

Title of paper:	Surrey Downs CCG Safeguarding Children and Young People Policy
Meeting:	Governing Body
Date:	18 th July 2014
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Exec Lead:	Eileen Clark, Head of Clinical Quality

Purpose	To Agree	
	To Discuss	
	To Note	

Development

Executive Summary and Key Issues

The Safeguarding Children and Young People policy has been devised and represents the safeguarding responsibilities for Surrey Downs Clinical Commissioning Group (CCG) to ensure effective discharge of its duty to improve the health of the whole population which includes safeguarding and promoting the welfare of children and young people.

Surrey Downs CCG and the Commissioning Support Unit supporting the CCG need to ensure that clear arrangements are in place with health providers which safeguard and promote the welfare of children and young people and that they are compliant with Section 11 both as an employer and a commissioner

This document clarifies the accountability and governance arrangements, roles and responsibilities, access to designated professionals, training plans, policies and procedures and performance monitoring arrangements.

Guildford and Waverley Clinical Commissioning Group lead on the provision of safeguarding children and young people on behalf of the Surrey Downs CCG and are responsible for ensuring effective communication in all matters related to safeguarding children and young people; however the Accountable Officer for Surrey Downs CCG remains ultimately accountable for safeguarding.

This policy and attached executive summary details more fully the responsibilities that Surrey Downs CCG has as an employer in safeguarding children and young people

Recommendation(s): The Governing Body is asked to:

- 1) Agree the Surrey Downs CCG Safeguarding Children and Young People policy

Attachments:

The Surrey Downs CCG Safeguarding Children and Young People policy

Implications for wider governance

Quality and patient safety

Clinical Commissioning Groups (CCGs) have particular responsibilities to safeguard people who may be unable to protect themselves from abuse or neglect. Surrey Downs CCG (SDCCG) is supported in discharging their duty in this area by the Safeguarding Children and Young People team hosted by Guildford and Waverley CCG

Patient and Public Engagement: This policy will be published on the CCG website

Equality Duty:

Surrey Downs CCG is committed to all processes that safeguard children and young people and promote their welfare and aims to commission services that will ensure equal access to all

Finance and resources: No implicit financial implications

Communications Plan: This document will be published on the CCG website

Legal or compliance issues: This report is part of the CCGs overall compliance regime and covers compliance in relation to safeguarding

Risk and Assurance: Identified risks relating to quality and safety of commissioned services are captured on the Surrey Downs CCG risk register and discussed at the Committee and other fora, such as Clinical Quality Review Groups.

SAFEGUARDING CHILDREN AND YOUNG PEOPLE POLICY

Policy ID	
Version:	V2
Date ratified by Governing Body	
Author	Amanda Boodhoo
Date issued:	
Last review date:	
Next review date:	

Version History

V.	Date	Status and/ or amendments
V1.0	27/05/14	Draft
V2.0	01/0714	Executive Summary added. Final Draft
V3.0		
V4.0		

EQUALITY STATEMENT

Surrey Downs Clinical Commissioning Group (Surrey Downs CCG) aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the Human Rights Act 1998 and promotes equal opportunities for all. This document has been assessed to ensure that no-one receives less favourable treatment on grounds of their gender, sexual orientation, marital status, race, religion, age, ethnic origin, nationality, or disability.

Members of staff, volunteers or members of the public may request assistance with this policy if they have particular needs. If the person requesting has language difficulties and difficulty in understanding this policy, the use of an interpreter will be considered.

Surrey Downs CCG embraces the four staff pledges in the NHS Constitution. This policy is consistent with these pledges.

EQUALITY ANALYSIS

This policy has been subject to an Equality Analysis, the outcome of which is recorded below.

		Yes, No or N/A	Comments
1.	Does the document/guidance affect one group less or more favourably than another on the basis of:		
	• Race		
	• Ethnic origins (including gypsies and travellers)		
	• Nationality		
	• Gender		
	• Culture		
	• Religion or belief		
	• Sexual orientation including lesbian, gay and bisexual people		
	• Age		
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems		
2.	Is there any evidence that some groups are affected differently?		
3.	If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?		
4.	Is the impact of the document/guidance likely to be negative?		
5.	If so, can the impact be avoided?		
6.	What alternative is there to achieving the document/guidance without the		

	impact?		
7.	Can we reduce the impact by taking different action?		

For advice in respect of answering the above questions, please contact the Corporate Office, Surrey Downs CCG. If you have identified a potential discriminatory impact of this procedural document, please contact as above.

Names and Organisation of Individuals who carried out the Assessment	Date of the Assessment

Surrey Downs Clinical Commissioning Group Safeguarding Children and Young People Policy Executive Summary

The Safeguarding Children and Young People policy has been devised and represents the safeguarding responsibilities for Surrey Downs Clinical Commissioning Group (CCG) to ensure effective discharge of its duty to improve the health of the whole population which includes safeguarding and promoting the welfare of children and young people.

Surrey Downs CCG and the Commissioning Support Unit supporting the CCG need to ensure that clear arrangements are in place with health providers which safeguard and promote the welfare of children and young people and that they are compliant with Section 11 both as an employer and a commissioner

There is extensive guidance, national regulations, reports and legislation that govern how services should be provided, managed and monitored including:

- The Children Act 1989 and 2004.
- Section 11 of the Children Act 2004
- HM Government 2007. Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004. Updated March 2007. London: Department for Education and Skills.
- Working together to Safeguard Children (DOH 2014)
- Surrey Safeguarding Child Board Procedures
- Letter – David Nicholson letter July 2009 Safeguarding Children Declarations.
- When to suspect child maltreatment NICE 2009.
- Information Sharing Guidance (DCSF 2008).
- Data Protection Act 1998.
- Human Rights Act 1998.
- Intercollegiate Safeguarding Children and Young People: Roles and competencies for healthcare staff (2014)
- The Functions of Clinical Commissioning Groups (DH, 2012)
- Care Quality Commission Safeguarding Adults and Children standards
- Safeguarding and Assurance Framework (DH 2012 - 2014) Interim Guidance for CCG's

Accountability and Responsibilities

The Surrey Clinical Commissioning Groups Safeguarding Children: Responsibilities and Governance Arrangements document clarifies the accountability and governance arrangements, roles and responsibilities, access to designated professionals, training plans, policies and procedures and performance monitoring arrangements.

Guildford and Waverley Clinical Commissioning Group lead on the provision of safeguarding children and young people on behalf of the Surrey Downs CCG and are responsible for ensuring effective communication in all matters related to safeguarding children and young people, however the Accountable Officer for Surrey Downs CCG remains ultimately accountable for safeguarding.

Surrey Downs CCG Responsibilities as an Employer

As an employer Surrey Downs CCG needs to be compliant with the following sections from the Safeguarding Children and Young People Policy:

- Section 7.3.1 Leadership
- Section 7.3.2 The Governing Body of the CCG
- Section 7.3.2 Responsibilities of Employees
- Section 7.4 Summary of Key Safeguarding Roles and Responsibilities
- Section 7.8 Safe Recruitment
- Section 7.9 Supervision
- Section 7.15 Managing Allegations Against People Who Work With Children
- Section 7.16 Serious Incidents
- Section 7.17 E safety
- Section 7.22 Internal Communication
- Section 7.23 Safeguarding Children Training Strategy
- Section 7.24 Assurance and Governance
- Section 7.25 Dissemination and Implementation

Surrey Downs CCG Responsibilities as a Commissioner

As a commissioner Surrey Downs CCG needs to be compliant with the following sections from the Safeguarding Children and Young People Policy:

- Section 7.5 Safeguarding within Commissioning Arrangements
- Section 7.6 Contracts
- Section 7.7 Assurance Regarding Safeguarding Arrangements across Surrey Downs CCG: Annual and Quarterly Reports
- Section 7.8 Safe Recruitment

- Section 7.9 Supervision
- Section 7.10 Serious Case Reviews
- Section 7.11 Action Plans
- Section 7.13 Case Reviews
- Section 7.14 Monitoring of Action Plans
- Section 7.15 Managing Allegations against People Who Work With Children
- Section 7.16 Serious Incidents
- Section 7.17 E safety
- Section 7.18 Engagement with Surrey Safeguarding Children Board
- Section 7.19 Committee with Overarching Responsibility For This Policy
- Section 7.20 Other Committees/Groups with Responsibilities
- Section 7.21 Patient / Carer / Relative / Visitor / Contractor Commissioner Support
- Section 7.22 Internal Communication
- Section 7.23 Safeguarding Children Training Strategy
- Section 7.24 Assurance and Governance

1. Introduction

This policy sets out the safeguarding responsibilities for Surrey Downs Clinical Commissioning Group (CCG) to ensure effective discharge of their duty to improve the health of the whole population which includes safeguarding and promoting the welfare of children and young people.

In line with the principles of clinically-led commissioning, the CCG maintains a robust scheme of contract and quality monitoring of all services provided by organisations commissioned by the CCG. It also has clinical governance processes in place that inform contract and quality monitoring.

2. References

There is extensive guidance, national regulations, reports and legislation that govern how services should be provided, managed and monitored including:

- The Children Act 1989 and 2004.
- HM Government 2007. Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004. Updated March 2007. London: Department for Education and Skills.
- Working Together to Safeguard Children (HM Govt 2013).
- Surrey Safeguarding Board Safeguarding Children procedures.
- Letter – David Nicholson letter July 2009 Safeguarding Children Declarations.
- When to suspect child maltreatment NICE 2009.
- Information Sharing Guidance (DCSF 2008).
- Data Protection Act 1998.
- Human Rights Act 1998.

- Intercollegiate Safeguarding Children and Young People: Roles and competencies for healthcare staff (2010) (2014)
- The Functions of Clinical Commissioning Groups (DH 2012).
- CQC standards.
- Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework – (NHS England 2013)

3. Definitions

For the purposes of this Policy, a child is defined as any child who has not attained the age of 18 years.

4. Purpose and Scope

4.1 Purpose of the policy

Clinical Commissioning Groups (CCGs) are under a duty to make arrangements to ensure that, in discharging their functions, they have regard to the need to safeguard and promote the welfare of children.

CCGs are charged with ensuring that they commission good quality services on behalf of their population. Although CCGs are not directly responsible for commissioning Primary Care services, they have a general duty to support improvements in the quality of care provided by independent contractors, including GPs.

This Policy provides support to CCGs and their Commissioning Support Units (CSU) and strengthens local assurance around safeguarding arrangements for services commissioned for local children and families. The Policy also sets out a framework to underpin monitoring of safeguarding arrangements across the health economy.

This document should be read in conjunction with:

- Working Together to Safeguard Children, HM Govt, 2013
- Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004.
- Surrey Safeguarding Children Board (SSCB) Child Protection Procedures and Practice Guidance <http://sscb.proceduresonline.com/index.html>

4.2 Scope of the policy

This Policy applies to all staff working within CCGs in Surrey and, specifically, to Surrey Downs CCG. The key principles are also applicable to all services commissioned by the CCG.

All employees of Surrey Downs CCG have an individual responsibility for the protection and safeguarding of children and young people.

All managers must ensure their staff are aware of; able to access; and ensure implementation of this Policy in their areas of responsibility and accountability.

The Policy is also intended to ensure Governing Body members and all organisations commissioned or contracted to provide services discharge their functions in respect of Safeguarding Children and Young People.

The CCG is committed to all processes that safeguard children and young people and promote their welfare and aims to commission safeguarding services that will ensure equal access to all children and young people, regardless of:

- Race, religion, first language or ethnicity
- Gender or sexuality
- Age

- Health status or disability
- Political or immigration status

5. Duties

Surrey Downs Clinical Commissioning Group (CCG) is committed to safeguarding the welfare of vulnerable children and young people across the organisation. The welfare of the children and young people who come into contact with the services we commission, either directly or indirectly are paramount and all our staff have a responsibility to ensure that their practice is robust and complies with statutory requirements.

CCGs have a statutory responsibility to make sure that the organisations they commission services from have arrangements in place to effectively safeguard children at risk of abuse and neglect.

Surrey Downs CCG works closely with all CCGs across Surrey and has in place:

- Systems to train staff to the appropriate level to recognise and report safeguarding issues
- A clear line of accountability for safeguarding, reflected in our governance arrangements
- Systems in place to ensure that providers of services are held to account through regular review of safeguarding arrangements through quality scrutiny processes.
- Arrangements to work with local authorities and other partners through our Local Safeguarding Children Boards and Health and Wellbeing Boards

- Arrangements to share information between service providers, agencies and commissioners
- Designated doctors and nurses who are responsible for safeguarding children and looked after children. We also have a designated paediatrician and nurse specialist for unexpected deaths in childhood
- Processes that enable us to closely monitor how effective our safeguarding arrangements for children cared for in health services in Surrey Downs are through governance and quality assurance processes within Surrey Downs CCG. In turn, NHS England oversees those processes to make sure all CCGs are meeting their safeguarding responsibilities

6. Target Audience

This Policy applies to all staff working within CCGs in Surrey and, specifically, Surrey Downs CCG. The key principles are also applicable to all services commissioned by the CCG.

7. Policy Specific Information

7.1 Context

The Mandate from the Government to the NHS Commissioning Board for April 2013 to March 2015 (published in November 2012) says:

“We expect to see the NHS, working together with schools and children's social services, supporting and safeguarding vulnerable, looked-after and adopted children, through a more joined-up approach to addressing their needs.”

‘The role of CCGs 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.' (NHS E 2013)

Effective safeguarding arrangements in every local area should be underpinned by two key principles:

- Safeguarding is everyone's responsibility: for services to be effective each professional and organisation should play their full part.
- A child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children. ***(Working Together to Safeguard Children, HM Govt 2013)***

This means that there is a responsibility within the health economy to ensure that:

- All health professionals working directly with children and young people have a clear responsibility to ensure that safeguarding and promoting children and young people's welfare is a central and integral part of the care they offer.
- Health professionals, who come into indirect contact with children, through working with parents or carers also need to be fully informed about their responsibilities to safeguard and promote the welfare of children and young people.
- Commissioning of health services for both children and adults takes into account the safeguarding and promotion of welfare of children and young people.

Corporate Responsibility:

- The Children Act (2004) section 10 places a statutory duty on CCGs and NHS England to cooperate with local authorities in making arrangements to improve the wellbeing of all children in the authority's area, which includes protection from harm and neglect.
- The Children Act (2004) section 11 places a statutory responsibility to safeguard children upon all NHS organisations including CCGs, NHS England, NHS Trusts and Foundation Trusts.
- The Children Act (2004) section 13 requires NHS England, CCGs, NHS Trusts and Foundation Trusts to cooperate and engage fully with partner agencies as competent members of their Local Safeguarding Children Board (LSCB).
- The Children Act (1989) section 17 requires NHS England, CCGs, NHS Trusts and Foundation Trusts to cooperate with the Local Authority in helping children in need of support.
- The Children Act (1989) section 47 requires NHS England, CCGs, NHS Trusts and Foundation Trusts to cooperate with Local Authorities in their enquiries regarding children at risk of significant harm.

7.2 Policy Statement

The CCG will fulfil its statutory duties relating to the safety and welfare of children through the demonstration of:

- Compliance with all statutory guidance on safeguarding children.
- Active partnership and co-operation with Surrey LSCB.
- Ensuring that children and young people are valued and their safety and welfare is considered at all stages of commissioning, including contracting arrangements and performance management frameworks. This will be best achieved through partnership processes across the LSCB area.

7.3 Roles and Responsibilities

The roles and responsibilities of all organisations and staff groups regarding safeguarding children are outlined in the statutory guidance section of '*Working Together to Safeguard Children*' (HM Government 2013). All staff and managers should be aware of those responsibilities.

The CCG has a duty under Section 11 of the Children Act 2004 to ensure that:

- Their functions are discharged having regard to the need to safeguard and promote the welfare of children; and
- Any services provided by another person pursuant to arrangements made by the person or body in the discharge of their functions are provided having regard to that need.

7.3.1 Leadership

Surrey Downs CCG has an identified children's lead which incorporates the lead for safeguarding children. It is the responsibility of CCG to ensure that both a Senior Doctor and Nurse are contracted to fulfil the functions of Designated Professionals in accordance with *HM Government 2013*. The Designated professionals are employed within one CCG but have a role across all Surrey CCG's.

The CCG has a responsibility to ensure that all organisations with which they have a contract are carrying out their roles and responsibilities through contracting quality arrangements. This is achieved through a range of monitoring processes including contract monitoring, quality schedules, supervision of named professionals by the designated professionals and assurance visits to provider premises.

- The Head of Clinical Quality is the Executive Lead for Safeguarding Children and represents the CCG on appropriate sub-groups of the LSCB.

- The Safeguarding Team consists of Designated Doctors, Nurses and Named GPs. This team will lead on providing analytical reports for the CCG regarding the effectiveness of safeguarding arrangements and will support and challenge commissioners and providers to improve the outcomes for children across the health economy.

7.3.2 The Governing Body of the CCG

The Chief Officer of the CCG is the Accountable Officer having responsibility for ensuring that the health contribution to safeguarding and promoting the welfare of children is discharged effectively across

the local health economy through the CCG's commissioning arrangements.

Within the CCG this role is supported through the Safeguarding lead Director and the designated professionals. The CCG governing body will regularly receive information through the Quality Committee that relates to:

- Safeguarding performance of commissioned services
- Serious Case Reviews from Surrey Safeguarding Children Board.
- Local and national safeguarding issues
- Reports and papers regarding any specific issues requiring Board approval or decision.

7.3.2 Responsibilities of Employees

All employees of the CCG, member practices and contracted support services e.g. Commissioning Support Units, must be mindful of their responsibility to safeguard children. Therefore, all staff must be up to date with the appropriate level of safeguarding children training as set out in the Intercollegiate Document (2010 & 2014).

Key Roles

Designated Nurses and Doctors for Safeguarding Children

- Provide advice to ensure the range of services commissioned by the CCG take account of the need to safeguard and promote the welfare of children.
- Provide advice on the monitoring of the safeguarding aspects of CCG contracts.

- Involvement in contract monitoring meetings, for appropriate children and family health services.
- Provide advice, support and clinical supervision to the named professionals in each provider organisation.
- Provide skilled advice to the LSCB on health issues.
- Play an important role in promoting, influencing and developing relevant training, on both a single and inter-agency basis, to ensure the training needs of health staff are addressed.
- Provide skilled professional involvement in child safeguarding processes in line with LSCB procedures.
- Review and evaluate the practice and learning from all involved health professionals and providers commissioned by the CCGs, as part of Serious Case Reviews, other multi-agency or single agency health reviews following serious incidents.
- Inform the LSCB of any relevant serious incidents.

Designated Professionals for Looked After Children

The CCG have arrangements in place for a Designated Doctor and Nurse for Looked After Children who take a strategic lead in the health aspects of children in care, including :

- Advising commissioners regarding the needs of this population,

- Monitoring the quality of the health assessments, medical, nursing and CAMHS services available to the children and young people,
- Work with Local Authorities to improve the outcomes for this group.

These professionals are currently placed in provider trusts but have a reporting line to the Safeguarding Team. The professionals will work in conjunction with the Safeguarding Team to ensure that there is effective annual and quarterly reporting for the CCGs.

Designated Paediatrician for Unexpected Child Deaths

The CCG has a Designated Paediatrician and Specialist nurse for Unexpected Child Deaths whose role is to:

- Ensure that relevant professionals (i.e. coroner, police and local authority social care) are informed of the death;
- Coordinate the team of professionals (involved before and/or after the death) which is convened when a child who dies unexpectedly (accessing professionals from specialist agencies as necessary to support the core team);
- Convene multi-agency discussions after the initial and final initial post mortem results are available.

Named GPs

The CCG has arrangements in place for access to a named GP. Area team Nurse Directors and Medical Directors work closely with the CCG to ensure

through this, role local practices are supported to develop effective safeguarding children arrangements. The named GP works closely with designated professionals, commissioners in the local area team and the CCG.

CCG Staff Members

The CCG is required to ensure that it clearly identifies the standards expected from its staff members with regard to ensuring the safety and welfare of children is promoted. Staff members employed or contracted who do **not** directly deliver services to individuals, in circumstances where they identify a concern around the safety and welfare of a child or young person, are expected to ensure that they act in accordance with the SSCB Procedures and national guidance (What to do if you are worried a child is being abused.)

Independent Contractors

Any independent contractors who deliver services directly to children, young people and their families should ensure that they:

- Access safeguarding children training in accordance with national and local guidance and competency frameworks.
- Act in accordance with the Surrey Safeguarding Children Board's procedures.

Responsibilities of NHS Trusts, Foundation Trusts and Private Healthcare Providers

All provider health organisations are required to have effective arrangements in place to safeguard vulnerable children and to assure themselves, regulators and their commissioners that these are working. It is not sufficient to have structures in place but to create an organisational culture that acknowledges the responsibilities of staff to identify risk factors for children and take appropriate action to reduce the level of harm. Key examples of health work to support the safeguarding of children include:

- Monitoring and reporting missed appointments
- Routine enquiry regarding domestic abuse in adult settings
- Assessment of impact of adult health problems on children in the household i.e. needs of young carers

Specific arrangements include:

- A Board executive lead for safeguarding children who takes responsibility for governance, systems and organisational focus on safeguarding children.
- Named Doctor and Nurse (Named Midwife for maternity services) who have a key role in promoting good professional practice within their organisation, and provide advice, expertise and training strategy within the organisation.
- Safe recruitment including compliance with the Disclosure and Barring system; job descriptions which reflect requirements for staff to have due regard for safeguarding and welfare of children.
- A Named Senior Officer (NSO) must be identified who will lead on allegations against staff working with children. The NSO must ensure any allegations involving children in work or personal life are reported to Local Authority Designated Officer and Designated Nurse.

- Have a training strategy and plan in place informed by a training needs analysis with regard to safeguarding, safe recruitment and specific areas of need such as domestic abuse and evidence of the effectiveness of the training. The training programme must comply with the levels in the intercollegiate document (2010 & 2014).
- Arrangements for the provision of safeguarding children supervision for staff to promote good practice. The level of supervision provided should be in accordance with the degree and nature of contact that staff have with children, young people, vulnerable adults and families.
- Named professionals must access safeguarding supervision from the CCG Designated Safeguarding Professionals.
- Inform Designated Nurses of any serious incidents involving children and confirm that the incident has been reported in accordance with the NHS E and CCG requirements.
- Comply with the SSCB and Designated Nurse requests for information or reports in relation to serious case reviews or other multi-agency reviews as set out in Working Together to Safeguard Children (HM Govt 2013).
- Work with the Designated Professionals and SSCB in developing and implementing an audit programme to provide evidence of improved outcomes for children.

- Ensure staff understand their responsibilities in identifying and respond to risk factors in abuse or neglect; recognise children, young people or their parents/carers in need of support; be able to Communicate effectively with children and young people and stay focused on the child's safety and welfare; share information appropriately; work in partnership with other agencies to assess, plan and respond to children in need of support or protection as set out in Working Together to Safeguard Children (2013).
- Adhere to National, SSCB policies and procedures including the requirement for having a process for following up referrals to children's social care; a process for the identification of children/young people who are at risk from domestic abuse and for recognised/acting on concerns; a process for following up children who miss appointments; contributing and participating in local safeguarding processes; process for ensuring that adult or adolescent patients are routinely asked about dependents, such as children or caring responsibilities; system in place for flagging safeguarding children concerns; system in place for identifying children subject to a Child Protection Plan.
- Ensure that staff is aware of the need to escalate concerns via the Named and Designated professionals where there are differences of opinion between professionals both within health and the multi-agency network.

- Evidence of compliance will be included in the Annual Report to the CCGs Outcome 7, Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009).

GP Practice Leads

GP practices must have a lead for safeguarding who must work closely with the CCG Named GP and Designated Professionals to address quality issues in relation to safeguarding children.

- GP practices must maintain an up to date list of staff training in relation to safeguarding.
- GPs must ensure that they contribute effectively to children in need of support or protection, including provision of reports for child protection conferences.

7.4 Summary of Key Safeguarding Roles and Responsibilities

Surrey Downs CCG	Has a duty to make arrangements to ensure that in discharging their functions they have regard to the need to safeguard and promote the welfare of children. Work with the Local Authority/ies to commission and provide integrated services for children, young people and families. Ensure that commissioning arrangements effectively incorporate safety and welfare issues across the health economy. Should ensure they commission the services of a senior Doctor and Nurse to undertake the functions of Designated Professionals.
Provider Organisations	Co-operate with arrangements to safeguard children, share the responsibility for effective safeguarding arrangements. Ensure that they identify appropriate staff to undertake the functions of Named Professionals.
Designated Professionals	<p>To provide :</p> <ul style="list-style-type: none"> • Strategic professional lead on all aspects of health service • Contribution to safeguarding children across the CCG area. • Provision of advice and support to named professionals in each provider organisation. • Professional advice to the CCG Board to ensure the Organisation discharges its responsibilities effectively and appropriately. • Co-ordination of the health elements of Serious Case Review process.
Named Professionals	<p>Will focus upon safeguarding arrangements within their own organisation by:</p> <ul style="list-style-type: none"> • Providing support and advice to staff in the day-to-day Management of safeguarding practice. • Promoting good practice in safeguarding work • Providing advice to support their own organisations Governance arrangements for safeguarding children. • Developing a safeguarding children training strategy. • Developing the safeguarding Children training programme and ensuring its delivery meets the required standards.

7.5 Safeguarding within Commissioning Arrangements

Surrey Downs CCG as a commissioner will:

- Ensure commissioning arrangements work in co-operation with Local Authority, NHS England and link to the priorities of the Local Safeguarding Children Board (LSCB)
- Ensure there is a senior commissioning lead for children and young people to ensure their needs are at the forefront of local planning and service delivery.
- Ensure that clinical governance arrangements are in place to assure the quality of services commissioned by the CCG.
- Commission secondary health care for looked after children, including those placed outside of the borough.

7.6 Contracts

Contract Monitoring

Surrey Downs CCG as a commissioner will:

- Ensure through contracts with commissioned services that health services and healthcare workers contribute to multi-agency safeguarding working
- Include the requirement for sharing information with CCGs and LSCBs regarding Safeguarding arrangements and Outcome Frameworks in all commissioning arrangements, contracts and/or service level agreements
- Ensure that Designated Professionals have been consulted on all relevant contracts and service level agreements.

7.7 Assurance regarding safeguarding arrangements across Surrey Downs CCG: annual and quarterly reporting

Quarterly Reporting Dashboard

As outlined in the revised 'Working Together' clinical commissioning groups (CCGs) will be the major commissioners of local health services and will be responsible for safeguarding quality assurance through contractual arrangements with all provider organisations. The dashboard will be used as a tool to provide commissioners with assurance that providers are compliant with their safeguarding responsibilities, it will ensure that there is both quantitative and qualitative data available which demonstrate how providers are moving towards an outcomes based focus. (Table 1)

Table 1

Safeguarding in Health Outcomes Framework

- Leadership and Workforce
- Training
- Safeguarding Supervision
- Partnership Working
- Responding to Wider Social Issues and Vulnerable Groups of Children
- Serious Incidents and Child Deaths
- Adult Issues and Early Help

Annual Reporting

The CCGs and all NHS Trusts or Foundation Trusts are required to publish an annual report of safeguarding children and it is expected that the following will be included:

Annual Report components

- Safeguarding Professionals and Board Executive Lead
- LSCB Participation
- Education & Training
- Safeguarding Children Supervision
- Clinical Governance & Risk Management
- Compliance with CQC Regulations
- Section 11
- Employment Practice
- Policies & Procedures

CCG Reporting

Safeguarding Children	
Frequency	Report title and content
Annual	The Clinical Quality Committees receive an Annual Report for safeguarding children. This is an overview of safeguarding practice across providers and within commissioning.
Quarterly April 2014 July 2014 October 2014 January 2015	Quarterly reports will focus on key issues identified by completion of the dashboard <ul style="list-style-type: none"> • <i>Leadership and workforce</i> • <i>Training</i> • <i>Supervision</i> • <i>Partnership working</i> • <i>Vulnerable groups</i> • <i>Serious Incidents, Serious Case Reviews, Case Reviews, Individual Management Reviews</i>
Monthly	Exceptions reports including serious case reviews or serious issues as necessary.

7.8 Safe Recruitment

The CCG has a duty to ensure that safe recruitment processes are complied with and will act in accordance with the NHS employers regulations, including the Safeguarding Vulnerable Groups Act (HM Government, 2006), SSCB procedures and the local HR recruitment policies.

The CCG will also ensure commissioned services fulfil their safeguarding requirements.

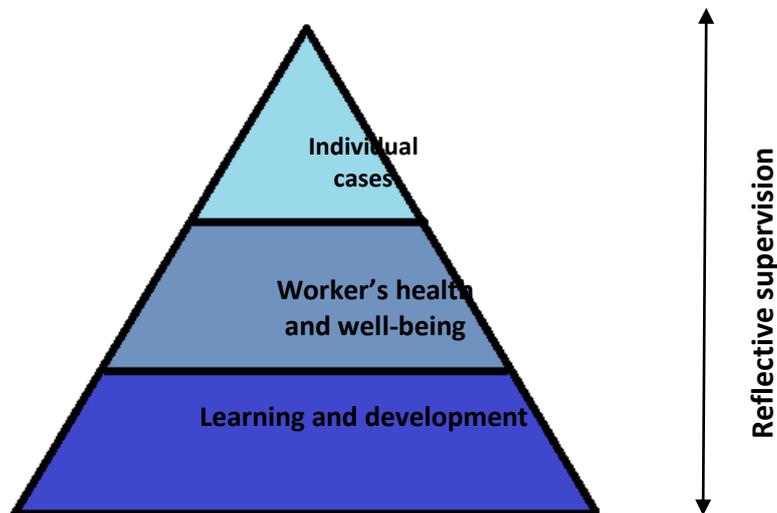
7.9 Supervision

Supervision supports, assures and develops the knowledge, skills and values of an individual worker and provides accountability for decision-making. High quality supervision is the cornerstone of effective working with all children and young people.

There are five main functions of Safeguarding supervision. Difficulties and failure in any area could compromise effective Safeguarding of children.

- Clinical/Reflective practice - Critical evaluation of the assessment and planning for child and family
- Managerial – To ensure competent and accountable performance, management and practice appropriate for the professional role. This includes monitoring progress against agreed tasks and timescales, maintaining clarity and accountability, reviewing priorities and risk.
- Developmental- To ensure continuous professional development. This includes job related training, monitoring continual professional and managerial development, providing feedback on performance, acknowledging strengths and acting on capability issues.

- Supportive – To provide personal support for effective performance and offer help to manage any personal impact of their work. This also includes giving positive feedback as well as constructive criticism where necessary and helping staff to reflect on their contribution to the team, service and organisation.
- Advocacy – This may involve negotiations around roles and responsibilities and management of resource implications. It also includes escalation of concerns both in relation to individual cases and performance issues, dealing sensitively with complaints and opportunities for mediation if internal processes are not effective in resolving disputes.



All supervision sessions should include all levels of the pyramid

Each provider commissioned by the CCG is responsible for ensuring a robust safeguarding supervision model is in place.

The designated professionals provide supervision for named professionals. As part of this supervision process evidence submitted through the dashboard or section 11 can be triangulated. A Supervision contract will be agreed between the designated and named professional (appendix 1)

7.10 Serious Case Reviews

The CCG has a statutory duty to work in partnership with the Local Safeguarding Children Board, and/or any other Safeguarding Children Board,

Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 sets out the functions of LSCBs. This includes the requirement for LSCBs to undertake reviews of serious cases in specified circumstances. Regulation 5(1) (e) and (2) set out an LSCB's function in relation to serious case reviews, namely:

5 (1) (e) undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned. (2) For the purposes of paragraph (1) (e) a serious case is one where: (a) abuse or neglect of a child is known or suspected; and (b) either — (i) the child has died; or (ii) the child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant (Working Together. 2013)

When the circumstances of a particular incident, including those in which a child may have died, raise serious concerns about inter-agency working to protect children from harm, the Local Safeguarding Children Board (LSCB) should undertake a Serious Case Review. The prime purpose of a Serious Case Review (SCR) is for agencies and individuals to learn lessons to improve the way in which they work both individually and collectively to safeguard and promote the welfare of children. The lessons learned should be disseminated effectively, and the recommendations should be implemented in a timely manner so that the changes required result, wherever possible, in

children being protected from suffering or being likely to suffer harm in the future.

SCRs are not inquiries into how a child died or was seriously harmed, or into who is culpable. These are matters for coroners and criminal courts, respectively, to determine as appropriate. Nor are SCRs part of any disciplinary inquiry or process relating to individual practitioners. Where information emerges in the course of a SCR indicating that disciplinary action would be appropriate, such action should be undertaken separately from the SCR process and in line with the relevant organisation's disciplinary procedures. SCRs may be conducted at the same time, but should be separate from disciplinary action. In some cases (for example, alleged institutional abuse) it may be necessary to initiate disciplinary action as a matter of urgency to safeguard and promote the welfare of other children (SSCB Safeguarding Procedure)

The process of a Serious Case Review (SCR) may require each agency to undertake an Individual Management Review (IMR) of their involvement with the child and if appropriate their family, or a report if the involvement with the child and family has been limited. The Individual Management Review should include information about any recommendations and improvement actions that the agency should undertake.

The Designated Safeguarding Professionals will inform relevant agencies including the Care Quality Commission (CQC) and LAT when a Serious Case Review is commissioned.

All IMRs commissioned across the health economy will be submitted to the commissioners of service. It is expected that each provider organisation will have a robust sign off process by their board level lead and that reports received will have been subject to this scrutiny process. Designated professionals will have a role in quality assuring on behalf of the CCG.

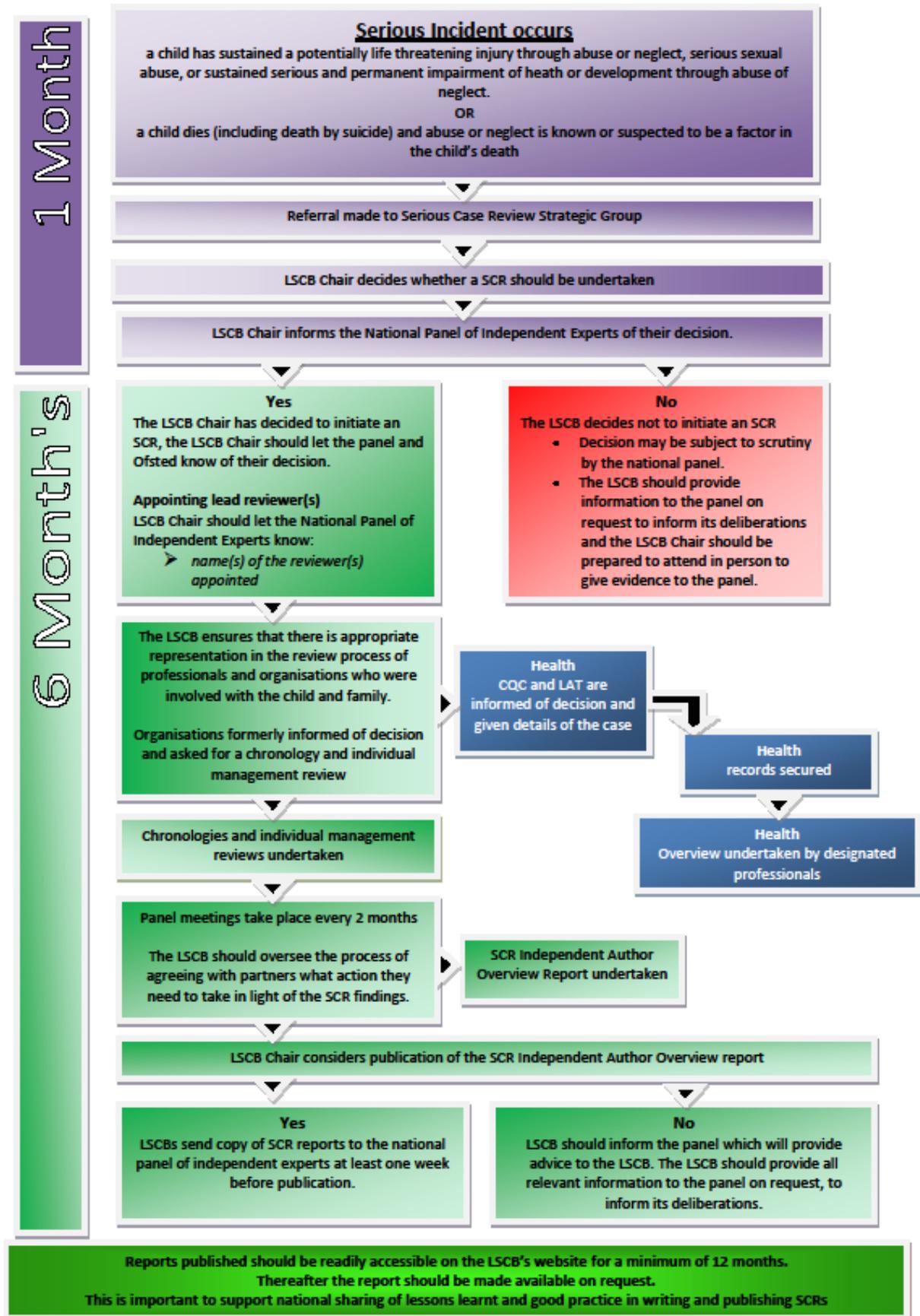
The CCG will ensure that designated and named professionals are given sufficient time and necessary support to contribute to the SCR process.

The Designated safeguarding health professionals, on behalf of the commissioners, should review and evaluate the practice of all involved health professionals, and providers commissioned by the CCG area. Designated safeguarding health professionals also have an important role in providing guidance on how to balance confidentiality and disclosure issues to ensure an objective, just and thorough approach to identifying lessons in the IMR.

The CCG must ensure that the review, and all actions following the review, are carried out according to the timescale set out by the LSCB Serious Case Review Panel scoping and terms of reference.

The SSCB QA&E and health groups will monitor the progress of identified recommendations and supporting action plans.

7.11 Serious Case Review Process



7.12 Action Plans

For health services there are at least three points at which concerns about the conduct of a child's safeguarding arrangements may result in actions for improvement being identified. These are;

- at a time after the first notification of the case is made, usually but not exclusively, by way of responding to the report of a Serious Untoward or Adverse Incident;
- Following completion of the IMR and / or the Health Overview report and;
- On publication of the recommendations of an overview report

7.13 Case Reviews

Where the circumstances of a case are not appropriate for a Serious Case Review but warrant further investigation of safeguarding arrangements a Case Review may be undertaken. The purpose of the case review is similar to the serious case review processes in that it enables agencies and individuals to learn lessons and improve the way in which they work both individually and collectively to safeguard and promote the welfare of children. As with a Serious Case Reviews the lessons learned from a Case Review should also be disseminated effectively, and the recommendations should be implemented in a timely manner so that the changes required result, wherever possible, in children being protected from suffering or being likely to suffer harm in the future.

7.14 Monitoring of Action Plans

Providers are required to submit copies of action plans arising from all safeguarding children concerns including IMR, SI's and Adverse Incidents to the relevant CCG. These will be subject to initial scrutiny by the designated professionals, who will provide advice regarding implementation for contract monitoring purposes.

Providers are also required to report progress against SCR, CR, and IMR action plans to the LSCB on request. Progress against all safeguarding action plans will be routinely monitored during the SSCB Health and Safeguarding Meeting.

7.15 Managing Allegations against People who Work with Children

The procedure for managing allegations against people who work with children is a requirement of 'Working Together to Safeguard Children 2013'. The procedure for managing allegations against people who work with children applies to a wider range of allegations than those in which there is reasonable cause to believe a child is suffering, or likely to suffer, significant harm. They also apply in cases where allegations indicate someone is unsuitable to continue to work or volunteer with children in his/her present position, or in any capacity. These procedures should be used when there is an allegation or concern that any person who works with children, in connection with his/her employment or voluntary activity, has:

- behaved in a way that has harmed a child, or may have harmed a child either by act or omission;
- possibly committed a criminal offence against or related to a child; or
- behaved towards a child or children in a way that indicates s/he is unsuitable to work with children.

These behaviours should be considered within the context of the four categories of abuse (i.e. physical, sexual and emotional abuse and neglect). These include concerns relating to inappropriate relationships between members of staff and children or young people e.g;

- Having a sexual relationship with a child under 18 if in a position of trust in respect of that child, even if consensual;
- Grooming" (i.e. meeting a child under 16 with intent to commit a relevant offence);

- Other “grooming” behaviour giving rise to concerns of a broader child protection nature (e.g. inappropriate text / e-mail messages or images, gifts, socializing etc.);

In addition, these procedures apply to an individual who works with children but the allegation or concern arises in his/her personal life which indicates he/she may be unsuitable to work in their present position, or any capacity e.g. when a person assaults his or her own child. Similarly, the allegation might relate to the spouse or partner of the person who works with children, whose response or attitude to this suggests that his/her ability to fulfil his/her work role might be compromised.

Each LSCB member organisation should identify a designated senior officer with overall responsibility for:

- ensuring that the organisation deals with allegations in accordance with these procedures;
- resolving any inter-agency issues;
- liaising with the Surrey Safeguarding Children Board on the subject.

Surrey County Council has named officers; Local Authority Designated Officer (LADO) whose role is to:

- be involved in the management and oversight of individual cases;
- provide advice and guidance to employers and voluntary organisations;
- liaise with the police and other agencies;
- monitor the progress of cases to ensure that they are dealt with as quickly as possible and are consistent with a thorough and fair process.

Normally, the LADO role is undertaken by a number of Children’s Services staff. Any contacts with the LADO should therefore be made via the Children’s Services Safeguarding Unit who will identify the appropriate LADO and ensure urgent contact with the referrer/employer.

Contact details for the LADO are included at appendix 2.

Thus the CCG has designated:

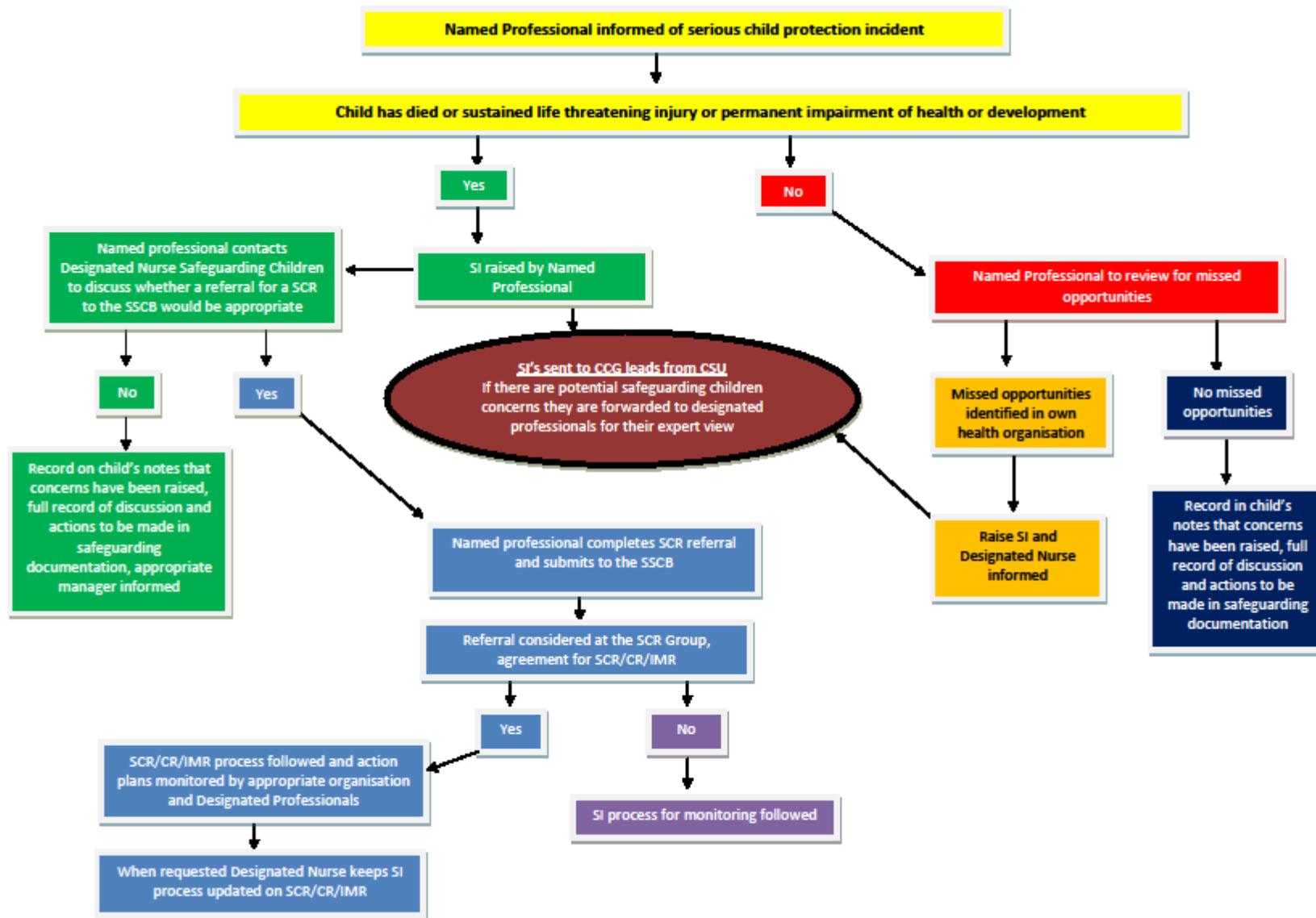
- a senior manager to whom allegations or concerns should be reported;
- A deputy to whom reports should be made in the absence of the designated senior manager or where that person is the subject of the allegation or concern.

Surrey Downs CCG has designated the Designated Consultant Nurse for Safeguarding Children as the senior manager to whom allegations or concerns about employees and contractors such as Primary Care providers should be reported. Contact details are in appendix 2.

The procedures for managing allegations are consistent with and should be read in conjunction with relevant policies of Surrey Downs CCG. In particular, the Human Resources Business Partner will be responsible for ensuring consistency with the CCG Disciplinary and Capability Policy and where appropriate will support the Trust designated managers.

These procedures are complementary to, and do not replace, any Trust policies and procedures in relation to governance and risk. Where appropriate, Adverse Incidents and Serious Incident reporting will take place.

7.16 Serious Incidents



7.17 E-Safety (Electronic Safety)

The CCG has a duty under Section 11 of the Children Act 2004 to ensure that they recognise e-safety issues and plan accordingly to help to ensure appropriate, effective and safe use of electronic communications including the internet, mobile phones, games' consoles, handheld technology and social media, including social networking. If there is an issues regarding e-safety this can be discussed with the Designated Professionals.

7.18 Engagement with Surrey Safeguarding Children Board

The Surrey CCG's will agree representation of an appropriate senior level on the Safeguarding Children Board and its standing groups, and is supported by the Designated Nurse Consultant for Safeguarding Children and the Designated Doctor for Safeguarding Children.

7.19 Committee with Overarching Responsibility for this Policy

Overarching responsibility for all aspects of this policy will be with the CCG Governing Body. An assurance report will be submitted by the Designated Nurse Consultant every 3 months. This will include information about single and multiagency audits of compliance with aspects of this policy as appropriate.

7.20 Other Committees/Groups with Responsibility for Aspects of this Policy

Safeguarding children and in particular the discharge of responsibilities in respect of serious case reviews, audits and managing allegations against people who work with children, will necessarily require engagement with a number of different committees and groups appropriate to each case. These will include the SSCB Health Group.

7.21 Patient/Carer/Relative/Visitor/Contractor Communication and Support

For staff and independent contractors, personal involvement in a Serious Case Review, Audit and Individual Management Review can be a matter of considerable concern. In particular, it is usual practice for anonymised versions of reports to become publicly available bringing with it a high risk of media exposure. Managers of IMR authors and

Designated Managers for managing allegations will be attentive to welfare and will make appropriate arrangements for effective communication with staff including where appropriate, with line managers, occupational health and staff associations. Support for patients, their carers and relatives will be coordinated through the relevant Local Safeguarding Children Board.

7.22 Internal Communication

A fundamental purpose of serious case reviews and audits is that organisations and their staff including independent contractors learn from the review and implement changes to practice that aim to prevent the recurrence of any failings identified in the review. Supporting Managers, the Designated Consultant Nurse and Doctor for Safeguarding Children will, as appropriate, ensure that learning is disseminated.

7.23 Safeguarding Children Training Strategy

It is the responsibility of managers to evaluate the different roles within their organisation at the recruitment stage to determine the level of safeguarding training that is appropriate to the role. Adherence to the levels will be reviewed through the Performance and Development Review process (PDR).

The commissioners acknowledge that safeguarding children and young people work is often complex and stressful, and that effective supervision is important to ensure good standards of safeguarding practice.

All Safeguarding training should be consistent with *The Common Core of Skills and Knowledge*, Children's Workforce Development Council (CWDC) 2010 www.cwdcouncil.org.uk and congruent with Roles and Competencies for Health Care Staff, the Intercollegiate Document (RCPCH 2010) and Working Together (HM Government 2010).

The minimum requirements for training for all staff are set out in the intercollegiate guidance: Safeguarding Children and Young People 2010 which was produced by the Royal College of Paediatrics and Child Health and agreed by the relevant professional bodies.

Level 1: All staff working in healthcare settings (clinical and non-clinical) should be trained to this level.

They should:

- Understand what constitutes child abuse.
- Know the range of physical abuse, emotional abuse, neglect and sexual abuse.
- Know what to do when they are concerned that a child is being abused.

Level 2: All clinical and non-clinical staff who have regular contact with parents, children and young people should be trained to this level.

They should:

- Be competent at level 1.
- Be able to recognise child abuse.
- Be able to document their concerns.
- Know who to inform.
- Understand the next steps in the child protection process.

Level 3: All staff working predominately with children, young people and parents should be trained to this level.

They should

- Be competent at level 2.
- Have knowledge of the implications of key national documents/reports.
- Understand the assessment of risk and harm.
- Understand multi-agency framework/ assessment / investigation /working.
- Be able to present child protection concerns in a child protection conference.
- Demonstrate ability to work with families where there are child protection concerns.

- Be able to put into practice knowledge of how to improve child resilience and reduce risks of harm.
- Understand forensic procedures/practice.
- Where appropriate, be able to undertake forensic procedures.
- Be able to advise other agencies regarding the health management of child protection concerns.
- Be able to contribute to serious case reviews or equivalent process.

Level 4 Specialist roles such as named professionals should be trained to this level.

Level 5 Designated roles should have achieved this competency.

Level 6 Expert level.

<http://fflm.ac.uk/upload/documents/1290784237.pdf>
(intercollegiate Document 2014)

7.24 Assurance and Governance

Assurance will be required by the SSCB that **all** staff have been trained to an appropriate level in safeguarding children and young people. In order to provide assurance to the CCG, all contracted practitioners/services will record information including:

- Numbers of staff requiring each level of training as stated in Roles and Competencies for Health Care Staff: Intercollegiate Document 2010.
- Attendance figures for all levels of training.
- Attendance at relevant specialist courses

Spot checks will be carried out by the safeguarding team to assure the commissioner that the knowledge and skills acquired through the training programme are being embedded in practice. Internal and specific service related evaluation and audit of safeguarding practice will be commissioned as appropriate.

7.25 Dissemination and Implementation

This Safeguarding Commissioning Policy is to be circulated to all staff within the CCG. It will also inform the contracting process with commissioned services. The policy will be included in the documents library on the intranet.

7.26 Approval and Ratification Process

The Safeguarding Children Policy is to be approved by the CCG Quality Committee and ratified by the Clinical Commissioning Governing Body.

7.27 Policy Review

This policy will be subject to a routine annual review, and will also be subject to alteration if required through the creation of additional national policy, legislation or guidance and / or local guidance. If revised, all stakeholders will be alerted to the new version. The review will be conducted by the Safeguarding team and other relevant personnel

8. Monitoring Compliance

Compliance with this policy will be audited as part of the Section 11 audit which is led by the Surrey Safeguarding Children Board.

9. References and Bibliography

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RCPCH (2010) *Safeguarding Children and Young People, Roles and Competencies for Health Care Staff. Intercollegiate Document*
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10. Appendices

Appendix 1

CCG Supervisory Contract

Supervision is a structured formal process through which staff can have regular protected time for facilitated in depth reflection of practice.

Supervision should be carried out on a one to one basis between two professionals who trust each other.

Supervision supports, assures and develops the knowledge, skills and values of an individual worker and provides accountability for decision-making. High quality supervision is the cornerstone of effective working with all children and young people.

The purpose of Named Professional supervision is:

- To assist the named professional in performing to the standards specified in their Job Description
- To ensure that the named professional is clear about their roles and responsibilities.
- To support the named professionals professional development by assisting in the identification of developmental needs, interests, goals and action plans
- To be a source of support for the named professional, recognising the particular stresses and pressures of working in the area of safeguarding children and child protection
- To jointly examine evidence submitted as part of the named professionals organisations section 11 or dashboard submissions
- To provide an opportunity for the named professional to reflect on skills, knowledge and value base by enabling reflection on her own performance
- To provide constructive feedback to the Named Professional on their performance, based on information provided.

As supervisee and supervisor, we agree to the following:

Aim

To work together to facilitate, In-depth reflection on issues affecting practice aimed at supporting personal and professional development.

Time

We will protect the time and space for supervision, by keeping to agreed appointments and time boundaries. We will meet times a year

Privacy will be respected and interruptions avoided

Before supervision sessions

We will:

- consider any actions resulting from supervision
- reflect on any actions resulting from supervision
- allow time to attend supervision
- plan work to ensure punctuality at supervision sessions
- ensure venue and times are arranged

Supervision sessions

We will:

- work respectfully
- be open to feedback about the supervision sessions
- avoid interruptions
- Listen to each other and never interrupt when someone is speaking.
- be positive

Records

The Supervisor will keep:

- records of attendance
- brief records of key points raised at the session
- brief action points agreed at the meeting

Although these are personal to the supervisee, they may be subpoenaed by a court of law or viewed by the employer if supervision is part of the employment contract.

The Supervisee will keep:

- a brief record of individual action points
- a reflective log in relation to action points
- a note of issues to be discussed at clinical supervision

Confidentiality

Information revealed in supervision sessions remains confidential with the exception of:

- ❖ **Unsafe, unethical or illegal practice being disclosed that you are unwilling to go through the appropriate procedures to address.**
- ❖ **Evidence in relation to the named professionals organisations safeguarding arrangements required by the CCG as a commissioner**

In the event of an exception arising every attempt will be made to support you to deal with the issue yourself. However if concerns remain I will reveal the information only after informing you that I am going to do so. I may also consider informing your line manager if you repeatedly fail to attend sessions but will inform you before I do this.

Use this box to add any amendments you agree:

Signed (Supervisor)

Name (*printed*)

Date

Appendix 2

Contact Details

**CCG CP Children's Lead
Head of Clinical Quality, Clinical Governance and Patient Safety – Executive
Lead for Safeguarding**

Eileen Clark
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Named GP Safeguarding Surrey Downs CCG

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Named GP Safeguarding Children Surrey Wide

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Designated Professional Team:

Consultant/Designated Nurse for Safeguarding Children Surrey Wide

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Mobile: 07799622327

Designated Doctor Safeguarding Children Surrey Wide

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PA to Consultant / Designated Nurse for Safeguarding Children Surrey Wide

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Mobile: 07500 990623

Child Death Team:

Designated Doctor Child Death

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Tel: 01737 768511 ext. 6863

Nurse Specialist Child Death

Noreen Gurner

Specialist Nurse for Child Death Reviews

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Tel: Mobile: 07717 426704

Looked After Children Designated Team

Designated Doctor for Looked After Children

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Co-ordinator for Looked After Children

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LADO Team

Allegations consultations and general safeguarding advice

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Telephone the Surrey Safeguarding Children Unit on **01372 833310** to access the LADO on duty