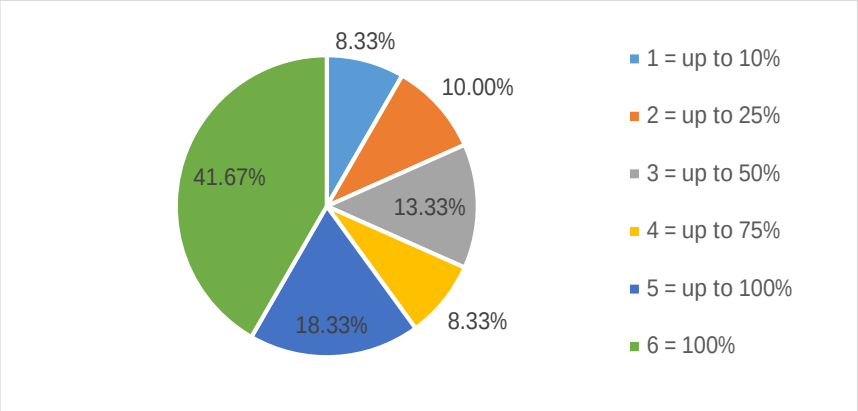
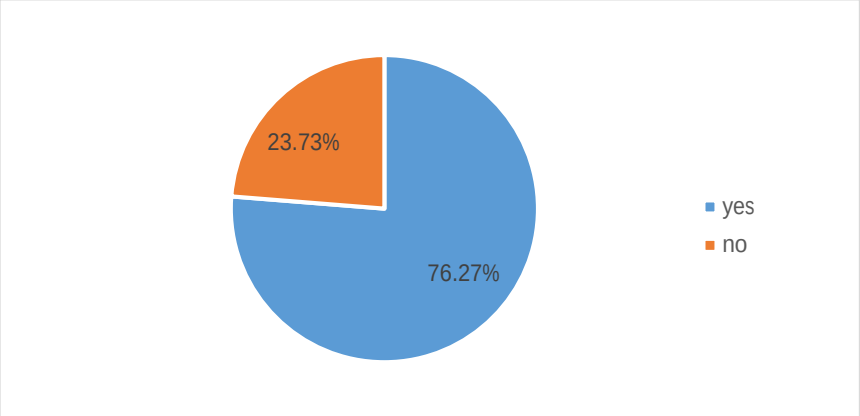
Figure 2: Percentage of role focused on safeguarding children function



Forty five (76.27%) respondents advised they had reviewed their function in line with the requirements outlined in the 2014 intercollegiate framework *Safeguarding children and young people: roles and competences for health staff* (see Figure 3). As a result several individuals advised role descriptions were being reviewed and supervision strategies put in place, while one respondent stated they had arranged a 1:1 with their manager to discuss future arrangements for safeguarding as they were concerned.

Figure 3: Reviewed Designated safeguarding function against intercollegiate framework



Fifty five respondents advised they had additional roles and responsibilities in addition to the Designated Nurse for safeguarding function. These included responsibility for vulnerable adults, Designated Nurse for Looked after Children, senior/executive management, commissioning and other roles (see Figure 4).

Figure 4: Additional roles and responsibilities

Those indicating ‘other’ highlighted additional responsibilities as the lead for continuing health care, quality and safety, child sexual exploitation, domestic homicide and CP-IS. One respondent advised they held the overall organisational lead for safeguarding which included line management of the team but also oversight of adults and looked after children agenda, and as such would be the first point of contact for safeguarding by senior managers.

‘My current role includes elements of the Designated Nurse LAC role – however the CCG have agreed to fund the post of Designated Nurse LAC therefore my role will change going forward’

One respondent clearly articulated concerns about the trend towards additional roles and responsibilities being added to the Designated Nurse for safeguarding children which would not be the case for the Designated Doctor:

all the functions commissioned provide some support to the CCG (some more than others)'.

'Team consists of substantive designated nurse, safeguarding trainer, safeguarding coordinator, additional resource of LAC, named GP, designated doctor child protection, designated doctor LAC, named GP are part of the team but for certain number of sessions'

While there is a team it is not collocated. The team are:
Designated professionals safeguarding and LAC, Doctors and Nurses
Named GP
CCG safeguarding lead

The NHS structural changes were seen by some as having a detrimental effect on team working:

'The commissioning and provider split destroyed the team role that the designated professionals held across the provider services'

Support and supervision

The vast majority of respondents receive supervision (see Figure 6). While some received supervision monthly, for others supervision was when requested or less frequently for example every 2 months or quarterly (see Figure 7)

Figure 6: Receive supervision

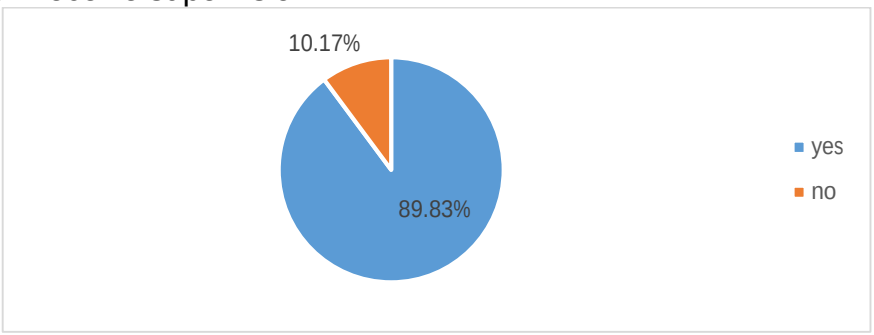
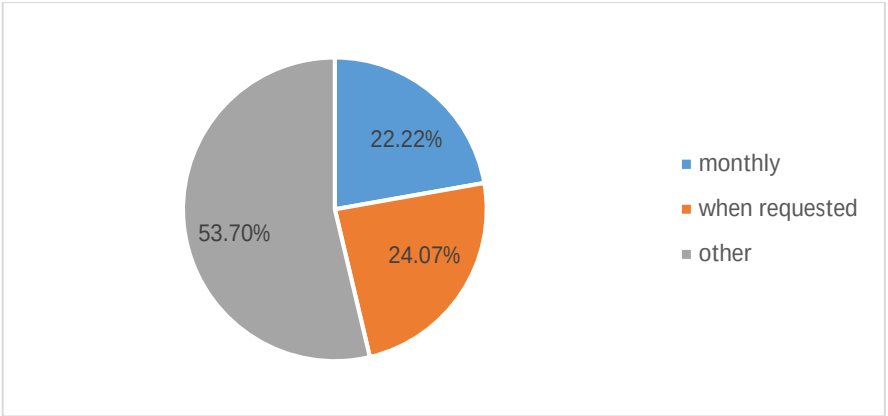


Figure 7: Frequency of supervision



While 22.22 percent (12) received monthly supervision many received supervision either when requested, bi-monthly or quarterly. The type of supervision also varied, with many Designated Nurses advising that they had peer supervision or group supervision every 6-12 weeks, with managerial supervision monthly. Some Designated nurses advised that they received external supervision from an independent commissioned provider or another Designated Nurse from outside of their area.

Respondents advised that the effectiveness of the supervision received varied, although there appears to be little difference between the type of supervision and its effectiveness (see Figure 8). Several commented that management supervision was provided by line managers whose background was non clinical and contract management.

Figure 8: Effectiveness of supervision

Of those who advised they did not receive supervision many commented on the new structures and lack of capacity and availability of an appropriate person to deliver what they felt is required.

Relationships with NHS England

The majority advised they had met regularly with NHS England as a designated nurse for safeguarding children and young people since April 2013 (see Figure 9), although the frequency, format and effectiveness varied (see Figure 10 and 11) .

Figure 9: Meeting NHS England

Figure 10: Frequency of meeting with NHS England

Figure 11: Effectiveness of meetings with NHS England

Some of those who advised they met with NHS England did so at study days, serious case review meetings or on an ad hoc basis as required. Comments included:

> The NHSE lead are very confused about their role and function. Sector forums are ineffective or do not take place

> We have had a number of changes in leadership for safeguarding some more effective than others. With area team managers what progress had been made appears to be taking a retrograde step

> The designated professionals meeting are effective. The NHSE safeguarding leadership is ineffective, ill-informed and has very little strategic guidance from Leeds. Recently the removal of a children's lead designate at NHSE X is indicative of the lack of

concerns about information not being shared, with fifty percent indicating problems with information sharing had impacted on practice (see Figure 14).

Figure 13: problems with sharing personal identifiable information

Figure 14: result of problems with information sharing or personal identifiable information

Reporting

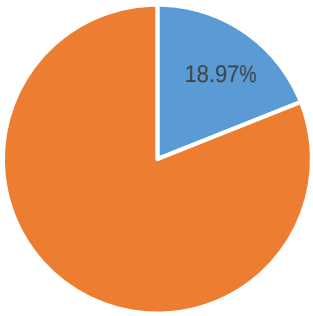
The majority of respondents indicated that they provided a safeguarding report for the governing body/Clinical

Those who do not attend in person to present their report indicated the report was presented by their line manager, chief nurse or Executive lead. One respondent however indicated that the report was no longer presented but included within papers for members to read and raise questions if needed.

Organisational operationalisation

Nearly twenty percent of respondents indicated they were part of a hosted model (see Figure 16). A hosted model is where one CCG employees Designated Nurses as a team who then provide the designated function for a number of CCGs.

Figure 16: part of a hosted model



Several respondents advised that there had been changes to the arrangements within the preceding two years. These included

> ‘Additional resources have resulted in the recruitment of an Associate Designated Nurse to support the role which covers 5 CCGs’

> ‘Changes are proposed but have not yet taken place due to the different models of engagement with NHS England across 3 CCGs’

While some of the changes were positive others were seen to impinge on the ability to effectively fulfil the designated function:

> ‘More robust communication within the multiagency arena’

> ‘The localities covered by my CCG mean that I cover two safeguarding boards and local authority areas’

> ‘The designated safeguarding nurse role should be recognised/respected by accountable officers, Executive nurses and managers, as a highly qualified role to masters level where some of their positions don’t require such qualifications and specialist skills and experience. The Designated Professionals should take their own reports to board and for it to be recognised the safeguarding agenda is constantly expanding with more complex cases/risk management/Local Safeguarding Children’s Board sub group/audits/serious case reviews and needs investment with administration and management support’

While some respondents highlighted the role was valued there was a lack of understanding about the breadth of the role and therefore a failure to appreciate the resource requirements:

> ‘The role is valued by the CCG and both children and adult designated nurses are respected clinicians, however additional

economy and across the Local Safeguarding Children's Board and social care. These roles require investment and time'

Several respondents' highlighted issues related to professional development for designated nurses and also access to a lack of experts able to provide effective supervision for experienced designated nurses.

Concluding statement

The report provides an overview of the current safeguarding arrangements for children and young people across the new health structures in England. It is clear that the financial pressures may be impacting on the ability of Clinical Commissioning Groups to provide assurance around the safeguarding children agenda. With further changes afoot the Designated Nurses who responded highlighted the changing landscape and a lack of understanding about the role within many Clinical Commissioning Groups.

It is of concern that only forty one percent of respondents advised that their role was focused purely on safeguarding children, while others indicated that safeguarding children formed less than fifty percent of the focus of their role. The level of focus on safeguarding children and young people in the new structures is therefore of serious concern.

The 2014 Edition of the intercollegiate framework *Safeguarding children and young people: roles and competences for health staff* recognised the increasing complexity of both the Designated Doctor and Designated Nurses roles and made clear recommendations about the level of resource required to safeguard children and young people (see below).

DESIGNATED NURSE FOR SAFEGUARDING CHILDREN AND YOUNG PEOPLE

A minimum of 1 dedicated WTE* Designated Nurse for a child population of 70,000.

A minimum of 0.5WTE dedicated administrative support to support the Designated Nurse

recommendations and key requirements in the Intercollegiate safeguarding framework, many had not as twenty seven percent of respondents did not feel supported.

The survey highlighted that access and availability of independent supervision as opposed to managerial oversight varied considerably. It could therefore be questioned how Designated Nurses are able to supervise others if they themselves do not have access to effective supervision.

Almost seventy percent of Designated Nurses for Safeguarding Children reported that they did not meet with NHS England representatives. Questions could be asked about how NHS England monitor whether meetings are occurring and the level of support provided to frontline Designated Nurses. NHS England central Safeguarding Team need to review this situation as a matter of urgency.

While respondents reported that some regions have retained a focus on providing leadership development programmes for Designated Nurses, others have not leaving a very variable picture across the country and a lack of standardisation in the preparation of individuals for these complex roles. If those holding such positions in the future have a lack of focus, reduced capacity and lack the underpinning knowledge skills and competence it is likely that the safety of children and young people across the local health economy will be severely compromised.

The overall findings paint a concerning picture around the safeguarding of children and young people across England. It is crucial that the Care Quality Commission look carefully at structures, roles, board level awareness, reporting mechanisms and processes in place when undertaking future inspections at local level.