

xi. Child Death Reviews

- Providers involved with the management of child deaths, must be familiar with Local Safeguarding Children Board/ Local Safeguarding Partnership procedures for deaths in childhood.
- They must have arrangements in place to respond to the death of a child and the review process, including providing staff with the time and resources to fully engage in the process

3.4 Recruitment and Personnel Processes

- 3.4.1 The CCG will ensure that safe recruitment processes are adhered to in accordance with the NHS employers' regulations, the Independent Safeguarding Authority, Vetting and Barring Scheme Regulations identified in the Vulnerable Groups Act 2006.

3.5 Allegations against staff and volunteers

- 3.5.1 Local Safeguarding Children's Board/ Local Safeguarding Partnership safeguarding children procedures explain the agreed arrangements for responding to allegations against staff, carers and volunteers in line with Appendix 5 in *Working Together to Safeguard Children, 2018*. When the behaviour of a member of staff gives rise for concern these procedures must be followed. The procedures apply when an allegation or concern has arisen that a person who works with children has:

- Behaved in a way that has harmed a child, or may have harmed a child.
- Possibly committed a criminal offence against or related to a child.
- Behaved towards a child or children in a way that indicates he/she is unsuitable to work with children.

3.5.2 Designated Officer for Allegations Against Staff

LSCB/ Local Safeguarding Partnership partner agencies and all other employers of adults, who work with children, either substantive or contracted, should designate a senior manager to whom allegations or concerns should be reported. A Deputy for the designated officer should also be identified.

3.5.3 The Designated Officer has overall responsibility for:

- Ensuring that the organisation deals with allegations in accordance with LSCB/Local Safeguarding Partnership procedures and its own organisation procedures.
- Instigating a serious incident if appropriate.
- Resolving any inter-agency issues.
- Liaising with the LSCB/Local Safeguarding Partnership as required.

3.5.4 On receiving an allegation, and if the allegation meets the criteria detailed in 3.5.1 above, the Designated Officer will report it to the applicable Local Authority Designated Officer (LADO) within 1 working day. The LADO's role is to:

- Be involved in the management and oversight of individual cases and monitor their progress.
- Provide advice and guidance to employers and voluntary organisations.
- Liaise with the police and other agencies.

3.5.5 Any member of staff to whom an allegation or concern is first reported should treat the matter seriously and follow human resources procedures for dealing with allegations against staff.

3.5.6 The aim of the procedure is to afford greater safeguarding to children with regard to those working with them and to allow for allegations and concerns to be dealt with expeditiously, fairly, thoroughly and avoiding delays. See the LSCB/Local Safeguarding Partnership procedure for Managing Allegations against Adults Who Work with Children.

3.5.7 Whistle Blowing

The Whistle blowing Policy enables concerns about malpractice to be raised at an early stage and in the right way without fear of reprisals or concern for safety. Safeguarding children issues should continue to be referred through LSCB/Local Safeguarding Partnership procedures.

3.6 Incidents, Near Misses and Serious Case Reviews (SCRs)

- 3.6.1 The CCG will assure itself that all providers have in place policies, which ensure that employees record any near misses, incidents, unmet needs or serious incidents in relation to safeguarding children on their incident management forms and systems. All near misses, incidents or unmet needs will be investigated and managed by the relevant line manager in accordance with their incident management policies.
- 3.6.2 All providers and commissioners will notify the Designated Nurse Safeguarding Children of serious incidents when the child/children could become the subject of a Serious Case Review. The CCG has a statutory duty to work in partnership with the LSCB/Local Safeguarding Partnership concerned with conducting a Serious Case Review/Local Practice Reviews as in accordance with Chapter 4 *Working Together to Safeguard Children*, 2015 and 2018.
- 3.6.3 Serious Case Reviews/Local Practice Reviews are conducted when there are serious child safeguarding cases in which⁶ :
- Abuse or neglect of a child is known or suspected **and**
 - The child has died or been seriously harmed
- 3.6.5 The CCG works closely with the LSCB regarding the event of a child death or a child who has been seriously harmed; and review services delivered through independent commissioned providers. The Executive Lead for safeguarding or their nominated deputy will formally sign off the review for the organisation.
- 3.6.7 The Designated Nurse/Doctor will ensure that there is a review and evaluation of the practice of all involved health professionals, including GPs and all independent health providers. The designated professionals, in conjunction with the relevant Safeguarding Children's Board/Local Safeguarding Partnership will quality assure the process ensuring that the Review / Individual Management Review action plan meet the expected standard.
- 3.6.9 Organisations will ensure that named and designated professionals are given sufficient time and necessary support to complete reviews relating to child death or seriously injured child as a result of abuse
- 3.6.10 Staff who have been involved in cases that are subject to Serious Case Reviews/Local Practice Reviews will be supported by their managers and the relevant named or designated professionals.

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/722306/Working_Together-transitional_guidance.pdf

3.6.11 The CCG must ensure that the reviews, and all actions following the reviews, are carried out according to the timescale and terms of reference set by the Serious Case Review/Local Practice Review Panel.

3.6.12 The CCG will act on the relevant recommendations arising from Serious Case Review/Local Practice Reviews, which will be monitored by the relevant Quality, Safety and Risk committee.

4. Duties and Responsibilities

Commissioning Forum	The CCG commissioning forum has delegated responsibility to the governing body (GB) for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents.
Accountable Officer	<p>The accountable officer has overall responsibility for the strategic direction and operational management, including ensuring that CCG process documents comply with all legal, statutory and good practice guidance requirements.</p> <p>The accountable officer is accountable for ensuring that the health contribution to safeguarding and promoting the welfare of children is discharged effectively across the whole local health economy through CCG commissioning arrangements.</p> <p>This role is supported through a Director who holds delegated responsibility and is the Executive Lead for Safeguarding Children. A Designated Nurse and Doctor advise the governing body on safeguarding children matters.</p>
Executive Lead	<p>The Executive Lead for safeguarding children will take responsibility for governance and organisational focus on safeguarding children and will represent the CCG at the Local Safeguarding Children's Boards. The Executive Lead will work closely with and performance manages the Designated Nurse and Doctor for Safeguarding Children.</p> <p>The Executive Lead for safeguarding children will ensure the CCG has effective professional appointments, systems, processes and structures in place, ensuring that there is a programme of training and mentoring to support the Designated Nurse and Doctor for Safeguarding Children.</p>
Designated Professionals	<p>The Designated Nurse and Doctor who are responsible for safeguarding children will take a strategic and professional lead on all aspects of the NHS contribution to safeguarding children across the CCGs' areas, which include all commissioned providers. They will:</p> <ul style="list-style-type: none"> • Work with the Executive Lead for safeguarding children to ensure robust safeguarding children assurance arrangements are in place within the CCG and provider services.

	<ul style="list-style-type: none"> • Provide advice and expertise to the CCGs' governing bodies and to the Local Safeguarding Children Boards (LSCBs)/ Local Safeguarding Partnership and to professionals across both the NHS and partner agencies • Provide professional leadership, advice, support and professional supervision to the named professionals in each provider organisation. • Be responsible for the development, monitoring and reviewing of safeguarding practice by all provider trusts/services and independent contractors. • Take the strategic health lead for Serious Case Reviews/Safeguarding Practice Reviews and take responsibility for providing the NHS health overview reports of all individual management reviews ensuring that lessons learnt are disseminated across CCGs' health economies. • Take a strategic lead in ensuring all safeguarding children policies are in place and current. • The Designated Nurse for Safeguarding Children is responsible for ensuring that the Serious Case Review process links in appropriately with the Serious Incident reporting process and governance arrangements. • The Designated Doctor for child death is responsible for providing expert medical advice to the Child Death Review Process, commissioning advice on required medical services and the organising of such services. • Evaluate the lessons learnt from the Child Death Overview Panel and ensure that recommendations are disseminated and shared across the health economy. • Ensure there is a programme of safeguarding children training for health professionals across all health providers (including independent contractors) that meets CQC requirements <p>The Designated Doctor and Designated Nurse for Looked After Children will:</p> <ul style="list-style-type: none"> • ensure the health needs of the population of looked after children in the CCG area are identified and services are commissioned and provided to meet their needs in accordance with legislation and government policy. • advise the CCG Governing body on the implementation of national policy and legislation as it relates to the health service contribution in promoting the health of looked after children. • Provide advice to local health providers on questions of planning, strategy, performance monitoring and audit in relation to health services for looked after children. • Advise and assist local commissioning bodies in fulfilling their responsibilities to improve the health of looked after children.
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Managers	<p>Managers are responsible for ensuring their staff are aware of which part/s of <i>Working Together</i> are relevant to their job function and that they carry out their responsibilities in relation to safeguarding children. Managers will ensure that all staff undertakes mandatory safeguarding children training at the appropriate level for their role, as in accordance with government guidance and CQC requirements and that a record of this training is maintained.</p>
All staff	<p>All staff, including temporary and agency staff, are responsible for:</p> <ul style="list-style-type: none"> • Compliance with relevant process documents. Failure to comply may result in disciplinary action being taken. • Co-operating with the development and implementation of policies and procedures and as part of their normal duties and responsibilities. • Identifying the need for a change in policy or procedure as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and advising their line manager accordingly. • Identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager. • Attending training / awareness sessions when provided. <p>All staff must:</p> <ul style="list-style-type: none"> • Uphold the rights of the child to be able to communicate, be heard and safeguarded from harm and exploitation whatever their: <ul style="list-style-type: none"> - Race, religion, first language or ethnicity. - Gender. - Sexuality. - Age (dependent upon the level of understanding). - Health or disability. - Political or immigration status. • Be alert to the possibility of significant harm to children through abuse or neglect, be able to recognise indicators of maltreatment and know how to act upon concerns for a child. For guidance on acting on concerns for a child see Appendix 1. • Undertake mandatory /safeguarding children training, commensurate to their role and responsibilities. See Safeguarding Children and Young People Roles and Competencies for Health Care Staff, Intercollegiate Document, 2014, Looked After Children: knowledge, skills and competencies of health staff (RCN, RCPCH, 2015 and mandatory training for staff. • Understand that safeguarding children is paramount and can override any duty of confidentiality and that sharing information is critical to protecting children from abuse and neglect (Information Sharing Guidance for Practitioners and Managers, DCSF, 2015.)

5. Implementation

- 5.1 This policy will be available to all Staff for use in the circumstances described on the title page.
- 5.2 All managers are responsible for ensuring that relevant staff within the CCG have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

6. Training Implications

- 6.1 All staff in the CCG will be trained and competent to be alert to potential indicators of abuse and neglect in children, know how to act on their concerns and fulfil their responsibilities in line with LSCB/Local Safeguarding Partnership procedures and the *Safeguarding Children and Young People Competencies for Health Care Staff Intercollegiate Document* (RCPCH 2014) and *Looked After Children: knowledge, skills and competencies of health staff* (RCN, RCPCH, 2015)
- 6.2 All CCG staff will adhere to the mandatory safeguarding children training programme and complete the level of training commensurate with their role and responsibilities.
- 6.3 The CCG will keep a training database detailing the uptake of all staff training so that Directors can be alerted to unmet training needs.
- 6.4 The Designated Nurse will ensure CCG staff are aware of any new guidance or legislation and any recommendations from Local and National Serious Case Review/Local Safeguarding Practice reviews and Internal Management Reviews.

6.5 Supervision

- 6.5.1 Designated Professionals should receive one to one supervision as a minimum on a quarterly basis and have access to ad hoc supervision as required.
- 6.5.2 The Designated professionals for safeguarding children are responsible for provision of safeguarding children supervision and support to the Named professionals within the CCGs' health economies both on a formal basis quarterly and on an ad hoc basis.
- 6.5.3 Support and supervision regarding safeguarding children is available from the Designated Professionals to all employees of the CCG. The level of the employee's involvement with children will determine the frequency of the supervision and this will be agreed in discussion with the Designated Professionals.

7. Documentation

7.1 Related Documents

- Confidentiality/Disclosure Policy
- Data Protection Policy
- Education, Learning & Development Policy
- Equality/ Diversity policy, strategy and action plan
- Freedom of Information Act Policy
- Incident Reporting Policy
- Information Classification Policy
- Information Governance Policy
- Information Governance Strategy
- Information Lifecycle (Records Management Strategy)

7.2 Other related policy documents

- IG01 Confidentiality and Data protection policy
- IG03 Information governance and risk policy
- IG06 Records Management policy and strategy
- CO16 Safeguarding Adults policy
- CO18 Serious Incident Management policy
- CO21 Managing the Impact of Domestic Abuse in the Workplace
- CO26 Managing Allegations Against Staff (Safeguarding)
- HR35 Whistleblowing policy
- HR27 Recruitment and selection policy
- HR33 Training and Development policy

The above documents can be found on the CCG website

7.3 Legislation and statutory requirements

Children Act (1989) available at:

<http://www.legislation.gov.uk/ukpga/1989/41/contents>
(Accessed 4th February 2016)

Children Act (2004) available at:

<http://www.legislation.gov.uk/ukpga/2004/31/contents>
(Accessed 4th February 2016)

DH, DfE (2015) *Promoting the health and well-being of looked after children.*

Available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf
(Accessed 5th February 2016)

Health and Social Care Act (2012) Available at:
<http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted> (Accessed 4th February 2016)

HM GOV (2015) *Working together to safeguard children. A guide to inter-agency working to safeguard and promote the welfare of children.* Available at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf.
(Accessed 4th February 2016)

HM GOV (2018) *Working together to safeguard children. A guide to inter-agency working to safeguard and promote the welfare of children.* Available at:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf

NHS England (2015) *Safeguarding Vulnerable People in the NHS- Accountability and Assurance Framework.* Available at:
<https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability-assurance-framework.pdf>
(Accessed 4th February 2016)

NHS England 2015/2016 *NHS Standard Contract 2017/19, Service Conditions* Available at: <https://www.england.nhs.uk/nhs-standard-contract/17-19-updated/>

7.5 Best practice recommendations

DH (2015) *Commissioning Services to support women and girls with female genital* Available at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418549/2903842_DH_FGM_Commissioning_Accessible.pdf (Accessed 1st April 2016)

GOV UK. *Domestic violence and Abuse, New definition.* Available at:
<https://www.gov.uk/guidance/domestic-violence-and-abuse> (Accessed 8th February 2016)

GOV UK. *Forced Marriage.* Available at: <https://www.gov.uk/guidance/forced-marriage> (Accessed 8th February 2016)

HM GOV (2011) *Prevent Strategy.* Available at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97976/prevent-strategy-review.pdf (Accessed 8th February 2016)

HM GOV (2015) *Information Sharing, Advice for practitioners providing safeguarding services to children, young people, parents and carers.* Available

at:https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/Information_sharing_advice_safeguarding_practitioners.pdf

(Accessed 4th February 2016)

HM GOV (2015) *What to do if you're worried a child is being abused: advice for practitioners*. Available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf

NSPCC. *Children in Care*. Available at: <https://www.nspcc.org.uk/preventing-abuse/child-protection-system/children-in-care/> (Accessed 8th February 2016)

NSPCC. *Child Sexual Exploitation*. Available at:

<https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/child-sexual-exploitation/what-is-child-sexual-exploitation/> (Accessed 8th February 2016)

Local Safeguarding Children Board⁷

Policies, procedures and practice guidance accessible at:

- Gateshead LSCB: www.gateshead.gov.uk/lscb/home.aspx
- Newcastle LSCB: www.nscb.org.uk

7.6 Useful websites:

Department of Health

www.dh.gov.uk/en/index.htm

Department of Education

<http://www.education.gov.uk/>

Home Office

www.homeoffice.gov.uk/

Private fostering

www.everychildmatters.gov.uk/socialcare/safeguarding/privatefostering/

Substance misuse

www.everychildmatters.gov.uk/health/substancemisuse/

⁷ New Safeguarding Partnership Arrangements to be published.

8. Monitoring, Review and Archiving

8.1 Monitoring

The governing body will agree a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

8.2 Review

8.2.1 The governing body will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

8.2.2 Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The governing body will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

8.2.3 For ease of reference for reviewers or approval bodies, changes should be noted in the 'document history' table on the front page of this document.

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

8.3 Archiving

The governing body will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: NHS Code of Practice 2016.

9 Equality Analysis

A full Equality Impact Assessment has been completed:



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Introduction - Equality Impact Assessment

An Equality Impact Assessment (EIA) is a process of analysing a new or existing service, policy or process. The aim is to identify what is the (likely) effect of implementation for different groups within the community (including patients, public and staff).

We need to:

- ✓ Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- ✓ Advance equality of opportunity between people who share a protected characteristic and those who do not
- ✓ Foster good relations between people who share a protected characteristic and those who do not

This is the law. In simple terms it means thinking about how some people might be excluded from what we are offering.

The way in which we organise things, or the assumptions we make, may mean that they cannot join in or if they do, it will not really work for them.

It's good practice to think of all reasons why people may be excluded, not just the ones covered by the law. Think about people who may be suffering from socio-economic deprivation or the challenges facing carers for example.

This will not only ensure legal compliance, but also help to ensure that services best support the healthcare needs of the local population.

Think of it as simply providing great customer service to everyone.

As a manager or someone who is involved in a service, policy, or process development, you are required to complete an Equality Impact Assessment using this toolkit.

Policy	A written statement of intent describing the broad approach or course of action the Trust is taking with a particular service or issue.
Service	A system or organisation that provides for a public need.
Process	Any of a group of related actions contributing to a larger action.



STEP 1 - EVIDENCE GATHERING

Name of person completing EIA:	Judith Corrigan
Title of service/policy/process:	Safeguarding Child policy (NGCCG)
Existing: <input type="checkbox"/> New/proposed: <input type="checkbox"/> Changed: <input checked="" type="checkbox"/>	
What are the intended outcomes of this policy/service/process? Include outline of objectives and aims	
CCG will know what to do if they identify a safeguarding children issue	
Who will be affected by this policy/service /process? (please tick)	
<input type="checkbox"/> Consultants <input type="checkbox"/> Nurses <input type="checkbox"/> Doctors <input checked="" type="checkbox"/> Staff members <input type="checkbox"/> Patients <input type="checkbox"/> Public <input type="checkbox"/> Other	
If other please state:	
Staff employed by the CCG	
What is your source of feedback/existing evidence? (please tick)	
<input type="checkbox"/> National Reports <input type="checkbox"/> Internal Audits <input type="checkbox"/> Patient Surveys <input type="checkbox"/> Staff Surveys <input type="checkbox"/> Complaints/Incidents <input type="checkbox"/> Focus Groups <input type="checkbox"/> Stakeholder groups <input type="checkbox"/> Previous EIAs <input checked="" type="checkbox"/> Other	
If other please state:	
Working Together to safeguard Children DfE 2018 Children Act of 1989/2004 NHSE Safeguarding Vulnerable people in the NHS- Accountability and Assurance Framework 2015	

Evidence	What does it tell me? (about the existing service/policy/process? Is there anything suggest there may be challenges when designing something new?)
National Reports	Statutory responsibility for the CCG / NHS
Patient Surveys	no
Staff Surveys	no
Complaints and Incidents	no
Results of consultations with different stakeholder groups – staff/local community groups	Statutory responsibility
Focus Groups	no
Other evidence (please describe)	no



STEP 2 - IMPACT ASSESSMENT

What impact will the new policy/system/process have on the following: (Please refer to the 'EIA Impact Questions to Ask' document for reference)

Age A person belonging to a particular age

The Policy refers to All children and Young People up to the age of 18 years and unborn babies
The policy is age neutral for staff

Disability A person who has a physical or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities

The policy is disability neutral and all staff should follow the process

Gender reassignment (including transgender) Medical term for what transgender people often call gender-confirmation surgery; surgery to bring the primary and secondary sex characteristics of a transgender person's body into alignment with his or her internal self perception.

The policy is gender neutral and all staff are expected to follow the process

If a member of staff is to undergo gender reassignment or is transgender the policy does not contain words that might cause offence

Marriage and civil partnership Marriage is defined as a union of a man and a woman (or, in some jurisdictions, two people of the same sex) as partners in a relationship. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters

Within the policy reference is made to Parents / carers and makes no distinction between married or civil partnerships.

There are legal implications for which parent has parental responsibility and staff are required to both understand this and consider before making a referral about a child.

Pregnancy and maternity Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context.

The policy will not adversely affect staff who are pregnant, if a member of staff is on maternity leave they would access the policy via the intranet.

Race It refers to a group of people defined by their race, colour, and nationality, ethnic or national origins, including travelling communities.

There is presently no requirement to have this staff policy in another language however should this change provisions would be made.

Religion or belief Religion is defined as a particular system of faith and worship but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism).

Generally, a belief should affect your life choices or the way you live for it to be included in the definition.
The policy does not make any distinction between religious groups
Sex/Gender A man or a woman.
The policy does not make any distinction between males and females
Sexual orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes
The policy uses appropriate language
Carers A family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person
The policy can be accessed by all staff via the intranet
Other identified groups such as deprived socio-economic groups, substance/alcohol abuse and sex workers
This policy is for staff groups, and does not apply to other identified groups



STEP 3 - ENGAGEMENT AND INVOLVEMENT

How have you engaged stakeholders in testing the policy or process proposals including the impact on protected characteristics?
Policy is based on legislation, and has been updated to take account of the changes. Engagement took place with other Designated Safeguarding Children colleagues and NGCCG staff
Please list the stakeholders engaged:



STEP 4 - METHODS OF COMMUNICATION

What methods of communication do you plan to use to inform service users of the policy?

- Verbal – stakeholder groups/meetings** **Verbal - Telephone**
 Written – Letter **Written – Leaflets/guidance booklets**
 Email **Internet** **Other**

If other please state:

This policy is for staff but will also be included onto the public access to the CCG page

ACCESSIBLE INFORMATION STANDARD

The Accessible Information Standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of service users.

Tick to confirm you have considered an agreed process for:

- Sending out correspondence in alternative formats.**
 Sending out correspondence in alternative languages.
 Producing / obtaining information in alternative formats.
 Arranging / booking professional communication support.
 Booking / arranging longer appointments for patients / service users with communication needs.

If any of the above have not been considered, please state the reason:

The policy is for the CCG staff group and will help to ensure safeguarding is applied to service users



STEP 5 - SUMMARY OF POTENTIAL CHALLENGES

Having considered the potential impact on the people accessing the service, policy or process please summarise the areas have been identified as needing action to avoid discrimination.

Nil identified , policy is gender neutral and does not discriminate

Potential Challenge	What problems/issues may this cause?
1 CCG intranet for uploading of the policy	Staff not accessing the intranet
2 Email	Staff not reading emails with attachments if they feel policy does not apply to them.



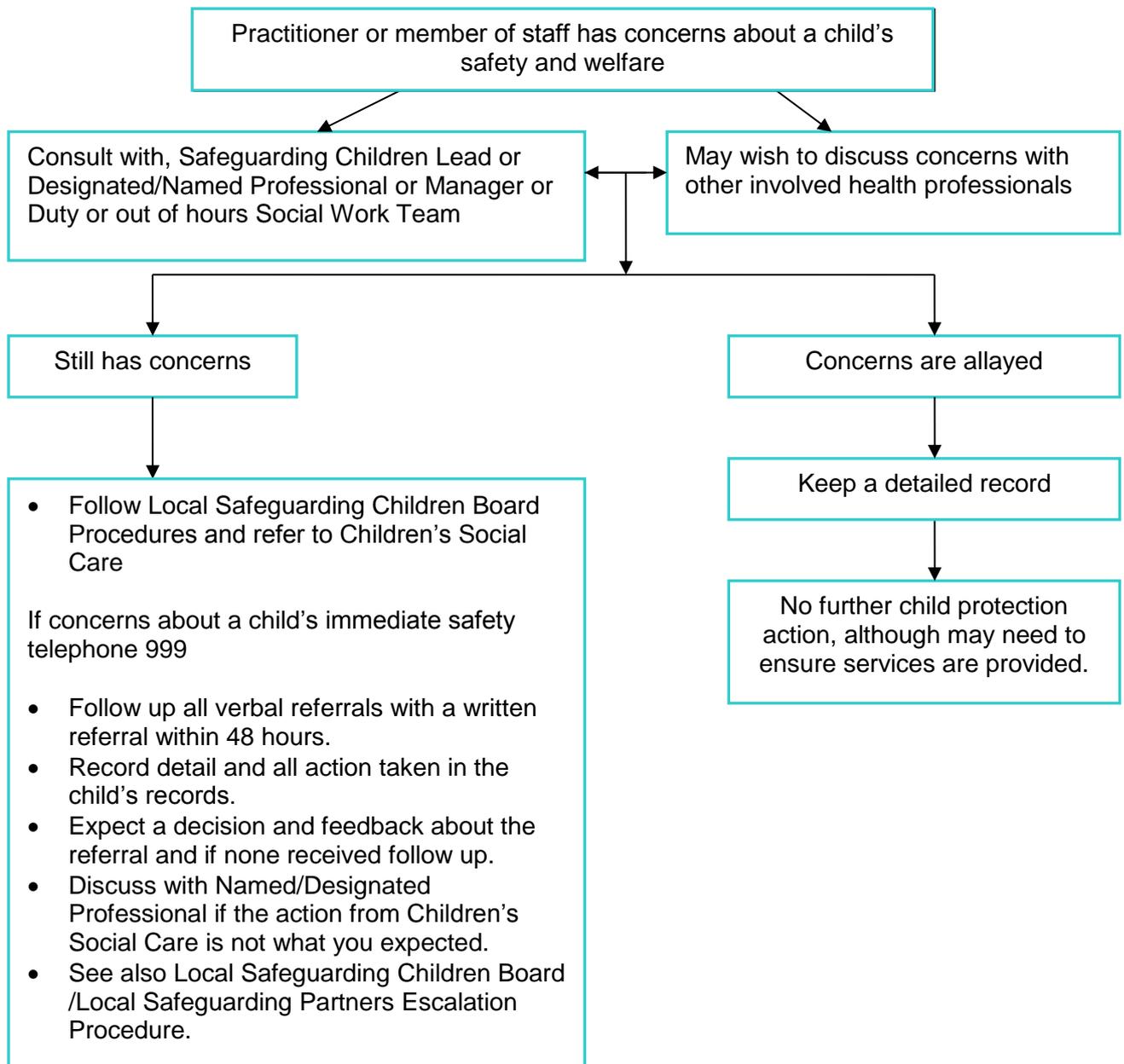
STEP 6- ACTION PLAN

Ref no.	Potential Challenge / Negative Impact	Protected Group Impacted (Age, Race etc)	Action(s) required	Expected Outcome	Owner	Timescale/ Completion date
1.	Staff unable to access on the intranet	Age disability	Alternative formats to be produced as required	That all staff can access the policy	CCG	On publication and on receipt of individual emails
Ref no.	Who have you consulted with for a solution? (users, other services, etc)	Person/ People to inform	How will you monitor and review whether the action is effective?			
	N/A					



SIGN OFF

Completed by:	Judith Corrigan
Date:	18.09.2018
Presented to: (appropriate committee)	CCG Safeguarding Committee
Publication date:	November 2018



Appendix 2

Levels of Safeguarding Children Training/ staff group

Level	Staff Groups	Courses	Frequency/refresher
Level 1	<i>All non-clinical staff i.e.</i> receptionists, administration staff, catering, transport, maintenance staff	Initially via corporate induction e-learning	Level 1 e-learning every 3 years
Level 2	<i>Clinical staff who have any contact with children or their carers i.e.</i> health care students, clinical laboratory staff, pharmacists, ambulance staff, dentists, dental care practitioners, audiologists, opticians, adult physicians, surgeons, anaesthetists, radiologists, nurses working in adult/community services (including practice nurses), allied health care practitioners and all other adult orientated secondary care health care professionals including technicians.	2 hours level 2 roles and responsibilities.	Over a three-year period, professionals at level 2 should receive refresher training equivalent to 0.5 Programmed activities (2hrs).
Level 3 Core competencies	<i>All staff who work predominately with children, young people and/or their carers i.e.</i> This includes GP's, forensic physicians, urgent and unscheduled care staff, mental health staff, (adult and CAMHS), child psychologists, child psychotherapists, adult learning disability staff, learning disability nurses, health	If level 2 roles and responsibilities achieved to undertake half day level 3 roles and responsibilities.	Over a 3 year period to complete 1 – 1.5 PA sessions (4-6hours) 1 programmed activity equates to 4hrs Training, education and learning opportunities can be a combination of eLearning, multidisciplinary and interagency and can be delivered internally and externally.

Level	Staff Groups	Courses	Frequency/refresher
	<p>professionals</p> <p>working in substance misuse services, youth offending team staff, paediatric allied health professionals, sexual health staff, school nurses, health visitors, all children's nurses, midwives, child psychologists, obstetricians, all paediatricians, paediatric radiologists, paediatric surgeons, children's/paediatric anaesthetists, paediatric intensivists and paediatric dentists.</p>	<p>Those who haven't achieved level 2 roles and responsibilities to undertake 1 day</p> <p>level 3 roles and responsibilities with additional pre course reading</p>	
<p>Level 3 Additional competencies</p>	<p>Paediatricians, paediatric intensivists, forensic physicians, child and adolescent mental health psychiatrists, child psychologists, child psychotherapists, GPs, children's nurses, school nurses, child and adolescent mental health nurses, children's learning disability nurses, midwives and health visitors</p>	<p>If level 2 achieved: half day level 3 roles and responsibilities.</p> <p>Those who haven't achieved level 2 : 1 day level 3 roles and responsibilities with additional pre course reading</p>	<p>Over a 3 year period to complete 3-4 PA sessions (12 -16hours) 1 programmed activity equates to 4 hrs</p> <p>Training, education and learning opportunities can be a combination of eLearning, multidisciplinary and interagency and can delivered internally and externally.</p>
<p>Level 4</p>	<p>Named professionals i.e. Named nurses, Named doctors, Named GPs Named Midwives, Named health professionals in</p>	<p>Within 3 years of taking up post should complete a management</p>	<p>Over a 3 year period Named professionals should attend 6 PA sessions (24hrs) 1 programmed activity</p>

Level	Staff Groups	Courses	Frequency/refreshers
	ambulance services	programme with a focus on leadership and change.	equates to 4hrs Named professionals should complete a management programme with a focus on leadership within first 3 years of taking up post.