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## ***Safeguarding Children Policy***

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Northern, Eastern and Western Clinical Commissioning Group  
South Devon and Torbay Clinical Commissioning Group

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<b>V1.1</b>	June 2016	Amendments in relation to Internal Audit & Child Sexual Exploitation
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<b>V1.3</b>	September	General update

Both Commissioning Groups promote equality, diversity and human rights and is committed to ensuring that all people and communities it serves have access to the services we provide. In exercising the duty to address health inequalities, the CCG has made every effort to ensure this policy does not discriminate, directly or indirectly, against patients, employees, contractors or visitors sharing protected characteristics of: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief; sex (gender); sexual orientation or those protected under the Health and Social Care Act 2012 and Human Rights legislation.

All CCG policies can be provided in large print or Braille formats; translations on request; language line interpreter services are available; and website users can use contrast, text sizing and audio tools if required. For any other assistance, please contact either CCG at NEW Devon CCG 01392 205205 or South Devon and Torbay CCG [sdtccg@nhs.net](mailto:sdtccg@nhs.net) or 01803 652500

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## 1. Introduction & Purpose

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- 1.1 Clinical Commissioning Groups (CCGs) have a duty under section 11 of the Children Act 2004 to ensure that in discharging their functions as a commissioner of services, they pay due regard to the requirement to safeguard and promote the welfare of children and young people (CYP).
- 1.2 This policy specifies the NHS Northern, Eastern and Western Devon Clinical Commissioning Group's (the CCG) arrangements for safeguarding and promoting the welfare of CYP. It is in two parts. Part I sets out the overview of the CCG's safeguarding framework and Part II specifies how standards are set and monitored through the commissioning process to comply with service condition 32 of the NHS standard contract and ensures section 11 duties are fulfilled by organisations providing commissioned services.
- 1.3 The purpose is to ensure all staff whether contracted, directly employed or volunteers are aware that safeguarding children is everyone's responsibility and to put the CYP at the centre of all their activities for the CCG. Managers must ensure all employees have appropriate resource and support with which to execute their duties for the CCG being mindful of their responsibility to safeguard CYP.
- 1.4 The CCG is committed to all policies, procedures and practices that safeguard children and promote their welfare and aims to commission services that will ensure equal access to all children and young people regardless of race, religion, ethnicity, gender, sexuality, age, health, disability, political views or immigration status.
- 1.5 This policy should be read in conjunction with the source documents (see references).
- 1.6 This policy applies to all CCG staff and commissioned services.
- 1.7 NEW Devon CCG is referred to as "the CCG" throughout the document.

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## 2. Definitions

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- 2.1 **A child** is defined as anyone who has not yet reached his/her 18<sup>th</sup> birthday<sup>1</sup>
- 2.2 **Safeguarding and promoting the welfare of children** is defined for the purposes of this guidance as:
  - protecting children from maltreatment;
  - preventing impairment of children's health or development.

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<sup>1</sup> Children Act 1989

- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes<sup>2</sup>.

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### **3. Legislation**

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3.1 The policy should be read in the context of the following list of legislation, guidance documents and reports:

The Children Act 1989 & 2004

Human Rights Act 1998

The Victoria Climbié Inquiry DH 2003

Female Genital Mutilation Act 2003

The Sexual Offences Act 2003

Bichard Inquiry Report 2004

Vetting and Barring Scheme 2009

The Protection of Children in England: A Progress Report 2009

The Government's Response to Lord Laming 2009

NICE CG 89 When to suspect child maltreatment 2009

Health and Social Care Act 2012

Protecting children and young people: the responsibility of all doctors GMC 2012

Safeguarding Children and Young People: Roles and Competences for Healthcare staff Intercollegiate Document, Third Edition (2014)

Serious Crime Act 2015

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### **4. Links to other procedures**

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4.1 This policy should be read in conjunction with:

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<sup>2</sup> Working Together to Safeguard Children March 2015

- 4.2 South West Child Protection Procedures [South West Child Protection Procedures](#)
- 4.3 [Safeguarding Adults Policy](#)
- 4.4 Domestic Abuse Policy [NHS NEW Devon CCG HR Policies](#)

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## **5. Accountability & Responsibilities**

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### **5.1 Northern Western and Eastern Devon Clinical Commissioning Group**

- 5.1.1 The governance of the safeguarding process is set out in the NHS England document *Safeguarding Vulnerable People in the NHS – Accountability & Assurance Framework 2015*.
- 5.1.2 This places the following responsibilities on CCGs:  
“A clear line of accountability for safeguarding properly reflected in the CCG governance arrangements, i.e. a named executive lead to take overall leadership responsibility for the organisation’s safeguarding arrangements.
- 5.1.3 Clear policies setting out their commitment, and approach to safeguarding including safe recruitment practices and arrangements for dealing with allegations against people who work with children and adults as appropriate.
- 5.1.4 Training their staff in recognising and reporting safeguarding issues, appropriate supervision and ensuring that their staff members are competent to carry out their responsibilities for safeguarding
- 5.1.5 Effective inter-agency working with local authorities, the police and third sector organisations which includes appropriate arrangements to cooperate with local authorities in the operation of Local Safeguarding Children Boards (LSCBs), Safeguarding Adults Boards and Health and Wellbeing Boards.
- 5.1.6 Ensuring effective arrangements for information sharing
- 5.1.7 Employing, or securing, the expertise of Designated Doctors and Nurses for Safeguarding Children and for Looked After Children and a Designated Paediatrician for unexpected deaths in childhood.”
- 5.1.8 The CCG will work in partnership with all stakeholders (including but not exclusively, acute Trusts, Foundation Trusts, Community Interest Companies, private providers) to ensure their safeguarding processes and procedures are in line with national and regional frameworks.
- 5.1.9 This responsibility includes ensuring their commissioned services have robust processes and can provide assurance that they:
- are able to identify children at risk of harm including by virtue of the health or emotional needs of their parents/carers.

- work with partner agencies, sharing information and making referrals for intervention using agreed protocols and processes.
- monitor and support children in need and children at risk in accordance with the agreed multiagency programs.
- provide an expert medical assessment service for children suspected of being abused (for acute trusts).
- provide intervention and treatment (as appropriate for their service) for children who have been subject to neglect, emotional, physical or sexual abuse.
- contribute to inter-agency working to safeguard and promote the welfare of children including, where required, involvement in the criminal justice system.
- contribute to LSCB multi-agency safeguarding audits as required.

## 5.2 Responsibilities of the CCG Governing Body

1. Ensure that the CCG's contribution to safeguarding and promoting the welfare of children is discharged effectively across the whole of the CCG in accordance with Section 11 of the Children Act ([Children Act \(2004\)](#)) and in all its strategic and commissioning processes.
2. Co-operate with the local authority in the establishment and operation of the LSCB and, as statutory partners, share responsibility for the effective discharge of the LSCB's functions in safeguarding and promoting the welfare of children.
3. Identify an Executive Lead at board level with responsibility for safeguarding children. The Executive Lead will represent the CCG on the LSCB (or equivalent local arrangement).
4. Ensure that all staff members are aware of their responsibility to safeguard children and promote their welfare and know how to act upon their concerns that a child may be at risk.
5. Ensure learning occurs and required action is taken as a result of serious case reviews, child death reviews, local management reviews and reports from national bodies (such as from CQC, Ofsted inspections etc.)
6. Ensure that the CCG has a comprehensive child protection training strategy (see Appendix 4) in order to meet the different training needs of all staff working within the CCG in accordance with [Safeguarding Children and Young People: Roles and Competencies of Health Care Staff \(2014\)](#)

7. Have a clear line of accountability within the organisation for all aspects of safeguarding and promoting the welfare of children.
8. Ensure that Designated Professionals and the safeguarding team have access to regular supervision in line with the CCG's Supervision Policy [NEW Devon CCG Safeguarding Children Supervision Policy](#)

### **5.3 Responsibilities of the Chief Nursing Officer**

1. Represent the CCG at the LSCB (or equivalent local arrangement).
2. Provide the LSCB with a strategic overview of safeguarding children issues within the CCG's commissioned services as required.
3. Deputy to Chair the CCG's Safeguarding Steering Group.

### **5.4 Responsibilities of the Designated Professionals**

- 5.4.1 The role of the Designated Professional is to work across the local health economy to support and advise provider organisations on all aspects of safeguarding children. Their advisory role stretches across agencies being a core member of the Local Safeguarding Children Board (LSCB) and contributing to its work<sup>3</sup>.
- 5.4.2 In the CCG it is essential that commissioning teams use the expertise of the Designated Professionals to ensure their contracts with providers take full account of safeguarding children.
- 5.4.3 The CCG must provide the Designated Professionals with the support and resource required to execute their duties. For a model job description and person specification see: [Safeguarding Children & Young People: roles and competencies for healthcare staff](#)

### **5.5 Responsibilities of the Managers and Team Leaders**

- 5.5.1 All Managers in the CCG should ensure that:
  - Safer recruitment standards and policy are adhered to at all times.
  - DBS checks are undertaken in line with national and local guidance
- 5.5.2 Safeguarding responsibilities are reflected in all job descriptions and the Knowledge and Skills Framework (KSF) relevant to the job role.

### **5.6 Responsibilities of the Individual members of CCG staff**

- 5.6.1 The responsibility of all employees to safeguard and promote the welfare of children and young people must be explicit in all job descriptions/person specifications.

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<sup>3</sup> Safeguarding Vulnerable People in the NHS – Accountability & Assurance Framework 2015

- 5.6.2 Staff must be alert to the potential indicators of abuse or neglect for children and adults and know how to act on those concerns in line with national and local guidance ([What to do if you're worried a child may be being abused](#)).
- 5.6.3 Individuals are responsible for ensuring they have attended training commensurate with their role and in accordance with the national guidelines<sup>4</sup> (see also appendix 4).
- 5.6.4 Staff must understand the limits of confidentiality and principles of information sharing in accordance with national and local guidance (see appendix 1).
- 5.6.5 All staff must contribute to the process of working together across agencies to safeguard the wellbeing of CYP.

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## **6. Quality Assurance & Commissioning**

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- 6.1 Safeguarding children must be central to all commissioned services. Commissioning leads must ensure that all service specifications have explicit standards with respect to safeguarding. These standards can be found in Part II of this policy. Compliance will be monitored through the commissioning quality assurance meeting for each provider and exceptions reported through the Quality Committee and the Safeguarding Steering Group.
- 6.2 Commissioning leads must ensure they have taken appropriate advice from the Designated Professionals and Safeguarding team with regard to all contracts and service agreements.
- 6.3 Reporting structure**
- 6.3.1 Operational aspects of safeguarding in the CCG will be overseen and managed by the CCG Safeguarding Steering Committee. Briefly the committee has the following duties:
- To assure the Governing Body and Quality Committee that the effective implementation of the infrastructure and processes for safeguarding are embedded within the corporate body.
  - To produce an annual report for the Governing Body and Quality Committee detailing the CCG's performance in safeguarding children.
  - To provide a focus for performance management of the delivery of the safeguarding agenda through the corporate and provider infrastructures and to escalate where necessary.

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<sup>4</sup> Safeguarding Children & Young People: roles and competencies for healthcare staff 2014

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## **7. Local Context**

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7.1 The CCG is the largest CCG in England. It caters for a population of 879 300 people including approximately 192 000 CYP. There are 131 member practices and it is responsible for commissioning £1.1 billion of healthcare services. The main providers include:

Royal Devon and Exeter NHS Foundation Trust

Plymouth Hospitals NHS Trust

Northern Devon Healthcare NHS Trust

Live Well South West (previously known as Plymouth Community Healthcare)

Devon Partnership NHS Trust

South Western Ambulance NHS Foundation Trust

Virgin Care Ltd

Devon Doctors Ltd

7.2 There are commissioning links with both Devon and Plymouth County Councils. NHS England is responsible for commissioning GP services and for specialised care. The CCG also has close operational links with South Devon and Torbay CCG and KERNOW CCG.

### **7.3 Devon & Plymouth Local Safeguarding Children Boards**

7.3.1 The Local Safeguarding Children Board (LSCB) is the key statutory mechanism for agreeing how the relevant organisations in each local area will co-operate to safeguard and promote the welfare of children in that locality and for ensuring the effectiveness of what they do.

7.3.2 The Devon and Plymouth LSCBs have a number of sub-groups which report to the LSCB main boards.

7.3.3 Devon SCB has merged with the Children's Alliance to form the Devon Children and Families Partnership (DCFP). There is a redesigned structure of the governance and subgroup structure.

7.3.3 The Chief Nursing Officer on the CCG Governing Body will be a full member of both DCFP and Plymouth LSCB. The Designated Nurse and Doctor for Safeguarding will be advisors to the PSCB and DCFP and will contribute to the work of the subgroups.

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## **8. Difference of professional opinion between practitioners**

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8.1 Designated professionals should be made aware of any professional or

interagency disagreements. If the matter cannot be resolved by mediation then a multiagency professionals meeting should be instigated according to LSCB Procedures. [South West Local Safeguarding Children Boards Procedures Manual](#)

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## **9. Information sharing & confidentiality**

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- 9.1 Information sharing is crucial in order to safeguard the welfare of children and young people. Information must only be shared with those practitioners who “need to know” and then only the details required to enable professionals to make an informed decision. Information sharing is outlined in LSCB procedures [South West Local Safeguarding Children Boards Procedures Manual](#) and in the attached flow chart (see appendix 1).
- 9.2 Employees must document when, with whom and for what purpose information was shared. Disclosure should be justified in each case and guidance should be sought from the Designated Professionals or from the CCG’s legal representatives in cases of uncertainty.

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## **10. Safer recruitment and employment practices**

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- 10.1 All CCG recruitment processes must be compliant with national employment legislation with the additional protective measures required by Safeguarding Vulnerable Groups Act 2006 [find here](#). This includes Disclosure and Baring Service (DBS) checks for all new staff. There is currently no requirement to repeat these checks during the course of an individual’s employment although this may change depending on the Government’s response to the Lampard review.
- 10.2 All CCG job descriptions should be explicit regarding individual employees responsibility with respect to safeguarding.
- 10.3 Commissioned services must pay due regard to safer recruitment and employment practices and should demonstrate this through the contract monitoring process (see Part II page 20).
- 10.4 **Managing allegations against staff members**
- 10.4.1 The CCG Disciplinary Policy [NHS NEW Devon CCG HR Policies](#) must be used in conjunction with this policy in this circumstance. LSCB procedures must also be followed. [South West Local Safeguarding Children Boards Procedures Manual](#)
- 10.4.2 All staff must be familiar with the procedure to follow should they have concerns about a staff member’s behaviour towards children or receive

reports about inappropriate behaviour. [South West Local Safeguarding Children Boards Procedures Manual](#)

10.4.3 This procedure must be followed in respect of any allegation that a person who works with children or adults may have:

- behaved in a way that has harmed a child or adult, or may have harmed a child or adult
- committed a criminal offence against or related to a child or adult
- behaved towards a child or children in a way that indicates s/he is unsuitable to work with children in connection with the person's employment or voluntary activity.

Management of an allegation may include:

- a police investigation of a possible criminal offence;
- enquiries and assessment by Children's Social Care or Adult Social Care to determine whether a child or adult is in need of protection or supportive services and
- consideration by the CCG of the threshold for disciplinary action in respect of the allegations against the individual.

10.4.5 All such concerns will be immediately reported to the Allegations Manager (Head of Safeguarding) and the HR Director. The Allegations Manager is responsible for reporting the incident to the Local Authority Designated Officer (LADO). The Allegations Manager will act as the spokesperson for the CCG at strategy discussions and other key stages in the process. In the absence of the Allegations Manager, the Executive Lead for Safeguarding or a Designated Professional can deputise. Where there may be media interest the Communications teams should be involved at an early stage.

10.4.6 Decisions about referral to the Protection of Children Act (POCA) list or relevant professional or regulatory body including the Disclosure and Barring Service (DBS) must be made by the Allegations Manager and HR Director in consultation with members of the senior management team (e.g. Medical Director, Chief Nursing Officer, Head of Safeguarding and CEO as appropriate).

10.4.6 Staff who report allegations or suspicions of abuse should receive acknowledgement and support and within the bounds of confidentiality, should be offered feedback on how their concern has been dealt with.

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## **11. Domestic abuse**

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11.1 The Government defines domestic abuse as:

*“Any incident of threatening behaviour, violence, or abuse (psychological, physical, sexual, financial, or emotional) between adults who are or have*

*been intimate partners or family members, regardless of gender or sexuality*<sup>5</sup>

- 11.2 Domestic Abuse affects significant numbers of children and young people and their families with the potential to cause immediate and long-term harm. The CCG will ensure that commissioned services have policies and processes in place to identify and mitigate the risk of harm from Domestic Abuse on children and young people.
- 11.3 Arranged or forced marriage is a form of Domestic Abuse practiced in certain ethnic communities. Honour violence and killings are also included.
- 11.4 All CCG employees will follow the NEW Devon CCG and LSCB Domestic Abuse policies [NHS NEW Devon CCG HR Policies](#)

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## **12. Child Sexual Exploitation (CSE)**

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- 12.1 The definition of Child Sexual Exploitation is as follows:  
“Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology”<sup>6</sup>.
- 12.2 CSE is a hidden issue mostly taking place out of public view. It is difficult to identify and young people themselves frequently do not recognise themselves as the abused. There are various models of CSE (see NSPCC link below).
- 12.3 There is also a clear link between children being sexually exploited and children going missing or being trafficked. CSE can affect and be perpetrated by both sexes. Any young person can be targeted, especially vulnerable groups which include: looked after children, children leaving care and children missing from home, school or care. See [NSPCC what is child sexual exploitation](#)

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## **13. Female Genital Mutilation (FGM)**

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- 13.1 Female Genital Mutilation (FGM) is an abusive and violent practice against females, both children and adult women. It is an extremely harmful practice leading to significant morbidity both in the short and long term and can be fatal. FGM is illegal in the UK.

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<sup>5</sup> Working Together to Safeguard Children 2015

<sup>6</sup> [Child sexual exploitation definition and guide for practitioners HM Government February 2017](#)

13.2 FGM comprises all procedures involving partial or total removal of the external female genitalia. It includes any other purposeful injury to the external female genitalia for non-medical reasons.

### 13.3 Legislation

Female Genital Mutilation Act 1984

Female Genital Mutilation Act 2003

The Serious Crime Bill 2015 introduced mandatory reporting of FGM<sup>7</sup> by regulated professionals.

The CCG must ensure that through its commissioning processes, mandatory reporting FGM is included in the safeguarding procedures of providers.

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## 14. Terrorism

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14.1 The Government's counter-terrorism strategy is known as CONTEST. There are four key principles:

**Pursue:** to stop terrorist attacks

**Prevent:** to stop people becoming terrorists or supporting terrorism

**Protect:** to strengthen our protection against a terrorist attack

**Prepare:** to mitigate the impact of a terrorist attack.

14.2 The aim of *Prevent* is to stop people from becoming terrorists or supporting terrorism. Three national objectives have been identified for the *Prevent* strategy:

**Objective 1:** respond to the ideological challenge of terrorism and the threat we face from those who promote it.

**Objective 2:** prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support.

**Objective 3:** work with sectors and institutions where there are risks of radicalisation which we need to address. The health sector contribution to *Prevent* will therefore focus primarily on Objectives 2 and 3. All CCG staff and their commissioned services must take heed of the risks of terrorism and include *Prevent* training in their training strategy. Commissioning leads will

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<sup>7</sup> Female Genital Mutilation: Mandatory Reporting procedural Information Home office October 2015

monitor the provider processes through the contracting and monitoring process. Find the CCG Prevent policy [here](#).

[The United Kingdom's Strategy for Countering Terrorism Building Partnerships, Staying Safe: The health sector contribution to HM Government's Prevent strategy: guidance for healthcare organisations](#)

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## **15. Modern Slavery**

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- 15.1 The Modern Slavery Act passed Royal Assent in 2015. The act covers a wide range of activities including domestic servitude, forced labour, sexual exploitation, forced criminality and organ harvesting. It is suspected that 80% of these activities are hidden and 10 – 18 thousand individuals may be affected in the South West. There are close links with people trafficking and children may be affected either directly or indirectly.
- 15.2 The CCG and its commissioned services must ensure all staff are able to recognise a situation where a child (or adult) may be at risk of or affected by slavery. It should be included in all levels of training with staff confident in their knowledge of how to protect children and adults. See Adult [Safeguarding Policy](#) and [What to do if you're worried a child may be being abused](#)

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## **16. Serious incidents including Serious Care Reviews**

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- 16.1 Safeguarding incidents must be reported through the CCG standard procedures see [SIRI Policy](#). Designated Professionals have a key role in contributing to serious incident reviews and Serious Case Reviews (SCR) as experts in an advisory capacity for the LSCB (or equivalent). The Designated Professionals also support providers with their contribution to the process of investigation for SCRs or other reviews and also in the development, implementation and monitoring of action plans consequent on the outcome of reviews.

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## **17. Training**

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- 17.1 It is a statutory requirement under the Children Act 2004 (Section 11) that all individuals who work in NHS organisations both permanent staff and staff that are contracted or commissioned should be trained and competent to be alert to the risk of child abuse. This includes being able to recognise when a child may require safeguarding from child abuse and knowing what to do in response to a concern about the welfare of a child (see [What to do if you're worried a child may be being abused](#)). Staff groups will require different knowledge and skills in order to be competent in their role. The role specific competencies are set out in the document *Safeguarding Children and Young*

17.2 The purpose of training is to achieve better outcomes for children and young people by fostering:

- a shared understanding of the tasks, processes, principles, roles and responsibilities outlined in national guidance and local arrangements for safeguarding children and promoting their welfare.
- effective and integrated services at both the strategic and individual case level.
- improved communication and information sharing between professionals, including a common understanding of key terms, definitions and thresholds for action.
- effective working relationships, including an ability to work in multi-disciplinary groups or teams
- high quality child focused assessments and decision-making based on best available evidence
- learning from Serious Case Reviews (SCRs) and reviews of child deaths.

17.3 Training compliance will be monitored regularly at organisational level and reported through the CCG Executive every six weeks. Individual compliance will be reviewed at annual appraisal/performance review. Those staff who fail to comply with the training requirements may need to have restrictions imposed on working practices until training requirements are met. Furthermore, disciplinary action may be considered if an individual continues to show noncompliance and there are no mitigating circumstances.

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## **18. Children Looked After (CLA)**

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### **18.1 Definition & Legislation**

18.1.1 Children looked After (CLA, previously known as Children in Care or Looked after Children) may be:

1. Accommodated under a voluntary agreement with their parent(s) consent (section 20)
2. Accommodated under a voluntary agreement with their own consent (aged 16 – 17 years)
3. In the care of the Local Authority on a Care Order or Interim Care Order under section 31 of the Children Act 1989

4. Accommodated under section 21(2) (C) (I) of the Children Act 1989 (remanded to Local Authority care)

5. Subject to an Emergency Protection Order under Section 44 of the Children Act 1989.

- 18.2 The CCG has in place commissioning arrangements with providers in the two Local Authorities (LA) covered by the CCG. The CCG must provide a Designated Nurse and Doctor responsible for each LA area. The CCG must ensure each CLA has an initial and review health assessments with an appropriate health plan set in place in accordance with national standards including with respect to timeliness.
- 18.3 The CCG will agree joint funding arrangements for individual children who require additional support services for example: school nursing, health visiting, CAMHS, for children placed out of area. This also applies to children placed in Devon from other areas when agreement will be reached with the base LA.
- 18.4 The service will be monitored quarterly via an agreed set of Key Performance Indicators (KPIs) through the Health of Children in Care Steering Group. This function is likely to be transferred to the IPAM.
- 18.5 The Designated Professionals will provide an annual report which is submitted to the CCG Safeguarding Steering Group and Quality Committee (the latter for Governing Body oversight). The report will reflect activity and progress against the KPIs. Any improvements in care or service delivery will be identified and included in a SMART action plan which will be monitored in the Safeguarding Steering Group and Quality Committee.

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## **19. The Child's Voice**

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- 19.1 The CCG is strongly committed to listening to and acting on the views of service users when commissioning services. This includes the voice of the child or young person along with those of their family where relevant. Vulnerable children's views and opinions are heard through provider organisation audits, LSCB multi - agency case audits and specific engagement projects. The needs of the child should be at the centre of all commissioning activities.

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## **20. Abbreviations & acronyms**

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LSCB	Local Safeguarding Children Board
DCFP	Devon Children and Families Partnership

LA	Local Authority
CLA	Child(ren) looked after
CAMHS	Children & Adolescent Mental Health Services
SLA	Service level agreement
KPI	Key performance indicators
SMART	Specific, Measurable, Achievable, Realistic, Timely

## Part II Commissioning services – contracting & monitoring for effective safeguarding

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### 21. Reporting standards and lines with accountability for health service providers

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#### 21.1 Introduction

- 21.1.1 Service providers must comply with their statutory duty to protect children and young people from abuse or neglect in accordance with the following legislation and operational guidance:
- Children Act 200 (section 11)
  - Working Together to Safeguard Children (2015)
  - South West Child Protection Procedures ( <http://www.online-procedures.co.uk/swcpp/>)
  - National Service Framework for Children, Young People and Maternity Services (October 2004)
  - Every Child Matters (2003)
  - Safeguarding Children & Young People: Roles & Competencies (2014) Intercollegiate document
  - CG 89 NICE When to suspect child maltreatment
  - Care Quality Commission (CQC) registration requirements (section 3)
  - CQC Outcome 7: Safeguarding people who use services, from abuse
- 21.1.2 Commissioners have a responsibility to ensure contracts with providers take heed of the statutory guidance and have in place a process to demonstrate compliance in order to provide assurance to the CCG Governing Body that appropriate safeguarding structures and practices are in place.
- 21.1.3 All public sector agencies have a duty to ensure “that their functions are discharged with regard to the need to safeguard and promote the welfare of children”<sup>8</sup>. In discharging these safeguarding duties, it is essential that interagency cooperation is robust with effective routes for sharing information regarding concerns about a child’s welfare.
- 21.1.4 Monitoring this interagency cooperation is the role of the Local Safeguarding Children’s Board (LSCB) or equivalent body. Commissioners and providers have a duty to contribute to the work of the LSCB in order to promote the well-being and protection of children.<sup>9</sup>
- 21.1.5 Provider organisations will report their compliance with the standards contained in this document through their annual safeguarding report (see appendix 3 for template) and where relevant, the outcome of any

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<sup>8</sup> Section 11 Children Act 2004

<sup>9</sup> Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework 2015

multiagency or LSCB driven audit (e.g. section 11 audit). In turn a summary of the provider annual report will be included in the annual safeguarding report of the CCG which will be submitted to the CCG Governing Body via the Quality Committee.

21.1.6 The commissioning manager will ensure the compliance of providers with statutory and legislative guidance is monitored through commissioning contact monitoring meetings.

21.1.7 The provider has a responsibility to respond to any identified breach or inability to meet the standards included in this document by developing an action plan (must be SMART -Specific, Measurable, Achievable, Realistic and Time scaled) to rectify the issue.

21.1.8 **Key safeguarding standards**

Standard 1: Robust clinical governance and organisational culture

Standard 2: Recruitment and employment processes

Standard 3: Training and supervision

Standard 4: Multiagency working

Standard 5: Child and family engagement

Standard 6: Serious incidents: reporting and learning

<b>Standard 1: Robust clinical governance and organisational culture</b>			
<b>Criteria</b>		<b>Evidence</b>	<b>Frequency of reporting to CCG</b>
1	The provider will comply with the duties set out under Section 11 of the Children Act 2004	Annual report Peninsula LSCB Section 11 audit evidence and any resultant action plan	Annual and by exception
2	The provider will have an accountable Executive or Board lead for Safeguarding Children and Young People	Annual report as per template. Board minutes relating to safeguarding Safeguarding structure Job Description	Annual
3	The provider must have a clear statement of their compliance with safeguarding children and young people, which is accessible to the public.	Public facing webpage	Annual
4	The provider will have in place a reporting structure to demonstrate their compliance under section 11 of the Children Act 2004 via their governance procedures, to the Board	Organisational reporting structure. Designated professional attendance at SG committee as per NHS Accountability Framework 2015	Annual

5	The provider will ensure that they are represented at the Local Safeguarding Children Board by a member of staff who has the authority to make decisions on behalf of the provider	Annual report LSCB minutes & attendance record	Annual
6	The provider must produce an annual report detailing the arrangements to safeguard children & young people within the organisation and summarising the safeguarding activity.	Annual report Report to be submitted to CCG at June Commissioning Review meeting	Annual
7	The provider will have in place named professionals for safeguarding children who have sufficient expertise and time in their job plan to undertake their roles	Annual report	Annual and by exception
8	The provider will have in place a suite of Safeguarding Children Policies (see appendix 1) which employees are aware of and can access. The policies must be subject to regular review (according to provider policy) and revised to ensure compliance with updated national and local guidance.	Policy	Annual and by exception
9	The provider will have appropriate operational procedures and or guidance which are in line with the LSCB's and the	Policy & procedures	Annual and by exception

	South West Child Protection Procedures		
10	The provider will have in place an annual audit programme for safeguarding to include audit of compliance with policies, procedures and guidance.	Audit programme details Annual report	Annual

<b>Standard 2: Recruitment and employment processes</b>			
<b>Criteria</b>		<b>Evidence</b>	<b>Frequency of reporting to CCG</b>
1	The provider must demonstrate they have safe recruitment procedures in place that protect and safeguard children in line with guidance for NHS employers <sup>10</sup>	Safer Recruitment policy	Quarterly
2	The provider will ensure that all job descriptions and contracts of employment include a statement of the employee's responsibility to safeguard children	Sample contract Audit	Quarterly
3	The provider must gain assurance that any contracted services/individuals or voluntary services/volunteers active in the provider	Safer Recruitment policy Compliance monitoring via safeguarding committee	Quarterly and by exception

<sup>10</sup> [www.gov.uk/disclosure-barring-service-check/overview](http://www.gov.uk/disclosure-barring-service-check/overview)

	organisation follow safe recruitment processes as outlines in the organisation's policy		
4	The provider will, as part of implementing a safe recruitment policy, ensure that disclosure and barring checks are completed for all staff (including volunteers) who work directly with children and young people.	DBS compliance monitoring via safeguarding committee	Quarterly and by exception
5	The Provider will have in place a policy <sup>11</sup> for managing allegations against staff of abusive behaviour against children and young people (including electronic), and will demonstrate compliance with this including staff awareness.	Allegations Policy Monitoring programme – via safeguarding committee SG training packages	Quarterly and by exception
6	The provider will identify a designated officer for managing allegations made against staff of abusive behaviour against children and young people (including electronic). The designated officer will report any allegations to the LADO (Local Authority Designated Officer) and contribute to strategy meetings as appropriate.	Named Officer Monitoring records	Quarterly and by exception

<sup>11</sup> This may be included as a section in the Safeguarding or related policies but must be cross referenced to ensure employees are aware

7	The provider must inform the Clinical Commissioning Group (CCG) of any allegations where the outcome of the LADO strategy discussion is to proceed with an investigation. These cases should be reported through the Serious Incident (SIRI) reporting process to the CCG	Monitoring records - via safeguarding committee	Quarterly and by exception
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<b>Standard 3: Training &amp; Supervision</b>			
<b>Criteria</b>		<b>Evidence</b>	<b>Frequency of reporting to CCG</b>
1	The provider will ensure all staff receive safeguarding children training at a level commensurate with their roles as indicated in the Safeguarding Children and Young People: Roles and Competences for Health Care Staff (Intercollegiate Document 2014) <sup>12</sup>	Dashboard/monitoring via safeguarding committee	Quarterly and by exception
2	The provider will have an induction process in place for all staff (including locums), which includes individual safeguarding responsibilities and how to report a concern	Induction packages Attendance	Annual

<sup>12</sup> [http://www.rcn.org.uk/\\_data/assets/pdf\\_file/0008/474587/Safeguarding\\_Children\\_-\\_Roles\\_and\\_Compentences\\_for\\_Healthcare\\_Staff\\_02\\_0....pdf](http://www.rcn.org.uk/_data/assets/pdf_file/0008/474587/Safeguarding_Children_-_Roles_and_Compentences_for_Healthcare_Staff_02_0....pdf)

	(including regarding colleagues).		
3	The provider will have in place a policy for Child Protection Training and/or a training strategy for safeguarding children that will include a training matrix which identifies the level of training required for all staff. This should be reviewed annually.	Training policy or strategy Training matrix	Annual
4	The provider will produce data to evidence that staff are compliant with the organisation's training matrix or have received training that is commensurate with their roles. The expectation for training compliance is 90% across all levels <sup>13</sup>	Compliance figures monitored via safeguarding committee	Quarterly and by exception
5	The provider will ensure that all internal safeguarding children training will be delivered by suitably qualified and experienced trainers.	Annual report Training strategy	Annual
6	The provider will demonstrate that all training has been evaluated for its effectiveness, to include any impact on practice or improved outcomes.	Annual report	Annual
7	The provider will ensure any staff requiring specialist expertise in safeguarding children	Annual report	Annual

<sup>13</sup> Recognising there will be flux in compliance with new starters

	will be supported to access relevant training (internal or external, including LSCB multi-agency training).		
8	The provider will have in place a policy for safeguarding supervision which clearly identifies standards of supervision, training and support for supervisors, responsibilities of practitioners and outlines the varieties of and opportunities for supervision available to all staff.	Supervision policy	Annual
9	The supervision discussion must be reflective and contain the three elements of good supervisory practice (formative, normative and restorative).	Anonymous supervision records Supervision policy	Annual
10	The provider must be able to produce evidence that all staff have received or had access to supervision or opportunities for reflective practice, as appropriate to their role including individual or group supervision.	Supervision records Peer review meeting attendance	Quarterly and by exception

<b>Standard 4: Multiagency working</b>			
<b>Criteria</b>		<b>Evidence</b>	<b>Frequency of reporting to CCG</b>
1	The provider will ensure that all staff are aware of their personal and professional responsibilities to share information <sup>14</sup> with partner agencies if there are concerns about the welfare of a child or young person.	Information sharing included in training packages Case audits Monitoring of referrals to partner agencies	Quarterly
2	The provider will ensure all reports to other agencies about safeguarding children concerns are comprehensive, timely and include an analysis of the information and how this impacts on the child's safety.	Case audits Audit of reports	Quarterly
3	The provider will ensure all staff who undertake assessment of children will understand the importance of including the 'Voice of the Child' and assessing the child's day to day experience, cultural and diversity issues, and considers any disability or complex health needs.	Training packages Equality & Diversity training compliance Case audits	Quarterly
4	The provider will ensure all staff who	Case audit	Quarterly

<sup>14</sup>[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419628/Information\\_sharing\\_advice\\_safeguarding\\_practitioners.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/Information_sharing_advice_safeguarding_practitioners.pdf)

	undertake clinical assessment of adults will recognise any risk posed to children by the adults clinical condition or behaviours. Staff are required to demonstrate that the ‘think family’ principle has been applied in the assessment of any adult providing care or living in the child’s home; including the adult’s ability to care for the child.	Audit of suitable adults (e.g. those presenting to ED with Domestic Abuse, drug or alcohol concerns)	
5	The provider will ensure that their staff are aware of the LSCB thresholds document and are using early help assessment tools to improve outcomes; thus contributing to the Local Authority’s early help strategy	Training packages Case audit	Quarterly
6	The provider will ensure their staff fully engages in the Child Death Review process, by completing any requests for information, engaging in the local case review meetings and sharing any lessons learnt to inform or change practice.	Annual report	Annual
7	The provider will ensure all staff cooperates fully with partner agencies including timely sharing of information regarding risk, for those children and young people at risk of gender based violence or cultural practices which are abusive to children (e.g. forced marriage, female genital mutilation (FGM), “honour” violence etc.)	Annual report  Mandatory reporting rates (FGM)	Annual  Quarterly (FGM)

8	<p>The provider will ensure all staff are aware of their statutory responsibilities to report children who are at risk of or who have been subjected to FGM. The provider will have a robust system in place for the statutory reporting of FGM to NHS E.</p>	<p>Training packages</p> <p>Annual report</p> <p>Dashboards/monitoring</p>	Quarterly
9	<p>The provider will ensure all staff understand the risks and possible presentations associated with Child Sexual Exploitation (CSE) and cooperate fully with partner agencies including timely sharing of information regarding risk of CSE.</p> <p>Identify a CSE Lead to link with partner agencies and promote the role of REACH<sup>15</sup> and MACSE<sup>16</sup> through the organisation</p> <p>Ensure the risk of CSE is assessed in presentations of CYP</p>	<p>Training packages</p> <p>Annual report</p> <p>Dashboards/monitoring</p> <p>Promotional material/communications</p> <p>Use of CSE tool</p>	Quarterly

<sup>15</sup> Reducing Exploitation and Absence from Care team

<sup>16</sup> Multiagency CSE group

<b>Standard 5: Child and family engagement</b>			
<b>Criteria</b>		<b>Evidence</b>	<b>Frequency of reporting to CCG</b>
1	The provider must ensure they have engaged with a range of young people and parent/carers regarding the quality of their service provision and how they work with families.	Patient engagement surveys Patient feedback PALS reports	Annual and by exception
2	The provider will evidence how the voice of children is heard at board and clinical level and how this has improved outcomes for children.	Annual report	Annual

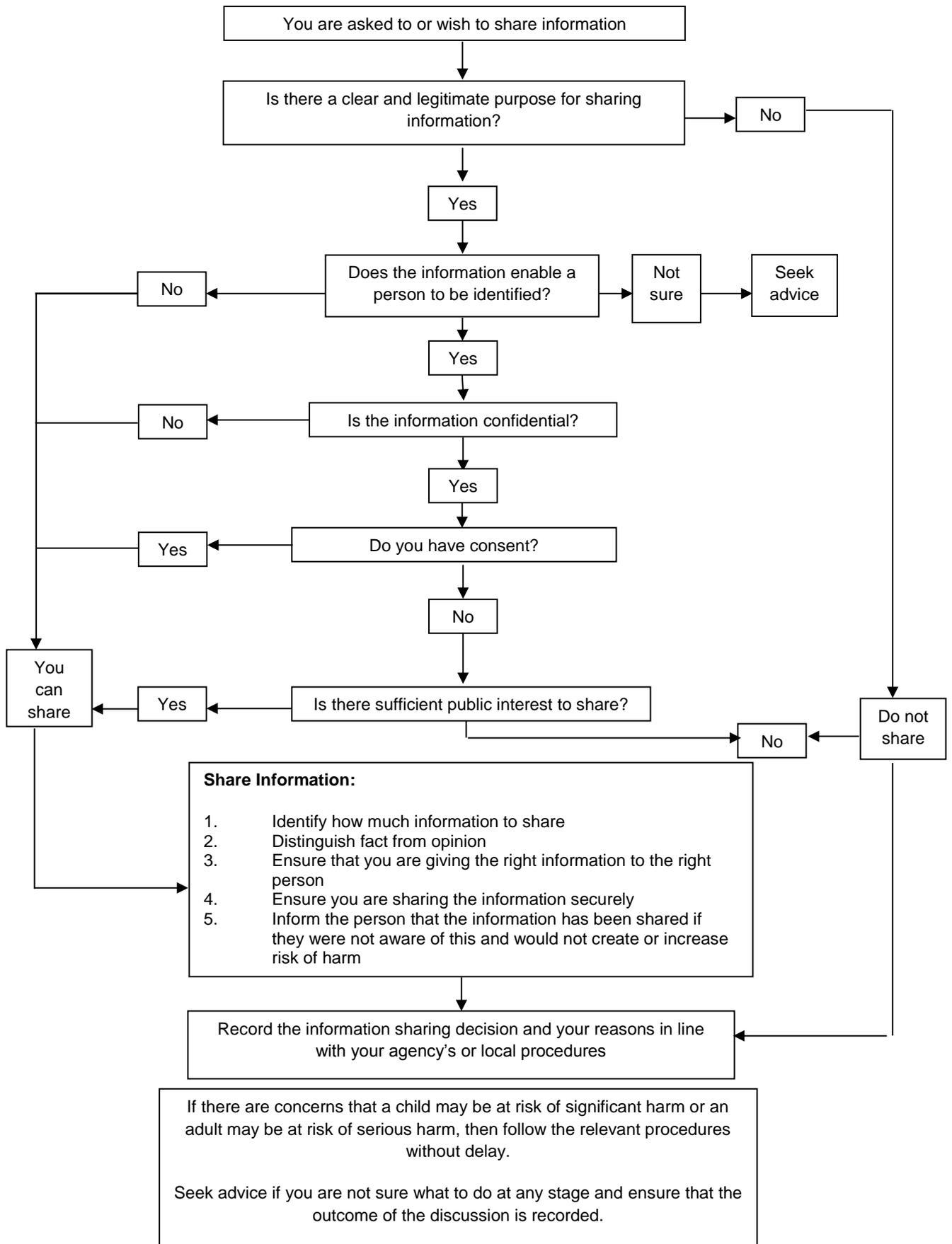
<b>Standard 6: Serious incidents: reporting and learning</b>			
<b>Criteria</b>		<b>Evidence</b>	<b>Frequency of reporting to CCG</b>
1	The provider will ensure that serious incidents are reported and investigated in line with current guidance from NHS England. Serious Incidents Requiring Investigation (SIRI) must be reported on STEIS within two working	Incident monitoring Serious incident policy Governance	Quarterly and by exception

	days of the incident being identified.	committee minutes Annual report	
2	The provider will inform the CCG on the progress of any action plan resulting from an investigation into a serious incident related to safeguarding children	Governance committee minutes CCG representative attendance at provider safeguarding committee/operational group	Quarterly
3	The provider will engage in the LSCB Serious Case Review process by providing accurate chronologies, management reviews or case analysis required by the SCR panel.	Annual report Anonymous IMRs	By exception
4	The provider will contribute to the understanding of events in SCR cases by responding positively to requests for interviews of involved practitioners by the independent author and sending appropriate representative(s) to case review meetings.	Annual report	By exception
5	The provider will develop a SMART action plan in response to their involvement in any Serious Case Review. This will include recommendations following investigation and	Action plans	Quarterly

	analysis from their own organisation but will also incorporate overview report recommendations as appropriate.		
6	The provider can demonstrate that they have adopted the learning from both national and local Serious Case Reviews <sup>17</sup>	Training packages Training evaluation and audit Annual report Action plans	Annual
7	The provider will report any child(ren) or young person(s) that have a prolonged stay on an acute Paediatric ward waiting for alternative provision.	Monitoring via safeguarding committee	Quarterly and by exception

<sup>17</sup> <http://www.nspcc.org.uk/preventing-abuse/child-protection-system/case-reviews/2014/>

**Flowchart of Key Questions for Information Sharing**



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## 23. Appendix 2

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### 23.1 Safeguarding Policies<sup>18</sup>

- Safeguarding Children Policy
- Allegations Management procedures
- Whistleblowing Policy
- Disciplinary procedures
- Equality & Diversity Policy
- Escalation policy
- Safeguarding Supervision policy
- Management of children not brought to health appointments
- Investigation protocols
- Child sexual exploitation guidance
- Female Genital Mutilation guidance
- Domestic violence policy
- Pre-birth planning policy
- Teenage and other vulnerable pregnancies (includes drugs & alcohol, parents with learning disability)
- Management of sexual abuse
- Investigation of potential child abuse including management of bruising or minor injury in the non-mobile child
- Chaperoning policy
- Female Genital Mutilation
- Guidance on consent and Gillick competency
- PREVENT and radicalisation guidance
- IT and reasonable access policy
- Links to vulnerable adult safeguarding procedures

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<sup>18</sup> Some of these topics may be incorporated into an overarching safeguarding policy

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## 24. Appendix 3

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### **Introduction**

The Safeguarding Annual Report provides an overview of Safeguarding Children for the period April 20xx – March 20xx.

The purpose of the annual report is:

- To provide assurance to XXXXXX Board that it is fulfilling its statutory responsibilities in relation to Safeguarding Children
- To analyse any existing or potential areas of risk in relation to its statutory responsibilities
- To provide an update to the Board on service developments in relation to Safeguarding
- To seek the Board's approval of the proposed objectives for the period April 20xx to March 20xx.

### **Background**

Include relevant legislation particularly implementation of new/changed statutory duties

### **Overview**

Local and national

General trends in activity

Number of children on CPP and comparators

Identify any particular challenges

### **People**

Safeguarding Leads – time/PAs

Other key professionals e.g. link professionals/liaison roles

### **Human Resources**

**Safe Recruitment:** Employment checks (including DBS), relevant policies

**Allegations against staff :**LADO role, Referrals to LADO or DBS

### **Multiagency working**

LSCB attendance, contribution to subgroups, liaison meetings, SCR work

MARAC attendance (include links to Trust SG adults service and SPoC)

Management of alerts

**Clinical activity**

Contents of dashboard

Medical assessments requested by CSC

CSA assessments

Referrals to CSC (include all areas)

Court attendance

ICPC requests and % attendance

**Maternity activity**

Unborn protocols & management guidelines covering vulnerable parents and their children

Vulnerabilities (substance misuse, MH, LD, teenage etc.)

Team details

**Mandatory reporting**

e.g. FGM

Policy, numbers identified

**Child Death Review**

Brief overview

**Governance structure**

Reporting and assurance routes

SG committee dates, leadership, attendance

Policies and communication

**Risk & Reviews**

Serious case reviews & local case reviews including action plans

Incident management and themes, STEIS reports

Use of escalation policy

Impact of high profile national case reviews/inquiries

**Audit activity**

Audit plan, summary of results and implementation plans/monitoring

Multiagency audits

Section 11 audit

<p><b>Supervision</b> Structure, frequency</p> <p>Peer review attendance</p>
<p><b>Training</b> Single agency – types, face to face, bespoke, e learning</p> <p>Grade/specialty specific/board/management teams</p> <p>Compliance figures</p> <p>Multiagency – contribution to training, attendance</p> <p>Evaluation of training</p> <p>Outcome/impact of training</p>
<p><b>Inspections</b> CQC, Ofsted</p>
<p><b>Review of annual plan</b></p>
<p><b>Proposed annual plan</b></p>
<p><b>References</b></p>
<p><b>Appendices (if required)</b></p>

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## 25. Appendix 4

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### 25.1 Schedule of reporting

Standard		Frequency of reporting
1	Robust clinical governance and organisational culture	Annual
2	Recruitment and employment processes  a) DBS checks b) LADO referrals c) Allegations against staff d) Referrals to DBS	Quarterly
3	Training & Supervision  a) Training compliance figures for L1 – 4 b) Supervision rates	Quarterly
4	Multiagency working a) Number of SG medicals b) Number of referrals to CSC c) Case conference attendance rate d) Referrals for FGM/gender violence	Quarterly
5	Child and family engagement	Annual
6	Serious incidents: reporting and learning  a) Involvement in SCR b) SIRIs	By exception

## 26. Appendix 5

### 26.1 Training matrix

Level	Staff group	Competency <sup>19</sup>	Delivery <sup>20</sup>	Monitoring
1	All staff working in healthcare settings	Competence at this level is about individuals knowing what to look for which may indicate possible harm and knowing who to contact and seek advice from if they have concerns. See document <a href="#">Intercollegiate guidance</a> for full details.	<a href="#">DSCB training</a> <a href="#">Plymouth Safeguarding Children Board - Training courses</a> Recognised training module (e.g. e-learning for health <a href="#">e learning for health</a> ) Face to face (CCG led)	Annual via appraisal
2	All clinical and non-clinical staff who have any contact with children/YP and their parents/carers	<a href="#">Intercollegiate guidance</a>	<a href="#">DSCB training</a> <a href="#">Plymouth Safeguarding Children Board - Training courses</a> Single agency training Recognised training module (e.g. e-learning for health <a href="#">e learning for health</a> )	Annual via appraisal
3	All clinical staff working with Children/YP or their parents/carers and who could potentially contribute to assessing planning and intervening assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns.	<a href="#">Intercollegiate guidance</a>	Single agency training Multiagency training <a href="#">DSCB training</a> <a href="#">Plymouth Safeguarding Children Board - Training courses</a> Recognised training module (e.g. e-learning for health <a href="#">e learning for health</a> )	Annual via appraisal
4	Named professionals	<a href="#">Intercollegiate guidance</a>	<a href="#">DSCB training</a> <a href="#">Plymouth Safeguarding Children</a>	Annual via appraisal

<sup>19</sup> For details of competencies see [Intercollegiate guidance](#)

<sup>20</sup> For timing and frequency of training see [Intercollegiate guidance](#)

			<a href="#">Board - Training courses</a> External training courses Named Professionals meetings	
5	Designated professionals	<a href="#">Intercollegiate guidance</a>	<a href="#">DSCB training</a> <a href="#">Plymouth Safeguarding Children Board - Training courses</a> Regional Designated Professionals meetings	Annual via appraisal
Board members	Including CEO, non-executive directors, executive directors, chairs and lay members	<a href="#">Intercollegiate guidance</a>	<a href="#">DSCB training</a> <a href="#">Plymouth Safeguarding Children Board - Training courses</a>	Annual via appraisal

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## 27. References

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27.1 References are linked in the text but this policy also includes information from other sources:

NEW Devon CCG draft Safeguarding Policy 2013

Taunton & Somerset NHSFT Safeguarding Policy 2015