NHS
Northumberland
Clinical Commissioning Group

Corporate	CCG CO15: Safeguarding Children Policy

Version Number	Date Issued	Review Date
V4	November 2019	November 2021

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Consultation Process:	CCG Director and Executive Lead for Safeguarding Children.
Formally Approved:	Governance Group

Policy Adopted From:	CO15: Safeguarding Children Policy (2)
Approval Given By:	Governance Group

Document History

Version	Date	Significant Changes
Version 1	April 2013	First issue
Version 2	April 2015	Complete re-write as too much focus on provider safeguarding arrangements.
Version 3	April 2017	Minor amendments for update purposes
Version 4	July 2019	Updated as a result of CQC recommendation from Joint Targeted Area Inspection

Equality Impact Assessment

Date	Issues
July 2019	As detailed in EIA

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.

Contents

1. Introduction

1.1.1 All staff employed by Northumberland Clinical Commissioning Group (CCG) must know what their duties and responsibilities are, with regard to safeguarding and promoting the welfare of children and must act in accordance with this policy and procedure when the situation or circumstances require them to do so. Where there are concerns regarding adults, advice should be sought from the safeguarding adults lead professional and reference made to the CCG policy (CCG CO16).

1.1.2 This policy reflects the principles contained within the United Nations Convention on the Rights of the Child, ratified by the UK Government in 1991 and also the European Convention of Human Rights (1998).

1.1.3 The Children Acts (1989, s.27 and s.47) and (2004, s.11), places a duty on all agencies including 'Health', to work together to safeguard and promote the welfare of children and to make arrangements for ensuring that their functions, and services provided on their behalf, are discharged with regard to the duty to safeguard children.

1.1.4 Northumberland CCG has a statutory duty to ensure that providers from whom they commission services, have appropriate safeguarding children arrangements in place that are compliant with the relevant legislation and statutory guidance e.g.:

- Children Acts 1989 and 2004,
- Working Together to Safeguard Children 2018.
- Promoting the Health and Well-being of Looked After Children 2015.
- Information Sharing guidance 2018.
- Safeguarding Children, Young People and Adults at Risk in the NHS: Accountability and Assurance Framework 2019

1.1.5 The statutory guidance Working Together to Safeguard Children clarifies the role of CCGs in relation to commissioned services as follows:

1.1.6 Clinical commissioning groups are one of the statutory safeguarding partners and the major commissioners of local health services. They are responsible for the provision of effective clinical, professional and strategic leadership to child safeguarding, including the quality assurance of safeguarding through their contractual arrangements with all provider organisations and agencies, including from independent providers (HM Gov. 2018)

2. Definitions

(as per statutory guidance Working Together to Safeguard Children (2018)

2.1.1 Child or young person:

In this policy, 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.

2.1.2 Safeguarding and promoting the welfare of children:

This 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. Children may be vulnerable to neglect and abuse or exploitation from within their family and from individuals they come across in their day-to-day lives. These threats can take a variety of different forms, including: sexual, physical and emotional abuse; neglect; exploitation by criminal gangs and organised crime groups; trafficking; online abuse; sexual exploitation and the influences of extremism leading to radicalisation. Whatever the form of abuse or neglect, practitioners should put the needs of children first when determining what action to take.

Safeguarding and promoting the welfare of children is defined as:

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

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.
There are four 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 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. Child sexual exploitation is also a form of sexual abuse and can be perpetrated using various ways ranging from the 'boyfriend model', where the child is groomed and coerced by someone not much older than them for the purposes of exploitation usually by older people, to criminal exploitation involving gangs, often referred to as 'County Lines'.

- **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.

- **Criminal exploitation** – This involves the exploitation of children for the purposes of crime and includes sexual exploitation, trafficking, Modern Day Slavery and often involves emotional and physical abuse.

- 'County Lines' is the term used to describe the approach taken by gangs originating from large urban areas, who travel to rural locations including coastal towns and villages usually to distribute drugs and conduct other criminal activities in the area. Gangs recruit and exploit vulnerable people using intimidation, deception, violence, debt bonding and / or grooming. The proceeds of criminality are returned to the large urban areas from which the criminality originates.

2.1.4 The Concept of 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, and 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.

Such intervention includes the 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 and also consists of the threshold for obtaining care orders under section 31 of the Act.

A Court may make a Care Order (committing the child to the care of the Local Authority) or Supervision Order (putting the child under the supervision of a social worker or a probation officer) in respect of a child if it is satisfied that:

- The child is suffering, or is likely to suffer, significant harm and the harm, or likelihood of harm, is attributable to a lack of adequate parental care or control (section 31).

There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements.

3. Purpose and scope of this policy

3.1.1 This policy outlines how as a commissioning organisation, the CCG will discharge its responsibility for ensuring its own organisation, and the health providers from whom it commissions services, fulfil their duty to:

- Safeguard and promote the welfare of children who reside in Northumberland.

- Work jointly together with the Police and Local Authority under the new strategic statutory arrangements as safeguarding partners to discharge the duties on behalf of Northumberland.

3.1.2 This policy clarifies how the CCG will monitor and obtain assurance with regard to the adequacy and quality of the safeguarding children arrangements of the organisations from whom it commissions services from.

3.1.3 This policy applies to all staff employed by Northumberland CCG including agency, self-employed and temporary staff.

4. Governance: Duties and Accountability

The Royal College of Paediatrics and Child Health: Safeguarding Children and Young people: Roles and Competencies for Health Care Staff, Intercollegiate Document (2018) and the NHS England, Safeguarding Children, Young People and Adults at Risk in the NHS: Accountability and Assurance Framework (2019), in addition to Working Together to Safeguard Children (2018), clarify the duties, accountability, roles and responsibilities as set out in the table below:

Accountable Officer	The Accountable Officer is ultimately accountable for the following: Ensuring that the CCG fulfils its statutory duty effectively with regard to safeguarding and promoting the welfare of children. Ensuring that safeguarding quality assurance processes are in place through contractual arrangements with all provider organisations. The Accountable Officer provides strategic leadership, promotes a culture of supporting good practice with regard to safeguarding children within the CCG and promotes collaborative working with other agencies. **Key Responsibilities:** To ensure that the role and responsibilities of the board in relation to safeguarding children are met. To ensure that the organisation adheres to relevant national guidance and standards for safeguarding children. To promote a positive culture of safeguarding children to include ensuring there are procedures for safer staff recruitment; whistle blowing; appropriate policies for safeguarding children (including regular updating); and that staff and patients are aware that the organisation takes child protection seriously and will respond to concerns about the welfare of children. To appoint an Executive Director lead for safeguarding. To ensure good child protection and safeguarding practice throughout the organisation. To ensure there is appropriate access to advice from Named and Designated professionals. To ensure that commissioned operational services are resourced to support / respond to the demands of safeguarding children effectively. To ensure that an effective safeguarding children training strategy is resourced and delivered. To ensure and promote appropriate, safe, multiagency / interagency partnership working practices and information sharing practices operate within the organisation.

Director of Nursing, Quality and Patient Safety	**Accountable to:** Accountable Officer. **Reports to:** Chief Operating Officer. The Director of Nursing, Quality and Patient Safety provides professional advice to the CCG's Clinical Management Group (CMB) and its Governing Body in relation to statutory and commissioning issues on all quality and patient safety matters, including children's and adult safeguarding and looked after children. The Director of Nursing, Quality and Patient Safety has responsibility for safeguarding children, reports to the CCG's CMB on the performance of their delegated responsibilities and provides leadership in the long term strategic planning for safeguarding children, supported by the Named and Designated professionals. **Key Responsibilities of the in Director of Nursing, Quality and Patient Safety relation to safeguarding children:** • To ensure that safeguarding is positioned as core business in strategic and operating plans and structures within the CCG. • To oversee, implement and monitor the ongoing assurance of safeguarding arrangements within the CCG and commissioned providers including the quality of the services provided. • To ensure the adoption, implementation and auditing of policy and strategy in relation to safeguarding children. • To ensure the appointment of the Named Nurse Primary Care and Designated Professionals for safeguarding, looked after children and Child Deaths. • To lead and line manage the Named and Designated Professionals for safeguarding and looked after children within the CCG. • Within both commissioning and provider organisations, to ensure support and supervision of Named and Designated lead professionals across primary and secondary care and independent practitioners to implement safeguarding arrangements. • To ensure that those with responsibility for safeguarding have appropriate training and mentoring as per intercollegiate guidance, RCPCH (2018). • To ensure that the Named and Designated professionals have the appropriate amount of time to undertake the role, training and personal development as per as per the intercollegiate guidance RCPCH (2018).

	• To work in partnership with other groups including commissioners, providers of health care, local authorities and police to secure high quality, best practice in safeguarding children arrangements. • To ensure that serious incidents relating to safeguarding children are reported immediately and managed effectively. • To ensure representation of the CCG at both the strategic partnership and local Northumberland Safeguarding Children Committee.
Designated Doctor and Nurse for safeguarding children	**Accountable to:** Accountable Officer. **Reports to:** Director of Nursing, Quality and Patient Safety Line management of the Designated Doctors is provided by their employing organisation and a service specification and agreement is in place between Northumberland CCG and their employer. The Designated Doctor and Nurse have a strategic professional lead role across every aspect of health service contribution to safeguarding children within all provider organisations commissioned by the CCG and across the health community. As clinical experts and strategic leaders are a vital source of advice and expertise for the CCG, NHS England, the local authority, the Northumberland Strategic Safeguarding Northumberland, Safeguarding Children Committee (NSCC)and provider organisational boards across the health community. **The Designated Doctor and Nurse have the following key roles and responsibilities:** • To work closely with the Director of Nursing, Quality and Patient Safety to ensure effective safeguarding children assurance arrangements are in place within the CCG and provider organisations. • To provide advice, expertise and support to other health professionals across both the NHS and partner agencies. • To provide professional leadership, advice, support and professional supervision to the named professionals in each provider organisation within the CCG area. • In conjunction with the NSCC, monitor and review safeguarding practice by all health provider services and independent contractors within the CCG area. • To monitor and report to the CCG any issues in relation to the providers' quarterly performance dashboard including capacity issues in relation to safeguarding children specialist roles.

	• Strategic health lead for Serious Case Reviews ensuring that lessons learnt are disseminated across CCG's health community. • Strategic lead in ensuring safeguarding children policies are in place, current and fit for purpose within the CCG. • To monitor and report on governance arrangements within provider organisations. • Provide expert advice to service planners and commissioners, ensuring all services commissioned meet the statutory requirement to safeguard and promote the welfare of children. • To ensure the appropriate commissioners are informed of any issues or concerns in relation to safeguarding children.
The Designated Doctor for Child Deaths	**Accountable to:** Accountable Officer. **Reports to:** Director of Nursing, Quality and Patient Safety. **The Designated Doctor for Child Deaths is responsible for the following:** • Providing expert medical advice to the Child Death Review process and advising commissioners on required medical / health services. • Evaluating the lessons learnt via the Child Death Overview Panel (CDOP) and ensuring that the recommendations are disseminated and shared across the health economy.
The Designated Doctor and Nurse for Looked After Children (LAC)	**Accountable to:** Accountable Officer. **Reports to:** Director of Nursing, Quality and Patient Safety. Line management of the Designated Doctor is provided by their employing organisation and a service specification and agreement is in place between Northumberland CCG and their employer. The Designated Nurse LAC is employed by the CCG and reports to the Designated Nurse Safeguarding Children. **The Designated Doctor and Nurse for Looked After Children (LAC) have the following key roles and responsibilities:** • To ensure there are systems and processes in place to identify the health needs of the population of looked after children in the care of Northumberland Local Authority. • To provide advice to the CCG and commissioners on the services required to meet the needs for LAC in accordance with legislation, statutory and best practice guidance. • To advise the CCG on the implementation of national policy and legislation as it relates to the health service contribution in

	• To develop quality assurance processes to monitor the adequacy and quality of the care provided to Looked After Children and to report the outcomes to the CCG. • To provide advice to local health providers on questions of planning, strategy, performance monitoring and audit in relation to the health services for Looked After Children.
The Named Nurse Primary Care	**Accountable to:** Director of Nursing, Quality and Patient Safety. **Reports to:** Designated Nurse Safeguarding Children. The Named Nurse supports Northumberland CCG and NHS England in ensuring primary care services discharge their statutory duties under Section 11 of the Children Act 2004. The Named Nurse has a key role in improving professional practice within primary care. **The Named Nurse for vulnerable people ~~safeguarding children~~ has the following key roles and responsibilities:** • To provide advice and expertise for primary care staff and other health professionals across both the NHS and partner agencies. • To ensure safeguarding children training is in place, monitoring compliance, evaluating impact of training and reporting back findings to the CCG and NSCC • To participate in multi-agency sub-groups of ~~the~~ NSCC and the CCG Safeguarding Group as appropriate. • To provide advice to NHS England, the CCG, local police, children's social care and other statutory and voluntary agencies on health matters with regard to safeguarding children. • To work closely with the Director of Nursing, Quality and Patient Safety and other specialist safeguarding children professionals across the health community. • To undertake case reviews and audit as required, implementing recommendations and disseminating learning. • To inform and report to the CCG, NHS England and the NSCC, any concerning issues identified, with regard to the overall performance of primary care in relation to safeguarding children.
CCG Safeguarding Group	**The Safeguarding Group reports directly to the Clinical Management Group** The aim of the CCG Safeguarding Group is ultimately to provide assurance to Northumberland CCG via the CMB coordinated approach to safeguarding children and adults in Northumberland.

	Key Objectives in relation to safeguarding children: 1. To identify and assess the impact of changes at a national and regional level on local safeguarding policy and procedures to ensure a consistent and focused response. 2. To ensure Northumberland CCG effectively contributes to the Northumberland Strategic Safeguarding Partnership and NSCC. 3. To ensure compliance with the regulatory requirements for safeguarding children. 4. To ensure the lessons to be learned from Serious Case Reviews (SCRs) and local and national enquiries are disseminated. 5. To ensure the implementation of any recommendations and actions from SCRs and local and national enquiries. 6. To ensure consistent systems and processes are in place with commissioned services across the whole health economy that assist in the safeguarding and protection of children. 7. To monitor the performance framework data to ensure compliance with national and local safeguarding standards. 8. To assure the quality of safeguarding practice across children's services through audit, reviews, training and feedback mechanisms.
CCG Managers	Managers are responsible for: • Ensuring their staff are aware of, and understand the policies and procedures on safeguarding children. • Ensuring that all staff undertake mandatory safeguarding children training at the appropriate level for their role and that a record of the training is maintained. • Managers must act according to this policy and the safeguarding children policies and procedures (see appendix 1 page 23) if they are made aware of an allegation against a member of staff regarding concern that that they may have harmed or pose a risk of harm to a child, including inappropriate behaviour towards a child.

All CCG Staff	All staff including temporary and agency staff, must: • Uphold the rights of the child to be able to communicate, be heard and safeguarded from harm and exploitation whatever their race, religion, first language, ethnicity, gender, sexuality, age, level of understanding and ability to communicate, health, disability, political or immigration status. • Comply with Northumberland CCG's safeguarding children policy and procedures including making a referral to Children's Social Care and / or seeking advice when there is concern that a child has been harmed or may be at risk of harm. • Be alert to the possibility of significant harm and maltreatment to children through abuse, neglect and exploitation. • Be able to recognise indicators of significant harm maltreatment and know how to act upon concerns for a child. • Understand and acknowledge that safeguarding children is paramount, overrides any duty of confidentiality and that sharing relevant information is critical to protecting children from abuse and neglect (*Information Sharing guidance* DfE, 2018.) • Undertake safeguarding children training, as per this policy and mandatory training requirements. • Identify their own training needs with regard to this policy and safeguarding children and bring these to the attention of their line manager.

5. Making a referral to Children's Social Care

All referrals to Children's Social Care by CCG staff should be made via the single point of access OneCall 01670 536400. This should be done by telephone and followed up in writing within 48 hours using the appropriate referral form. Any referrals should be discussed at first with a member of the CCG's safeguarding team who will be able to provide advice and support.GP practices have their own internal policies to follow. If advice was required regarding a potential referral, it is expected this would be discussed internally with the GP safeguarding lead or peers. The CCG safeguarding team is also available for support and advice if required.

6. Information Sharing, Confidentiality and Consent

Information sharing is vital to safeguarding and promoting the welfare of children and young people. In a recent letter sent on behalf of Department of Health, Home Office, Ministry of Justice and Department for Communities and Local Government following national child sexual exploitation cases, it makes clear "***There can be no justification for failing to share information that will allow action to be taken to protect children".***

Government guidance: Information Sharing, guidance for practitioners and Managers (2018) highlight **seven golden rules** for **information sharing:**

1. Remember that the Data Protection Act and GDPR are **not** barriers to sharing information but provide a framework to ensure that personal information about living persons is shared appropriately.

2. Be **open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. **Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.

4. Share with consent **where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.

5. **Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.

6. **Necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.

7. **Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Remember, the child's safety and welfare is the overriding consideration.
Link to document: Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers 2018:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf

Sometimes staff may report concerning behaviours they have witnessed locally regarding groups of individuals or establishments. This could be groups using illicit substances in public, concerning behaviour involving adults, taxis or takeaways. In isolation this may not be of concern but it may be useful intelligence when building up a bigger picture of criminal abuse or exploitation. It is therefore extremely important to share this with the Designated Nurse so that it is stored centrally. This may then be shared with the police if it is deemed necessary.

LADO referrals: If there are concerns regarding a member of staff who may be a risk to children due to allegations made or their reported / observed behaviours, advice must be sought from the safeguarding lead. Any concerns must be reported to the LADO (Local Authority Designated Officer) who will co-ordinate the ensuing process. This will be done in close liaison with senior managers and human resources staff from the relevant organisation.

All organisations that have safeguarding responsibilities must have internal whistleblowing policies in place which are integrated in to training and codes of conduct.

If in any doubt, staff must seek advice from the Designated Nurse/ doctor / Named Nurse Primary Care or Children's Social Care.

7. Implementation

7.1 This policy will be available to all staff for use in the circumstances described on the title page.

7.2 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 in order to safeguard children.

7.3 Detailed guidance on implementing the policy and assistance with writing policies may be obtained from the NECS Senior Governance Manager

8. Training Implications

All staff must undertake safeguarding children training that is appropriate to their role and level of responsibility as per the Royal College of Paediatrics and Child Health Intercollegiate Guidance: *Safeguarding children and young people: roles and competencies for health care staff* (2018)

Link to website:
http://www.rcpch.ac.uk/sites/default/files/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%2002%200%20%20%20%20(3)_0.pdf

Royal College of Paediatrics and Child Health Intercollegiate Guidance: Looked after children: Knowledge, skills and competence of health care staff (2018).

Link to website:
https://www.rcpch.ac.uk/sites/default/files/Looked_after_children_Knowledge__skills_and_competence_of_healthcare_staff.pdf

All CCG employed staff will be expected to complete their safeguarding training as per Appendix 2 (pg. 24).

9. Supervision for CCG staff

The CCG must ensure that the Designated Professionals and Named Nurse receive appropriate supervision as per the Royal College of Paediatrics and Child Health Intercollegiate Guidance: *Safeguarding children and young people: roles and competencies for health care staff* (2018) – see link above.

The Designated Doctors and Nurses will receive regular safeguarding supervision / peer review and undertake reflective practice from outside the employing organisation (this should be funded by the employing organisation and be provided by someone with safeguarding / child protection expertise.

The Designated Nurse will ensure there is a strategy in place (as per Intercollegiate Document2018) to ensure provider organisations comply with supervisory requirements.

The Named Nurse will receive supervision from the Designated Nurse , Safeguarding Children.

The Named Nurse and Designated professionals will participate regularly in support groups or peer support networks for specialist professionals at a local and national level, according to professional guidelines (attendance should be recorded).

10 Recruitment to CCG

All recruitment must comply with NHS Employment Check Standards guidance and the Disclosure and Barring Service (DBS).

The DBS's role is to assist employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children and adults. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

Link to DBS website: https://www.gov.uk/government/organisations/disclosure-and-barring-service

Link to NHS Employment Check Standard:
http://www.nhsemployers.org/your-workforce/recruit/employment-checks/nhs-employment-check-standards

11 Standards regarding Providers' Safeguarding Children arrangements; responsibility of Northumberland CCG with regard to monitoring compliance.

1.1.1 Independent Contractors such as GPs and dentists and all provider organisations are required to have safeguarding children policies in place that are compliant with national legislation, statutory and best practice guidance and LSCB policies.

1.1.2 The CCG will provide advice and support if required.

11.1.2 Where private or voluntary organisations are commissioned by the CCG to provide services to children, they should as a matter of good practice follow national guidance; although it is not a statutory requirement, they would need to be able to justify non-compliance to the CCG and the LSCB.

The CCG must ensure that all providers, from whom they commission services, adhere to the Standards set out in relevant legislation statutory and best practice guidance in relation to safeguarding children. Please refer to appendix 3 (pg. 31), for details of the minimum Standards.

The CCG requires assurance that the organisations it commissions services from, are achieving these Standards. Safeguarding arrangements for providers that the CCG commissions services from are summarised in the standard NHS contract under service conditions (SC32), Safeguarding.

Link to website: http://www.england.nhs.uk/wp-content/uploads/2013/12/sec-b-cond-1415.pdf

12 Related Documents

12.1 Other Related policy documents

- Confidentiality & Data Protection Policy
- Information Governance and Risk Policy
- Information Access Policy
- Information Security Policy
- Records Management Policy & Strategy
- Serious Incidents Management Policy
- Whistle blowing policy.
- Risk management policy.
- Recruitment policy.
- Training policy.
- Supervision policy.
- Incidents and serious Incidents policy.
- Northumberland Safeguarding Children Board Policies and Procedures

12.2 Legislation and statutory requirements

- Children Act 1989.
- Children Act 2004.
- Human Rights Act 1998.
- Sexual Offences Act 2003.
- Equality Act 2010.
- Statutory guidance on Promoting the Health and well-being of Looked After Children 2015
- Working Together to Safeguard 2018.
- The Right to Choose: Multi-agency statutory guidance for dealing with forced marriage. 2014.
- Information sharing 2018

12.3 Best practice recommendations

Safeguarding children is everyone's business. All CCG staff should be aware of this policy and adhere to it even though most do not have direct contact with children. If there are any concerns, the designated nurse (doctor or named GP) should be consulted to enable further discussion and support.

13 Document Consultation, Approval & Ratification

13.1 Process

13.1.1 Document Consultation

This document has been produced by the Designated Nurse Safeguarding Children on behalf of Northumberland CCG. In preparing the document for official ratification by the Clinical Management Board, the following stakeholders were consulted upon and their comments added to the document as appropriate:

- CCG Director and Executive Lead for Safeguarding Children.
- Designated Professionals.

13.1.3 Document Development

The Governance Group and nominated author are responsible for the development, review, implementation, performance management and distribution of this Policy.

14 Distribution

This policy is available for all staff to access via GP Team net and extranet.

All staff will be notified of a new or revised document via the internal communication systems.

15 Monitoring, Review and Archiving

15.1 Monitoring

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

Northumberland CCG will monitor compliance with this policy - see table below.

No.	Monitoring/audit arrangements of compliance with policy and methodology	Reporting		
		Source	**Committee**	**Frequency**
1.	**Safeguarding Children training (CCG staff).**			
	Review of training data.	NECS collate data.	Safeguarding Group	Qtrly
2.	**CCG risk register:**			
	Review and updating risk register.	Safeguard Incident and Risk Management System (SIRMS) notifications. Complaints. Performance Dashboard. Serious Incidents.	Safeguarding Group	Qtrly
3.	**Standards from Provider Performance Dashboard (developed by CCG for Providers from whom they commission services from).**			
	Review of data provided.	Provider performance dashboard	CCG Safeguarding Group	Qtrly
4.	**Providers compliance with safeguarding children arrangements:**			
	Review of practice where there has been harm caused to a child / young person. Review and analysis of data in relation to significant incidents in relation to safeguarding children from Independent practitioners and commissioned health providers.	Notification or reports from the following: SIRMS system – Primary Care and independent contractors. Commissioned health providers & data via SLEs and Serious Incident reports. Local Authority and other partner agencies.	CCG Serious incident (SI) group. CCG Safeguarding ~~Work Stream and Quality Intelligence~~ Group and Clinical Management Group by exception reporting.	Mthly Bi -Mthly or as required.

No.	Monitoring/audit arrangements of compliance with policy and methodology	Reporting		
		Source	Committee	Frequency
	Review and analysis in conjunction with the LSCB of the Children Act 2004 section 11 audit undertaken by providers and partner agencies	General public and patients. Section 11 audits from providers and partner agencies	CCG Safeguarding Group	

15.2 Review

15.2.1 The Governance Group 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.

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

15.2.3 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.

15.3 Archiving

The Governance Group will ensure that archived copies of superseded policy documents are retained in accordance with the DH Records Management: Code of Practice for Health and Social Care 2016.

16. Bibliography and references

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The Children (Private Arrangement for Fostering) Regulations (2005) S.I.No. 1533. http://www.legislation.gov.uk/uksi/2005/1533/pdfs/uksi_20051533_en.pdf

17. Contacts

Designated Doctor Safeguarding Children: Tel:01670 564042

Designated Nurse Safeguarding Children: Tel: 01670 335160

18. Equality Analysis

North of England Commissioning Support

Partners in improving local health

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:	**Margaret Tench**
Title of service/policy/process:	**Safeguarding Children Policy**
Existing: x **New/proposed:** **Changed:**	
What are the intended outcomes of this policy/service/process? Include outline of objectives and aims	
To ensure all CCG staff are aware of their responsibilities with regards safeguarding children. **To describe the types of abuse which may lead to staff having safeguarding concerns about children.** **To ensure CCG staff know what action to take, and who to speak to if they have safeguarding concerns.** **The policy supports the welfare and protection of vulnerable children regardless of race, culture, gender, ethnicity, disability and sexual orientation.**	
Who will be affected by this policy/service /process? (please tick)	
Staff members √ **Other**	
If other please state:	
What is your source of feedback/existing evidence? (please tick) √ **National Reports** **Staff Profiles** **Staff Surveys** **Complaints/Incidents** **Focus Groups** **Previous EIAs** √ **Other**	
If other please state: **National legislation (Children Act 1989 & 2004) which places a duty on agencies (including health) to have arrangements in place to safeguard children.**	

Evidence	What does it tell me? (about the existing policy/process? Is there anything suggest there may be challenges when designing something new?)
National Reports	**Reports from national and local serious case reviews are aimed at sharing learning to prevent further abuse occurring. This includes having policies in place, raising awareness through training and knowledge about appropriate information sharing.**
Staff Profiles	
Staff Surveys	
Complaints and Incidents	
Staff focus groups	
Previous EIA's	
Other evidence (please describe)	**As described previously. Legislation dictates all agencies have a duty to have arrangements in place to safeguard children. Children Act 1989 & 2004. Working Together to Safeguard Children 2018.**

STEP 2 - IMPACT ASSESSMENT
What impact will the new policy/system/process have on the following staff characteristics: (Please refer to the 'EIA Impact Questions to Ask' document for reference)
Age A person belonging to a particular age
The policy refers to children up to the age of 18 years and their families
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 promotes the health and well-being of all children including those with disabilities
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.
No impact
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
No impact
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 refers to children and unborn babies
Race It refers to a group of people defined by their race, colour, and nationality, ethnic or national origins, including travelling communities.
The policy is for all children regardless of race, colour, nationality and ethnicity. It includes specific information regarding cultural issues such as Female Genital Mutilation (FGM).
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.
No impact. FGM is not a religious issue.
Sex/Gender A man or a woman.
No impact
Sexual orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes
No impact
Carers A family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person
No impact

STEP 3 - ENGAGEMENT AND INVOLVEMENT

How have you engaged with staff in testing the policy or process proposals including the impact on protected characteristics?
Existing policy updated in consultation with Director lead and Designated Doctor.
Please state how staff engagement will take place:
This policy is based on statutory and mandatory duties and legislation therefore staff will be informed of it via internal circulation and discussion at weekly team meeting, only relevant safeguarding professionals have been involved in its development.

STEP 4 - METHODS OF COMMUNICATION

What methods of communication do you plan to use to inform staff of the policy?
x Verbal – through focus groups and/or meetings Verbal - Telephone **Written – Letter Written – Leaflets/guidance booklets** **x Email x Internet Other**
If other please state:

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.

Potential Challenge	What problems/issues may this cause?
1 None	

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
N/A						

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:	**Margaret Tench**
Date:	**4th December 2019**
Signed:	Margaret Tench
Presented to: (appropriate committee)	**Governing Body**
Publication date:	**December 2019**

Appendix 1

Procedure for making a referral to Children's Social Care or making a referral for family support

Member of staff has concerns or reasonable cause to believe a child or young person is at risk of harm from abuse, neglect or exploitation.

If unsure, staff **must** seek advice from the Designated Nurse.
If risk of harm imminent, **refer to Children's Social Care immediately.** If out of hours, seek advice from Children's Social Care Emergency Duty team Link for contacts: Link to web site for contacts: http://northumberlandlscb.proceduresonline.com/chapters/p_referr.html#making

Member of staff still has concerns

Member of staff must refer via telephone to Children's Social Care (OneCall 0167O 536400 and follow up in writing within 48 hours
Children's Social Care will provide the referral form.
A copy of the referral and any discussions must be kept by the referrer and passed on to the Designated Nurse for filing.
Please include DETAIL of concerns when making a referral.

Social worker and manager acknowledge receipt of referral and decide on next course of action within one working day.

Social worker feeds back to referrer on the next course of action (usually within 3 days).
If no feedback is received, the member of staff must discuss this with the Designated Nurse if they do not feel confident about contacting Children's Social Care.

Member of staff no longer has concerns

No further child protection action required, however it may be useful for the member of staff to discuss the case with the Designated Nurse who will ensure a referral on to the most appropriate provider, if the offer of further assessment, early help or support services are thought to be appropriate.

Keep a detailed record of the following:

- Incident
- Discussions
- Rationale for decision **not** to make a referral to Children's Social Care.

If at any point during the process you are unhappy about the response from children's social care, **you must escalate your concern and seek advice.**

Northumberland's Local Safeguarding Children's Boards' (LSCB) Policies and Procedures can be accessed via the link below and they incorporate further information and guidance regarding specific circumstances e.g. Child Sexual Exploitation and Fabricated and Induced Illness. **Link to web site**:
http://northumberlandlscb.proceduresonline.com/chapters/p_referr.html#making

Appendix 2

Safeguarding Children Training Needs Analysis for Northumberland Clinical Commissioning Group Staff				
ALL STAFF: A mandatory session of at least **30 minutes duration** should be included in the **general staff induction programme or within six weeks** of taking up post within a new organisation. Competences should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plan.				
Staff Group	**Standard**	**Training Level**	**Frequency**	**Delivery**
All non-clinical staff	CCG Safeguarding Policy	**Level 1**	Refresher training equivalent to a **minimum** of 2 hours over a 3 year period.	• CCG induction. • E-Learning
	PREVENT	Health WRAP	One off session.	Face to face
Board Members	CCG Safeguarding Policy	**Level 1, plus s.11 roles and responsibilities.**	Refresher training equivalent to a minimum of 2 hours over a 3 year period.	• CCG induction. • E-Learning. All board members must have a level of knowledge equivalent to all staff working within the healthcare setting (level 1) as well as additional knowledge based competencies by virtue of their board membership, as outlined below. This will require a tailored package to be delivered which encompasses level 1 knowledge, skills and competences, as well as Board level i.e. quality assuring providers systems and processes, and thereby ensuring they are meeting their safeguarding responsibilities. Designated safeguarding professionals within commissioning organisations provide expert advice to commissioners.
	PREVENT	Health WRAP	One off session.	Face to face
Administrators for safeguarding teams & Primary Care Practice nurses.	Intercollegiate document.	**Level 2**	3 yearly.	It is expected that the knowledge, skills and competence for level 2 would have been acquired within individual professional education programmes. Over a three-year period refresher training equivalent to a **minimum** of **3-4 hours**. Training, education and learning opportunities should include • Multi-disciplinary learning. • Scenario-based discussion. • Case studies. • Lessons from research and audit. • Learning from regular multi-professional and / or multi-agency staff meetings, or vulnerable child and family meetings. • Critical incidents and significant unexpected events. • Peer discussions. Training should be appropriate to the speciality and roles of participants, encompassing for example: • The importance of early help. • Domestic violence.

Safeguarding Children Training Needs Analysis for Northumberland Clinical Commissioning Group Staff				
ALL STAFF: A mandatory session of at least **30 minutes duration** should be included in the **general staff induction programme or within six weeks** of taking up post within a new organisation. Competences should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plan.				
Staff Group	**Standard**	**Training Level**	**Frequency**	**Delivery**
				• Vulnerable adults and impact on parenting. • Learning disability and potential impact on parenting. • Communicating with children and young people.
	PREVENT	Health WRAP	One off session.	Face to face
GPs	Intercollegiate document & Safeguarding Training Plan for Primary Health Care Teams.	**Level 3**	3 yearly. To be completed over a 3 year period (rolling program) and valid for 3 years. Refresher training equivalent to a **minimum** of **12 - 16 hours** over 3 yrs.	E-Learning, Single agency training (SAT) and Multi agency training (MAT). Training, education and learning opportunities should include: • Multi-disciplinary & inter-agency training. • Internal & external training. It should be appropriate to the speciality and role of GPs and include: • Personal reflection. • Scenario-based discussion. • Case studies. • Serious case reviews. • Lessons from research and audit. • Communicating with children. • Learning from regular multi-professional and / or multi-agency staff meetings, or vulnerable child and family meetings. • Critical incidents and significant unexpected events. • Peer discussions. At level 3 this could also for example include attendance at a Health WRAP / prevent workshop.
	PREVENT	Health WRAP	One off session.	Face to face
Named GP	Intercollegiate document (2014)	**Level 4**	3 yearly.	Named professionals should attend a **minimum** of 24 hours of education, training and learning over a three-year period. This should include non-clinical knowledge acquisition such as: • Management. • Appraisal. • Supervision. • Training. Named professionals should participate regularly in support groups or peer support networks for specialist professionals at a local and National level, according to professional guidelines and attendance should be recorded. Named professionals should complete a management programme with a focus on leadership and change management within three years of taking up their post.
	PREVENT	Health WRAP	One off session.	Face to face
Designated Professionals Safeguarding Children.	Intercollegiate document (2014)	**Level 5**	3 yearly.	Designated professionals should attend a **minimum of 24** hours of education, training and learning over a three-year period. This should include non-clinical knowledge acquisition such as:

Safeguarding Children Training Needs Analysis for Northumberland Clinical Commissioning Group Staff				
ALL STAFF: A mandatory session of at least **30 minutes duration** should be included in the **general staff induction programme or within six weeks** of taking up post within a new organisation. Competences should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plan.				
Staff Group	**Standard**	**Training Level**	**Frequency**	**Delivery**
				• Management. • Appraisal. • Supervision. • Training. • The context of other professionals' work. Designated professionals should participate regularly in support groups or peer support networks for specialist professionals at a local, regional, and national level according to professional guidelines (and their attendance should be recorded). Additional training programmes such as the newly developed RCPCH level 4/5 training for paediatricians should be undertaken within 3 years of taking up the post.
	PREVENT	Health WRAP	One off session.	Face to face

Appendix 3

Minimum Standards for Providers regarding their Safeguarding Children arrangements.		CCG monitoring arrangements
1.	**Recruitment:**	
2.	All providers must have safe recruitment and vetting systems in place.	Section 11 audit, annually
3.	**Policy:**	
4.	All providers must have up to date organisational safeguarding children policy and procedures that are compliant with the relevant legislation, statutory and best practice guidance and the Local Safeguarding Children Board (LSCB) policies.	Section 11 audit, annually. & Quarterly provider performance Dashboard.
5.	All providers must ensure that staff have access to their organisation's Safeguarding Children Policies and Procedures.	Section 11 audit, annually.
6.	The providers' safeguarding children policies and procedures **must include the following:** • Clear guidance on how to recognise and refer child regarding safeguarding concerns. • How and when to undertake an early help assessment and which staff groups would be expected to do this. • Comply with, and reference safeguarding legislation, national policy/guidance and local multiagency safeguarding policies and procedures. • Clearly state how staff can access support and advice in relation to concerns. • All providers must ensure that staff have access to the Local Safeguarding Children Board's (LSCB) Policies and Procedures and know how to access them. • All providers must ensure that staff have access to and are aware of related policies and guidance e.g. whistle blowing policy. • A monitoring and audit action plan to assure staff compliance with the policies and procedures.	Section 11 audit, annually & LSCB Early Help sub-group.
7.	**Governance:**	
8.	All providers must have a Board Level Executive Director with lead responsibility for safeguarding children.	Section 11 audit, annually & Provider safeguarding Children annual report.

Minimum Standards for Providers regarding their Safeguarding Children arrangements.		CCG monitoring arrangements
9.	All providers must have a Named Nurse, Doctor and midwife where appropriate as per the Working Together Guidance (2013).	Quarterly provider performance Dashboard.
10.	All providers must monitor the effectiveness of their organisational safeguarding arrangements and provide an annual safeguarding children report to their board.	Quarterly provider performance Dashboard & Provider safeguarding Children annual report.
11.	All providers must complete and submit to their LSCB, the annual statutory section 11 audit.	Section 11 audit, annually & LSCB annual report.
12.	All providers must have in place an annual audit program to assure their Board and the CCG that safeguarding systems and processes are effective.	Quarterly provider performance Dashboard & Provider safeguarding Children annual report. LSCB bi-monthly.
13.	All providers must develop action plans with regard to the recommendations from any Case Reviews and ensure that recommendations are implemented and that learning is disseminated across the organisation.	Data from LSCB Case Review sub-group bi-monthly, LSCB annual report & Provider safeguarding Children annual report. Quarterly provider performance Dashboard.
14.	All providers must ensure that there is an effective system for monitoring the number of referrals to Children's Social Care to enable the identification of any significant change and trends.	Quarterly provider performance Dashboard & Provider safeguarding Children annual report & LSCB Performance sub-group and LSCB bi-monthly.
15.	All providers must record and monitor the number of referrals to the Local Authority Designated Officer (LADO) in relation to allegations or concerns regarding staff posing a risk to children.	Quarterly provider performance Dashboard & Provider safeguarding Children annual report. LSCB Performance sub-group.
16.	All providers must report and record Serious safeguarding children incidents via the Serious Incident (SI) process as per the NHS England Serious Incident Framework (2013).	The number and details of reported SI's are monitored by NECS and the CCG on a quarterly basis.
17.	The provider must have an identified person / team with lead responsibility for safeguarding children to include compliance with national strategies e.g. MAPPA, MARAC, Prevent Strategy and Child Sexual Exploitation.	Section 11 audit, annually
18.	The provider must ensure senior representation on the Local Safeguarding Children Board and contribution to their sub groups.	Section 11 audit, annually & LSCB annual report.

Minimum Standards for Providers regarding their Safeguarding Children arrangements.		CCG monitoring arrangements
19.	The provider must cooperate with any request from the Safeguarding Board to contribute to multi-agency audits, evaluations, investigations and Serious Case Reviews, including where required, the production of an Individual Management Review (IMR) or a chronology of events.	Data from LSCB Case Review sub-group bi-monthly, LSCB annual report & Provider safeguarding Children annual report. Quarterly provider performance Dashboard.
20.	**Multi-agency working and responding to concerns:**	
21.	All providers must ensure effective contribution to the child protection process to include attendance at safeguarding child protection conferences/meetings when required and the submission of a written report as per the LSCB procedures.	Quarterly provider performance Dashboard & Provider safeguarding Children annual report. LSCB Performance sub-group and LSCB.
22.	**Training:**	
23.	All providers must ensure that their staff undertake safeguarding training appropriate to their role and level of responsibility as per the Royal College of Paediatrics and Child Health Intercollegiate Guidance: *Safeguarding children and young people: roles and competencies for health care staff* (2014).	Quarterly provider performance Dashboard & Provider safeguarding Children annual report. LSCB Performance sub-group and LSCB.
24.	**Supervision:**	
25.	All providers must have a supervision policy setting out the frequency and model of supervision for all groups of staff. The policy should meet the requirements of National Guidance.	Quarterly provider performance Dashboard & Provider safeguarding Children annual report.
26.	All providers named / lead professionals must receive supervision on a quarterly basis – minimum. This must be provided by the Designated Professionals as per the statutory guidance Working Together to Safeguard Children (2015).	CCG Safeguarding Work stream meeting – bi-monthly.