NHS
Brent
Clinical Commissioning Group

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Contents

1.0 Introduction and Purpose

This policy and procedure documents details the safeguarding responsibilities of all employees of Brent Clinical Commissioning Group (CCG), including those working with the Brent, Harrow and Hillingdon BHH Federation and NWL CCG arrangements.

Each CCG has to ensure effective discharge of their duty to improve the health of the whole population which includes safeguarding and promoting the welfare of children and young people. Safeguarding Children remains a key responsibility for both commissioners and providers of NHS Services.

Individual CCGs, working together or collaboratively are responsible for commissioning many local NHS services for children and their carers. From April 2013 the responsibility for commissioning some local health services for children transferred to the Local Authority or the NHS Commissioning Board (operating as NHS England).

All health professionals working directly with children and young people have a clear responsibility to ensure that safeguarding and promoting children and young people's welfare is a central and integral part of the care they offer.

Health professionals and others supporting care, or coming into direct contact with children or work with parents or carers also need to be fully informed about their responsibilities to safeguard and promote the welfare of children and young people. *Working Together to Safeguard Children (2015)* clarifies the responsibilities of NHS commissioning organisations, including the requirement to work with the Local Authority, in order to promote the wellbeing of the local population, and holding service providers to account for safeguarding children. In order to fulfil these responsibilities commissioning organisations own safeguarding arrangements must be robust.

This Safeguarding Children Commissioning Policy includes the assurance frameworks and contractual arrangements with health providers. These need to be in place to ensure that safeguarding children procedures, training and responsibilities are operating appropriately across all health care provider services, commissioned by CCGs as part of NHS services. It also takes account of internal safeguarding children requirements required of CCGs and commissioning staff.

The local procedures within this document are specifically for individuals working within Brent CCG and the wider support organisations of BHH and NWL. Staff within commissioning organisations including Board members, employees, agency staff, consultants, contractors, students and volunteers are required to comply with this policy and safeguarding children procedures. The procedures supplement the generic procedures detailed in the London Child Protection Procedures.

This policy and procedure document supplements national legislation, national guidance and the Pan London Child Protection Procedures (2015).

1.1 Each CCG is required to ensure that clear arrangements are in place with health providers they commission services from to safeguard and promote the welfare of children and young people. Where provider organisations are not NHS Bodies in their own right, these procedures require NHS funded health care providers to safeguard and promote the welfare of children and comply with safeguarding children legislation and guidance.

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.
- Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004. Updated March 2007. London: Department for Education and Skills.
- Female Genital Mutilation Act 1985 and 2003
- Serious Crime Act 2015
- Children and Family Act 2014

- Working Together to Safeguard Children (HM Govt. 2015)
- Modern Slavery Act 2015
- London Child Protection Procedures and Supplementary Procedures.
- Letter – David Nicholson letter July 2009 Safeguarding Children Declarations
- When to suspect child maltreatment NICE 2009
- Information Sharing Guidance (DCSF 2008)
- Information Sharing Advice for practitioners (HM Government 2015)
- Data Protection Act 1998 & 2003
- Human Rights Act 1998
- Intercollegiate Safeguarding Children and Young People: Roles and competencies for healthcare staff (2014)
- The Functions of Clinical Commissioning Groups (DH 2012)
- CQC standards
- Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework – (NHS CB, July 2015)
- Safeguarding and Promoting the Welfare of Children and Child Protection Aide Memoir for Clinical Commissioning Groups (NHSL, Nov 2012)
- Safeguarding women and girls at risk of FGM DOH (2015)
- Female Genital Mutilation: Agency Practice Guidelines DOH (2014)
- Pan-London Child Sexual Exploitation Operating Protocol MPS (2014)
- HM Government revised Prevent Duty Guidance for England and Wales (March 2015)
- Mental Capacity Act 2005

Additionally, professional bodies produce guidance that supports application of the able legislation and guidance in practice. Two examples are:

- Safeguarding Children and Young People – A Toolkit for General Practice Royal College for General Practice (2014)
- Protecting Children and Young People – The Responsibilities of all Doctors General Medical Council (2012)

1.2 Corporate Responsibility:

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

1.3 Purpose of Safeguarding Children Policy

Each CCG is under a duty to make arrangements to ensure that, in discharging their functions, they have regard to the need to safeguard and promote the welfare of children.

Each CCG is charged with ensuring that they commission good quality services on behalf of their population, this includes safeguarding arrangements. Although NHS England is directly responsible for commissioning Primary Medical Care, CCGs have a duty to support improvements in the quality of Primary Medical Care. Where CCGs commission or co-

commission primary care services, it is important that the CCG is assured that safeguarding arrangements are in place.

This Safeguarding Children Policy provides support to the wider CCG, BHH and NWL Services and strengthens local safeguarding assurance arrangements for services commissioned for the local children and families. The Safeguarding Children Policy also sets out a framework to underpin monitoring of safeguarding arrangements across the health economy.

2.0 Definitions

2.1 Children

In this policy, as defined in the Children Act 1989 and 2004, a child is anyone who has not yet reached their 18th birthday. The term 'child' or 'children' is used as a term to describe children and young people. For safeguarding children purposes an unborn child may also be subject of child protection concerns or in need of safeguarding or protection from harm.

2.2 Safeguarding and Promoting the Welfare of children is defined in Working Together to Safeguard Children 2015 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
- Taking action to enable all children to have the best life chances

All agencies and individuals should aim to proactively safeguard and promote the welfare of children so that the need for action to protect children from harm is reduced.

2.3 Child Protection

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

2.4 Looked After Children (LAC)

The term 'looked after' was introduced by the Children Act 1989 and refers to children who are subject to Care Orders and those who are voluntarily accommodated within Children Act Legislation definitions. Wherever possible, the local authority will work in partnership with parents. Many children and young people who become looked after retain strong links with their families and many eventually return home. The term 'Children Looked After' (CLA) is being used interchangeably with LAC in some government department documents.

2.5 Parents/Carers

A 'person with parental responsibility' means someone with the rights and responsibilities that parents have in law for their child, including the right to consent to medical treatment for them, up to the age of 18 years. Therefore the term parent/carer, when used in this document should be equally applied to mothers/fathers and male/female carers.

3. 0 Accountability and responsibility

Section 3 covers both policy and procedures. The policy is relevant for the CCG and the commissioned provider organisations. This procedure is the guidance for CCG employees and others engaged in the business of the CCG.

3.1 Each CCG is required to meet safeguarding children duties and responsibilities, including:

- having regard to the need to safeguard and promote the welfare of children;
- following the requirements around employing members of staff;
- being a member of the Local Safeguarding Children Board(s).

Accountability for safeguarding lies with the Accountable Officer for each of the BHH CCGs but this operational responsibility has been delegated equally to each BHH Chief Operating Officer (COO) with professional support to key safeguarding leads delegated to the BHH Director of Quality and Patient Safety.

The CCGs must ensure that the contracts clearly specify safeguarding expectations and responsibilities for all health providers of services they commission as set out in this policy.

A Safeguarding Children Outcomes Framework has been developed to identify the key standards required to ensure that safeguarding arrangements fit into the quality agenda and that there is a culture for improving the outcomes for children.

3.2 CCGs will gain assurance regarding the quality of safeguarding arrangements across the Federation through:

3.2.1 Leadership

- The Designated Professionals have a system wide role which should be supported by the CCG (Accountability and Assurance Framework 2015)

- The COO for Brent CCG is the Executive Lead for Safeguarding in Brent but the BHH Director of Quality and Safety has professional responsibility for the BHH Designated Professionals. The COO and the CCG GP Governing Body Lead for Safeguarding Children are members of the Local Safeguarding Children Board (LSCB). The Designated Professionals are members of the LSCB as independent experts.

- The Designated Nurse and Doctor are clinical experts and strategic leaders for safeguarding children and provide reports for the CCG regarding the effectiveness of safeguarding arrangements, support and challenge commissioners and providers to improve the outcomes for children across the health economy.

3.2.2 Key Roles

3.2.2.1 Designated Nurses and Doctors for Safeguarding Children

- Provide advice to ensure the range of services commissioned by the CCGs take account of the need to safeguard and promote the welfare of children.
- Provide advice on the monitoring of the safeguarding aspects of the CCG contracts.
- Must be involved in contract monitoring meetings, at least annually, for appropriate children and family health services with all contracts.
- Provide advice, support and clinical supervision to the Named Professionals in each provider organisation.
- Provide skilled advice to the LSCB on health issues.
- Play an important role in promoting, influencing and developing relevant training, on both a single and inter-agency basis, to ensure the training needs to health staff are addressed.
- Provide skilled professional involvement in child safeguarding processes in line with LSCB procedures.
- Review and evaluate the practice and learning from all involved health professionals and providers commissioned by the CCG, as part of Serious Case Reviews, other multi-agency or single agency health reviews following serious incidents.
- Inform the LSCB of any relevant serious incidents where social care has not been involved.
- Designated Professionals will require specific safeguarding supervision.

3.2.2.2 Designated Professionals for Looked After Children

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

- advising commissioners regarding the needs of this population,

- monitoring the quality of the health assessments, medical, nursing and CAMHS services available to the children and young people,
- work with Local Authorities to improve the outcomes for this group.

These professionals have a reporting line to their responsible CCG. The professionals will work in conjunction with the Safeguarding Children Team to ensure that there is effective annual and quarterly reporting for CCGs.

3.2.2.3 Designated Paediatrician for Unexpected Child Deaths

CCGs are required to have a Designated Paediatrician for Unexpected Child Deaths. The role of the Paediatrician in liaison with the Rapid Response Lead is to:

- be consulted where professionals are uncertain about whether the death is unexpected. If in doubt, the processes for unexpected child deaths should be followed until evidence enables a different decision to be made
- ensure that relevant professionals (i.e. Coroner, Police and Local Authority Social Care) are informed of the death;
- coordinate the team of professionals (involved before and/or after the death) which is convened when a child who dies unexpectedly (accessing professionals from specialist agencies as necessary to support the core team);
- to ensure compliance with the Child Death Overview Panel (CDOP) after the initial and final initial post mortem results are available;

Child deaths are reviewed as per Regulation 6 of the Children Act 2004 and Chapter 5 of the Working Together to Safeguard Children 2015. The purpose is to collate numbers of deaths, look at trends for prevention of further deaths and supporting families and communities. These processes also link with Serious Case Review processes, Coroners Inquests or other Police/legal processes. Learning lessons is a key part of these reviews. Providers are required to report all child deaths and to contribute to the review processes as per the guidance (Working Together 2015).

3.2.2.4 Named Nurses and Midwives, Named Doctors, Named GP/Named Professional Primary Care

CCGs require, as part of contractual arrangements, that provider organisations have in place an Executive Lead for Safeguarding, Named Nurses, Doctors, Midwives and other Health Professionals who will take a professional lead within their organisation on safeguarding children matters in accordance with national, Pan London Child Protection guidance and regulatory requirements (Working Together 2015).

Named GPs/Named Professionals (Primary Care) have a key role in promoting good professional practice, providing advice and expertise for fellow professionals and ensuring appropriate safeguarding training is in place.

Named Professionals will be supported professionally by the Designated Nurse and Designated Doctor. Safeguarding roles and responsibilities of Named and/or Lead Nurses, Doctors, Midwives should be clearly identified within job descriptions with reference to competencies identified in the Intercollegiate Document (2014).

Named Professionals have a key role in promoting good professional practice within their organisation, providing advice and expertise for fellow professionals, and ensuring effective safeguarding training is in place. They should work closely with their organisation's Executive Safeguarding Lead, Designated Professionals and the Local Safeguarding Children Board (LSCB) and where relevant the Local Safeguarding Adult Board (LSAB).

CCGs must ensure, through commissioning, that paediatricians with expertise in examining, identifying and assessing children and young people who may have experienced abuse or neglect, are available to undertake medical examinations under child protection procedures. Resources and rotas must be such that children will be seen in a timely manner.

3.3 All CCG Staff

All CCG staff should ensure that services are prioritising people's wellbeing, needs and goals so that individuals get the care and support they need. Active risk of harm assessments should be included when assessing the quality of a service. These assessments should be shared with the CCG Designated Nurse/Safeguarding Lead if staff are concerned about the welfare of a child or young person.

All CCG staff have a duty to protect a vulnerable person. If they become aware that there is potential abuse of a child or adult at risk they should contact the individual CCG Designated Nurse or Doctor. All staff (through their mandatory training) should be aware of their local safeguarding children referral processes to the Local Authority Early Help, Multi-agency Safeguarding Hub (MASH) or Children's Social Care.

3.4 Commissioning Arrangements

CCGs should:

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

Health services should:

- Engage the designated professionals expertise in all cycles of contracts, including the re-commissioning or changes in service contracts and in new contracts, to ensure that safeguarding standards and requirements are embedded in the frameworks.

3.5 Contract monitoring

CCGs should:

- Ensure through contracts with commissioned services that health services and healthcare workers contribute to multi-agency safeguarding working.
- Include the requirement for sharing information with the CCG and LSCB regarding Safeguarding arrangements and Outcome Frameworks in all commissioning arrangements, contracts and/or service level agreements.
- Ensure that Designated Professionals have been consulted on all contracts and service level agreements. See Safeguarding Children Contractual Statement (Appendix1).

3.6 Partnership working

- Work with Local Authorities to commission co-ordinated and, where appropriate, integrated services.
- Statutory membership of the LSCBs is required of NHS England, CCGs, and local NHS Trusts/Foundations Trusts whose hospitals and other facilities are based within the local authority area.
- Ensure that appropriate contributions are made to LSCB budget from the CCG on behalf of the health economy.
- Ensure that all CCG commissioned health providers are linked to the local LSCB and deliver appropriately senior representation, to safeguarding forums as required.
- Work with Public Health and the Health and Wellbeing Boards to contribute to the Joint Strategic Needs Assessment and use this to inform commissioning of local services to meet the needs of the child population in the three boroughs.
- Work in collaboration with NHS England London to ensure that safeguarding children arrangements are in place across the health economy.
- Co-operate with the local authorities in fulfilling duties towards looked after children, including health assessment and planning.

3.7 Safer Recruitment

Brent CCG and any contracted services must comply with safe recruitment practice including efficient use of the Disclosure and Barring Service with a system in place to repeat the

process on a 3 yearly cycle. These checks and re-checks should be for all appropriate staff, including agency staff, contractors, students and volunteers working with children.

- Under the Safeguarding Vulnerable Groups Act (2006), all employers must comply with the vetting and barring scheme;
- There should be a system in place to ensure that managers who are interviewing for posts involving working with children and adults at risk have attended Safer Recruitment Training;
- All job descriptions should reflect requirements for staff to have due regard for safeguarding;
- A Named Senior Officer (NSO) who will lead on allegations against staff working with children must be identified. The NSO must ensure any allegations involving children in work or personal life are reported to the Designated Officer in the Local Authority and Designated Nurse for Safeguarding Children;
- There are transparent systems in place to enable staff, patients and families to raise concerns about systems processes, incidents or behaviours of individuals that impact on the welfare or safeguarding needs of individuals or groups. These reporting systems should be clearly available to all who come into contact with the service.

3.8 Supervision

All members of staff within services commissioned and contracted by Brent CCG, and whose work brings them into direct or indirect contact with children, families and adults at risk, should have access to safeguarding supervision. This must be clearly defined in the internal Safeguarding Procedures of that organisation. All Named Professionals must receive safeguarding supervision 6-8 weekly (or by local agreement) by the Designated Professionals or via any locally arranged peer review processes.

3.9 Training and Development

All employers are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children. Organisations and employers are responsible for creating an environment where staff feel able to raise concerns and are supported to effectively safeguard children. Safeguarding children should be included within mandatory induction, which includes familiarisation with child protection responsibilities and procedures to be followed if anyone has any concerns about a child's safety or welfare; and all professionals should have regular reviews of their safeguarding children practice to ensure they improve over time. (Working Together to Safeguard Children, 2015).

The document that defines the level of safeguarding children training required by individuals working in health care settings is; *'Safeguarding children and young people: roles and competencies for health care staff, Intercollegiate Document' (2014).*

All CCG employed staff must be trained to the appropriate level and will be accountable to CCGs Governing Body through their line management.

Provider services contracted by the CCG should ensure that their staff are trained appropriately and are competent to be alert to potential indicators of abuse or neglect in children and adults at risk, and know how to act on their concerns.

'Individual agencies are responsible for ensuring that all their staff are competent and confident in carrying out their responsibilities for safeguarding and promoting children's welfare' (Working Together 2015).

Staff should also be made aware of the NICE guidance (2009) in relation to *'When to suspect child maltreatment'*

http://publications.nice.org.uk/when-to-suspect-child-maltreatment-cg89
and the associated pathway made available to staff
http://pathways.nice.org.uk/pathways/when-to-suspect-child-maltreatment

All commissioned services are required to have a tiered approach to safeguarding training and development detailed in a training strategy which reflects the training competencies in the *Intercollegiate Safeguarding Children and Young People: roles and competencies for healthcare staff (2014).*

All providers are required to report on the effectiveness of their workforce training within contracts with CCG. The CCG will ensure that it monitors and reports on the effectiveness of training within its quality reports.

Training may be sourced from within the organisation or from external training available. A source may be the Local Safeguarding Children Board's e-learning or other courses.

3.10 Clinical Governance & Risk Management

3.10.1 Information sharing.

Each provider is expected to adhere to statutory information sharing standards and also their own policies.
Additional information sharing agreements may be accessed to further support multi-agency working such as MAPPA, MASH and MASE panels.

3.10.2 Serious Incidents

Part of the CCG's monitoring process will include reviewing the numbers of serious incidents involving children. This information should also be highlighted in the organisations quarterly performance reporting and annual report, in addition to general quality and contract monitoring submissions. Annual reporting is required to include trends, learning and actions taken to improve practice (NHS England London and Local Serious Incident Policy and Procedures).

Once a serious incident has been identified by a provider, it must be reported via STEIS and will then be reviewed by the BHH quality and safety team. Further alerts will be issued by the BHH team as appropriate. All alerts will be managed in line with the NHSE Serious Incident Framework (2015).

The Designated Professionals should also be notified of all serious incidents involving children within the geographical and organisational area.

3.10.3 Serious Case Reviews (SCRs)

- Some Serious Incidents will be classified and managed within multi-agency LSCB arrangements, as a Serious Case Review (SCR). The Designated Nurse and Doctor hold the responsibility for supporting the local health management of SCRs. The Quality Improvement Manager and Designated Professionals will work closely throughout the process to ensure that the case is co-ordinated and STEIS is updated regularly.

- The Designated Professionals will work in partnership with the LSCB to monitor progress against SCR recommendations.

- The CCG should ensure that the NHS England and the Care Quality Commission (CQC) are notified, in accordance with current guidance, when the criterion for a SCR has been met.

- As of June 2015, local arrangements (Pan-London) are being revised, detailing how SCR's are reported within health services, linking in with NHS Serious Incident (SI) investigations.

- The SCR process is aligned with, but not the same as, the London Serious Incident (SI) process and it is essential that Trusts and other health providers, understand when and how to report and manage a Serious Case Review to enable the CCG and NHS England to monitor the health input effectively. Designated Professionals will seek advice on a

case by case basis, when a SCR is being undertaken, to determine the most current guidance.

- Incidents that constitute a SCR include those where a child aged 0 -18 has died or has been seriously harmed, and abuse or neglect is known or suspected and there is cause for concern as the way in which the Local Authority, their Board partner's or other relevant persons have worked together to safeguard the child.

- Designated Professionals for Safeguarding Children must be involved in, and immediately informed of any incident that may trigger a SCR. The Designated Professionals will support and evaluate the health services input into the SCR as laid out in Working Together to Safeguard Children (2015) and the specific Terms of Reference for the case. However as the process is aligned to organisational SI processes the commissioning organisation 'Risk/Patient Safety Manager' should also be aware of the case and its progress, have a good understanding of how the SCR process is managed and what information is expected. Those responsible for SI's in the CCG should also know how to contact the safeguarding children Named and Designated Professionals in their area.

- The provider boards must ensure that the actions arising from recommendations are completed to timescales and the CCG and LSCB are kept updated.

- Some Serious Incidents (SIs) that involve children will not trigger a SCR. These are incidents where there are no suspicions of abuse or neglect in the history. Such incidents are managed as SI's using the current NHS SI process.

- Once the potential for a SCR is identified a Designated Professional and the commissioning organisation Risk/Safety Manager must liaise to make arrangements as to who manages the initial notification and the subsequent updating of the STEIS system on behalf of the responsible CCG. Effective communication between these two professionals must continue throughout the process to ensure that the case is coordinated properly and STEIS is updated regularly particularly in relation to:

- The progress of the SCR
- Any Court activity (dates and outcome)
- Any implications for staff involved
- Any media attention and media management plans

As identified in March (2015) NHS England Serious Incident Framework, NHS England has a responsibility for overview of SIs across the health economy and should be given the name and contact details of the person who is co-ordinating the health aspects of the SCR for the CCG during the investigative phase, to ensure any questions that may arise can be answered quickly. The Designated Nurse Safeguarding Children will usually be the CCG contact.

3.11 Responsibilities of Employees

All employees of Brent CCG, CCG member practices and any contracted services and individuals must be mindful of their responsibility to safeguard and promote the welfare of children. Therefore, all staff must be up to date with the appropriate level of safeguarding children training as set out in the Intercollegiate Document (2014) and organisational training policies.

3.12 Safeguarding through Performance Monitoring Assurance Frameworks

3.12.1 Method of Monitoring Compliance

a. The basic safeguarding monitoring template used by the CCG will be the Safeguarding in Health Outcomes Framework. The requirement for information will continue to be developed as required in taking account of emerging safeguarding issues and practice developments.

b. Additionally commissioned services are contractually required to provide data as part of their contract monitoring arrangements. Please see Safeguarding Children Reporting for Commissioned Services (Appendix 2).

Box 1: Safeguarding in Health Outcomes Framework (2013) Main Headings

- Leadership and Workforce
- Training
- Safeguarding Supervision
- Partnership Working
- Responding to Wider Social Issues and Vulnerable Groups of Children
- Serious Incidents and Child Deaths
- Adult Issues and Early Help
- Looked After Children

Analysis of data from a range of sources will demonstrate how providers are moving towards an outcomes based focus (Safeguarding in Health Outcomes Framework)

c. Providers are required to supply information to enable safeguarding performance to be monitored both contractually, within performance monitoring arrangements and as requested within LSCB partnership arrangements. Each provider will need to identify a lead officer who is responsible to collect, collate, validate and report the information to the commissioner and where requested to the LSCB.

3.13 Breaches of Policy

This policy is mandatory. Where it is not possible to comply with this policy or a decision is made to depart from it, this must be notified/escalated to the CCG Managing Director/COO so that the level of risk can be assessed and follow up actions agreed.

Where the CCG is the host commissioner and breaches occur the breach will be escalated to the Managing Director/COO so that the risk can be assessed and follow up actions and escalations requirements agreed.

3.14 Safeguarding Children Annual Reporting

3.14.1 CCG

CCGs and all NHS Trusts and Foundation Trusts are required to publish an annual report of safeguarding children. These reports **must** incorporate section 11 (Children Act 2004), assurances and must be shared with the LSCB.

3.14.2 Provider Organisations

Provider organisations should make available their safeguarding children board reports (annual, mid-year updates and exception reports) and where produced, Looked After Children annual report to the relevant Contract Manager and Designated Professionals Safeguarding Children, for the CCG. Information within the provider annual reports will be used to inform the CCGs annual report and the LSCB.

Box 2: NHS London recommended key components for an Annual Report (2010)

- Summary (including key priorities, progress, achievements and challenges
- Governance and accountability arrangements
- Monitoring and evaluation/quality assurance activity
- Progress on priority policy areas
- Priorities for the following year

Since 2010 additional safeguarding matters have been identified as being relevant for inclusion in annual reports

- Safeguarding Professionals and Board Executive Lead
- Compliance with CQG regulations and section 11 responsibilities
- Employment practice and safer recruitment
- LSCB participation
- Safeguarding training and supervision
- Serious Incidents (safeguarding children)
- Clinical Governance and Risk Management
- Serious case reviews/other LSCB reviews
- Inspections relating to children services
- Looked After Children
- Patient experience reports which captures the voices of children and young people.

3.15 Reporting Schedule for CCGs (see Appendix 3)

3.16 Responsibilities of NHS Trusts, Foundation Trusts and NHS Funded Private Healthcare Providers

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

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

Specific arrangements include:

- A Board Executive Lead for Safeguarding Children who takes responsibility for governance, systems and organisational focus on safeguarding children.

- Named/Lead Nurse and Doctor (Named Midwife for maternity services) who have a key role in promoting good professional practice within their organisation, and provide advice, expertise and training strategy within the organisation.

- Safe recruitment including compliance with the Disclosure and Barring Service; job descriptions which reflect requirements for staff to have due regard for safeguarding and welfare of children. A system in place for ensuring staff DBS checks are updated 3 yearly as good practice guidance recommended by Bichard (2004).

- A Named Senior Officer (NSO) must be identified who will lead on allegations against staff working with children. The NSO must ensure any allegations involving children, in work or personal life, are reported to Local Authority Designated Officer and Designated Nurse.

- Have a training strategy and plan in place informed by a training needs analysis with regard to safeguarding, safe recruitment and specific areas of need such as domestic abuse and evidence of the effectiveness of the training. The training programme must comply with the levels in the Intercollegiate Document (2014).

- Arrangements for the provision of safeguarding children supervision for staff to promote good practice. The level of supervision provided should be in accordance with the degree and nature of contact that staff have with children, young people, and adults at risk and families. In Provider organisations Named or Lead Safeguarding professionals should be available to all staff on an ad hoc basis, including to those staff that do not have regular timetables safeguarding supervision because of their role within the organisation.

- Named Professionals must access safeguarding supervision from the CCG Designated Safeguarding Professionals.

- Inform Designated Nurses of any serious incidents involving children and confirm that the incident has been reported in accordance with the NHS England, CQC and CCG requirements.

- Comply with the LSCB and Designated Professionals requests for information or reports in relation to serious case reviews or other multi-agency reviews as set out in Working Together to Safeguard Children (HM Government 2015).

- Work with the Designated Professionals and LSCB in developing and implementing an audit programme to provide evidence of improved outcomes for children.

- Ensure staff understand their responsibilities for **mandatory reporting of Female Genital Mutilation** in line with the FGM Act 2003 (as amended by the Serious Crime Act 2015) where in the course of their professional duties they either:
  1. Are informed of a girl under 18 where an act of FGM has been carried out on her (since October 2015)
  2. Observe physical signs which appear to show an act of FGM has been carried out on a girl under 18.

- Ensure staff understand their responsibilities in identifying and responding to risk factors in abuse or neglect, recognise children, young people or their parents/carers in need of support, be able to communicate effectively with children and young people and stay focused on the child's safety and welfare, share information appropriately, work in partnership with other agencies to assess, plan and respond to children in need of support or protection as set out in Working Together to Safeguard Children (2015), identifying and respond to risk factors in abuse or neglect; recognise children, young people or their parents/carers in need of support; be able to Communicate effectively with children and young people and stay focused on the child's safety and welfare; share information appropriately; work in partnership with other agencies to assess, plan and respond to children in need of support or protection as set out in Working Together to Safeguard Children (2015).

- Adhere to National, Pan London and local LSCB policies and procedures including the requirement for having a process for following up referrals to children's social care. A process for the identification of children/young people who are at risk from domestic

abuse, Child Sexual Exploitation (CSE), Female Genital Mutilation (FGM), Radicalisation and for recognised/acting on concerns; a process for following up children who miss appointments; contributing and participating in local safeguarding processes; process for ensuring that adult or adolescent patients are routinely asked about dependents, such as children or caring responsibilities; system in place for flagging safeguarding children concerns; system in place for identifying children subject to a Child Protection Plan.

- In recognising, reporting and reviewing neglect, professionals are required to catalogue the full picture. A chronology, photographic evidence (where appropriate) and completion of Neglect Toolkits will all aid in presenting a clear picture for different professionals and reviews.

- Information sharing and participation required with multi-agency panels of providers. These include:

    - Multi-agency Risk Assessment Conference (MARAC)
    - Multi-agency Public Protection Arrangements (MAPPA)
    - Multi-agency Sexual Exploitation (MASE) Panel

- Ensure that staff are aware of the need to escalate concerns in accordance with the London Child Protection Procedures and LSCB Escalation Policy via the Named and Designated Professionals where there are differences of opinion between professionals both within health and the multi-agency network.

- Evidence of compliance will be included in the Annual Report to the CCG Outcome 7, Regulation 11 of the Health and Social Care Act 2008 & 2012 Regulated Activities, (Regulations 2009).

3.17 Legal Issues and Requests for Information from Police or Legal Representatives

This section should be read in conjunction with the London Child Protection Procedures: information sharing and information sharing legal framework, local and organisational Information Sharing Agreements (ISA's) and policies.

Providers and CCG staff should specifically be aware of their local MASH Information Sharing Agreement.

As with any disclosure of health information, due regard must be given to English legislation relating to information sharing and confidentiality in child protection and safeguarding.

3.18 To summarise the overall legal position in regards to information sharing:

All professionals have a duty to disclose information where failure to do so would result in a child or children or others suffering or continuing to suffer from neglect, physical, sexual or emotional abuse.
In general the law does not prevent individuals sharing information with other practitioners to assist in protecting a child if:

- Those likely to be affected consent; or
- The public interest in safeguarding the child's welfare overrides the need to keep the information confidential; or
- Disclosure is required under a Court Order or other legal obligation.

The key factor in deciding whether or not to disclose confidential information is whether it is justifiable to release the information without consent and proportionality. The amount of confidential information disclosed and the number of people to whom it is disclosed should be no more than is necessary to meet the public interest in protecting the health and well-being of the child.

Advice may need to be sought from your own individual CCG Designated professionals for Safeguarding Children on a case by case basis. In particular complex cases it may be necessary for the CCG to seek legal advice in order to support professional decision making.

3.19 Managing Requests from statutory bodies in regards to Information to Safeguard Children

See BHH Confidentiality Code of Conduct Policy

The CCG Designated Nurse or Doctor should ordinarily be consulted when there are requests for information to be released (reports, interviews or statements) in relation to legal proceedings where there are child welfare concerns.

Unless the member of staff has specialist competencies in Safeguarding Children work as part of their role, written requests for information will need to be discussed with the Designated Professionals.

If CCG staff are contacted directly with a request for information for legal proceedings, relating to children and their welfare they will need to inform a Designated Professional for Safeguarding Children as soon as possible and also notify their line manager of the request. External agencies are ordinarily expected to submit their request for information in writing. The Designated Nurse and /or Designated Doctor will assist in the decision making process, whether the information should be provided and if so, in what format.

Advice may be sought from others, including the Caldicott Guardian, Chief Operating Officer and the BHH CCG Director of Quality and Safety.

In complex cases external legal advice may be sought in advance of information being disclosed.

3.20 Referrals of Third Party Information

If a member of the public or a member of staff from a voluntary agency contacts any person working within the CCG with information regarding possible abuse or neglect of a child, the person should be encouraged and supported to contact their Local Authority Children's Services directly.
If the informant is a member of the public, they must be asked if they are willing to give their name and contact details and advised that you will also be contacting Children's Social Care to pass the information on which they have disclosed.

Members of the public have a right to remain anonymous when making a referral but staff from statutory and voluntary agencies do not and should be advised of their responsibility to refer. Any concerns regarding compliance should be discussed with the Designated Nurse/Doctor.

3.21 Referral to Local Authority Children's Social Care

All referrals should be sent to the individuals Local Authority Children's Services, and the information shared, making it clear that you are relaying information from a third party, regardless of whether you have had contact with the child or not.

3.22 Following Referral to Children's Social Care

The information about the concern and referral should be shared with the child's GP and other appropriate health professionals. All observations, events and actions taken and planned should be recorded accurately and contemporaneously.

As commissioning organisations do not ordinarily hold clinical records relating to children, documentation of actions taken should be passed to the Designated Professionals for retention on behalf of the organisation.

3.23 Allegations against staff (managing allegations against people who work with children)

This section should be read in conjunction with the **London Child Protection Procedures, Allegations against staff.** http://www.londonscb.gov.uk/procedures/

The latest London Child Protection procedures should be consulted and followed, along with the current organisational Disciplinary Policy, when dealing with allegations against staff.

The procedure for managing allegations against people who work with children is a requirement of 'Working Together to Safeguard Children 2015; page 54' The procedure for managing allegations against people who work with children applies to a wider range of allegations than those in which there is reasonable cause to believe a child is suffering, or likely to suffer, significant harm. They also apply in cases where allegations indicate someone is unsuitable to continue to work or volunteer with children in his/her present position, or in any capacity. Working Together to Safeguard Children (2015) and the London Child Protection Procedures define the process which should be followed in respect of any allegation that a person who works with children in connection with their employment or voluntary activity has:

- **Behaved in a way that has harmed 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 they are unsuitable to work with children.**

These procedures apply regardless of whether the allegation is made in regards to a member of staff's professional or personal life.

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

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

These procedures apply to an individual who works with children but the allegation or concern arises in his/her personal life which indicates he/she may be unsuitable to work in their present position, or any capacity e.g. when a person assaults his or her own child. The allegation of abuse may relate to an individual who is a close associate. On occasions this may affect the staff member's ability to fulfil his/her work role.

3.23.1 Designated Officer (DO) for Allegation Against Staff

The Designated Nurses within NWL CCGs are the nominated organisational leads (DO) with regards to allegations against staff, when knowledge of the allegation or concern is identified with-in core working hours.

The on call Director for NWL is the nominated DO outside core working hours.
Allegations in relation to individuals working within NWL should be referred immediately to the DO.

On receipt of the allegation by the on call CCG DO, the CCG DO must report the allegation/concern to the Local Authority **Designated Officer (DO**) **within one working day**

of receipt. For LADO referrals out of hours please contact the Emergency Duty Team on 020 8424 0999. Additionally the London Child Protection Procedures must be followed.

Once notified of an allegation, the DO must ensure that a senior manager, with Executive Safeguarding Children responsibilities for the CCG is informed of the allegations. In addition the Managing Director of the individual's CCG must be informed or for NWL staff the Accountable Officer.

Outside core working hours the on call Director must be notified via PageOne Pager **08448222888** with the message **Serious Internal Incident**. Include a contact name and telephone number and request your message is sent to call sign **NWLCP01**. If the allegation is received by the on call Director outside core working hours, the Designated Nurse must be notified of the allegation and the actions taken on the next available working day.

The LADO will advise the CCG regarding subsequent processes, including notifying the employee of the allegation.

There are up to 3 strands in the consideration of an allegation:

- A Police investigation of a possible criminal offence
- Social Care enquiries and/or assessment about whether a child is in need of protection or services
- Consideration by an employer of disciplinary action.

The London Child Protection Procedures clearly identifies the procedures for all agencies and
I individuals to follow and these must be complied with at all times.

Local Procedures are required to highlight the following details:

- **The Designated Officer to whom all allegations should be reported, (**see Appendix 4**)**
- **The person to whom all allegations should be reported, in the absence of the Designated Officer or where that person is the subject of the allegation (**Director of Quality and Safety, BHH**)**
- **The Local Authority Designated Officer (**Appendix 4**)**

3.24 Notification of Missing Children/Families

Working Together to Safeguard Children (2015) describes the role of Children's Services in cascading information in relation to missing children. Any children identified and considered missing should be notified to the Local Authority as they have a role in receiving and cascading information to all agencies including health providers in the Community, Acute and Midwifery services.

3.25 Referral of a Missing Child

If an individual working within Brent CCG identifies that a child is missing and there are concerns about the welfare of the child, a referral must be made to Children's Social Care, in accordance with the Local (Pan London) Child Protection Procedures.

4.0 Dissemination and Implementation

This Safeguarding Children Commissioning Policy and Procedures document is to be notified to all staff and commissioners within Brent CCG. It must inform the contracting process for commissioned services. Compliance with the policy and all subsequent revisions of the policy and referenced national and Pan London safeguarding are part of provider's contractual requirements.

The Safeguarding Children Commissioning Policy and Procedures document will be included in the documents library on the CCG intranet.

CCG governance and safeguarding leads have a role to ensure that this policy is brought to the attention of staff via dissemination routes e.g. team meetings and extranets.

5.0 Process for Monitoring Compliance and Effectiveness

All staff and individuals working within the CCG have a responsibility to comply with policies and procedures. Line managers have a responsibility to ensure that staff are aware of organisational policies and procedures. Deviations from this policy must be reported organisationally including to the Designated Professionals for Safeguarding Children.

This policy will be monitored in line with organisational systems and processes.

6.0 Process for Review

This policy should be reviewed every three years or sooner if safeguarding children legislation, regulation or national guidance changes significantly. If revised, all the five CCG's stakeholders will be alerted to the new version and this review will be conducted by the Safeguarding Children team and other relevant personnel.

7.0 Equality Analysis

This Policy is applicable to the CCG's Governing Body; every member of staff within the CCG including those working within the BHH Federation, and NWL CCG arrangements and also those who work on behalf of the CCG. This document has been assessed for equality impact on the protected groups, as set out in the Equality Act 2010. This document demonstrates the CCG's commitment to create a positive culture of respect for all individuals, including staff, patients, their families and carers as well as community partners. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to use the Human Rights Act 1998 and to promote positive practice and value the diversity of all individuals and communities.

8.0 Approval and Ratification Process

The Safeguarding Children Commissioning Policy and Procedures will be approved by the CCG's Governing Body.

Appendix 1

Safeguarding Children Contractual Statement

Safeguarding Children Standards for NHS Contracts

1. *Outcomes*

- The organisation can demonstrate that protecting and safeguarding children is integral in its work by identifying and appropriately referring children who are being abused, neglected or maltreated.
- The organisation can demonstrate safeguarding children by contributing both to the assessment of children and the development of care and support packages that improve outcomes for children and young people.
- The organisation can demonstrate safeguarding children by being alert to, identifying and referring (in accordance with current Safeguarding Children and Child Protection guidance) behaviours by parents and or carers that pose a risk to children.
- The organisation can demonstrate safeguarding children is integral to ensuring children and young people have a positive experience of care pathways.
- The organisation can demonstrate safeguarding children is integral to treating and caring for people in a safe environment and protecting them from avoidable harm.

2. *Strategy and Planning*

- There is a strategic plan for safeguarding children and it is an integral part of quality.
- The organisations safeguarding strategy, planning and delivery, involves and takes account of patients and carers experience.
- Safeguarding and the protection of children is effectively resourced.

3. *Systems – Structures: prevention; responses; reporting; learning*

- The organisation has internal safeguarding children procedures that are consistent with Pan London Child Protection Procedures, National Statutory and Non-Statutory Guidance and take account of professional safeguarding children guidance.
- Provider organisations can demonstrate synergy and cross referencing between child protection/safeguarding children procedures and guidance and other organisational policies and procedures.
- Effective connections are made between work-streams, groups and committees to provide comprehensive and on-going improvements to safeguard and promote the welfare of children.
- The organisation has processes for quality assuring decisions relating to concerns, alerts and referrals and the management of the risk to children and young people. This includes when the organisations primary client is an adult with caring responsibilities for a child.
- The organisation has systems in place to flag and track children, siblings and their carers across their care pathway when the child (including an unborn child) is known to be at risk of harm.

- The organisation has a system in place to flag and track children (including unborn children) when the child is not attending, or being taken to appointments for health care.

- The organisation has robust and effective processes to identify and act upon emerging risks in service areas; environments; points on the patient pathway and aspects of care.

- There are clear and accessible systems for children and their parents/carers voices and views to be heard and influence change.

- The organisation can demonstrate consideration that children and young people are enabled to effectively engage with their care planning and treatment. Communication and information should be available and accessible that is appropriate to the child/young person's age, stage of development and also takes account of any needs in relation to disability or diversity.

- The organisation identifies, involves and supports parents/carers of children: specifically where this support is integral to improving the outcome for the child.

Responding

(a) Organisations can demonstrate child focussed/led decisions in relation to child protection and safeguarding and that interventions are outcome focussed and child centred.

The organisation can demonstrate that the child's developmental age and the child's capacity to understand and contribute is part of the safeguarding children process.

Reporting

(b) There are set Trust/Organisation Board reporting requirements with set frequency and reporting on standards, outcomes and assurance.

Organisations Boards receive reports on serious incidents related to safeguarding and Serious Case Reviews.

Learning

(c) The organisation effectively collates and uses a wide range of quality information, knowledge and learning to inform and direct its safeguarding responsibilities

The organisation has processes to record and benchmark child protection and safeguarding alerts and referrals and this is integrated with clinical incident reporting, compliments and complaints.

Risk management processes are used to identify and address organisational risks impacting upon safeguarding children

4. Workforce, culture and capability

Leadership for safeguarding children is provided by a named executive and non-executive/elected members and board members.

The executive leadership champions the importance of child protection, safeguarding and promoting the welfare of children throughout the organisation.
Appropriately trained and experienced staff review and manage safeguarding concerns.

The organisation has capacity to safeguard children, including capacity for safeguarding children when it is a parent/carer who is the primary client.

Robust policy and procedures are in place to ensure that all staff (including volunteers and any staff contracted to work within the service/organisation), are appropriately qualified, competent. This should include evidence that safe recruitment processes are in place and demonstrably used (including (Disclosure and Barring Service) in accordance with legislation and national standards.

Procedures are in place to take appropriate protective measures, including disciplinary action and reporting for any staff members (including volunteers and contracted staff), where there are concerns that the individual may pose a risk to children.

Initial awareness training on safeguarding and protecting children is delivered to ALL staff, volunteers and Board members as part of induction.

Child Protection /Safeguarding Training that is fit for the individual's role and purpose, is available, accessed and uptake recorded and reported on, by the employing organisation.

National Statutory Guidance and health professional guidance identifies that those having specific roles and responsibilities will have different training needs. Training requirements will also dependent on the practitioners contact with children and/or adults who are parents/carers. .

All training is fit for purpose including:

- Induction for all new starters
- Regular refreshers and updates at a level that is appropriate for the practitioner's role, responsibility and level of independent decision making.
- Training that develops competencies for those with a specific role in the organisation: Safeguarding Leads; Investigators; risk management; action planning, operational managers, those advising from a Human Resource perspective about employees who may pose a risk to children etc.

Supervision and support is available within the organisation, by supervisors who are trained in supervision skills and have an up to date knowledge of the legislation, policy and research relevant to safeguarding and promoting the welfare of children.

5. Partnerships and Collaborative Working

Strategic Partnerships: the organisation actively participates in Local Safeguarding Children Boards and related community partnerships.

Operational partnerships are effective and support joint working

The organisation is open and transparent in relation to child protection and safeguarding concerns and practice: sharing best practice and developing solutions and outcome focussed information.

The organisation provides timely, comprehensive information for annual reports to relevant Safeguarding Children Board/s and own Committees and Board.

Appendix 2:

Safeguarding Children Reporting for Commissioned Services

1. Providers must have internal process in place to collect, collate and analyse data/evidence as part of their own quality assurance processes and to be available to external parties as part of external assurance

2. In addition to contractually required performance data NHS Trust and Foundation Trusts are required to submit a quarterly safeguarding children report to the commissioners.

    - The children's report should reflect how the provider is developing Safeguarding within the context of the Brent Safeguarding Health Outcomes Framework, including emerging safeguarding issues.

3. In addition to contractually required performance data other providers are required to submit safeguarding data as requested by the commissioners.

N.B. Providers must ensure that they have clear governance arrangements in place with any subcontracted providers/integrated work. Reports should include information regarding these services.

Appendix 3

Reporting Schedule for CCGs

Safeguarding Children	
Frequency	**Report and content**
Annual	Safeguarding Children Annual Report. An overview of safeguarding practice across the CCG and within the providers as part of organisational assurance.
Quarterly	Quarterly Safeguarding Children Report QSCR will receive exceptional reports on key issues. This will include: • Progress with the Safeguarding in Health Outcomes Framework. This report will provide an analysis of safeguarding practice and assurance, highlighting areas needing further development by the CCG and or CCG commissioned providers of NHS services. • Items that are on the Risk Register/BAF. • Looked After Children overview. • Updates on serious case reviews or serious incidents involving child protection issues.
Monthly	Exception reports
Ad-Hoc	External Reports relevant to the CCG: • LSCB annual report and business plan

Appendix 4

Designated Safeguarding Children Professionals

Designated Nurse Safeguarding Children – Gillian Attree (0208 900 5383/07795301983)

Designated Doctor Safeguarding Children – Dr Arlene Boroda (0208 900 5349/07990838513

Local Authority Designated Officer (LADO)- 0208 937 4834

Brent Children Services: 0208 937 4300 (ask to speak to the LADO)

All MASH/Referrals to Brent Family Front door 0208 937 4300 during working hours

E-mail: family.frontdoor@brent.gcsx.gov.uk

Outside working hours: 0208 863 5250 (ask to speak to the Duty Social Worker)