


MEETING DATE:	13 August 2015	 North Lincolnshire Clinical Commissioning Group REPORT TO THE GOVERNING BODY
AGENDA ITEM NUMBER:	Item 7.8	
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JOB TITLE:	Designated Nurse – Safeguarding Children	
DEPARTMENT:		

**NORTH LINCOLNSHIRE CLINICAL COMMISSIONING GROUP
SAFEGUARDING CHILDREN ANNUAL REPORT 2014/15**

PURPOSE/ACTION REQUIRED:	To Receive & Note
CONSULTATION AND/OR INVOLVEMENT PROCESS:	
FREEDOM OF INFORMATION:	Public

1. PURPOSE OF THE REPORT:					
The Annual Report outlines the Safeguarding Children arrangements across the North Lincolnshire health economy during 2014-2015. It outlines the obligations of North Lincolnshire CCG, in collaboration with other health commissioners (and partner organisations) to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children.					
2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:					
Continue to improve the quality of services	✓				
Reduce unwarranted variations in services	✓				
Deliver the best outcomes for every patient	✓				
Improve patient experience	✓				
Reduce the inequalities gap in North Lincolnshire	✓				
3. ASSURANCES TO THE CLINICAL COMMISSIONING GROUP					
Safeguarding arrangements were subject to an Internal Audit in the 2014-2015 year, which provided significant assurance.					
4. IMPACT ON RISK ASSURANCE FRAMEWORK:					
<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px;">Yes</td> <td style="width: 20px;"></td> <td style="width: 20px;">No</td> <td style="width: 20px;">X</td> </tr> </table>	Yes		No	X	
Yes		No	X		

5. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:

Yes		No	X
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6. LEGAL IMPLICATIONS:

Yes	X	No	
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Section 11 of the Children Act 2004 places a duty upon all NHS bodies along with partner agencies to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children.

NLCCG Governing Body as the organisation’s governing body has responsibility for ensuring that this duty is appropriately discharged.

7. RESOURCE IMPLICATIONS:

Yes		No	X
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8. EQUALITY IMPACT ASSESSMENT:

Yes		No	
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9. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:

Yes	X	No	
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10. RECOMMENDATIONS:

The CCG Governing Body is asked to formally receive the Annual Report of Safeguarding Children arrangements within the North Lincolnshire health economy, and support ongoing work to challenge and further embed safeguarding children arrangements.

North Lincolnshire Clinical Commissioning Group

Safeguarding Children Report April 2014- March 2015

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1. **Introduction**

- 1.1. Section 11 of the Children Act 2004 places a duty upon all NHS bodies along with partner agencies to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children.
- 1.2. NLCCG Governing Body as the organisation's governing body has responsibility for ensuring that this duty is appropriately discharged. This report identifies the arrangements in place in order to provide the required assurance that the above duty is being effectively discharged.

2. **Legislative and Statutory Framework for Safeguarding Children in place in 2014-2015**

- 2.1. The underpinning legislation for safeguarding children arrangements in England is contained within the Children Act 1989, the Children and Adoption Act 2002 and the Children Act 2004. The Safeguarding Vulnerable Groups Act 2006 also has a significant impact in terms of the recruitment of staff and the need to establish procedures to meet the requirements of the Act.
- 2.2. The key document outlining the statutory duties to safeguard children was Working Together to Safeguard Children (Department of Education, 2013)¹. This set out how all agencies and professionals should work together to promote children's welfare and protect them from harm. The guidance provides a national framework within which each organisation needs to agree local arrangements.

[An updated version of Working Together was published on 26th March 2015². Any changes in the statutory framework arising from the new document are highlighted in this section by the use of italics and box brackets]

- 2.3. Safeguarding and promoting the welfare of children is defined, in 'Working Together to Safeguard Children' as:
 - protecting children from maltreatment;
 - preventing impairment of children's health or development;
 - ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
 - taking action to enable all children to have the best outcomes.
- 2.4. Safeguarding Children is everyone's responsibility. Under section 11 of the Children Act 2004, and amended by the Health and Social Care Act 2012, Clinical Commissioning Groups, as a commissioners of services have a statutory duty to ensure that those who work on their behalf carry out their duties in such a way as to safeguard and promote the welfare of children. The key features of section 11 are:
 - a clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children;
 - a senior board level lead to take leadership responsibility for the organisation's safeguarding arrangements;
 - a culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services;

¹ [HM Government \(2013\) Working Together to Safeguard Children. HMSO, London](#)

² [HM Government \(2015\) Working Together to Safeguard Children. HMSO, London](#)

- *[clear whistleblowing procedures, which reflect the principles in Sir Robert Francis's Freedom to Speak Up review and are suitably referenced in staff training and codes of conduct, and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed;³]*
- arrangements which set out clearly the processes for sharing information, with other professionals and with the Local Safeguarding Children Board (LSCB);
- a designated professional lead (or, for health provider organisations, named professionals) for safeguarding. Their role is to support other professionals in their agencies to recognise the needs of children, including rescue from possible abuse or neglect. Designated professional roles should always be explicitly defined in job descriptions. Professionals should be given sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively;
- safe recruitment practices for individuals whom the organisation will permit to work regularly with children, including policies on when to obtain a criminal record check;
- appropriate supervision and support for staff, including undertaking safeguarding training:
 - employers are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role;
 - staff should be given a mandatory induction, which includes familiarisation with child protection responsibilities and procedures to be followed if anyone has any concerns about a child's safety or welfare; and
 - all professionals should have regular reviews of their own practice to ensure they improve over time.
- clear policies in line with those from the LSCB for dealing with allegations against people who work with children. *[Such policies should make a clear distinction between an allegation, a concern about the quality of care or practice or a complaint.]* An allegation may relate to a person who works with children who 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; or
 - behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

3. CCG Responsibilities and Statutory Duties

- 3.1. CCGs have statutory duties issued under s16 of the Children Act 2004. Guidance in respect to these duties were set out in Working Together to Safeguard Children (2013), and reiterated in the 2015 version.³ Clinical commissioning groups as the major commissioners of local health services are responsible for safeguarding quality assurance through contractual arrangements with all provider organisations.

³ *[Sir Robert Francis's Freedom to Speak Up review report can be found at https://freedomtospeakup.org.uk/wp-content/uploads/2014/07/F2SU_web.pdf].*

3.2. The role and responsibilities of CCGs were further clarified in the Safeguarding Accountability and Assurance Framework⁴ published in March 2013.

- CCGs (along with NHS England) are statutorily responsible for ensuring that the organisations from which they commission services provide a safe system that safeguards children This includes specific responsibilities for looked after children and for supporting the Child Death Overview process, to include sudden unexpected death in childhood.
- CCGs (and NHS England) have a statutory duty to be members of Local Safeguarding Children Boards (LSCBs), working in partnership with local authorities to fulfil their safeguarding responsibilities.
- CCGs should ensure that robust processes are in place to learn lessons from cases where children [...] die or are seriously harmed and abuse or neglect is suspected. This will include contributing fully to Serious Case Reviews (SCRs) which are commissioned by LSCBs and also, where appropriate, conducting individual management reviews. Health organisations should also consider carefully any requests from an LSCB for information which is relevant to a SCR.
- CCGs need to work closely with NHS England, and, in turn, with local authorities and LSCBs, to ensure there are effective NHS safeguarding arrangements across each local health community, whilst at the same time ensuring absolute clarity about the underlying statutory responsibilities that each commissioner has for the services that they commission.

NHS England, in addition to their responsibilities as commissioners of services, are also responsible for ensuring that the health commissioning system as a whole is working effectively to safeguard and improve the outcomes for children and adults at risk and their families, and thus promotes their welfare. It provides oversight and assurance of CCGs' safeguarding arrangements and supports CCGs in meeting their responsibilities. This includes working with the Care Quality Commission (CQC), professional regulatory bodies and other national partners.

3.3. The role of CCGs and, indeed, the NHS CB is about more than just managing contracts and employing expert practitioners. It is about working with others to ensure that critical services are in place to respond to children and adults who are at risk or who have been harmed, and it is about delivering improved outcomes and life chances for the most vulnerable

An updated version of the Safeguarding Accountability and Assurance Framework is due to be published in May 2015.

CCG Arrangements

3.4. In order for CCGs to demonstrate they are discharging their responsibilities in respect to safeguarding children, they are required to have the following in place:

- Plans to train their staff in recognising and reporting safeguarding issues
- A clear line of accountability for safeguarding, properly reflected in the CCG governance arrangements

⁴ NHS Commissioning Board (2013) Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework

- Appropriate arrangements to co-operate with local authorities in the operation of LSCBs and health and wellbeing boards
- Ensuring effective arrangements for information sharing
- Securing the expertise of designated doctors and nurses for safeguarding children and for looked after children and a designated paediatrician for unexpected deaths in childhood

4. Safeguarding Arrangements in North Lincolnshire

Designated Professionals

Guidance

- 4.1. CCGs are required to employ, or have in place, a contractual agreement to secure the expertise of Designated Professionals, i.e. Designated Doctors and Nurses for Safeguarding Children and for Looked after Children (and Designated paediatricians for unexpected deaths in childhood).
 - Where a Designated Professional (most likely a Designated Doctor for Safeguarding Children or Designated Professionals for Looked after Children) is employed within a provider organisation, the CCG needs to have a Service Level Agreement with the provider organisation that sets out the practitioner's responsibilities and the support they should expect in fulfilling their Designated role.
 - Whatever arrangements are in place for designated professionals, clear accountability and performance management arrangements are essential. Line management sits with the CCG's Executive Lead for Safeguarding.
- 4.2. Designated Professionals, as clinical experts and strategic leaders, are a vital source of advice to the CCG, NHS England, the local authority and the LSCB, and of advice and support to other health professionals in provider organisations.
- 4.3. CCGs need to demonstrate that their Designated Professionals are embedded in the clinical decision making of the organisation, with the authority to work within local health economies to influence local thinking and practice. It should also be recognised that they will be expected to give clinical advice, for example in complex cases or where there is dispute between practitioners.
- 4.4. The role of Designated Professionals for safeguarding children should always be explicitly defined in job descriptions, and sufficient time, funding, supervision and support should be allowed to enable them to fulfil their child safeguarding responsibilities effectively.

Local Arrangements

- 4.5. NLCCG employs a full time Designated Nurse for Safeguarding Children, who is shared with North East Lincolnshire Clinical Commissioning Group (NELCCG). There is a Memorandum of Understanding in place which sets out the governance and accountability arrangements within the 2 health economies. The Designated Doctor for Safeguarding Children is employed by Northern Lincolnshire and Goole NHS Foundation Trust with a Service Level Agreement in place to provide the Designated function for 1.5 PA per week for NLCCG. As identified in the 2013-2014 Annual Report the 2 CCGs recognised that additional nursing capacity was required to work across the 2 localities. With effect from 1st September 2014, North and North East Lincolnshire CCGs have shared a Specialist Nurse – Safeguarding Children to support the work of the CCGs and Designated Professionals. The Memorandum of Understanding has been updated to reflect the additional role.

4.6. Details of the Designated Professionals for Safeguarding Children in North Lincolnshire in 2014-2015 can be found at Appendix 1. As per paragraph 4.1, NLCCG has also secured the expertise of Designated Professionals for Looked after Children, and Designated Paediatrician capacity for unexpected deaths in childhood.

- Details of arrangements for Looked after Children are not included in this report.
- Arrangements for paediatric capacity for unexpected deaths are included at Section 6 of this report.

Named Professionals

Guidance

- 4.7. All providers of NHS funded health services including NHS Trusts, NHS Foundation Trusts and public, voluntary sector, independent sector and social enterprises should identify a Named Doctor and a Named Nurse (and a Named Midwife if the organisation provides maternity services) for safeguarding. In the case of NHS 111, ambulance trusts and independent providers, this should be a named professional. GP practices should have a lead and deputy lead for safeguarding, who should work closely with Named GPs. Named Professionals have a key role in promoting good professional practice within their organisation, providing advice and expertise for fellow professionals, and ensuring safeguarding training is in place. They should work closely with their organisation's safeguarding lead, designated professionals and the LSCB.⁵
- 4.8. The role of Named Professionals for Safeguarding Children should always be explicitly defined in job descriptions, and sufficient time, funding, supervision and support should be allowed to enable them to fulfil their child safeguarding responsibilities effectively.

Local Arrangements

- 4.9. There has been sustained capacity in the Named Nurse, Doctor and Midwife (as appropriate) functions for all providers in 2014/2015.
- 4.10. Northern Lincolnshire and Goole NHS Foundation Trust has Named Nurse, and Named Midwife capacity, and a Named Doctor for North Lincolnshire. The Named Nursing role is supported by additional Specialist Nurse capacity.
- 4.11. Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) has both Named Nurse and Named Doctor capacity within their organisation. The Named Nurse with responsibilities for North Lincolnshire services, picked up responsibility for RDaSH's only North East Lincolnshire service from 1st September 2014.
- 4.12. The Named Doctor for Primary Care has 1 session per week in this role.
- 4.13. East Midlands Ambulance Service have an identified Safeguarding Lead (both adult and children) with 5 deputies (who act as Named Professionals) to support activity across their area. The Named Professional for North Lincolnshire is shared with North East Lincolnshire and the County of Lincolnshire.
- 4.14. Full details of the Named Professionals in North Lincolnshire in 2014-2015 are included in Appendix 1.

⁵ Model job descriptions for designated and named professional roles can be found in the intercollegiate document *Safeguarding Children and Young People: roles and competences for health care staff*.

Executive Lead for Safeguarding

- 4.15. The responsibility for safeguarding children rests ultimately with the Chief Officer. However, as with the majority of health organisations, an Executive Lead for Safeguarding is identified for NLCCG to be responsible for strategic safeguarding children advice to the governing body. In 2014-2015, the Executive Lead for Safeguarding was the Director of Risk and Quality Assurance.
- 4.16. The Executive Lead for Safeguarding was a member of North Lincolnshire Safeguarding Children Board throughout 2014-2015.

Non-Executive Lead for Safeguarding

- 4.17. NLCCG has identified a Non-Executive Governing Body member to ensure appropriate scrutiny of the organisation's safeguarding performance, and to act as a champion for children and young people. Further details of the Non-Executive Governing Body member can be found in Appendix 1.

NLCCG Governance and Assurance Arrangements

- 4.18. The Quality Group (QG) had the responsibility for monitoring commissioning safeguarding children arrangements and met monthly. The Designated Nurse has produced a briefing report to each Quality Group meeting and highlighted issues where they have arisen.
- 4.19. During the 2014-2015 year, a review of safeguarding children (and adult) arrangements was performed by the East Coast Audit Consortium as part of North Lincolnshire Clinical Commissioning Group's 2014/15 internal audit plan. The review identified that:
- Significant assurance in respect to safeguarding children arrangements could be provided as a result of the review, with
 - a clear line of accountability for safeguarding reflected in the governance arrangements.
 - the CCG fulfils its statutory duty to be a member of Local Safeguarding Children Boards
 - appropriate representation on the local Health and Wellbeing Board
 - an approved Safeguarding Children Policy
 - required designated doctors and nurses for safeguarding children and for looked after children and a designated paediatrician for unexpected deaths in childhood are in place, as well as service level agreements with provider organisations where these individuals are not directly employed by the CCG.
 - Potential gaps in assurance were identified were
 - training compliance was 63% for the CCG at the time of the report, but some training completed had not been reflected in training records.
 - all staff had completed Level 1 training by the end of March 2015
 - mechanisms to centrally record training other than those for the basic level 1 were not in place. However, this related to the Executive Lead for Safeguarding and the Designated and Specialist Nurse and Named GP. However, these individuals had all completed specialist & targeted training in accordance with their roles and responsibilities in the 2014-2015 year, with evidence provided.

- mechanisms to centrally capture specialist/ bespoke training/ development are being explored
- clarity around the CCG Governing Body members understanding of their responsibilities. The third edition of the Intercollegiate safeguarding children competency framework⁶ was published in March 2014, which requires a tailored package to be delivered to Governing Bodies on an annual basis which encompasses level 1 knowledge, skills and competences, as well as addressing Board level specific competencies
 - the Governing Body had received reports in relation to safeguarding children arrangements during the year.
 - a tailored development sessions was planned for a Governing Body workshop early in the 2015-16 year.

Northern Lincolnshire CCGs' Safeguarding Forum

4.20. The Executive Leads for Safeguarding for North East Lincolnshire CCG and NLCCG had jointly been meeting with the Designated Professionals for Safeguarding Children on a quarterly basis since 2012. At their meeting in June 2014, it was decided to widen the focus of this meeting to create a joint CCGs Safeguarding Forum and to include the Designated Professionals for Looked After Children, the Designated Nurse for Safeguarding Adults and the CCGs' Named/Lead GPs for Safeguarding Children and Adults. Terms of Reference for the Forum have been developed by the group, but will include supporting the CCGs in discharging their statutory and legislative responsibilities. The first meeting of the joint forum was held in November 2014, with a subsequent meeting in February 2015.

5. North Lincolnshire Safeguarding Children Board

Role and Functions

5.1. The Children Act 2004 (section 13) requires each local authority to establish a Local Safeguarding Children Board (LSCB) for their area and specifies the organisations and individuals (other than the local authority) that should be represented on LSCBs.

5.2. Section 14 of the Act sets out the objectives of LSCBs, as:

- (a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
- (b) to ensure the effectiveness of what is done by each such person or body for those purposes.

5.3. The core functions of an LSCB are set out in regulations⁷ and are:

- developing policies and procedures including those on:
 - action taken where there are concerns about the safety and welfare of a child, including thresholds for intervention;
 - training of people who work with children or in services affecting the safety and welfare of children;

⁶ Royal College of Paediatrics and Child Health Safeguarding children and young people: roles and competences for health care staff Third edition: March 2014

⁷ Regulation 5 of the Local Safeguarding Children Board Regulations 2006

- recruitment and supervision of people who work with children; investigation of allegations concerning people who work with children;
 - safety and welfare of children who are privately fostered; and
 - co-operation with neighbouring children's services authorities (i.e. local authorities) and their LSCB partners.
- communicating and raising awareness;
 - monitoring and evaluating the effectiveness of what is done by partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve;
 - participating in the planning of services for children in the area of the authority; and
 - undertaking reviews of serious cases and advising partners on lessons to be learned.
- 5.4. In order to fulfil its statutory function under regulation 5 an LSCB should use data and, as a minimum, should:
- assess the effectiveness of the help being provided to children and families, including early help;
 - assess whether LSCB partners are fulfilling their statutory obligations;
 - quality assure practice, including through joint audits of case files involving practitioners and identifying lessons to be learned; and
 - monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children.

NLSCB Priorities 2014-2015

- 5.5. NLSCB has identified 2 key priorities in 2014-15
- Reduce the harm from neglect
 - Reduce the harm from child sexual exploitation

Membership

- 5.6. The Children Act 2004 (section 13) identifies the Board partners who must be included in the LSCB. At least one representative of the local authority and each of the other Board partners (although two or more Board partners may be represented by the same person), The statutory membership includes
- NHS England and Clinical Commissioning Groups;
 - NHS Trusts and NHS Foundation Trusts all or most of whose hospitals, establishments and facilities are situated in the local authority area;
- 5.7. Members of an LSCB should be people with a strategic role in relation to safeguarding and promoting the welfare of children within their organisation. They should be able to:
- speak for their organisation with authority;
 - commit their organisation on policy and practice matters; and
 - hold their own organisation to account and hold others to account.

- 5.8. The LSCB should either include on its Board, or be able to draw on appropriate expertise and advice from, frontline professionals from all the relevant sectors. This includes the Designated Nurse and Doctor for Safeguarding Children.
- 5.9. NLSCB met on a quarterly basis through 2014-2015.
- 5.10. NLCCG has been represented on NLSCB by the Director of Risk and Quality Assurance, as well as the Designated Professionals for Safeguarding Children throughout the 2014-5 year.
- 5.11. In addition to the representation from NLCCG, within the 2014-2015 year, NLSCB has had health service representation from
- Northern Lincolnshire and Goole NHS Foundation Trust via the Head of Safeguarding
 - Rotherham, Doncaster and South Humber Foundation Trust, via Head of Quality and Standards, then Nurse Consultant for Safeguarding Children
 - NHS England North Yorkshire and Humber Area Team have attended some meetings of NLSCB in 2014/15 year. Where they were unable to attend, they were represented by the NLCCG representative in accordance with a Memorandum of Understanding.
- 5.12. From April 1st 2014 to January 2015, the work of NLSCB was supported through a number of key function/ action groups:
- Standards Board
 - Child Death Overview Panel
 - Serious Case Review subcommittee
 - Quality Assurance
 - Safe Practice
 - Communication
 - Performance
 - Child Sexual Exploitation Strategy Group
- 5.13. Following a review of arrangements the structure of the LSCB and subgroups was changed to commence fully at the beginning of the 2015-16 year, but with transition arrangements between January and March 2015.
- The LSCB will meet on a 4 monthly basis to review their Core Functions
 - The LSCB will also meet on a 4 monthly basis to undertake Multi-agency Case Audits (these to alternate with Core Function meetings)
- 5.14. From the beginning of February 2015, the LSCB was supported through:
- 4 subcommittees/ core function groups
 - CSE Strategy Group
 - Neglect Strategy Group
 - Child Death Overview Panel
 - Serious Case Review Subcommittee
 - Establishment of Task and Finish Groups to complete work identified by the LSCB
 - Annual Workshops on
 - Communications

- Safe-Practice
- Training with production of annual plan.

The Designated Professionals have worked with all provider organisations to ensure there was appropriate health commissioning and provision membership on all subgroups.

6. Review Processes

Child Death Overview Process

- 6.1. One of the LSCB functions is to review the deaths of all children who are normally resident in their area by:
- a) collecting and analysing information about each death with a view to identifying—
 - (i) any case giving rise to the need for a review mentioned in regulation 5(1)(e);
 - (ii) any matters of concern affecting the safety and welfare of children in the area of the authority;
 - (iii) any wider public health or safety concerns arising from a particular death or from a pattern of deaths in that area; and
 - (b) putting in place procedures for ensuring that there is a coordinated response by the authority, their Board partners and other relevant persons to an unexpected death.
- 6.2. In order to assist in the completion of this function, CCGs are required to employ , or have arrangements in place to secure the expertise of, consultant paediatricians whose designated responsibilities are to provide advice on:
- commissioning paediatric services from paediatricians with expertise in undertaking enquiries into unexpected deaths in childhood, and from medical investigative services; and
 - the organisation of such services.
- 6.3. NLSCB have had access to consultant paediatrician capacity as outlined above, but via a collaborative approach., The consultant paediatrician on call at the time of an unexpected death acts as the lead clinician for the rapid response and case review process for each individual case; with the Designated Doctor taking a lead role in terms of acting as medical advisor to the Child Death Overview Panel, and assisting in trend analysis.
- 6.4. During the year the Paediatricians have picked up a more significant role in supporting the rapid response and Child Death processes, starting to chair/lead meetings within 2 working days of a child’s death, and following the results of final post mortem.

Serious Case Reviews

- 6.5. No Serious Case Reviews have been published by NLSCB in 2014-2015.
- 6.6. The Quality Group will be informed of any Serious Case Reviews on publication, with briefings produced by Designated Nurse to advise the Quality Group and Governing Body of key learning and required actions.

7. Inspection programmes by regulators

- 7.1. North Lincolnshire services have not been subject to inspections of safeguarding or looked after children arrangements by either OFSTED or the Care Quality Commission (CQC) in 2014-2015.
- 7.2. Planned multi-agency inspections coordinated between
- OFSTED

- CQC
- Her Majesty's Inspectorate of Probation
- Her Majesty's Inspectorate of Constabulary
- Her Majesty's Inspectorate of Prisons

have been deferred to Autumn 2015. In the meantime, the CQC continues with a programme of reviews into how health services keep children safe and contribute to promoting the health and wellbeing of looked after children and care leavers.

7.3. Whilst no such review has been undertaken in North Lincolnshire, learning from reviews in other localities has been considered and as relevant reflected on in the NLCCG workplan, as per section 9 below.

8. Safeguarding Children issues within the North Lincolnshire health economy: 2014-2015

Provision of Forensic Paediatric Service for children who have experienced sexual harm.

- 8.1. During the 2013-2014 year, and reflected in the Annual Report, issues were highlighted in respect to the availability of forensic examinations for children who have experienced sexual harm.
- 8.2. Children who have experienced sexual harm require specialist paediatric forensic examinations, by a clinician who has the skills/ competencies identified The Royal College of Paediatrics and Child Health Faculty of Forensic and Legal Medicine Guidelines on Paediatric Forensic Examinations in Relation to Possible Child Sexual Abuse. These skills/competencies once acquired need to be maintained by the completion of paediatric forensic examinations on a regular basis.
- 8.3. There are insufficient numbers of examinations required to maintain the competence of paediatricians working in Northern Lincolnshire. Therefore, children resident in North Lincolnshire require examinations completed outside the locality, but as near as possible to Northern Lincolnshire.
- 8.4. The responsibility to secure sufficient capacity to undertake these assessments is the responsibility of NHS England. From December 2013 to end March 2014, and then sustained throughout the 2014-2015 year, all North Lincolnshire children who have required paediatric forensic examinations following possible child sexual abuse, have been seen by appropriately competent clinicians in Hull and East Yorkshire Hospitals' Trust.
- 8.5. As from April 1st 2015, the paediatric Sexual Assault Referral Centre will be formally provided by Hull and East Yorkshire Hospitals Trust. Whilst the service will initially only be available Monday – Friday 9-5, NHS England have commissioned some additional training for paediatricians across the Yorkshire and the Humber region to grow and develop the workforce. It is envisaged that by March 2016 there will be sufficient trained and competent paediatricians within the Humber region to provide a 7 day service.

Safeguarding Children Evidence Log

8.6. The Designated Nurse along with key colleagues has developed a dynamic document which reflects on all Legislative, Statutory and Organisational Responsibilities and will hold the evidence of compliance.

9. Programme of Work for NLCCG in 2015-2016

9.1. The work plan for the 2014-2015 is based on:

- Maintaining compliance with legislative, statutory and organisational responsibilities
 - Enhancing arrangements
 - Learning from case reviews, local and national initiatives, and regulatory activity.
- 9.2. A CCG Safeguarding Children Workplan has been developed. It is anticipated that this will be a “live” document subject to review via the Quality Group and the Joint CCGs’ Safeguarding Forum, as well as shared as appropriate with the LSCB and other key stakeholders.

Sarah Glossop

17th July 2015.

Appendix 1. Safeguarding Leadership in North Lincolnshire for the period April 2014 – March 2015

North Lincolnshire Clinical Commissioning Group

Executive Lead for Safeguarding (Director of Risk and Quality Assurance)	Catherine Wylie
Non-Executive Lead for Safeguarding	Ian Reekie
Designated Doctor	Dr Suresh Nelapatla
Designated Nurse	Sarah Glossop
Specialist Nurse	Julie Wilburn
<i>(from 1st September 2014)</i>	
Named GP	Dr Robert Jaggs-Fowler

Northern Lincolnshire & Goole NHS Foundation Trust

Named Doctor	Dr Onajite Etuwewe
Named Nurse (Acute Services)	Sue Kidger
Named Nurse (Community Services)	Jane Westoby/ Lisa Robinson
Named Midwife	Katie Bentham
Head of Safeguarding	Craig Ferris

Rotherham, Doncaster & South Humber Mental Health NHS Foundation Trust

Named Nurse (North Lincolnshire)	Anne Ayari
Named Doctor (trustwide)	Dr Navjot Ahluwalia

East Midlands Ambulance Service

Safeguarding Lead	Danielle Burdett
Named Professional (North/North East & County of Lincolnshire)	Jonathan Chippendale