

<b>Title: Safeguarding Children Policy 2013</b>		 <b>Tower Hamlets</b> <b>Clinical Commissioning Group</b>
<b>Number: THCCGQI33</b>	<b>Version: 1</b>	

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## 2 Purpose and scope

Tower Hamlets Clinical Commissioning Group (THCCG) believes it is always unacceptable for a child or young person to experience any kind of abuse or neglect and recognises its responsibility to safeguard all children and young people and promote their welfare. We aspire to the highest standards of corporate behaviour and competence and are committed to ensuring that these standards are applied to all our safeguarding responsibilities.

While TH CCG has a responsibility to safeguard and promote the welfare of children through commissioning arrangements (see the THCCG *Safeguarding Children through Commissioning Policy*), it also has responsibilities within its own activities, systems and processes. Specifically it has a statutory responsibility to 'ensure that its functions are discharged having regard to the need to safeguard and promote the welfare of children' (*Statutory guidance on making arrangements under section 11 of the Children Act 2004 (2007)*).

The purpose of this policy is therefore to describe:

- The roles and responsibilities of groups, key individuals and all staff
- The training, development and supervision framework that should be in place
- The other strategies and policies that help meet this statutory responsibility
- How the CCG works in partnership with other local agencies
- How the CCG will be assured it is meeting its statutory safeguarding children responsibility
- How to respond to a safeguarding concern

This policy applies to all employees of THCCG; any staff who are seconded to THCCG; and contract, locum and agency staff. This Policy also applies to THCCG Office Holders, e.g. Members of the Board and it's Committees/Sub-Committees.

This policy should be given to all staff when they start their employment.

The table below outlines the key responsibilities to be discharged by each party.

Party	Key responsibilities
Tower Hamlets Clinical Commissioning Group Governing Body	<ul style="list-style-type: none"> <li>• TH CCG has a statutory responsibility under section 11 of the <b>Children Act 2004</b> and <a href="#">Working Together Guidance 2013</a> and should comply with the <a href="#">Safeguarding Vulnerable People in the Reformed NHS Accountability and Assurance Framework 2013</a> to ensure its functions are exercised with a view to safeguarding and promoting the welfare of children and young people. The CCG Board has ultimate strategic responsibility for ensuring this statutory responsibility is carried out, and for ensuring that in discharging their functions, commissioned services have regard to the need to safeguard and promote the welfare of children.</li> <li>• The Board is also responsible for ensuring that funding is available:               <ul style="list-style-type: none"> <li>○ to enable the designated professionals to fulfil their roles and responsibilities effectively</li> <li>○ to contribute to the LSCB's budget, by agreement</li> </ul> </li> </ul>
THCCG Safeguarding Group (children and adults) Finance Performance and Quality Group and THCCG Senior Management Team	<ul style="list-style-type: none"> <li>• Ensure clinical engagement in contract performance, negotiations and agreements</li> <li>• Assure the THCCG Board that the services it commissions, operates within national, regional and local parameters of expected quality and safety standards</li> <li>• Ensuring safeguarding is integral to commissioning arrangements</li> <li>• Monitoring these commissioning arrangements</li> </ul>

	<ul style="list-style-type: none"> <li>Monitoring the performance of service providers with respect to safeguarding arrangements and raise concerns where variations in general performance may have a safeguarding implication.</li> <li>Review and recommend courses of action which will enable the improvement in the quality and standards of services with respect to safeguarding</li> <li>To ensure any local safeguarding children issues are addressed expediently.</li> </ul>
Accountable Officer TH CCG	<ul style="list-style-type: none"> <li>Responsible for ensuring that the health contribution to safeguarding and promoting the welfare of children is discharged effectively across the whole local health economy through THCCG and the Commissioning Support Unit (CSU) commissioning arrangements.</li> </ul>
Safeguarding Lead for Tower Hamlets Clinical Commissioning Group	<ul style="list-style-type: none"> <li>Board executive lead for safeguarding children with responsibility for governance, systems and organisational focus on safeguarding children.</li> </ul>
Governing Body Caldicott Guardian	<ul style="list-style-type: none"> <li>Cluster's Caldicott Guardian supporting work to facilitate and enable information sharing, and advise on options for lawful and ethical processing of information</li> </ul>
Deputy Director of Strategy and Planning	<ul style="list-style-type: none"> <li>Ensure that all health providers from whom they commission services have comprehensive single- and multi-agency policies and procedures to safeguard and promote the welfare of children. These policies and procedures should be in line with, and informed by <a href="#">Working Together Guidance 2013</a>, the <a href="#">London Child Protection Procedures</a> (2010 until revised in 2013), as well as any subject specific guidance e.g. <i>Commissioning services for women and children who experience violence or abuse - a guide for health commissioners</i> (2011) and be easily accessible for staff at all levels within each organisation</li> <li>Ensure that safeguarding and promoting the welfare of children is discharged effectively across the whole local health economy through the CCG's commissioning arrangements</li> <li>Ensure that all health agencies with whom they have commissioning arrangements are linked into the relevant LSCB and that there is representation from the agency and at an appropriate level of seniority (where this applies).</li> <li>Jointly commission services of Sexual Assault Referral Centres (SARCs) for those children and young people who are victims of rape and sexual assault</li> <li>Ensure that clear criteria for safeguarding children are written into all procurement and contracting documentation and that KPIs appropriately reflect the safeguarding element of the contract.</li> <li>Ensure that regular service level agreement monitoring arrangements with providers test whether robust safeguarding processes are in place.</li> <li>Ensure that any decisions to de-commission a service takes full account of any possible impact on the safeguarding children arrangements within the borough, and that appropriate advice is sort from the Designated Professionals for safeguarding children or Looked After Children.</li> </ul>
Designated Professionals	The designated professionals take a strategic, professional lead on

for Safeguarding Children	<p>all aspects of the health service contribution to safeguarding children within the commissioning remit of TH CCG. Their responsibilities include:</p> <ul style="list-style-type: none"> <li>• Member of the TH CCG Safeguarding Children Commissioning Group and supporting the group to hold to account all healthcare providers for safeguarding and protecting the welfare of children across Tower Hamlets.</li> <li>• Member of the LSCB and relevant sub-groups, representing NHS CB as well as TH CCG in this capacity</li> <li>• Ensuring staff and commissioners are aware of best practice</li> <li>• Delivering training to commissioners to ensure they understand their safeguarding responsibilities</li> <li>• Providing advice on and interpreting the monitoring of the safeguarding elements of contracts and service level agreements with commissioned services</li> <li>• Monitoring and reporting on the implementation of this policy</li> <li>• Advising commissioners on commissioning, investment and service redesign decisions in relation to safeguarding</li> <li>• Providing advice on and interpreting clinical governance and standards to named professionals within provider organisations</li> <li>• Providing specialist advice to independent contractors and third sector organisations and ensuring their safeguarding training needs are met.</li> <li>• Advises and supports TH CCG to understand safeguarding arrangements and to set up safeguarding systems</li> <li>• Providing safeguarding children supervision to the named and other safeguarding professionals across the cluster</li> <li>• Leading on quality assurance and improvement issues with an agreed annual calendar of audit.</li> <li>• Working in liaison with the TH CCG Governance Team to ensure quality assurance</li> <li>• Providing advice to TH CCG staff on how to respond to safeguarding concerns</li> <li>• As part of the Serious Case Review process, collating Individual Management Reviews (IMRs) from all involved health agencies and compiling a health overview report</li> <li>• Acts as the CCG named senior officer for allegations against staff</li> </ul>
Designated Professionals for Looked After Children	<p>The designated professionals take a strategic, professional lead on all aspects of the health service contribution to the care of Looked After Children within the commissioning remit of TH CCG. Their responsibilities include:</p> <ul style="list-style-type: none"> <li>• Ensure expert health advice on looked after children is available to children's social care, health care organisations, residential children's homes, foster carers, school nurses, clinicians undertaking health assessments and other health staff</li> <li>• Work with health service planners and commissioners to ensure there are robust arrangements to meet the health needs of looked after children placed outside the local area and ensure close working relationships with Local Authorities</li> <li>• Work with local service planners and commissioners to advocate on behalf of and ensure looked after children benefit as appropriate from the implementation of wider health policies</li> <li>• Work with commissioners and providers to gain the best outcome for the child/young person within available resources.</li> <li>• Work with other professionals taking a strategic overview of the</li> </ul>

	<p>service to ensure robust clinical governance of local NHS services for looked after children</p> <ul style="list-style-type: none"> <li>• Contribute to local children and young people’s strategies to ensure there is a system in place to check the implementation and monitoring of individual health plans</li> <li>• Advise and input into the development of practice guidance and policies for all health staff and ensure that performance against these is appropriately audited</li> <li>• Work with provider health organisations across the health community to ensure that appropriate training is in place to enable health staff to fulfil their roles and responsibilities for looked after children</li> </ul>
Human Resources Staff (provided by CSU)	<ul style="list-style-type: none"> <li>• Apply safer recruitment best practice and the policies in liaison with THCCG recruitment lead</li> <li>• Provide support to managers, directors and associate directors over allegations against staff in conjunction with the advice of the Designated Nurse Safeguarding Children</li> <li>• Co-ordinate any investigations into allegations against staff as necessary as</li> <li>• Follow Independent Safeguarding Authority procedures for reporting staff who have harmed individual parents / clients</li> </ul>
All staff	<ul style="list-style-type: none"> <li>• Any member of staff who in the course of their work comes into contact with children and families has a responsibility to know what to do if they encounter abuse or neglect, or are concerned that a child is at risk of harm.</li> <li>• All staff should be: <ul style="list-style-type: none"> <li>○ alert to potential indicators of abuse or neglect (at level 1 competencies)</li> <li>○ alert to the risks which individual abusers or potential abusers, may pose to children</li> </ul> </li> </ul>

### 3 Policy

#### 3.1.1 Strategies and policies

The other policies and strategies that together demonstrate how the organisation meets its statutory responsibility for safeguarding and promoting the welfare of children are:

- *THCCG Safeguarding Children through Commissioning Policy*
- Safer Recruitment policies of CSU  
Since TH CCG utilises the services provided by CSU in relation to recruitment process THCCG should refer to the CSU safer recruitment policies which covers references, employment history and checks on criminal records, occupational health, registration and qualifications, and right to work. They cover all staff - permanent, temporary, NHS approved agencies, contracted, self-employed or volunteer – and all roles.
- Where the CCG intends to use volunteers, invite celebrities or other visitors onto its premises it must ensure the appropriate safeguards are in place to ensure the safety of patients at all times by referring to the above safer recruitment policy.

## 4 Workforce

### 4.1.1 All Staff

All staff employed by the THCCG should have a clear understanding of their individual and the organisation's roles and responsibilities for safeguarding and promoting the welfare of children and be able to undertake these in an effective manner. This includes being trained and competent to be alert to potential indicators of abuse and neglect in children, and knowing what to do in response to concerns about the welfare of a child. Be aware and alert to the impact of commissioning related activities on the welfare of children.

### 4.1.2 Training

Different staff groups require different levels of competence depending on their role and degree of contact with children, young people and families, the nature of their work, and their level of responsibility. [The intercollegiate document, \*Safeguarding Children and Young People: roles and competencies for healthcare staff\*](#) (September 2010) provides a competency framework for safeguarding children training. It also identifies the type of training and frequency of refresher required for different members of staff. [The intercollegiate Role Framework for Looked After Children](#) (2012) provides a competency framework for health professionals in respect of their role with Looked After Children (LAC).

Assessments of staff needs will take place as a part of the annual appraisal.

THCCG will aim at 100% of staff being compliant with level 1 safeguarding children training in addition those directly involved in the commissioning of services will be required to attend a safeguarding through commissioning workshop.

THCCG governing body will receive annual safeguarding training and some members will also require to attend a safeguarding through commissioning workshop.

Safeguarding children training is a mandatory requirement for all TH CCG staff and consequently this is reflected in the workforce development programme.

See also:

- the [Common Core of Skills and Knowledge for the Children's Workforce \(2010\)](#)
- [Suggested Learning Outcomes for Target Groups in Training and Development](#) (DCSF 2006)

### 4.1.3 Designated Professionals

There is a statutory requirement for TH CCG to appoint a Designated Doctor and a Designated Nurse. See section 2 above for a description of their responsibilities.

The names and contact details of all the designated professionals are supplied to the NHS England (London) Safeguarding Lead.

The designated professionals' safeguarding responsibilities include advising the CCG in its duty to support improvements in the quality of primary medical care. These responsibilities include providing specialist advice and skilled professional involvement in safeguarding processes. They also play an important role in promoting, influencing and developing training to ensure the training needs of all relevant staff are met. Designated professionals ensure the CCG develop their

understanding of safeguarding arrangements and systems, advising and supporting in setting up systems, advising on service quality and providing specialist advice to commissions.

#### 4.1.4 Designated Professionals for Looked After Children

The designated doctor and nurse role is to assist THCCG in fulfilling its responsibilities as commissioner of services to improve the health of looked after children. Any job description is to be jointly agreed by the CCG; the principle health provider and the relevant local authority. The designated role is intended to be a strategic one in addition to being informed regarding the provision of care to individual children in such a way that informs quality and service development whilst also being separate from a direct clinical involvement with individual Looked After Children. The professionals may also provide a direct service to children and young people outside their designated role.

#### 4.1.5 Safeguarding children supervision

Safeguarding children supervision is aimed at staff working directly with children and families and those who themselves supervise staff working with children and families. It differs from clinical supervision focusing on the needs of the child and what must be done to make the child safe. Those providing safeguarding children supervision should have appropriate expertise, experience, knowledge and professional confidence.

The only staff in THCCG that need to receive safeguarding children supervision are the designated safeguarding professionals and designated nurse for Looked After Children. They are responsible for providing safeguarding children or LAC supervision to named professionals or others in provider organisations. In light of their direct involvement in safeguarding children cases and their supervisory responsibilities, safeguarding children supervision is made available and taken up by them on a regular basis.

Supervision of designated professionals is provided by someone 'from outside the employing organisation and funded by the employing organisation and provided by someone with safeguarding/child protection expertise' (Model JD s.13 b, *Safeguarding Children and Young People: roles and competencies for healthcare staff*).

The designated professionals' line manager is responsible for ensuring that the supervision provided to them is sufficient and effective, and that any training needs are identified and addressed.

#### 4.1.6 Allegations against staff

Chapter 15 of the *London Child Protection Procedures* should be followed whenever there is an allegation or concern that a member of staff in connection with their employment or voluntary activity, has:

- Behaved in a way that has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child
- Behaved towards a child or children in a way that indicates they are unsuitable to work with children (if they do so)

All allegations or concerns about a staff member's behaviour whether in the workplace or their home life must immediately be reported to Human Resources – who **must** inform the designated professional nurse for THCCG. Human Resources provide advice and support to managers, directors and associate directors and co-ordinate any investigations that may be necessary. The designated professional informs the relevant local authority designated officer (LADO) as soon as an allegation is received. The LADO will inform the Designated Professional of any health staff that

are the subject of child protection processes that they have been notified of by Children's Social Care.

The designated professional acts as the named senior officer within THCCG with overall responsibility for:

- Ensuring that the organisation deals with allegations in accordance with the London Child Protection Procedures. This will involve working with Human Resources and the individual's Director and line manager in relation to safely managing the member of staff
- Resolving any inter-agency issues
- Liaising with the Local Safeguarding Children Board (LSCB) on the subject.

The *London Child Protection Procedures* provide more information about the process to be followed including the following:

- How much information should be shared with the parent/s - and the child if sufficiently mature - about the processes involved, the progress and outcome of the case
- How much information should be shared with the accused person
- The need for confidentiality while an allegation is being investigated
- The action to be followed by a person first receiving or identifying an allegation or concern
- The initial considerations by the designated professional and the LADO
- The circumstances when a strategy meeting / discussion should take place and what it should cover
- The circumstances when the suspension of the staff member should be considered
- The disciplinary process
- Referrals to the Independent Safeguarding Authority

The London Child Protection Procedures also apply when TH CCG are informed of any allegations made against an independent contractor. In these circumstances the designated professional works closely with the Medical Director.

## 5 Safeguarding concerns

### 5.1.1 Making a referral

If a THCCG member of staff witnesses the abuse or neglect of a child, they must inform their line manager in the first instance. It may be helpful to consult the best practice guidance *What To Do If You're Worried a Child Is being Abused* (2006). This provides advice on what to do in response to concerns about a child's welfare.

If it is believed or suspected that the child has suffered - or is likely to suffer significant harm, or has developmental and welfare needs likely only to be met through the provision of family support services, a referral should be made to the local authority Children's Social Care Integrated Pathway and Support Team.

For more information see:

- Appendix 2 (How THCCG staff can refer a child protection concern within Tower Hamlets)
- Chapter 6 of the London Child Protection Procedures

The designated professionals are available to offer advice and support on child protection issues, and decide upon the necessity for a referral to Children's Social Care.

All referrals should be confirmed in writing, by the referrer, within 48 hours. If the referrer has not received an acknowledgement from Children's Social Care within three working days, they should contact them to clarify why.

## 5.1.2 Domestic abuse

The issue of children living with domestic abuse is now recognised as a matter for concern in its own right by both government and key children's services agencies. The Adoption and Children Act 2002 s.120 amended The Children Act 1989 definition of significant harm in Sect. 31 of the 1989 Act (care and supervision orders), to include: "impairment suffered from seeing or hearing the ill-treatment of another".

It is important that all health professionals are aware of the potential impact of domestic abuse on a child known to be living within such circumstances. Relevant staff should be adequately trained and supported to enable them to make routine enquiries of women who they treat or come into contact with as part of their practice.

Tower Hamlets LSCB have developed a local LSCB Guidance on safeguarding children at risk from domestic violence which must be followed in all cases where children are identified.

The following additional guidance is also available:

- London Safeguarding Children Board supplementary procedure for domestic violence.
- Responding to Domestic Abuse: a handbook for healthcare professionals, Improving Safety,
- Reducing Harm: a practical toolkit for frontline practitioners

## 5.1.3 Fabricated or Induced illness

The term 'Fabricated or Induced Illness' encompasses many different situations in which children are presented as 'sick' but where illness has arisen as a result of a parent/carers actions in inducing an illness or by fabricating an illness by telling a story of symptoms which lead Health Professionals to believe the child has an illness. These include five key forms of parent/carer behaviour:

- Pretence of illness (e.g. feigning symptoms)
- Fabrication of illness or medical history
- Inducement of illness
- Exaggeration of genuine illness
- Enforced invalidism

Further guidance is available within supplementary guidance "Safeguarding Children in Whom Illness is Fabricated or Induced" (2008) and the Royal College of Paediatrics and Child Health (RCPCH) report "Fabricated or Induced Illness by Carers: A Practical Guide for Paediatricians (2009).

## 5.1.4 Children not in the education system

It is a legal requirement that all children of school age receive an education. Any child of school age found not to be in the education system must be notified to Tower Hamlets Pupil Services using the appropriate Notification of a Child out of School form found at the following link [http://www.towerhamlets.gov.uk/lqsl/1-50/35\\_attendance\\_and\\_welfare.aspx#missingchildren](http://www.towerhamlets.gov.uk/lqsl/1-50/35_attendance_and_welfare.aspx#missingchildren)

## 5.1.5 Children who present at health settings who have run away from home or a Local Authority Care Home

Healthcare staff have a responsibility to inform the Police (999) and the Local Authority (Inter-agency referral form) if they are aware that a child / young person has run away from home or a

Local Authority Care Home. Further guidance is available at: DCSF 2009, [London Child Protection Procedures](#) (2010 until revised in 2013)

### 5.1.6 Response to concerns being expressed about a child

If a member of the public contacts a member of staff with information regarding the possible abuse of a child, they should be encouraged to contact the local authority Children's Social Care team direct.

Details of the incident should be recorded and the member of staff should also telephone Children's Social Care to check that the information has been received. They must make clear that they are relaying information from a third party.

## 6 Information sharing

Effective information sharing is central to safeguarding and promoting the welfare of children. The safety and welfare of children is of paramount importance, and sharing confidential information about a child or parent without consent may be carried out if this is in the public interest - such as the protection of a child from harm or the promotion of child welfare.

Advice given in the following guidance should be followed:

- *Information Sharing: Guidance for practitioners and managers* (DCSF 2008)
- *The London Health and Social Care Inter Organisational General Protocol For Sharing Information* (2008)
- *Any local Information Sharing Agreements*

The Caldicott Guardian is critical in facilitating and enabling the sharing of information, and advising on options for lawful and ethical processing of information.

## 7 Partnership working

### 7.1.1 Local Safeguarding Children Board (LSCB)

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

THCCG is represented on the LSCB via a minimum of designated professional attendance and when possible the Board Lead. The designated professionals are members the LSCB main and executive boards and actively involved within the LSCB sub-groups. The designated professionals also attend LSCB on behalf of NHS England.

### 7.1.2 Serious Case Reviews

Serious case reviews (SCRs) are conducted in accordance with Chapter 8 of *Working Together to Safeguard Children* (2010) and chapter 19 of the *London child protection procedures* (2010). The purpose of SCR is for agencies and individuals to learn lessons to improve the way in which they work both individually and collectively to safeguard and promote the welfare of children.

When a child has died and abuse or neglect is known or suspected, the LSCB will undertake a Serious Case Review (SCR). They will also consider if a SCR should be conducted in other circumstances where the child has been seriously harmed and there is cause for concern as to the way agencies have worked together to safeguard the child.

The designated professionals are responsible for liaising with members of the Governance team to ensure that a STEISS form is completed, and that NHS England (London) and the CQC are informed.

As part of the SCR process, Individual Management Reviews (IMRs) are written by each agency involved to look openly and critically at individual and organisational practice. Named safeguarding professionals within the main providers are usually responsible for conducting their organisation's IMRs.

The designated professionals may write a health overview IMR that pulls together all the healthcare provider reports into a single document if deemed necessary. This is then used to inform the SCR overview report.

If considered to be necessary the completed Health Overview IMR should be signed off by the THCCG Accountable Officer. (This section will be updated following more clarity from the revised London Procedures and TH LSCB framework for conducting reviews later in 2013)

### 7.1.3 Child Death Reviews

In line [Working Together Guidance 2013](#) and chapter 12 of the *London child protection procedures* (2010) each LSCB has a Child Death Overview Panel (CDOP) sub-committee.

The CDOP is responsible for:

- 'Collecting and analysing information about the deaths of all children in their area with a view to identifying:
  - i) any matters of concern affecting the safety and welfare of children in the area of the authority, including any case giving rise to the need for a Serious Case Review;
  - ii) any general public health or safety concerns arising from deaths of children.
- Putting in place procedures for ensuring that there is a co-ordinated response by the authority, their Board partners and other relevant persons to an unexpected death of a child.'

The CDOP has a permanent core membership drawn from LSCB member organisations. Health representation on the Panel should include as a minimum a professional from Public Health, THCCG are responsible for ensuring there is a designated paediatrician for unexpected deaths in childhood. Health related learning will be integrated in to relevant programme boards via feedback from CDOP meetings in THCCG Safeguarding meeting.

### 7.1.4 Media enquiries

From time to time it is likely that the media will make enquiries about issues in which the organisation is involved such as a child death, a Serious Case Review or criminal proceedings. It is essential that LSCB, Metropolitan Police and THCCG and CSU media handling protocols are followed in these circumstances. For example in the event of a SCR the CCG should state that media attention and enquiries will be managed by the Local Safeguarding Children Board. In the event of criminal proceedings this should be in collaboration with the Metropolitan Police press office.

Any media enquiry received within THCCG that relates to a child protection or safeguarding issue should be directed to the Head of Engagement who should inform Communications CSU and consult the designated professionals for advice.

### 7.1.5 Resolving disagreements and whistleblowing

The *London Child Protection Procedures* set out a conflict resolution process for when there are concerns or disagreements over another professional's decisions, actions or lack of actions. This involves attempting to resolve differences through discussion and/or a meeting within set timescales. If this is unsuccessful, input is sought through the providers' line management or

directly from one of the designated professionals. 'In the unlikely event that the issue is not resolved by the steps described above and/or the discussions raise significant policy issues, the matter should be referred urgently to the LSCB for resolution.' (*London Child Protection Procedures* para. 18.5.3).

If anyone has a concern or disagreement over decisions, actions or lack of actions that relate to Health – particularly any that raise significant policy issues – they should refer the matter to NHS London for resolution. The TH CCG Whistleblowing Policy provides an alternative method of reporting concerns about another professional's decisions, actions or lack of actions.

## 8 Monitoring, audit and evaluation

<b>What standards / key performance indicators will you use to confirm this document is working / being implemented</b>	<b>Method of monitoring</b>	<b>Monitoring information prepared by</b>	<b>Minimum frequency of monitoring</b>	<b>Monitoring reported to</b>
<i>A wide variety of standards and indicators set by each LSCB to confirm that in discharging its functions, TH CCG has regard for the need to safeguard and promote the welfare of children</i>	<i>Section 11 audit (Section 11 of the Children Act 2004)</i>	<i>Designated Professionals</i>	<i>Annually</i>	<i>Safeguarding and Commissioning Group,  Each LSCB</i>
<i>As set by the NHS Chief Executive in July 2009 (the 'Nicholson letter')</i>  <i>See</i> <a href="http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_102865.pdf">http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_102865.pdf</a>	<i>Public declaration of safeguarding children arrangements posted on TH CCG website</i>	<i>Designated Professionals</i>	<i>Annually</i>	<i>Safeguarding and Commissioning Group  THCCG Board</i>
<i>As set out in the NHS London 'PCT Safeguarding Children Annual Report Template'</i>  <i>See Appendix 1</i>	<i>Safeguarding Children Annual Report (one for each borough and summary for Cluster)</i>	<i>Designated Professionals</i>	<i>Annually - with a 6-monthly update</i>	<i>Safeguarding and Commissioning Group  THCCG Board</i>
<i>As set out in the TH CCG Safeguarding Children Dashboard for Commissioners</i>	<i>Performance management dashboard to inform Board reports</i>	<i>Quality and Clinical Governance team</i>	<i>Quarterly</i>	<i>Safeguarding and Commissioning Group  THCCG Board</i>

## 9 Equality Impact Assessment

## 10 References

*TH CCG Safeguarding Children through Commissioning Policy*

*Statutory guidance on making arrangements under section 11 of the Children Act 2004*

Internet link:

<https://www.education.gov.uk/publications/eOrderingDownload/DFES-0036-2007.pdf>

*Working Together to Safeguard Children (2013)*

Internet link:

<https://www.education.gov.uk/publications/eOrderingDownload/Working%20Together%202013.pdf>

*The London Child Protection Procedures (2010)*

Internet link:

<http://www.londonscb.gov.uk/procedures/>

*Commissioning services for women and children who experience violence or abuse - a guide for health commissioners (2011)*

Internet link:

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_125938.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_125938.pdf)

*Safeguarding Children and Young People: roles and competencies for healthcare staff ('the Intercollegiate Document')*

Internet link:

[http://www.rcpch.ac.uk/sites/default/files/Safeguarding%20Children%20and%20Young%20people%202010%20final\\_v2.pdf](http://www.rcpch.ac.uk/sites/default/files/Safeguarding%20Children%20and%20Young%20people%202010%20final_v2.pdf)

Looked after children: Knowledge, skills and competence of health care staff Intercollegiate Role Framework, Published by the Royal College of Nursing and the Royal College of Paediatrics and Child Health May 2012

[http://www.rcpch.ac.uk/system/files/protected/page/RCPCH\\_RCN\\_LAC\\_2012.pdf](http://www.rcpch.ac.uk/system/files/protected/page/RCPCH_RCN_LAC_2012.pdf)

*NHS London letter, 20 November 2009*

*Common Core of Skills and Knowledge for the Children's Workforce*

Internet link: <http://www.cwdcouncil.org.uk/common-core>

*Suggested Learning Outcomes for Target Groups in Training and Development*

Internet link:

[http://www.cyps.org.uk/commissioning\\_performance\\_support/service\\_development/2009/03/25/tier%20%20-%20learning%20outcomes.pdf](http://www.cyps.org.uk/commissioning_performance_support/service_development/2009/03/25/tier%20%20-%20learning%20outcomes.pdf)

*What To Do If You're Worried a Child Is being Abused (2006)*

Internet link:

<https://www.education.gov.uk/publications/eOrderingDownload/6840-DfES-IFChildAbuse.pdf>

*Information Sharing: Guidance for practitioners and managers*

Internet link:

<https://www.education.gov.uk/publications/standard/publicationdetail/page1/DCSF-00807-2008>

*The London Health and Social Care Inter Organisational General Protocol For Sharing Information*

*'Safeguarding Children and the Care Quality Commission Review' - David Nicholson letter of 16 July 2009*

Internet link:

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_102865.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_102865.pdf)

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## THCCG Safeguarding Children Annual Report Template

### **Purpose**

The purpose of this template is to provide PCTs with advice on producing annual reports to the Board, supporting the development of effective accountability and enabling a reporting mechanism to the LSCB and or the Children's Trust.

### **Context – Why should a safeguarding annual report be necessary?**

As a major partner of the children's network and key service provider for children and their families across the health economy, it is important that the NHS is seen to be taking their statutory responsibilities seriously. They need to mirror best practice, and demonstrate transparency and accountability to their Boards, NHS London and to other strategic partnerships, for example the local LSCB and Children's Trust. As well as being submitted to the Trust Board, the report should be published as a public document.

The report should focus on achievements but also clearly identify where more progress needs to be made. Annual reports should provide an honest assessment of the local safeguarding arrangements and identify clearly the challenges to be addressed and overcome.

### **Content of the Report**

The following is not exclusive. It is intended as guidance for PCTs on the areas they may wish to consider including in these reports. The report could be accompanied by a borough profile and safeguarding dataset.

Section	Suggested content
1. Summary	<ul style="list-style-type: none"><li>■ What were the key priorities which had been identified for the PCT this year and why have these been identified as priorities?</li><li>■ Key areas of progress and achievements in relation to these priorities (and others which may have emerged during the year) with evidence of improved outcomes.</li><li>■ Remaining challenges and issues for the PCT and issues to be addressed.</li></ul>

	<ul style="list-style-type: none"> <li>▪ Any significant local issues on safeguarding for the Trust e.g. SCRs, messages from inspection, messages from improvement visits, new safeguarding personnel or service developments.</li> </ul>
<p><b>2. Governance and accountability arrangements</b></p>	<p>How has the PCT ensured it has operated effectively during the year? e.g.</p> <ul style="list-style-type: none"> <li>▪ Role, function and structure of the safeguarding arrangements (including commissioning arrangements).</li> <li>▪ Safeguarding representation on the Trust Board</li> <li>▪ Safeguarding representation on the LSCB, sub-Committees and Children’s Trust (in line with statutory guidance).</li> <li>▪ Summary of attendance on LSCB’s and Children’s Trust Boards (including sub groups)</li> <li>▪ Financial arrangements for safeguarding, within PCT and for supporting multi-agency priorities.</li> </ul>
<p><b>3. Monitoring and evaluation/quality assurance activity</b></p>	<p>What has the PCT done during the year to monitor and evaluate local safeguarding arrangements?</p> <p>What did this activity tell the Trust about the effectiveness of the arrangements to safeguard children and what has been done as a result of the findings? e.g.</p> <ul style="list-style-type: none"> <li>▪ Providing a summary of the children’s work-force – and vacancy rates.</li> <li>▪ Audit priorities that were agreed for the year and why they were identified as priorities.</li> <li>▪ Summary of quality assurance activity undertaken during the year, what did it tell the Trust about local safeguarding arrangements: <ul style="list-style-type: none"> <li>- Use of safeguarding data (score cards and dashboards, training activity – CRB rates )</li> <li>- Embedding the learning from serious case reviews, and implementation of action.</li> <li>- Status of any safeguarding action plans</li> <li>- Views of service users or staff and or partners</li> <li>- Outline of safeguarding children service risks identified</li> <li>- Safeguarding children complaints.</li> </ul> </li> <li>▪ NHS safeguarding priorities and or priority groups of children and young people identified locally.</li> <li>▪ Areas of strength and areas requiring improvement, including how they will be addressed.</li> <li>▪ Evidence of safeguarding activity impacting on outcomes.</li> <li>▪ Evidence of how equalities issues are being addressed</li> </ul>

<p><b>4. Progress on priority policy areas</b></p>	<p>What has been progressed locally during the year in response to national expectations and local need, what impact has this activity made to local arrangements and outcomes for children and young people, how will this be progressed further next year?</p> <ul style="list-style-type: none"> <li>▪ Policy and practice developments</li> <li>▪ Workforce and safer recruitment developments</li> <li>▪ Child Death Review arrangements</li> <li>▪ Violence against women and children (chronic and acute) strategy and arrangements</li> <li>▪ Accident prevention</li> <li>▪ Safeguarding for Adult Mental Health/ Learning Difficulties &amp; Disabilities/ Drugs &amp; Alcohol Services</li> </ul>
<p><b>5. Priorities for the following year</b></p>	<p>What are the identified safeguarding priorities for the next year and indicative ways forward?</p>

Briony Ladbury  
Senior Strategic Safeguarding Children Advisor  
NHS London

14<sup>th</sup> April 2010

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## 12 Appendix Two

### Appendix Two - How THCCG staff can refer a child protection concern within Tower Hamlets

Safeguarding children is everyone's responsibility. As an employee of THCCG you have an individual duty under the [Children Act 1989](#) and [Children Act 2004](#) to act if you are concerned about the welfare of a child or children. This may be a child you either work directly with, are informed about or who you come across in the course of your work activities e.g. an incident witnessed on THCCG or other NHS premises. Outside of your work role you have a public duty to act to safeguard a child or children if you are concerned about their welfare.

As an employee you need to be aware of the following definitions regarding statutory requirements for intervention:

#### Children in need

A child is defined as being 'in need' if:-

- 'he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority...
- his health or development is likely to be significantly impaired, or further impaired, without the provision for them of such services
- he is disabled'

([Children Act 1989](#) sect. 17)

Health staff have a duty to notify Children's Social Care of any child/children they deem to be children in need.

#### Children who are suffering or are likely to suffer significant harm

A child is defined as being in need of protection if:

'there is reasonable cause to suspect that a child is suffering, or is likely to suffer significant harm' ([Children Act 1989](#) sect. 47). The definition of significant harm was amended under the Child Adoption Act 2002 to include: 'impairment suffered from seeing or hearing the ill-treatment of another' ([Adoption and Children Act 2002](#) sect. 120)

Where there are clear allegations, evidence, or strong suspicion of abuse, there must be **NO DELAY** in making a referral to Children's Social Care. When making a referral as a health employee you will be required to specify your role and your work relationship with the child you are concerned about along with the detail of your concern.

#### Who to contact:

If your concern stems from activity within the London Borough of Tower Hamlets and you believe the subject of your concern is a Tower Hamlets resident you should make your referral to the **Integrated Pathways and Support Team** on **Tel: 020 7364 2972 / 2904 / 5601 / 5606, Fax: 0207 364 2655. Outside of office hours (17.00 - 09.00, weekends and bank holidays): Tel: 0207 364 4079.**

If you are unsure what to do given your concern, you can seek advice from either Rob Mills, Nurse Consultant Safeguarding Children [rob.mills@towerhamletsccg.nhs.uk](mailto:rob.mills@towerhamletsccg.nhs.uk) or **Tel: 0795148942** or Dr Owen Hanmer [owen.hanmer@nhs.net](mailto:owen.hanmer@nhs.net) or **Tel: 07961 101943**. If you need advice out of hours then contact the BLT switch board **Tel: 0207 377 7000** and ask for the on call child protection advice contact.

#### Concerns about children identified out of work contexts:

If your concern about a child stems from a non-work related activity i.e. in the neighbourhood where you live you can make an anonymous referral to your Local Authority Children's Social Care department, contact the Police **Tel: 999** or the NSPCC Tel: **0808 800 5000**, however wherever possible it is better to give your name.