



**Somerset**  
***Clinical Commissioning Group***

**SAFEGUARDING CHILDREN STRATEGY**

**2018 – 2021**

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# SAFEGUARDING CHILDREN STRATEGY

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<b>1</b>	<b>05.01.2018</b>	Amendment to the following sections made as a result of feedback from consultation: 1.1, 1.2, 4.1, 4.2 and Appendix 2.
<b>2</b>	<b>25.10.2018</b>	Amendment to appendices due to changes in safeguarding children element within NHS standard contracts.

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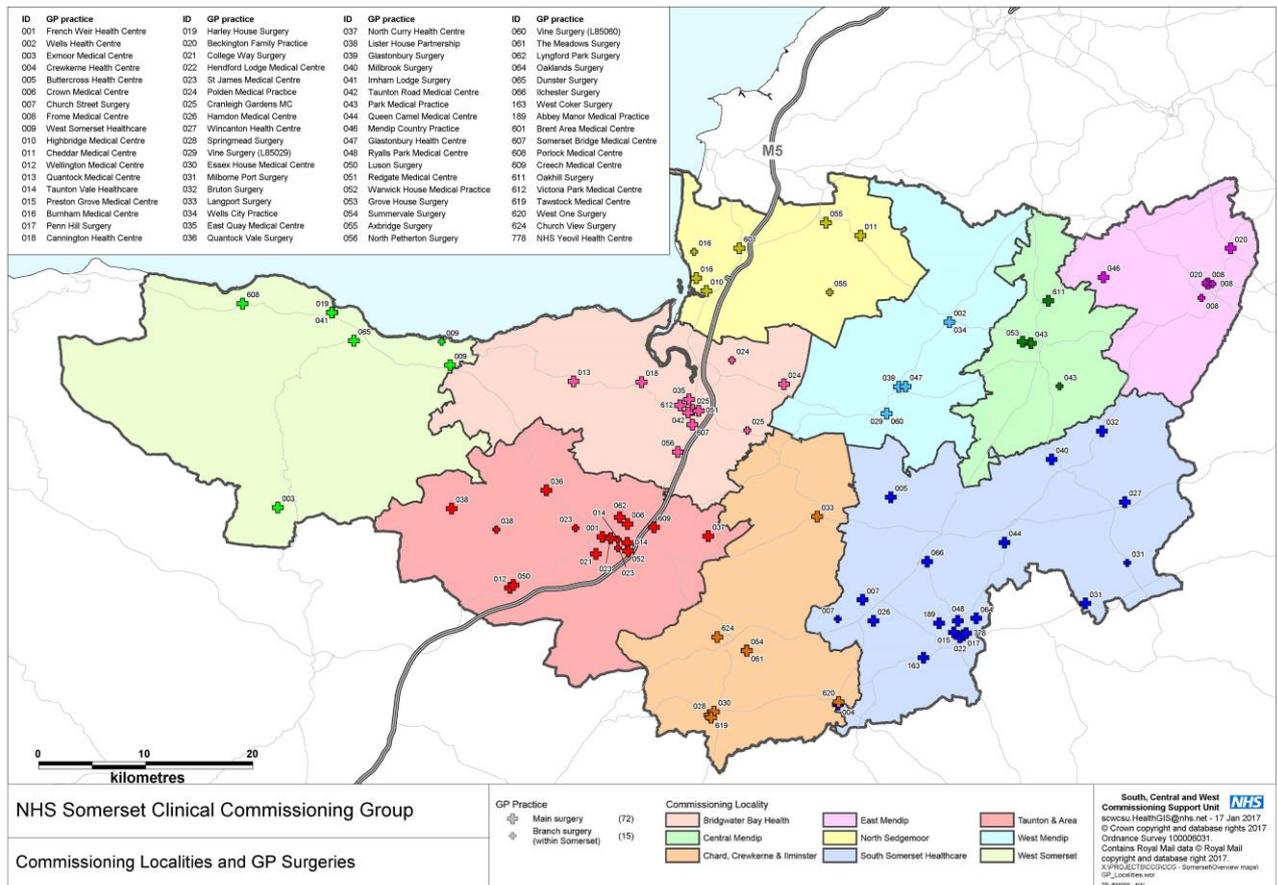
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# SAFEGUARDING CHILDREN STRATEGY

## 1 INTRODUCTION

1.1 Somerset Clinical Commissioning Group (Hereafter referred to as ‘the CCG’) is a membership organisation of the 70 GP practices in Somerset. GPs from these practices are the clinical commissioners responsible for commissioning hospitals, mental health services and community health care across the county.

1.2 The geographical area covered by the Clinical Commissioning Group is fully coterminous with the Local Authority (Somerset County Council) and District Councils (Sedgemoor, West Somerset, South Somerset and Mendip) and Taunton Deane Borough Council. Member practices are located within the Local Authority boundary, and can align themselves to one of nine Commissioning Localities as depicted:



1.3 This strategy sets out the strategic approach required to ensure safe and effective safeguarding children services are in place. It must be read in conjunction with the CCG Safeguarding Children Policy, as it does not include details of procedural and operational practice required for the management of safeguarding and promoting the welfare of children. These are detailed within the [CCG Safeguarding Children Policy \(2017\)](#) and associated local, regional and national safeguarding children policies, procedures and guidance.

## **2 NATIONAL POLICY AND STATUTORY REQUIREMENTS**

- 2.1 Section 11 of the Children Act 2004 places a legal duty on all health organisations to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children. All health organisations are required to have in place arrangements that reflect the importance of safeguarding and promoting the welfare of children
- 2.2 Requirements placed on the CCG, with regard to safeguarding and promoting the welfare of children, are further outlined in key national guidance and legislation detailed in full in Appendix 2. The guidance and legislation listed set out clearly the safeguarding roles, duties and responsibilities of all organisations commissioning NHS health and social care, and affect how the CCG commission, manage and monitor services.

## **3 LOCAL CONTEXT**

- 3.1 **Somerset Children and Young People's Plan 2016-2019**  
[The Children and Young People's Plan](#) has been developed with children and young people themselves, and with partners, which includes the CCG, through the [Somerset Children's Trust](#) (SCT). The plan sets out the vision of all partners to ensure that we know we are providing the best start and support for our children, builds on improvements already underway and identifies the next steps.
- 3.2 **Somerset Health and Wellbeing Board (HWB) priorities 2012-2018**  
The [Health and Wellbeing Strategy](#) sets out a shared vision and three themes for improving health and wellbeing in Somerset. The three priorities for Health and Wellbeing in Somerset are:
- People, families and communities take responsibility for their own health and wellbeing.
  - Families and communities are thriving and resilient.
  - Somerset people are able to live independently.
- 3.3 **Somerset Safeguarding Children Board priorities 2017-2019**  
[The SSCB Business Plan 2017-2019](#) sets the strategic direction and commitment of the SSCB in ensuring that children and young people in Somerset are effectively safeguarded, properly supported and their lives are improved by everyone working together. It underlines the statutory objectives of the SSCB to co-ordinate and ensures the effectiveness of safeguarding arrangements with priorities set for 2017/18.
- 4 **PURPOSE OF THE STRATEGY**
- 4.1 The role of the CCG is to gain assurance from all commissioned services; both NHS and independent health care providers, that systems and processes are in place to safeguard and promote the welfare of all children and young people, and these are being continuously improved on.

4.2 The CCG recognises that all children have a right to protection from abuse and neglect, and accepts its responsibility to safeguard the welfare of all children. It is the responsibility of everyone to safeguard and promote the welfare of unborn babies, children and young people. Safeguarding and promoting the welfare of children is defined in the CCG's Safeguarding Children policy.

4.3 This strategy outlines the framework for ensuring that safeguarding and promoting the welfare of children is included in all aspects of the CCG's commissioning responsibilities. Safeguarding arrangements in place within the CCG for both children and adults are also detailed within the CCG's [constitution](#).

## 5 DEFINITION AND SCOPE OF SAFEGUARDING CHILDREN

5.1 The Children Act 1989 defines a child as anyone that has not yet reached their 18<sup>th</sup> birthday. The term safeguarding and promoting the welfare of children is defined in [Working Together to Safeguard Children \(2018\)](#) as:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes

## 6 RESPONSIBILITIES AND ACCOUNTABILITIES

The CCG's safeguarding children team structure is outlined in Appendix 1.

### 6.1 Chief Officer

The Chief Officer holds the overall accountability for the safeguarding of children, young people and adults at risk.

### 6.2 The Director Quality and Nursing / Executive Lead for Safeguarding

The Director Quality and Nursing has delegated responsibility for the safeguarding of children, young people and adults at risk; and the delivery of the CCG Safeguarding Children Strategy and Safeguarding Children Policy.

### 6.3 Designated Doctors and Designated Nurses for Safeguarding Children

The Designated Doctors and Designated Nurses for Safeguarding Children as clinical experts and strategic leaders, take a professional lead on all aspects of the health service contribution to safeguarding children across the area, providing support to all providers and linking particularly with named safeguarding health professionals, local authority children's services,

and Local Safeguarding Children's Boards (LSCBs) /the safeguarding panel of the health and social care trust, and the NHS Commissioning Board.

#### 6.4 **Designated Doctor and Designated Nurse for Children Looked After (CLA)**

The Designated Doctor and Designated Nurse for CLA provide strategic advice to commissioners / service planners in relation to meeting the needs of Children Looked After and Care Leavers, supporting all activities necessary to ensure that organisations within the health community meet their responsibilities for CLA.

#### 6.5 **Designated Paediatricians Child Death**

The Child Death Review Process is outlined in Chapter 5 in 'Working Together to Safeguarding Children' (HM Government 2018). The overall purpose is to understand how and why children and young people die, identify any interventions or improvements to services which may help to prevent future deaths and/or improve experiences for children and families receiving services. The Designated Doctors for Child death take a strategic and professional lead in relation to the Child Death Review Process.

All Designated professionals listed above for safeguarding children, children looked after and child death are required to work closely with the provider Trusts' Named professionals to develop and improve practice within and between organisations.

#### 6.6 **Named GP Safeguarding Children**

The Named GP Safeguarding Children provides specialist safeguarding children advice and support to Primary Care staff, Independent contractors, and all other NHS Providers to ensure they understand their responsibilities in relation to safeguarding and promoting the welfare of children, working collaboratively with the CCG Safeguarding children team.

In 2009 the Care Quality Commission (England) advised that "Each practice should have a nominated lead and deputy lead to promote this work (child protection and safeguarding children)". There is an established network of safeguarding children lead GPs in every practice within Somerset, who are supported by the CCG's Safeguarding Children Team.

### 7 **SOMERSET CCG SAFEGUARDING CHILDREN STRATEGIC OBJECTIVES**

**The CCG's key strategic objectives are:**

#### 7.1 **To provide senior and board-level leadership:**

- Senior CCG leadership responsibility and lines of accountability for the CCG and health care providers with Somerset are routinely shared with staff and members of the CCG, as well as external partners.

- Membership of Somerset Safeguarding Children Board (SSCB) and of relevant sub groups.
- Work in partnership with all agencies within Somerset to undertake the work of the SSCB, including delivery of the Business Plan.
- Support individuals in contributing to, and influencing the work of the SSCB and its subgroups.
- Ensure that local and national safeguarding policies, procedures and legislation are implemented into practice, and are effectively meeting the needs of the local population.

## 7.2 **To ensure that robust and effective safeguarding arrangements are in place**

- The CCG have assurances processes in place (See Appendix 6), to ensure that all commissioned services are able to demonstrate that they have in place systems and processes to safeguard and promote the welfare of children, under Section 11 of the Children Act.
- To ensure that the CCG, it's members, commissioned health providers and partner agencies fulfil their statutory requirement to participate in Multi-Agency Reviews, Single Agency Reviews, Learning Reviews and Serious Case Reviews.
- To ensure that all commissioned health providers represent their organisations at the safeguarding children board sub groups; actively contributing to the work undertaken with partners and sharing the learning within their organisation.
- Support staff and members of the CCG, commissioned health providers and partner agencies to contribute to, and be involved in, the development of new multi-agency safeguarding arrangements to be put in place.
- Provider organisations will report their compliance with the standards contained in this document through their annual safeguarding report (Appendix 3).
- Providers organisations report on Safeguarding Children activity in the safeguarding children Dashboard using the template in Appendix 4.
- **Key safeguarding standards (Appendix 6)**
  - Standard 1: Governance and Commitment to Safeguarding Children & Young People
  - Standard 2: Policies, Procedures and Guidelines
  - Standard 3: Training, Skills and Competences
  - Standard 4: Supervision and Reflective Practice
  - Standard 5: Multi-Agency Working
  - Standard 6: Reporting Serious Incidents
  - Standard 7: Engaging in Serious Case Reviews
  - Standard 8: Safe Recruitment and Retention of Staff, including Volunteers
  - Standard 9: Managing Safeguarding Children Allegations Against Members of Staff
  - Standard 10: Engaging Children and their Families

## 7.3 **To commission safe services**

- Have a clear strategy for Children Looked After (CLA) and the commissioning of appropriate services to meet the needs of CLA.
- Strengthen contractual arrangements for children looked after in 'out of area' provision, including Unaccompanied Asylum Seeking Children (UASC), and or / residential care for children with some elements of specialist health need.
- Ensure that all aspects of safeguarding children work and practice are considered and incorporated into all existing provider contracts, service specifications and Service Level Agreements.
- The CCG will ensure that services we commission safeguard and promote the welfare of children and young people with Special Educational Needs or Disabilities (SEND).
- Service developments take account of the need to safeguard unborn babies, children, young people, adults and their families, and are informed where appropriate, by the views of service users and by a Quality Impact Assessment.
- Processes in place to ensure that child placements funded by partners, including the CCG, are based on knowledge of standards of care and safeguarding children concerns. Utilising intelligence from monitoring partners; such as the local authority, Ofsted and Care Quality Commission (CQC) is key to this process.
- Processes in place to disseminate, monitor and evaluate outcomes of all multiagency case reviews, single agency reviews, and serious case reviews (SCR). This includes recommendations and actions plan for the CCG, members and providers.
- Ensure that there are effective arrangements for sharing information between the CCG, its members, commissioned providers and partner agencies to ensure the welfare of children is safeguarded and promoted.
- In partnership with the contract leads, performance leads and quality leads the CCG's safeguarding children team will ensure the compliance of providers with statutory and legislative guidance in relation to safeguarding children. This is monitored through the Quality and Performance dashboard, safeguarding children dashboard, contract meetings and Clinical Quality Review Meetings.
- The provider organisation has a responsibility to respond to any identified breach or inability to meet safeguarding children standards included in contracts by developing an action plan (must be SMART - Specific, Measurable, Achievable, Realistic and Time scaled) to rectify the issue.

## **8. DELIVERY OF THE STRATEGY**

- 8.1 Each strategic objective will have responsible leads identified through the safeguarding children work plan. This work will include additional activities as required through any review processes or changes to local and national guidance and requirements.

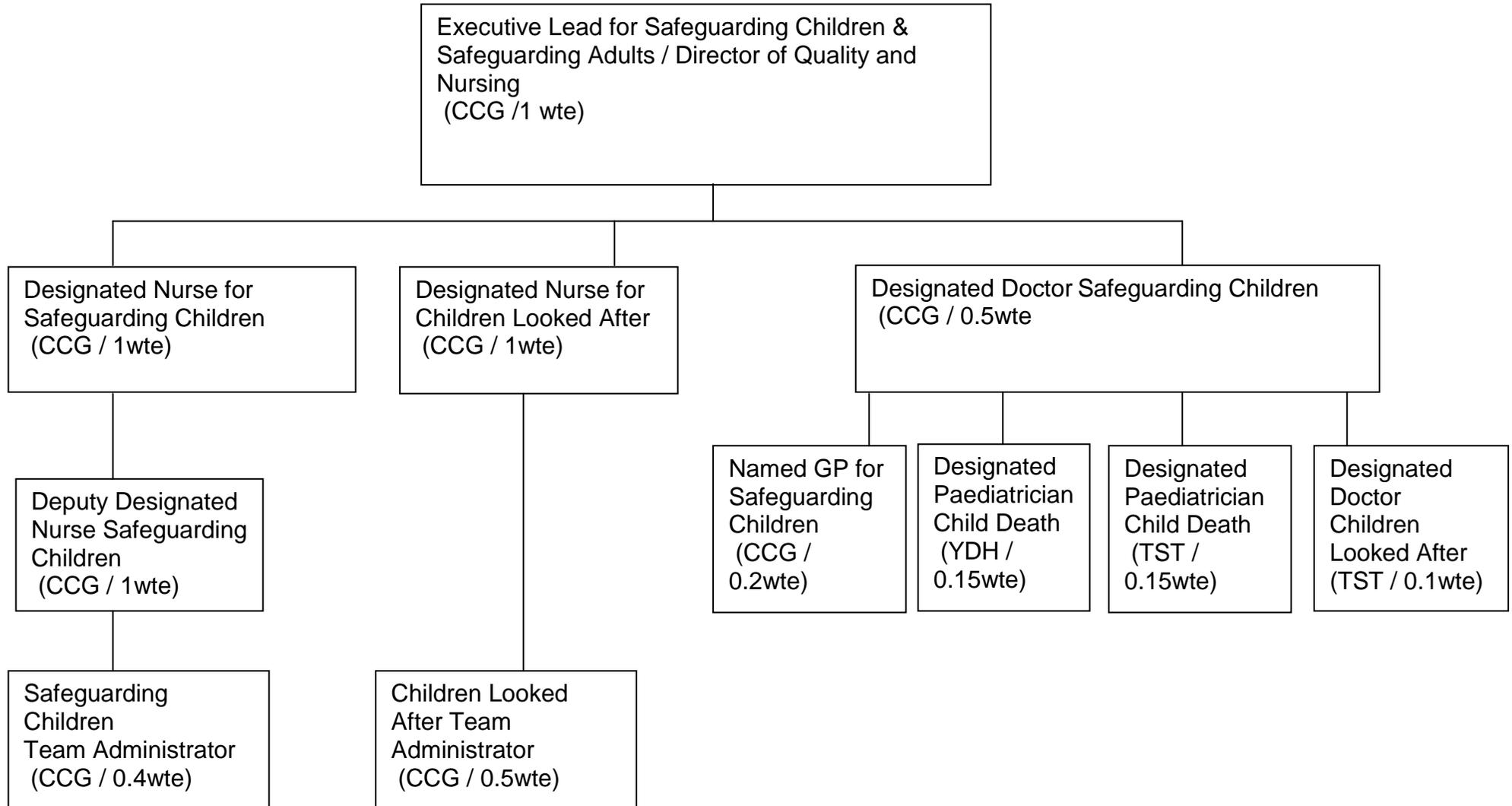
- 8.2 The CCG's Designated and Named Professionals for Safeguarding Children, Children Looked After and Child Death have the authority to work with all partners within Somerset, to influence and shape the culture and practice within the CCG, provider services and partner agencies.
- 8.3 The CCG will, through the Designated Professionals and the Executive safeguarding children lead, work alongside CCGs and Safeguarding Children Boards at a regional and national level to ensure that robust and effective multi-agency systems and processes are in place to safeguard and promote the welfare of children.

## **9. MONITORING ASSURANCE**

- 9.1 The safeguarding children strategy will be monitored through the CCG Patient Safety and Quality Assurance Committee and the Governing Body. Through the safeguarding children quarterly and annual reports provided by the CCG's safeguarding children team, an update is provided on the progress of the safeguarding children work plan.
- 9.2 Comprehensive service specifications for children services, of which safeguarding children is a key component, will be evident in all contracts with provider organisations.
- 9.3 Service specifications will include clear safeguarding children service standards (Appendix 6), consistent with local, regional and national policies and procedures.
- 9.4 Service specifications and service level agreements are reviewed annually to ensure safeguarding children and quality elements within provider contracts are monitored.
- 9.5 Contract monitoring is achieved through monthly contract commissioning management meetings and quarterly virtual Clinical Quality Review Meetings (CQRMs). Safeguarding children is a key element of this process.
- 9.6 Key safeguarding children priorities are reported on by providers through quarterly and annual reports to the Clinical Quality Review Meeting, supported by the submission of a comprehensive safeguarding children dashboard (Appendix 4)
- 9.7 Safeguarding children quality assurance visits to commissioned services and the collation of quality and safeguarding data and intelligence provides assurances regarding the robustness of provider's systems and processes that safeguard and promote the welfare of children.

APPENDIX 1: SAFEGUARDING CHILDREN TEAM STRUCTURE

**SAFEGUARDING CHILDREN TEAM**



## APPENDIX 2: NATIONAL GUIDANCE, STANDARDS AND LEGISLATION

The following guidance, standards and legislation will also govern how the CCG commission, manage and monitor services:

- [Children Act 1989](#)
- [The United Nations Convention on the Rights of the Child 1992](#)
- [The Human Rights Act 1998](#)
- [Data Protection Act 1998](#)
- [Children Act 2004](#)
- [Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004](#)
- [Safeguarding Vulnerable Groups Act 2006](#)
- [HM Government \(2007\) 'Making arrangements to promote the welfare of children under section 11 of the Children Act 2004](#)
- [Equality Act 2010](#)
- [GMC Protecting Children and Young People: the responsibilities of all doctors 2012](#)
- [Who Pays? Determining responsibility for payments to providers 2013](#)
- [Quality standard 31 \(QS31\) Looked after children and young people. NICE. 2013](#)
- [Department of Health and Social care. The functions of Clinical Commissioning Groups: Updated to reflect the final Health and Social Care Act 2012.](#)
- [NHS Outcomes Framework 2014](#)
- [Public Health Guidance \(PH50\) Domestic violence and abuse: multi-agency working. NICE 2014](#)
- [Children and Families Act 2014](#)
- [Safeguarding children and young people: roles and competences for health care staff, intercollegiate document 2014](#)
- [Looked after children: knowledge, skills and competence of health care staff 2015](#)

- [Public Health Guidance \(PH28\) Looked After Children and young people. NICE 2015](#)
- [NHS England Mental Capacity Act 2005: A Guide for Clinical Commissioning Groups and other commissioners of healthcare services on Commissioning for Compliance. 2014](#)
- [NHS England Safeguarding Vulnerable People in the NHS: Accountability and Assurance Framework 2015](#)
- [HM Government. Promoting the Health and Well-being of Looked After Children 2015](#)
- [Special educational needs and disability code of practice: 0 to 25 years 2015](#)
- [Care Quality Commission. Not Seen, Not Heard: A review of the arrangements for child safeguarding and health care for looked after children in England. 2016](#)
- [NHS England. Service standards for commissioning Female Genital Mutilation \(FGM\) care](#)
- [Care Quality Commission and Ofsted. Special Educational Needs and Disability \(SEND\) inspection handbook. 2016](#)
- [Child abuse and neglect. NICE guideline \(NG76\) 2017](#)
- [Guidance for joint targeted area inspections \(JTAI\) on the theme: children living with neglect. 2017](#)
- [Guidance for joint targeted area inspections \(JTAI\) on the theme: children living with domestic abuse. 2018](#)
- [Guidance for joint targeted area inspections \(JTAI\) on the theme: child sexual exploitation, children associated with gangs and at risk of exploitation, and children missing from home, care or education. 2018](#)
- [Joint targeted area inspections: framework and guidance 2018](#)
- [HM Government. Working Together to Safeguard Children 2018](#)

## APPENDIX 3 - Schedule 2 Part K / Appendix One / Safeguarding Children Annual Report template

### 1 Annual Safeguarding Children Report

1.1 The following table sets out the evidence required to be included by all health providers within the annual report and referenced accordingly

Standard	Question	Evidence/Response
1 Governance and Commitment to Safeguarding Children & Young People	Has your organisation complied with the duties set out under Section 11 of the Children Act 2004 and any requests from the Somerset Safeguarding Children Board to complete section 11 audits?	
	Has your organisation been represented at the Somerset Safeguarding Children Board by a member of staff who has both the authority and appropriate background to act?	
	Does your organisation have an Executive or Board lead for safeguarding children?	
	Does your organisation have a clear statement of their commitment to safeguarding children which is accessible to the public?	
	Have you submitted an annual report which has been internally scrutinised by the organisation prior to submission to the CCG?	
	Does your organisation have in place named leads for safeguarding children (named doctor and nurse for NHS Trusts) who have sufficient expertise and time in their job plan to undertake their role(s)?	
2 Policy, Procedures and Guidelines	Does your organisation have in place a Safeguarding Children Policy which is accessible to all staff. The policy must be subject to annual review and revised 3 yearly to ensure compliance with national and local guidance? The policy must include information on mental capacity for 16-17 year olds.	
	Are your organisation's operational procedures and or guidance in line with the Somerset Safeguarding Children's Board and South West Child Protection Procedures?	
	How do you ensure that staff within your organisation follow the South West Child Protection Procedures, and ensure all staff are aware, able to access procedures and know what to do to report concerns if a	

Standard	Question	Evidence/Response
	child has suffered or is likely to suffer abuse or neglect?	
	Does your organisation have in place an annual audit programme for safeguarding children that includes a rolling programme of audit of safeguarding children policies, procedures and guidance?	
	Does your organisation have in place a domestic abuse policy that is applicable to patients, clients and staff?	
	Does your organisation have in place a policy/protocol for FGM and you are be able to demonstrate compliance with mandatory reporting?	
3 Training, Skills and Competences	Does your organisation have an induction process in place for all staff, which includes individual safeguarding responsibilities and how to report a concern.	
	Does your organisation have in place a policy or strategy for Safeguarding Children, that will include a training matrix identifying the level of training required for all staff? This should be reviewed annually.	
	What evidence can you produce to demonstrate that all levels of staff are compliant with Safeguarding competencies for health care staff as per national guidance ? The requirement for training compliance is 90% across all levels.	
	How do you ensure that all safeguarding children training is delivered by suitably qualified and experienced trainers, evidenced by peer review?	
	How can you demonstrate that all training has been evaluated for its effectiveness, to include any impact on practice or improved outcomes?	
	How does your organisation ensure that any staff requiring specialist expertise in safeguarding children will be supported to access relevant training?	
	How does your organisation promote and demonstrate a commitment to their staff attending the Safeguarding Children's Board multi-agency training?	
4 Supervision and Reflective Practice	Do you have in place a policy for Safeguarding Children Supervision which clearly indicates the supervision needs of all staff; including those who work directly with children, young people and families,	

Standard	Question	Evidence/Response
	as part of their main role?	
	How does your organisation ensure that safeguarding children supervision, case discussion or reflective practice included the 'think family' agenda with all staff?	
	How does your organisation evidence that all staff have received or had access to safeguarding children supervision or opportunities for reflective practice, as appropriate to their role?	
	How does your organisation ensure all safeguarding children supervision is delivered by trained and experienced supervisors, who in turn are able to access their own supervision?	
	Do you have in place a policy for Safeguarding Children Supervision which clearly indicates the supervision needs of all staff; including those who work directly with children, young people and families, as part of their main role?	
5 Multi-Agency Working	How does your organisation ensure that staff are engaged in all stages of the safeguarding child process?	
	<p>How does your organisation ensure that all reports to other agencies about safeguarding children concerns include the following:</p> <ul style="list-style-type: none"> <li>• An analysis of the information</li> <li>• How this impacts on the child's safety?</li> <li>• Use of multi-agency templates.</li> </ul>	
	<p>How can you demonstrate that staff who undertake assessment of children include the following:</p> <ul style="list-style-type: none"> <li>• 'Voice of the Child'</li> <li>• Child's day to day experience</li> <li>• Cultural and diversity issues</li> <li>• Disability or complex health needs</li> </ul>	
	How do you ensure that staff who undertake assessment of adults recognise the risk they may pose to children?	
	How can your organisation evidence that your staff are using early help and safeguarding children tools to improve outcomes for children and their families?	
	How can you demonstrate that your staff fully engages in the Child Death Review process, completing any requests for information, engaging in the local case review meetings and sharing any lessons	

Standard	Question	Evidence/Response
	learnt to inform or change practice?	
6 Reporting Serious Incidents	Please outline the process in your organisation for reporting safeguarding children serious incidents to the CCG?	
	Please outline the process in your organisation for reporting serious incidents related to adults that present a risk to children?	
	How can you evidence that your organisation has informed the CCG on the progress of action plans arising from safeguarding children serious incidents?	
7 Engagement in Serious Case Reviews	How can you demonstrate that your organisation have engaged in the single and multi-agency case reviews commissioned by the local safeguarding children board (LSCB)?	
	How can your organisation evidence that case review action plans have been progressed and reported on to the CCG & LSCB?	
	How can the organisation demonstrate that you have adopted the single and multi-agency learning from case reviews?	
8 Safe Recruitment and Retention of Staff, including Volunteers	Do you have a safe recruitment policy which also takes into account the work of any volunteers, charity fund raisers or celebrities?	
	Please provide the numbers and percentage of staff who work directly with children and young people (including adult services who see 16-17 year olds) within your organisation that have had a disclosure and barring check completed on employment	
	How can the organisation evidence that all job descriptions include a statement on the roles & responsibilities to safeguard children?	
	Please demonstrate how your organisation gains assurance that any contracted services or individuals follow safe recruitment processes	
9 Managing Safeguarding Children Allegations Against Members of Staff	Please confirm how your organisation manages allegations against staff	
	Is this process embedded in the organisation's safeguarding children policy?	
	Please provide evidence that managing allegations against staff is included in induction	

Standard	Question	Evidence/Response
	Please confirm who your named or Designated officer for managing allegations against staff is.	
10 Engaging Children and their Families	How does the organisation seek engagement from service users, both children and adults?	
	Please demonstrate how the organisation ensures that children / young people / parents and carers have been engaged in influencing the improvement of safeguarding children services.	
	How does the organisation ensure that the voices of children are heard at Board and clinical level?	

## APPENDIX 4 - Schedule 2 Part K / Appendix Two / Somerset CCG safeguarding children dashboard

Monthly reporting requirements:

PROVIDER NAME:										
SAFEGUARDING CHILDREN DASHBOARD 2018-19					Threshold					
	NHS Outcomes Framework	Statement	Reference	Measure	Red 	Amber 	Green 	Regularity of reporting	Oct -18	Queries/Comments
<b>Effective</b>	Treating and caring for people in a safe environment and protecting them from avoidable harm	<b>Standard 3: Training, Skills and Competences</b>								
		3a: The provider can demonstrate that they have an induction programme which includes safeguarding children awareness training	Care Quality Commission (CQC) Standards Working Together to Safeguard Children 2018 Safeguarding Children and Young People:	Number of staff joining in previous month	Baseline			Monthly		
				Number of staff trained at Induction	Baseline			Monthly		
				% of staff trained at Induction	<76%	76% - 89%	>90%	Monthly		
		3b: The provider can demonstrate compliance of all staff with mandatory Safeguarding Children training, at a level commensurate with their roles as indicated in the Intercollegiate Documents.	Roles and Competences for Health Care Staff Intercollegiate Document 2014 / Looked after children: Knowledge, skills and competences of health care staff Intercollegiate Document	Total number of applicable staff at Level 1	Baseline			Monthly		
				Number of staff trained to Level 1	Baseline			Monthly		
				% of staff trained to Level 1	<76%	76% - 89%	>90%	Monthly		
				Total number of applicable staff at Level 2	Baseline			Monthly		
				Number of staff trained to Level 2	Baseline			Monthly		

	Training includes: • Domestic Abuse • Sexual Exploitation • Modern Slavery	2014	% of staff trained to Level 2	<76%	76% - 89%	>90 %	Monthly				
			Total number of applicable staff at Level 3	Baseline			Monthly				
			Number of staff trained to Level 3	Baseline			Monthly				
			% of staff trained to Level 3	<76%	76% - 89%	>90 %	Monthly				
			Total number of applicable staff at Level 4 / 5	Baseline			Monthly				
			Number of staff trained to Level 4 / 5	Baseline			Monthly				
			% of staff trained to Level 4/ 5	<76%	76% - 89%	>90 %	Monthly				
			Total number of board level / Executive staff	Baseline			Monthly				
			Number of board level / Executive staff trained	Baseline			Monthly				
			% of board level / Executive staff trained	<76%	76% - 89%	>90 %	Monthly				
			3c:The provider can demonstrate compliance of all staff with mandatory Prevent / BPAT (Basic Prevent	Prevent Statutory Duty under Section 26 of the Counter-Terrorism and Security Act 2015	Total number of applicable staff at Prevent Level 1 and 2 that require BPAT	Baseline			Monthly		Competency can be acquired by completing an approved e-learning package.
					Number of staff trained to Prevent Level 1 and 2 (have	Baseline			Monthly		

		Awareness Training) / WRAP (Workshop to raise Awareness of Prevent) training		completed Basic Prevent Awareness Training or alternative)						
				% of staff completed PREVENT Level 1 e-learning (Level 1 and 2 staff)	<76%	76% - 89%	>90%	Monthly		
				Total number of applicable staff at Prevent Level 3, 4 and 5 that require WRAP	Baseline			Monthly		Competency can be acquired by attending a Workshop to Raise Awareness of Prevent (WRAP) or by completing an approved e-learning package.
				Number of staff trained to Prevent Level 3,4 and 5	Baseline			Monthly		
				% of staff completed WRAP training (Level 3, 4 and 5 staff)	<76%	76% - 89%	>90%	Monthly		
<b>Safe</b>		<b>Standard 5: Multi-Agency Working</b>								
		5a: The provider will ensure staff understand the need for multi-agency communication and the sharing of information to effectively safeguard children.	Children Act 1989, 2004 Care Act 2015. Working Together to Safeguard Children (2018). Mandatory reporting of Female Genital Mutilation by regulated	Total number of Early Help Assessments completed (Not Tier 2 to 4 Referrals)	Baseline			Monthly		This is to capture the number of early help assessments that services are undertaking and then registering with the EH hub. As opposed to requests for multi agency involvement through referral to getset or referral to CSC. Referrals to CYP services will not need to be captured as part of this.
				Number of Referrals to Getset for Early Help (Tier 2 and 3)	Baseline			Monthly		This is to capture the number of requests for multi agency involvement through referral to getset.
				% or Referrals for Early Help	<76%	76% - 89%	>90%	Monthly		

		professionals October 2015 / Section 5B 2003 FGM Act	accepted by Getset						
			Total number of Child Protection Referrals (Tier 4)	Baseline			Monthly		This is to capture the number of requests for multi agency involvement through referral to CSC.
			Number of Child Protection Referrals (Tier 4) accepted by CSC	Baseline			Monthly		
			% of Child Protection Referrals (Tier 4) accepted by CSC	<76%	76% - 89%	>90 %	Monthly		
			Total number of requests for Strategy discussion	Baseline			Monthly		
			Total number of Strategy discussions contributed to.	Baseline					
			% of Strategy discussions contributed to.	<76%	76% - 89%	>90 %	Monthly		
			Number of Tier 4 / child protection referrals made relating to PREVENT	Baseline			Monthly		
			Number of Tier 4 / child protection referrals for Domestic Abuse	Baseline			Monthly		
			Number of Tier 4 / child protection referrals for Domestic Abuse	Baseline			Monthly		

				with a completed Domestic Abuse RIC checklist						
				% of Referrals for Domestic Abuse with a completed Domestic Abuse RIC checklist	<76%	76% - 89%	>90%	Monthly		
				Number of Tier 4 / child protection referrals for Child Exploitation (CE)	Baseline			Monthly		
				Number of Tier 4 / child protection referrals for CE with a completed CE screening tool attached	Baseline			Monthly		
				% of Child Exploitation (CE) referrals with a completed CE screening tool attached	<76%	76% - 89%	>90%	Monthly		
				Number of Tier 4 / child protection referrals for Neglect	Baseline			Monthly		
				Number of Tier 4 / child protection referrals for FGM	Baseline			Monthly		

				Total number of MARAC Referrals for High Risk Domestic Abuse	Baseline			Monthly		
				% of MARAC referrals with a Domestic Abuse RIC attached	<76%	76% - 89%	>90%	Monthly		
				No of child protection medicals completed in agreement with CSC by specialist paediatrician (Not including CSA medicals)	Baseline			Monthly		
				No of Child Sexual Abuse medicals completed in agreement within CSC by specialist paediatrician	Baseline			Monthly		

Quarterly reporting requirements:

	<b>PROVIDER NAME:</b>										
	<b>SAFEGUARDING DASHBOARD 2017-18</b>				<b>Threshold</b>						
	<b>NHS Outcomes Framework</b>	<b>Statement</b>	<b>Reference</b>	<b>Measure</b>	<b>Red</b> 	<b>Amber</b> 	<b>Green</b> 	<b>Regularity of reporting</b>		<b>Quarter 3</b>	<b>Queries/Comments</b>
		Standard 2: Policies, Procedures and Guidelines								<b>01.10.2018 to 31.12.2018</b>	

		The provider will ensure all staff are aware of the safeguarding children's policy and any relevant guidance or procedures.	Mandatory reporting of Female Genital Mutilation by regulated professionals October 2015/ Section 5B 2003 FGM Act	2g. Numbers of 'known' (visually identified or verbally disclosed) FGM cases in under 18s reported to the police	Baseline	Quarterly				
<b>Standard 4: Supervision and Reflective Practice</b>										
		4: Safeguarding Children supervision: the provider can demonstrate that staff have access to safeguarding supervision commensurate to their role with children.	Working Together to Safeguard Children 2018	<b>4a. Health Visiting</b>						
				Number of staff	Baseline		Quarterly			
				Number received supervision	Baseline		Quarterly			
				% received supervision	<76%	76% - 89%	>90%	Quarterly		
				<b>4b. School Nursing</b>						
				Number of staff	Baseline		Quarterly			
				Number received supervision	Baseline		Quarterly			
				% received supervision	<76%	76% - 89%	>90%	Quarterly		
				<b>4c. CAMHS</b>						
				Number of staff	Baseline		Quarterly			
				Number received supervision	Baseline		Quarterly			
				% received supervision	<76%	76% - 89%	>90%	Quarterly		
				<b>4d SWISH / Sexual Health Services</b>						
				Number of staff	Baseline		Quarterly			
				Number received supervision	Baseline		Quarterly			
				% received supervision	<76%	76% - 89%	>90%	Quarterly		

		<b>4e. Children Looked After Nursing Team</b>					
Number of staff	Baseline			Quarterly			
Number received supervision	Baseline			Quarterly			
% received supervision	<76%	76% - 89%	>90%	Quarterly			
		<b>4f. Accident and Emergency Department</b>					
Number of staff	Baseline			Quarterly			
Number received supervision	Baseline			Quarterly			
% received supervision	<76%	76% - 89%	>90%	Quarterly			
		<b>4g. Minor Injuries Unit</b>					
Number of staff	Baseline			Quarterly			
Number received supervision	Baseline			Quarterly			
% received supervision	<76%	76% - 89%	>90%	Quarterly			
		<b>4h Paediatric Nursing Staff</b>					
Number of staff	Baseline			Quarterly			
Number received supervision	Baseline			Quarterly			
% received supervision	<76%	76% - 89%	>90%	Quarterly			
		<b>4i Paediatric Medical Staff</b>					
Number of staff	Baseline			Quarterly			
Number received supervision	Baseline			Quarterly			
% received supervision	<76%	76% - 89%	>90%	Quarterly			
		<b>4j Maternity Services</b>					
Number of staff	Baseline			Quarterly			
Number	Baseline			Quarterly			

				received supervision									
				% received supervision	<76%	76% - 89%	>90%	Quarterly					
				<b>4k Paediatric Allied Health Professionals</b>									
				Number of staff	Baseline			Quarterly					
				Number received supervision	Baseline			Quarterly					
				% received supervision	<76%	76% - 89%	>90%	Quarterly					
<b>Safe</b>		<b>Standard 5: Multi-Agency Working</b>											
		5a: The provider will ensure staff understand the need for multi-agency communication and the sharing of information to effectively safeguard children.	Children Act 1989, 2004 Care Act 2015. Working Together to Safeguard Children (2018). Mandatory reporting of Female Genital Mutilation by regulated professionals October 2015 / Section 5B 2003 FGM Act	Number of cases escalated <b>by the organisation</b> using Resolving Professional Differences policy									
				Outcome / Number of resolved RPD	Baseline			Quarterly					
				Outcome / Number of ongoing RPD	Baseline			Quarterly					
				Number of cases escalated <b>to the organisation</b> using Resolving Professional Differences policy									
				Outcome / Number of resolved RPD	Baseline			Quarterly					
				Outcome / Number of ongoing RPD	Baseline			Quarterly					
		5b: The provider will ensure staff effectively share information in person and in writing to safeguard and promote the	Care Quality Commission (CQC) Standards Working Together to Safeguard Children 2018 Safeguarding Children and	<b>Paediatric Nursing Staff</b>									
				Number of ICPC invites	Baseline			Quarterly					
				Number of ICPC attended	Baseline			Quarterly					
				% of ICPC attended	<76%	76% - 89%	>90%	Quarterly					
				Number of ICPC reports submitted	Baseline			Quarterly					

		welfare of children through the initial child protection case conference process.	Young People: Roles and Competences for Health Care Staff Intercollegiate Document 2014 / Looked after children: Knowledge, skills and competences of health care staff Intercollegiate Document 2014	% of ICPC reports submitted	<76%	76% - 89%	>90 %	Quarterly				
				<b>Paediatric Medical Staff</b>								
				Number of ICPC invites	Baseline			Quarterly				
				Number of ICPC attended	Baseline			Quarterly				
				% of ICPC attended	<76%	76% - 89%	>90 %	Quarterly				
				Number of ICPC reports submitted	Baseline			Quarterly				
				% of ICPC reports submitted	<76%	76% - 89%	>90 %	Quarterly				
				<b>Maternity Services</b>								
				Number of ICPC invites	Baseline			Quarterly				
				Number of ICPC attended	Baseline			Quarterly				
				% of ICPC attended	<76%	76% - 89%	>90 %	Quarterly				
				Number of ICPC reports submitted	Baseline			Quarterly				
				% of ICPC reports submitted	<76%	76% - 89%	>90 %	Quarterly				
				<b>Health Visiting</b>								
				Number of ICPC invites	Baseline			Quarterly				
				Number of ICPC attended	Baseline			Quarterly				
				% of ICPC attended	<76%	76% - 89%	>90 %	Quarterly				
				Number of ICPC reports submitted	Baseline			Quarterly				
				% of ICPC reports	<76%	76% - 89%	>90 %	Quarterly				



			<b>Safeguarding Team</b>								
			Number of ICPC invites	Baseline		Quarterly					
			Number of ICPC attended	Baseline		Quarterly					
			% of ICPC attended	<76%	76% - 89%	>90 %	Quarterly				
			Number of ICPC reports submitted	Baseline		Quarterly					
			% of ICPC reports submitted	<76%	76% - 89%	>90 %	Quarterly				
			5c: The provider will ensure staff effectively share information in person and in writing to safeguard and promote the welfare of children through the review child protection case conference process.	Care Quality Commission (CQC) Standards Working Together to Safeguard Children 2018 Safeguarding Children and Young People: Roles and Competences for Health Care Staff Intercollegiate Document 2014 / Looked after children: Knowledge, skills and competences of health care staff Intercollegiate Document 2014	<b>Paediatric Nursing Staff</b>						
					Number of RCPC invites	Baseline		Quarterly			
					Number of RCPC attended	Baseline		Quarterly			
					% of RCPC attended	<76%	76% - 89%	>90 %	Quarterly		
					Number of RCPC reports submitted	Baseline		Quarterly			
					% of RCPC reports submitted	<76%	76% - 89%	>90 %	Quarterly		
					<b>Paediatric Medical Staff</b>						
					Number of RCPC invites	Baseline		Quarterly			
					Number of RCPC attended	Baseline		Quarterly			
					% of RCPC attended	<76%	76% - 89%	>90 %	Quarterly		
					Number of RCPC reports submitted	Baseline		Quarterly			
					% of RCPC reports submitted	<76%	76% - 89%	>90 %	Quarterly		
					<b>Maternity Services</b>						

			Number of RCPC invites	Baseline			Quarterly		
			Number of RCPC attended	Baseline			Quarterly		
			% of RCPC attended	<76%	76% - 89%	>90%	Quarterly		
			Number of RCPC reports submitted	Baseline			Quarterly		
			% of RCPC reports submitted	<76%	76% - 89%	>90%	Quarterly		
			<b>Health Visiting</b>						
			Number of ICPC invites	Baseline			Quarterly		
			Number of ICPC attended	Baseline			Quarterly		
			% of ICPC attended	<76%	76% - 89%	>90%	Quarterly		
			Number of ICPC reports submitted	Baseline			Quarterly		
			% of ICPC reports submitted	<76%	76% - 89%	>90%	Quarterly		
			<b>School Nursing</b>						
			Number of ICPC invites	Baseline			Quarterly		
			Number of ICPC attended	Baseline			Quarterly		
			% of ICPC attended	<76%	76% - 89%	>90%	Quarterly		
			Number of ICPC reports submitted	Baseline			Quarterly		
			% of ICPC reports submitted	<76%	76% - 89%	>90%	Quarterly		
			<b>CAMHS</b>						
			Number of RCPC invites	Baseline			Quarterly		

		Number of RCPC attended	Baseline			Quarterly		
		% of RCPC attended	<76%	76% - 89%	>90%	Quarterly		
		Number of RCPC reports submitted	Baseline			Quarterly		
		% of RCPC reports submitted	<76%	76% - 89%	>90%	Quarterly		
<b>SWISH / Sexual Health Services</b>								
		Number of RCPC invites	Baseline			Quarterly		
		Number of RCPC attended	Baseline			Quarterly		
		% of RCPC attended	<76%	76% - 89%	>90%	Quarterly		
		Number of RCPC reports submitted	Baseline			Quarterly		
		% of RCPC reports submitted	<76%	76% - 89%	>90%	Quarterly		
<b>Safeguarding Team</b>								
		Number of RCPC invites	Baseline			Quarterly		
		Number of RCPC attended	Baseline			Quarterly		
		% of RCPC attended	<76%	76% - 89%	>90%	Quarterly		
		Number of RCPC reports submitted	Baseline			Quarterly		
		% of RCPC reports submitted	<76%	76% - 89%	>90%	Quarterly		
<b>Standard 6: Reporting Serious Incidents</b>								
	The provider will ensure that Serious Incidents are	6a. The number of serious incidents related to safeguarding	Baseline			Quarterly		

		reported and investigated in line with guidance from NHS England. Serious Incidents Requiring Investigation must be reported on STEIS within two working days of the incident being identified.		children reported to the CCG through the STEIS reporting process.					
				6b. The provider will update the CCG on the progress of any action plan resulting from an investigation into a serious incident related to safeguarding children.	Baseline	Quarterly			
				6c. Number of safeguarding children incidents recorded on organisational system (Datix / Ulysses)	Baseline	Quarterly			
				<b>Standard 7: Engaging in Serious Case Reviews</b>					
		The provider can demonstrate compliance with requests for reports relating to safeguarding inquiries such as Serious Case Reviews (SCRs) and Learning Reviews.	Working Together to Safeguard Children 2018	7a. Number of SSCB information gathering requests received	Baseline	Quarterly			
				7b. Number of information gathering requests submitted	Baseline	Quarterly			
				7c. % of information gathering requests submitted	<76%	76% - 89%	>90%	Quarterly	

				7d. Number of SSCB Agency Reflection and Learning Reports/IMR completed	Baseline	Quarterly		
<b>Standard 9: Managing Safeguarding Children Allegations Against Members of Staff</b>								
		The provider can demonstrate compliance with allegations reported to the Local Authority Designated Officer (LADO) - management of child protection allegations made against staff and volunteers who work with children and young people.	Working Together to Safeguard Children 2018	9a. Number of allegations made against staff in own organisation	Baseline	Quarterly		
				9b. Number of the above allegations reported to the Local Authority Designated Officer (LADO)	Baseline	Quarterly		
				9c. Number of allegations your organisation have made against staff in other organisations	Baseline	Quarterly		
				9d. Number of allegations reported to the Local Authority Designated Officer (LADO)	Baseline	Quarterly		

Annual reporting requirements:

<b>PROVIDER NAME:</b>										
<b>SAFEGUARDING DASHBOARD 2017-18</b>					<b>Threshold</b>					
<b>NHS Outcomes Framework</b>	<b>Statement</b>	<b>Reference</b>	<b>Measure</b>				<b>Regularity of reporting</b>		<b>Annual</b>	<b>Queries/Comments</b>

					Red	Amber	Green				
											
<b>Well-Led</b>	<b>Standard 1: Governance and Commitment to Safeguarding Children &amp; Young People</b>									<b>01.04.2017 to 31.03.2018</b>	
	The provider through senior management must demonstrate that there is full commitment to safeguarding children and young people, and that robust governance structures and processes are in place in line with Working Together to Safeguard Children, 2015.	Care Quality Commission (CQC) Standards Working Together to Safeguard Children 2018 Safeguarding Children and Young People: Roles and Competences for Health Care Staff Intercollegiate Document 2014 / Looked after children: Knowledge, skills and competences of health care staff Intercollegiate Document 2014	1a. The Provider will have complied with the duties set out under Section 11 of the Children Act 2004 and the request from the Somerset Safeguarding Children Board to complete section 11 audits.	Baseline			Annual (July)				
			1b. A member of staff who has both the authority and appropriate background to act will have represented the NHS Trust at the Somerset Safeguarding Children Board.	<76%	76% - 89%	>90%	Annual (July)				
1c. The provider will have an accountable Executive or Board lead for Safeguarding Children and Young People			Baseline			Annual (July)					

		1d. The provider will have a clear statement of their commitment to safeguard children and young people, which is accessible to the public.	Baseline	Annual (July)			
		1e. The provider will have produced an annual report on child protection and arrangements to safeguard children & young people within the organisation.	Baseline	Annual (July)			
		1f. The provider will have in place named leads for safeguarding children (named doctor and nurse for NHS Trusts) who have sufficient expertise and time in their job plan to undertake their role(s)	Baseline	Annual (July)			

**Standard 2: Policies, Procedures and Guidelines**

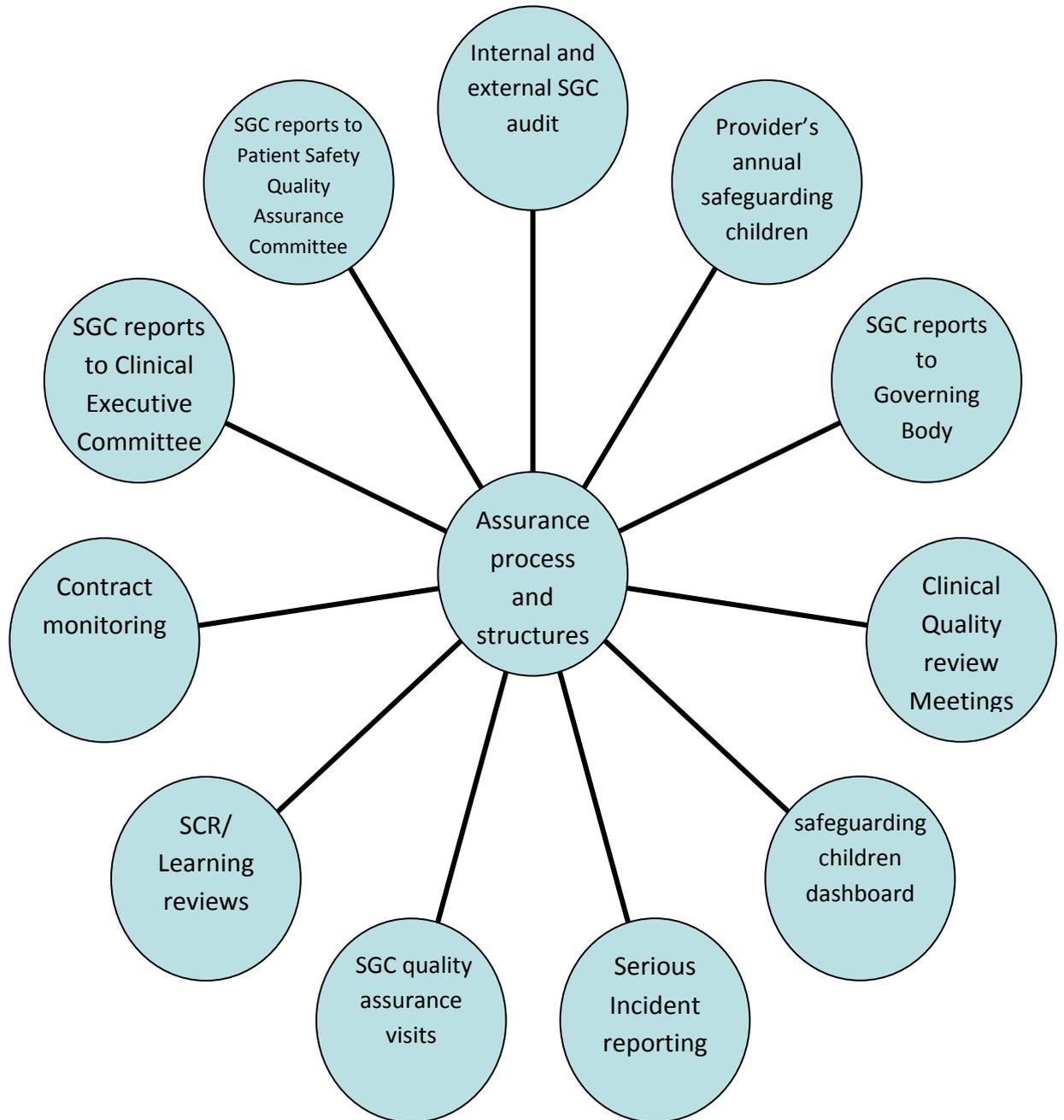
		The provider will ensure all staff are aware of the safeguarding children's policy and any relevant guidance or procedures.	Care Quality Commission (CQC) Standards. Working Together to Safeguard Children 2018. Section 11 Children Act 2004. Mandatory reporting of Female Genital Mutilation by regulated professionals October 2015/ Section 5B 2003 FGM Act	2a. The provider will have in place a Safeguarding Children Policy which is accessible to all staff. The policy must be subject to annual review and revised 3 yearly to ensure compliance with national and local guidance. The policy must include information on mental capacity for 16-17 year olds.	Baseline	Annual (July)			
				2b. The provider will have appropriate operational procedures and or guidance which are in line with the Somerset Safeguarding Children's Board and South West Child Protection Procedures	Baseline	Annual (July)			
				2c. The provider will follow the South West Child Protection Procedures, and ensure all staff are aware, able to access procedures and	Baseline	Annual (July)			

<b>Responsive</b>				what to do to report concerns if a child has suffered or is likely to suffer abuse or neglect.					
				2d. The provider will have in place an annual audit programme for safeguarding children that will include a rolling programme of audit of safeguarding children policies, procedures, guidance and practice.	Baseline	Annual (July)			
				2e. The provider will have in place a domestic abuse policy that is applicable to patients, clients and staff?	Baseline	Annual (July)			
				2f. The provider will have in place a policy/protocol for FGM	Baseline	Annual (July)			
		<b>Standard 8: Safe Recruitment and Retention of Staff, including Volunteers</b>							
		The provider must demonstrate they have safe recruitment procedures in		8a. The Provider will have in place a Safe Recruitment Policy, which takes into	Baseline	Annual (July)			

		place that protect and safeguard children in line with guidance for NHS employers.	account the work of any volunteers, charity fund raisers or celebrities.					
			8b. All job descriptions include a statement on the responsibility to safeguard children.	Baseline	Annual (July)			
			8c. The provider must gain assurance that any services sub contracted by your organisation follow safe recruitment processes, have attended appropriate safeguarding children training, and have access to safeguarding children advice and support.	Baseline	Annual (July)			
			8d. Total number of staff who work directly with children and young people (Level 3)	Baseline	Annual (July)			
			8e. Total number of staff who work directly with children and	Baseline	Annual (July)			

				young people that have had an enhanced DBS in the last 3 years						
				8f. % of staff who work directly with children and young people that have had an enhanced DBS in the last 3 years	<76%	76% - 89%	>90%	Annual (July)		

**APPENDIX 5: Somerset CCG Safeguarding children assurance structure**



**Safeguarding Children: Standards for Health Service Providers 2018-19  
(Schedule Section 2 part K)**

**Introduction**

- 1.1 Safeguarding and promoting the welfare of children and young people and protecting from abuse or neglect, is everyone's business. All NHS commissioned services have a key role to play in safeguarding.
- 1.2 Service providers must comply with their statutory duty to protect children and young people from abuse or neglect in accordance with section 11 of the Children Act 2004, the government guidance in 'Working Together to Safeguard Children' 2018 and the Shared South West Child Protection Procedures at <http://www.proceduresonline.com/swcpp/somerset/contents.html>
- 1.3 Health service providers will be expected to comply with both national and statutory guidance, including:
- The Children Act 1989
  - The Children Act 2004
  - Care Act 2014
  - Working Together to Safeguard Children, 2018
  - Care Quality Commission registration requirements, section 3
  - Care Quality Commission Regulation 13: Safeguarding service users from abuse and improper treatment
  - Care Quality Commission Regulation 17: Good governance
  - Care Quality Commission Regulation 19: Fit and proper persons employed
  - Safeguarding Children and Young People: Roles and Competences for Health Care Staff, ( Intercollegiate Document) 2014
  - Safeguarding Children and Young People: Roles and Competences for Health Care Staff, ( Intercollegiate Document, 2014)
  - Looked after children: Knowledge, skills and competences of health care staff (Intercollegiate Role Framework) March 2015
- 1.4 The safeguarding standards have been informed by statutory and legislative guidance and must be used in contracts for all providers who have services working with unborn babies, children, young people, families and adults.

- 1.5 It is the health service providers' responsibility to meet these safeguarding children standards and submit evidence to enable safeguarding performance to be monitored both contractually and as requested within the Local Safeguarding Children Board partnership arrangements.
- 1.6 Provider organisations will also make available their Safeguarding Children Annual Reports and where produced, a separate Children Looked After annual report. Information within the provider annual reports will be used to inform the NHS Somerset Clinical Commissioning Group annual report.
- 1.7 The Commissioning Manager and the Quality, Safety and Engagement team monitors the providers' quality information, data and compliance with local and national requirements, which provides information about the safety, effectiveness and patient experience of services commissioned by NHS Somerset Clinical Commissioning Group.
- 1.8 In the event that a health service provider is not able to meet one or more of the safeguarding standards or is found to be non-compliant, the provider will be required to put in place a development action plan to be completed within an agreed timescale.
- 1.9 It is the health service providers' responsibility to escalate any immediate issues or concerns, to ensure that all children and young people are protected from avoidable harm, abuse and neglect.
- 1.10 Advice on how to evidence compliance with these safeguarding children standards can be sought from the Clinical Commissioning Group's (CCG) Designated Professionals for Safeguarding Children.

There are ten core Safeguarding Children Standards

- ❖ Governance and Commitment to Safeguarding Children & Young People
- ❖ Policy, Procedures and Guidelines
- ❖ Training, Skills and Competences
- ❖ Supervision and Reflective Practice
- ❖ Multi-Agency Working
- ❖ Reporting Serious Incidents
- ❖ Engagement in Serious Case Reviews
- ❖ Safe Recruitment and Retention of Staff, including Volunteers
- ❖ Managing Safeguarding Children Allegations Against Members of Staff
- ❖ Engaging Children and their Families

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### **Standard 1: Governance and Commitment to Safeguarding Children & Young People**

The provider through senior management must demonstrate that there is full commitment to safeguarding children and young people, and that robust governance structures and processes are in place in line with Working Together to Safeguard Children, 2018.<sup>1</sup>

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<sup>1</sup> <http://www.workingtogetheronline.co.uk/>

Criteria		Report
1	The Provider will comply with the duties set out under Section 11 of the Children Act 2004 and any requests from the Somerset Safeguarding Children Board to complete section 11 audits.	Annually
2	NHS Trusts will ensure that they are represented at the Somerset Safeguarding Children Board by a member of staff who have both the authority and appropriate background to act.	Annually
3	The provider will have an accountable Executive or Board lead for Safeguarding Children and Young People	Annually
4	The provider must have a clear statement of their commitment to safeguard children and young people, which is accessible to the public.	Annually
5	The provider must produce an annual report on child protection and arrangements to safeguard children & young people within the organisation.	Annually
6	The provider will have in place a named lead for safeguarding children (named doctor and nurse for NHS Trusts) who has sufficient expertise and time in their job plan to undertake their role(s)	Annually
<ul style="list-style-type: none"> <li>Standard can be met by publishing a statement of commitment in either the organisations promotional literature or website, stating who takes overall responsibility for safeguarding children within the organisation</li> <li>Attendance at the Somerset Safeguarding Children Board is monitored by the Board's business team</li> </ul>		

## Standard 2: Policies, Procedures and Guidelines

The provider will ensure all staff are aware of the safeguarding children's policy and any relevant guidance or procedures.

Criteria		Report
1	The provider will have in place a Safeguarding Children Policy which is accessible to all staff. The policy must be subject to annual review and revised 3 yearly to ensure compliance with national and local guidance. The policy must include information on mental capacity for 16-17 year olds.	Annually
2	The provider will have appropriate operational procedures and or guidance which are in line with the Somerset Safeguarding Children's Board and South West Child Protection Procedures	Annually
3	The provider will follow the South West Child Protection Procedures, <sup>2</sup> and ensure all staff are aware, able to access procedures and what to do to report concerns if a child has suffered or is likely to suffer abuse or neglect.	Annually
4	The provider will have in place an annual audit programme for safeguarding children that will include a rolling programme of audit of safeguarding children policies, procedures and guidance.	Annually
5	The provider will have in place a domestic abuse policy that is applicable to patients, clients and staff.	Annually
6	The provider will have in place a policy/protocol for FGM and be able to demonstrate compliance with mandatory reporting	Annually (policy) / Monthly

<sup>2</sup> <http://www.proceduresonline.com/swcpp/somerset/contents.html>

	(mandatory reporting)
<ul style="list-style-type: none"> <li>Standard compliance can be met by producing a Safeguarding Children Policy, with subsequent reviews being recorded in the annual report. The annual audit programme can be included in the annual report</li> <li>Monthly reporting for safeguarding children referrals through the submission of the safeguarding children dashboard.</li> </ul>	

### Standard 3: Training, Skills and Competences

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>3</sup>

Criteria		Report
1	The provider will have an induction process in place for all staff, which includes individual safeguarding responsibilities and how to report a concern.	Annually
2	The provider will have in place a policy for mandatory safeguarding children 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, and this should be reviewed annually	Annual Report
3	The provider will produce data to evidence that staff are compliant with Safeguarding competencies for health care staff as per national guidance . The requirement for training compliance is 90% across all levels	Monthly
4	The provider will ensure that all safeguarding children training will be delivered by suitably qualified and experienced trainers and evidence of peer review	Annual Report
5	The provider will demonstrate that all training has been evaluated for its effectiveness, to include any impact on practice or improved outcomes	Annual report
6	The provider will ensure any staff requiring specialist expertise in safeguarding children will be supported to access relevant training	Annually
7	The provider will promote and demonstrate a commitment to their staff attending the Safeguarding Children's Board multi-agency training	Annually
<ul style="list-style-type: none"> <li>Standard compliance can be by producing a training strategy setting out training intentions for staff</li> <li>Annual report should include a section on training with data on training levels as of the end of the financial year, but with an analysis on training data throughout the year. This should include any impact on safeguarding children practice.</li> <li>Monthly and quarterly reporting using the safeguarding children dashboard at Contract Review meetings and CQRM. If the percentages of safeguarding children practice are not at the required levels identified in the dashboard, a</li> </ul>		

<sup>3</sup>[http://www.rcpch.ac.uk/sites/default/files/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%2002%20%20%20%20%20\(3\).pdf](http://www.rcpch.ac.uk/sites/default/files/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%2002%20%20%20%20%20(3).pdf)

plan of action should be provided.

#### Standard 4: Supervision and Reflective Practice

The provider will ensure all staff have access to safeguarding children supervision or reflective practice commensurate with their roles.

Criteria		Report
1	The provider will have in place a policy for Child Protection Supervision which clearly indicates the supervision needs of all staff; including those who work directly with children, young people and families, as part of their main role.	Annually
2	Supervision, case discussion or reflective practice must include the 'think family' agenda with all staff	Annually
3	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	Quarterly
4	The provider will ensure all safeguarding children supervision is delivered by trained and experienced supervisors, who in turn are able to access their own supervision	Annually
<ul style="list-style-type: none"> <li>Standard compliance can be by producing a supervision policy or strategy to meet the needs of the workforce</li> <li>Quarterly reporting of supervision figures through submission of the safeguarding children dashboard at Contract Review meetings and CQRM. If the percentages of safeguarding children supervision are not at the required levels identified in the dashboard, a plan of action should be provided.</li> </ul>		

#### Standard 5: Multi-Agency Working

The provider will ensure staff understand the need for multi-agency communication and the sharing of information to effectively safeguard children.<sup>4</sup>

Criteria		Report
1	In adhering to HM Government statutory guidance on information sharing, the provider will ensure that staff are engaged in all stages of the safeguarding child process.	Annually
2	The provider will ensure all reports to other agencies about safeguarding children concerns will include an analysis of the information and how this impacts on the child's safety. Where applicable using the Signs of Safety model and multi agency templates	Quarterly
3	The provider will ensure all staff who undertake assessment of	Annually

4

[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)

	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	
4	The provider will ensure all staff who undertakes assessment of adults will recognise the risk posed to children. 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	Annually
5	The provider will ensure that their staff are using where applicable, early help and safeguarding children tools to improve outcomes for children and their families.	Quarterly
6	Where applicable the provider will ensure their staff fully engage 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.	Annually
<ul style="list-style-type: none"> <li>• Compliance can be demonstrated by undertaking case file audits or case reviews, which will evidence the quality of record keeping, decision-making processes, and sharing information.</li> <li>• Monthly reporting of early help and safeguarding children practice, including referral data, through submission of the safeguarding children dashboard at Contract Review meetings and CQRM. If the percentages of referrals accepted and use of appropriate tools are not at the required levels identified in the dashboard, a plan of action should be provided.</li> <li>• Quarterly reporting in relation of resolving professional differences and engagement in child protection case conference process, through submission of the safeguarding children dashboard at Contract Review meetings and CQRM. If the percentages of referrals accepted and use of appropriate tools are not at the required levels identified in the dashboard, a plan of action should be provided.</li> <li>• The Child Death Process is a statutory requirement and compliance can be demonstrated by an overview of how the organisation engages with the Child Death Process and embeds learning into practice</li> </ul>		

### Standard 6: Reporting Serious Incidents

The provider will ensure that Serious Incidents are reported and investigated in line with guidance from NHS England. Serious Incidents Requiring Investigation must be reported on STEIS within two working days of the incident being identified.

Criteria		Report
1	The Provider will ensure that any serious incident related to safeguarding children is reported to the Clinical Commissioning Group through the STEIS reporting process.	Quarterly
2	Providers of adult services will report serious incidents related to adult behaviour that causes a significant risk to children they have contact with.	Quarterly
3	The provider will inform the Clinical Commissioning Group on the progress of any action plan resulting from an investigation into a serious incident related to safeguarding children.	Quarterly
<ul style="list-style-type: none"> <li>• The Provider can demonstrate compliance through including the intended reporting process in their Safeguarding Children Policy and/or the reporting of Serious Incident Policy.</li> </ul>		

- Quarterly reporting of significant data to the Clinical Commissioning Group
- Updated action plans relating to serious incidents and serious case reviews

### Standard 7: Engaging in Serious Case Reviews

The provider will ensure that any involvement in serious case reviews is in line with Statutory Guidance 'Working Together to Safeguard Children 2018' and Local Safeguarding Children Board processes

Criteria	Report
1 The provider will engage in the Serious Case Review process as identified by the Clinical Commissioning Group and the Local Safeguarding Children Board	Annually
2 The provider will develop an organisation action plan in response to their involvement in any Serious Case Review	Annually
3 The provider will demonstrate evidence of actions taken following any single agency or overview report recommendations, as requested.	Annually
4 The provider can demonstrate that they have adopted the learning from both national and local Serious Case Reviews <sup>5</sup>	Annually
<ul style="list-style-type: none"> <li>• NHS Trusts can demonstrate compliance through the update of serious case review action plans monitored by their safeguarding committee.</li> <li>• The provider can demonstrate compliance with requests for reports relating to safeguarding inquiries such as Serious Case Reviews (SCRs) and Learning Reviews through the submission of the safeguarding children dashboard.</li> <li>• How the NHS Trust has embedded learning from Serious Case Reviews will be included in the provider annual report and/or the updating of training modules</li> </ul>	

### Standard 8: Safe Recruitment and Retention of Staff, including Volunteers

The provider must demonstrate they have safe recruitment procedures in place that protect and safeguard children in line with guidance for NHS employers<sup>6</sup>.

Criteria	Report
1 The Provider will have in place and implement a Safe Recruitment Policy, taking into account the work of any volunteers, charity fund raisers or celebrities	Annually
2 The provider will ensure that all job descriptions include a statement on the responsibility to safeguard children	Annually
3 The provider must gain assurance that any contracted services or individuals follow safe recruitment processes	Annually
4 The provider will as part of implementing a safe recruitment policy	Annually

<sup>5</sup> <http://www.nspcc.org.uk/preventing-abuse/child-protection-system/case-reviews/2014/>

<sup>6</sup> <https://www.gov.uk/disclosure-barring-service-check/overview>

	ensure that disclosure and barring checks are completed for all staff who work directly with children and young people.	
	<ul style="list-style-type: none"> <li>This standard can be met by the provider producing a safe recruitment policy which is regularly reviewed.</li> <li>Report on safe recruitment via annual report on the compliance of Disclosure and Barring Service checks (formerly CRB checks)</li> </ul>	

### Standard 9: Managing Safeguarding Children Allegations Against Members of Staff

The provider must report any incident where a member of staff has behaved in a way that has or may have harmed a child, acted inappropriately towards a child or committed a criminal offence against or related to a child.

Criteria		Report
1	The Provider will have in place a Policy for Managing Allegations of Abuse Against Staff. The provider must inform staff during their induction period of this policy, how to access it and how to report any concerns.; This will be included in the Trust's safeguarding children policy.	Annually
2	The Provider will name a designated officer for managing allegations made against staff of abuse of children and young people who will report to the LADO (Local Authority Designated Officer) as appropriate.	Quarterly
3	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 (SI) reporting process to the CCG	Quarterly
	<ul style="list-style-type: none"> <li>The provider can demonstrate that appropriate processes are in place for managing allegations by setting these out in their policy for Managing Allegations against Staff.</li> <li>Reporting of child protection allegations made against staff and volunteers who work with children and young people through the quarterly submission of the safeguarding children dashboard.</li> <li>Management of allegations against staff will be included in the Trust's annual report.</li> </ul>	

### Standard 10: Engaging Children and their Families

The provider must ensure they have engaged with a range of young people and parent/ carers (service users) about the quality of their service provision and how they work with families.

Criteria		Report
1	The provider will evidence how they have sought engagement from a range of service users both adult and children to inform service development.	Annually
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	Annually
	<ul style="list-style-type: none"> <li>The safeguarding children annual report should reflect how young people and parents/carers have been engaged in influencing the improvement of safeguarding services.</li> </ul>	

- Evidence of working with children and families when considering service improvement can include questionnaires completed by children and families and/or focus groups