

***NHS Warrington CCG Resolution of Professional
Disagreements in Work Relating to the Safety of Children
and Young People (Escalation Policy) 2018-2022***

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NHS Warrington Clinical Commissioning Group

Resolution of Professional Disagreements in Work Relating to the Safety of Children and Young People (Escalation Policy) 2018- 2021

1.0 SUMMARY

This policy has been created to be used when resolving professional disagreements in relation to the safeguarding needs of children and young people, because disagreements over the handling of concerns can impact negatively on positive working relationships and consequently on the ability to safeguard and promote the welfare of children. This policy is not designed to replace the statutory complaints processes established within individual partner agencies, such as Whistleblowing Policy or Complaints Policy.

2.0 INTRODUCTION

It is paramount that this policy is read in line with Warrington Safeguarding Partnership arrangements' (previously Warrington Safeguarding Children Board) Policy and Procedures www.warringtonlscb.org. Also, NHS Warrington CCG Safeguarding Children and Adults' Policies; Managing Allegations Procedures and Pan Cheshire Safeguarding Children Procedures.

Occasionally situations arise when workers within one agency feel that the decision made by a worker from another agency on a Child Protection or Child in Need case is not a safe decision. Disagreements could arise in a number of areas, but are most likely to arise around:

- Levels of Need /Thresholds.
- Roles and responsibilities.
- The need for action.
- Communication.

The safety of individual children is the paramount consideration in any professional disagreement and any unresolved issues should be addressed with due consideration to the risks that might exist for the child.

All workers should feel able to challenge decision-making and to see this as their right and responsibility in order to promote the best multi-agency safeguarding practice. This policy provides workers with the means to raise concerns they have about decisions made by other professionals or agencies by:

- a) Avoiding professional disputes that put children at risk or obscure the focus on the child or young person.
- b) Resolving the difficulties within and between agencies quickly and openly.

- c) Identifying problem areas in working together where there is a lack of clarity and to promote the resolution via amendment to protocols and procedures.

Effective working together depends on an open approach and honest relationships between agencies. Problem resolution is an integral part of professional co-operation and joint working to safeguard children and young people.

Resolution should be sought within the shortest timescale possible to ensure the child or young person is protected. Disagreements should be resolved at the lowest possible stage, however, if a child or young person is thought to be at risk of immediate harm, discretion should be used as to which stage is initiated.

3.0 SCOPE AND DEFINITIONS

3.1 Scope

This policy applies to all directly and indirectly employed staff directly and indirectly working with the NHS Warrington Clinical commissioning Group (CCG).

3.2 Definitions

Disagreements: The lack of consensus or approval/ an argument or a situation which people do not have the same opinion or an inability to agree.

4.0 ROLES AND RESPONSIBILITIES

4.1. Chief Officer

The **Chief Officer** has ultimate responsibility for ensuring that the health contribution to safeguarding and promoting the welfare of children is discharged effectively across the Warrington health economy through the commissioning arrangements and to ensure the CCG works with the local authority in the operation of the Local Safeguarding Partnership arrangements and support the work carried out by the partnership.

4.2. Chief Nurse

The **Chief Nurse as CCG Governing Body Lead for Safeguarding** is the Member with the day-to-day delegated responsibility from the Chief Officer, to be accountable for assuring that the CCG is discharging its responsibilities effectively through the safeguarding arrangements in place to meet legislative, national and local requirements and outcomes. They are responsible at Governing Body level for ensuring safeguarding is central to decision making around commissioned services and in the operation of the CCG.

4.3 Deputy Chief Nurse

The **Deputy Chief Nurse's** ultimate responsibility is for the day-to-day delivery of the safeguarding arrangements and is accountable managerially for ensuring the

outcomes are delivered. This includes, but is not restricted to, robust CCG arrangements to discharge safeguarding requirements, assurance of staff training and competence, effective partnership working, participation in the Safeguarding Partnership and access to clinical expertise.

4.4. Designated Nurse, Named Nurse and Named GP

The **Designated Nurse, Named Nurse and Named GP** have a reporting relationship to the Governing Body GP Lead for Safeguarding, to ensure access outside the line management arrangements for assurance.

4.5 Responsibilities of Managers

- Consider staff concerns carefully and escalate accordingly.
- Understand the difficult position that the individual staff member may be in.
- Seek appropriate advice from relevant CCG Designated Nurse or Named Nurse.
- Take prompt action to resolve the concern.
- Keep the member of staff informed about the ongoing processes and / or proposed solution.
- Regularly review situations that have been reported to them.

4.6 Responsibilities of Employees

- Ensure that the best standards of care are achieved.
- Report their concerns to a member of CCG safeguarding team as outlined in this procedure.

5.0 PROCESS AND REQUIREMENTS

5.1 Stages of the Policy

Stage One

Any worker who feels that a decision is not safe or is inappropriate should initially consult a supervisor / manager to clarify their thinking in order to identify the problem, be specific as to what the disagreement is about and what they aim to achieve. They should also be able to evidence the nature and source of their concerns and should keep a record of all discussions.

Stage Two

Initial attempts should be taken to resolve the problem at the lowest possible level. This would normally be between the people who disagree. It should be recognised that differences in status and/or experience may affect the confidence of some workers to pursue this unsupported.

Stage Three

If the problem is not resolved at stage two the concerned worker should contact their Manager and Designated Professional within their own agency, who should raise the concerns with the equivalent supervisor / manager in the other agency. Accurate records of discussions must be kept.

Stage Four

If the problem is not resolved at stage three the senior manager must report to their respective operations manager and Designated Professional. These two managers must attempt to resolve the professional differences through discussion. The Designated Professional will discuss with the Warrington Borough Council's Head of Service, Children's Safeguarding and Quality Assurance.

Stage Five

If it has not been possible to resolve the professional differences within the agencies concerned, the matter should be referred to Warrington Safeguarding Partnership Manager, who may either seek to resolve the issue direct, or to convene a Resolution Panel.

The Panel must consist of Local Safeguarding Partnership representatives from three agencies, (including the agencies concerned in the professional differences, where possible).

The Panel will receive representations from those concerned in the professional differences and make a decision as to the next course of action in resolving the professional differences concerned.

(See Appendix 1)

5.1 Timescales

Some matters may be resolved very quickly, and this will be determined locally by the complexity of the issues. In all cases, the matter will be resolved as speedily as possible, and the primary focus will be on ensuring that the safety and welfare of the child or young person concerned is assured whilst discussions take place.

Stage 1/2: 1 week of the issues being raised (5 working days)

Stage 3: 1 additional week of the issues not being resolved at Stage 2 (5 working days)

Stage 4: 2 additional weeks of the issues not being reached at Stage 3

If this is not possible, the rationale must be recorded in the child's record and a remedial action plan put into place to ensure resolution as soon as possible.

5.2 Following Timescales

When the issue has been resolved, any learning points must be shared and considered for future learning. Best practice would be for all individuals involved to have a de-brief meeting to promote continued working practice / relationships.

5.3 Additional Notes

At all stages of the process actions and decisions must be recorded in writing and shared with relevant personnel, to include the worker who raised the initial concern. In particular, this must include written confirmation between the parties about an agreed outcome of the disagreement and how any outstanding issues will be pursued.

6.0 TRAINING AND AWARENESS

Training and awareness of escalation will be included in the wider safeguarding and protection of children training at all levels and as part of individual supervision.

7.0 EQUALITY IMPACT ASSESSMENT

All employees must comply with the CCG's Diversity Policy, and Equality Delivery System and must not discriminate on the grounds of age, disability, gender re-assignment, marriage and civil partnership (but only in respect of eliminating unlawful discrimination), pregnancy and maternity, race (this includes ethnic or national origins, colour or nationality, religion or belief, including sex, sexual orientation or lack of belief. This involves recognising the importance of people's rights and acts in accordance with legislation, policies, procedures and acting in ways that:

- acknowledge and recognise people's expressed beliefs, preferences and choices;
- respect diversity;
- value people as individuals;
- promote equality through their work;
- take into account own behaviour and its effect on others;
- identify and take action when own or others' behaviour undermines equality.

8.0 REVIEW

This policy will be reviewed in 3 years' time unless earlier review is indicated.

Version 2.0	Policy Review Group	2021
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9.0 MONITORING / AUDIT

This Policy should be kept under review in the light of changing circumstances and requirements. As a minimum it should be reviewed routinely every three years. If there are significant changes this should be returned to the ratifying body for approval.

An annual staff survey will be undertaken in order to evidence compliance with this policy.

Resolution (escalation) Policy For Professionals with Child Protection or Child Welfare Concerns

