

Safeguarding Children and the Care Quality Commission

1. In July 2009 the Care Quality Commission (CQC) published a report following their review of arrangements in the NHS for safeguarding children. Whilst the review showed many health trusts have the right people and systems in place for safeguarding children, the report also identified areas where further improvement is required. David Nicolson's letter to all Chief Executives and Strategic Health Authorities (SHA) dated 16 July 2009, sets out the actions required of NHS trusts, including Primary Care Trusts. Monitor has written separately to all NHS Foundation Trusts (PCT) setting out similar expectations.
2. All NHS trusts are required to review services to ensure all necessary improvements to safeguarding arrangements are being made and that they are thoroughly prepared for registration with the CQC in April 2010.
3. The minimum requirements are set out in the attached table. Boards of all trusts are required to publish a declaration locally on their websites (and also in other medium they decide) as soon as possible when they are satisfied these arrangements are in place. NHS Trusts and PCTs are required to share their declarations with SHAs and the Department of Health. This is part of the build up to CQC Registration in April 2010.
4. The Department of Health has held meetings to discuss safeguarding with each SHA over the last few months and have considered safeguarding issues as part of the SHA assurance process. As part of this process, in August 2009 the SHA wrote to Directors of Nursing and Directors of Performance in PCTs and Trusts and provided a template which was used to shape the declarations. There is now a further requirement for all organisations to refresh and publish their declaration of compliance with the minimum standards by mid January 2010, to demonstrate progress against the required actions, and the plan to achieve compliance within the timescale.
5. The template setting out the minimum standards has been updated to demonstrate progress and is attached. Community and Mental Health Services is now compliant with all requirements. .

Alison Woodhouse
Interim Associate Director of Operations
26 February 2010

Safeguarding Children Public Declaration – Preparing for Care Quality Commission registration

Assurance Requirements	Completed Yes / No	If No, timescale for completion
1. The Trust meets the statutory requirement of carrying out Criminal Bureau checks on relevant employees.	YES	
2. Child protection policies and systems are up to date and robust.	YES	
3. A process is in place for following up children who miss outpatient appointments.	YES	
4. An alert system is in place to flag up children whose safeguarding is of concern.	YES	
5. All staff working in health care settings (clinical and non-clinical) have undertaken level 1 safeguarding training. ¹	YES	
6. A training plan has been developed for staff that will require more in depth training e.g. levels 2 or 3.	YES	
7. Service agreements and job descriptions provide clarity on the role of a designated and named professional e.g. A named doctor should do 4 sessions per week for a population of approx 50,000 children. Designated doctors should do 5 sessions for approx 50,000 children. ²	YES – Named professional JDs / job plan provide clarity Designated Dr not employed by NYY CMHS	
8. Service agreements including job descriptions provide clarity on the role of a designated and named nurse professional. ¹	YES named professional job descriptions Designated professional not employed by NYY CMHS so not	

¹ This is the level of training set by the intercollegiate guidance Safeguarding Children and Young People; Roles and Competencies for Health Care Staff.
http://www.ich.ucl.ac.uk/website/ich/academicunits/Centre_for_evidence_based_child_health/Custom_Menu_01/safeguarding_children_rcpch0.pdf

² <http://www.rcpch.ac.uk/Policy/Child-Protection/Named-and-Designated-Doctors>

	relevant	
9. Board level Executive Director Lead for safeguarding has been identified.	YES	
10. The Board reviews safeguarding arrangements on an annual basis at minimum.	YES	
11. The Board is assured that robust audits are in place to ensure safeguarding systems and processes are functioning effectively.	YES	
PCT(Commissioner) specific questions:		
12. PCTs have robust performance monitoring systems in place for all providers, including the independent sector, in relation to safeguarding.	Not relevant to NYY CMHS	
13. PCTs ensure that GP practices and staff have robust systems and practices in place to ensure they can fulfil their role in safeguarding children.	Not relevant to NYY CMHS	