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**Foreword**

This is the fourth Merton Clinical Commissioning Group (CCG) Annual Safeguarding Children Report.

Merton CCG commitment to safeguarding and promoting the wellbeing of children and young people is clearly set out in the safeguarding statement 2016.

The content of this report is based on the quarterly safeguarding children reports submitted by the Designated Nurse Safeguarding Children and approved by Merton CCG Governing Body relating to 2015/16.

The current Designated Nurse Safeguarding Children and Children Looked After (CLA) and Annual report author came into post January 2016 which is reflected in the inclusion of provider and CCG operational performance data in Q3 and Q4 2015/16.

This report is to be read in conjunction with the annual Children Looked After Report 2015/16 and CDOP report 2015/16.

Liz Royle
Designated Nurse Safeguarding Children and Children Looked After
Merton CCG
1. INTRODUCTION

1.1 This annual report 2015/16 demonstrates how the Governing Body of Merton Clinical Commissioning Group (MCCG), in discharging its functions as a commissioner of healthcare services in 2015/16, has been assured that the arrangements to safeguard children and young people have been effective, compassionate and most importantly listened to and engaged children and young people. In addition, the annual report provides assurance that the MCCG has in 2015/16 achieved compliance with the duties and responsibilities as outlined by existing legislation, guidance and frameworks;

- Promoting the Health and Well-being of Looked after Children (2015)
- Safeguarding Vulnerable People In the NHS – Accountability and Assurance Framework (2015)
- Safeguarding children and young people: roles and competences for Health care staff, intercollegiate document (2014).

1.2 Safeguarding is embedded within the wider duties of all organisations across the health system with providers organisations charged with the duties and responsibilities of delivering safe and high quality care and commissioners being charged with the responsibilities and duty to be assured of the safety and quality of the services commissioned. The annual report 2015/16 will give an overview of the performance of each provider highlighting achievements, risks and actions for 2016/17.

1.3 Safeguarding duties for commissioners of health service as a minimum requirement are (NHSE 2015);

- A Designated Doctor and Designate Nurse for Safeguarding Children to support and provide expert advice on the commissioning of services,
- An Executive lead for safeguarding,
- Effective policies and procedures, safer recruitment, training, supervision and reporting arrangements for safeguarding adults and children that link to local procedures for the LSCB/SAB.
- Arrangements in place to ensure services they commission are safe for children and young people who may be at risk of abuse or neglect,
- Arrangements in place to ensure the health commissioning system as a whole is working effectively in disseminating policy and escalating key issues and risks.

These are the duties against which the performance of Merton CCG is measured.
2. **MERTON CCG COMPLIANCE WITH STATUTORY GUIDANCE / DUTIES 2015/16**

2.1 Merton CCG in 2015/16 achieved compliance with statutory guidance and safeguarding requirements and this was endorsed by the NHSE Deep Dive Audit (Nov 2015) and external reaudit in Q4 2015/16.

2.2 Merton CCG external facing safeguarding statement in 2015/16 was reviewed by the Designated Nurse and following approval by the Safeguarding Executive Group (SEG) is online with next review date 2017. This is annual statement provides current information and assurance to the public as to Merton CCG’s compliance with safeguarding legislation, statutory and commissioning guidance.

2.3 In 2015/16 a review of Merton CCG safeguarding training was been undertaken by the Designated Nurse and a training strategy for 2016/17 has been approved by the Safeguarding Executive Group (SEG). The strategy has reviewed the training needs and required competencies of the CCG workforce and reporting mechanisms. The levels of training, competencies and roles have been matched to the intercollegiate document (RCPCH 2014).


2.4 In 2015/16 compliance exceeding 80% was achieved for safeguarding children training across all staff groups requiring level 1 and 2 safeguarding training. All staff in specialist safeguarding roles are compliant with safeguarding training; 100%.

2.5 Merton CCG safeguarding children internal training offer has been reviewed and updated. The internal training offer is compliant with the intercollegiate document (RCPCH 2014) requirements and include:

- Basic awareness of PREVENT
- Child Sexual Exploitation
- Female Genital Mutilation (FGM) mandatory reporting requirements

This training resource has been shared with the Named Nurses Child Protection (NNCP) with a view to facilitating the updating of the internal training offer within each of the Trusts.

2.6 GPs have been directed to the MSCB training offer and received safeguarding updates via the Merton CCG Primary Care Update (online newsletter).

**Action for 2016/17**

- MCCG host 3 GP safeguard training events 2016/17

2.7 Merton CCG in 2015/16 has submitted a Section 11 audit to MSCB and has an action plan in place to ensure continuous improvement of safeguarding arrangements. There are outstanding actions which are to be progressed in 2016/17.
Action for 2016/17

- Named GP function arrangements to established
- Supervision arrangements to be put in place for safeguarding leads with the CCG
- Development of complaints leaflet which is child / young people friendly
- Further development of initiatives by the CCG to listen and engage with children and young people

2.8. Merton CCG is represented on the MSCB Board by the Director of Quality and Governance and Designated Nurse. Attendance at MSCB Board by Merton CCG is 100%.

2.9 The Merton CCG Designated Nurse chairs the Merton Safeguarding Children Board (MSCB) Policy Subgroup and in 2015/16 has overseen the development and approval of the following MSCB documents;

- MSCB Female Genital Mutilation (FGM) Strategy
- MSCB Self Harm Protocol.

The contribution of the Merton Safeguarding Manager (SPOC) has been acknowledged on the MSCB FGM Strategy

- MSCB Escalation Procedure

2.10 Merton CCG has contributed to the work of the MSCB in chairing the serious case review (SCR) panel Child B and co-chairing the Learning and Improvement Review (LIR) Child C. Both the SCR and LIR are due for completion in 2016/17. In the absence of a Named GP for Child Protection the Designated Nurse, with the agreement of the GP Practice, has reviewed the records and submitted responses to questions raised by the independent author in the LIR. In addition, the Designated Nurse at the request of the SCR panel undertaken to meet with the community pharmacist to clarify information held and systems and processes in place relevant to the SCR.

2.11 The designated Nurse has reviewed the Individual Management Review submitted by health providers and the Health Overview Report will be submitted to NHSE 2016/17.

Action for 2016/17

- Completion of reviews
- Submission to NHSE of Health Overview Report
- Dissemination of learning and recommendations to health providers
- Evaluation and reporting on progress of embedding the learning and recommendations in practice.

2.12 Merton CCG Designated Nurse attends the MSCB Quality and Performance subgroup and has contributed to the work plan of the group by participating in multi-agency audits and successfully co-ordinated the completion and submission of the MSCB data template Q3 and Q4.

2.13 The MSCB Quality and Performance subgroup work plan has included themed multi agency audits. Where a submission has been required from GPs in the absence of a Named GP for Child Protection the Designated Nurse has, with the agreement of the GP practice
undertaken to review the records, complete the audit tool and participated in the audit panel. The learning and findings of multi-agency audits are shared with Primary care by the designated Nurse.

2.14 The Merton Designated Nurse attends the MSCB Promoting and Protecting Young People Panel (PPYPS) which seeks to identify and address the emerging and known risks for young people in Merton. Key work streams include child sexual exploitation, PREVENT, children missing from home, care and education, impact gang culture and children experiencing the negative impact of domestic abuse.

2.15 Merton CCG hosts the Single Point of Access (SPOC) for the Child Death Overview panel (CDOP) for both Sutton and Merton. The function of chair of CDOP is shared by the Public Health Directors of Sutton and Merton. The SPOC is responsible for the co-ordination rapid response meetings following unexpected child deaths. The performance indicator for this function is for the rapid response meeting to be convened within 5 working days of the child death. The review of all child deaths by CDOP has a performance indicator; CDOP is to review child deaths within 6 months of the child death. While a high level of compliance is met in regard to rapid response meetings (100%) the compliance with the CDOP 6 month review is not met (90%) due to delays attributable to cases being reviewed by the coroner.

2.16 The SPOC reviews the finding and learning from the CDOP panel produces a newsletter which is disseminated to all health providers, primary care and CDOP members.

2.17 Where the Rapid Response meeting or CDOP reviews raises concerns as the how agencies have worked together to safeguarding the child or abuse is suspected the case is referred to the relevant Local Safeguarding Children Board (LSCB). In 2015/16 the SPOC has worked with the LSCB business managers to formalise a process of escalation of those cases not meeting the criteria of a serious case review but prompting a review of safeguarding arrangements in regard to systems, process and practice.

2.18 The CDOP annual report 2015/16 captures the performance, activity and recommendations for 2016/17.

2.19 The Designated Nurse represents Merton CCG on the following multi-agency panels and meetings:
- Multi-Agency Safeguarding Hub (MASH) strategic group
- Violence Against Women and Girls (VAWG) strategic group
- Multi-Agency Child Sexual Exploitation Panel (MASE)
- Multi-Agency Risk Assessment Conference (MARAC) – high risk domestic abuse cases
- Family Nurse Partnership Advisory Board

2.20 Merton CCG in 2015/16 has demonstrated commitment to working in partnership with both statutory and non-statutory partners on both a strategic and operational level to identify and address key areas of risk for Merton children and young people.

3. SAFEGUARDING CHILDREN ASSURANCE DATA FROM COMMISSIONED SERVICES 2015/16:

3.1 Merton CCG requires provider organisations to submit information in regard to their safeguarding children arrangements and activity. The purpose of this reporting is to assure Merton CCG that the services commissioned are safe, effective in achieving good
outcomes for children and young people and comply with national guidance and statutory duties.

3.2 The five healthcare providers submitting safeguarding children data to Merton CCG are:

- South West London and St Georges Mental Health NHS Trust
- Royal Marsden Hospital – Sutton and Merton Community Services
- St Georges University Hospital NHS Foundation Trust
- Epsom and St Helier University Hospital NHS Trust
- Wilson Walk In Centre

3.3 No performance data has been submitted by Kingston hospital.

3.4 South West London and St Georges Mental Health NHS Trust

Data relating to the Trust’s compliance with safeguarding children training 2015/16 is captured in the table below. No data was reported in in Q1 and Q2 by South West London and St Georges Mental Health NHS Trust, however a narrative by the Designated Nurse in post at that time states a compliance rate of 80% was achieved.

Table 1: South West London and St Georges Mental Health NHS Trust Safeguarding children training compliance 2015/16

<table>
<thead>
<tr>
<th>Safeguarding Children training level %</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Target 80% level 2</th>
<th>Target 90% level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>No data</td>
<td>No data</td>
<td>83</td>
<td>93%</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Level 2</td>
<td>No data</td>
<td>No data</td>
<td>85%</td>
<td>92%</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Level 3</td>
<td>No data</td>
<td>No data</td>
<td>64%</td>
<td>68%</td>
<td>90%</td>
<td></td>
</tr>
</tbody>
</table>

3.5 In Q3 and Q4 the newly appointed Designated Nurse required South West London and St Georges Trust to submit compliance rates for each level of safeguarding children training. This clearly identified an issue in regard of level 3 training.

3.6 South West London and St Georges Mental Health NHS Trust is working to improve all compliance with training with specific focus on Level 3. The South West London and St Georges Mental Health NHS Trust action plan includes;

- External trainer to deliver level 3 from May 2016
- The target of 90% to be achieved by December 2016.

3.7 Safeguarding supervision compliance data is not submitted however; South West London and St Georges Mental Health NHS Trust has provided evidence of the supervision structures and processes in place relating to safeguarding supervision as described in the Trust’s Section11 Audit (2015) and Safeguarding Children Policy (2015). The model of supervision places safeguarding supervision within the context of clinical supervision with a caveat that individual practitioners are to access safeguarding supervision on a case by case basis.
3.8 The South West London and St Georges Mental Health NHS Trust. Named Nurse Child Protection (NNCP) accesses safeguarding supervision from the Designated Nurse for the London Borough of Sutton. South West London and St Georges Mental Health NHS Trust reported 100% supervision compliance for safeguarding professionals in 2015/16.

**Action 2016/17**
- Report on practitioner supervision compliance
- Report on and improve training compliance level 3

3.9 In Q3 and Q4 South West London and St Georges Mental Health NHS Trust reported a nil return for allegations made against staff and referral to the Local Authority Designated Officer (LADO)

3.10 The Royal Marsden Hospital – Sutton and Merton Community Service (SMCS)

3.11 SMCS was required by the Designated Nurse in Q3 to submit training compliance for each level of safeguarding training Table 2. The Q1 and Q2 reports there is a narrative is provided indicating training compliance is 80%. In Q4 no data was submitted due to a change of community provider to Central London Community Health Care (CLCH). The Q3 data submitted indicates an acceptable level of compliance however, the absence of data for Q4 will be followed up with the new provider CLCH in 2016/17 Q1.

**Action 2016/17**
- CLCH to report on safeguard children training compliance

Table 2 SMCS Safeguarding Children Compliance 2015/16

<table>
<thead>
<tr>
<th>Safeguarding Children training level</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Trust Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>No data</td>
<td>No data</td>
<td>88%</td>
<td>No data</td>
<td>90%</td>
</tr>
<tr>
<td>Level 2</td>
<td>No data</td>
<td>No data</td>
<td>83%</td>
<td>No data</td>
<td>90%</td>
</tr>
<tr>
<td>Level 3</td>
<td>No data</td>
<td>No data</td>
<td>92%</td>
<td>No data</td>
<td>90%</td>
</tr>
<tr>
<td>Level 4</td>
<td>No data</td>
<td>No data</td>
<td>100%</td>
<td>No data</td>
<td>90%</td>
</tr>
</tbody>
</table>

3.12 SMCS in Q3 exceeded the required target compliance for level 3 and 4, however improvement is required in compliance rates for level 1 and level 2.

3.13 The SMCS has in place arrangements for safeguarding supervision supported by a Supervision Policy. Safeguarding supervision is accessed by practitioners with responsibility for managing and delivering services to children and young people. There is no explicit target however; it is recommended that the target is set at 100% with exemption reporting for staff not accessing supervision in 2016/17. In Q3 the Designated Nurse required supervision compliance to be reported on – table 3. No data was submitted by SMCS in Q4. It is to be noted that this Trust in 2016/17 will no longer be the community service provider; the new provider will be CLCH.
Table 3: SMCS Safeguarding Supervision compliance 2015/16

<table>
<thead>
<tr>
<th>Safeguarding Children Supervision %</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Proposed target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Visitors</td>
<td>No data</td>
<td>No data</td>
<td>89%</td>
<td>No data</td>
<td>100%</td>
</tr>
<tr>
<td>School nursing</td>
<td>No data</td>
<td>No data</td>
<td>72%</td>
<td>No data</td>
<td>100%</td>
</tr>
<tr>
<td>Safeguarding Team</td>
<td>No data</td>
<td>No data</td>
<td>100%</td>
<td>No data</td>
<td>100%</td>
</tr>
<tr>
<td>NNCP – supervised by Merton Designated Nurse</td>
<td>No data</td>
<td>No data</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

3.14 In Q3 SMCS reported a nil return for allegations made against staff and referral to the Local Authority Designated Officer (LADO)

3.15 **Action for 2015/16**
- New Provider to report on supervision arrangements – model and policy
- New Provider to report on supervision compliance

3.16 **St Georges University Hospital NHS Foundation Trust:**

Data relating to St Georges University Hospital NHS Foundation Trust compliance with safeguarding children training 2015/16 is captured in the table below Table 4:

Table 4: St Georges University Hospital NHS FT Safeguarding children training Compliance 2015/16.

<table>
<thead>
<tr>
<th>Safeguarding Children training compliance %</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Target 90%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>No data</td>
<td>No data</td>
<td>68%</td>
<td>78%</td>
<td>90%</td>
</tr>
<tr>
<td>Level 2</td>
<td>No data</td>
<td>No data</td>
<td>74%</td>
<td>77%</td>
<td>90%</td>
</tr>
<tr>
<td>Level 3</td>
<td>No data</td>
<td>No data</td>
<td>74%</td>
<td>82%</td>
<td>90%</td>
</tr>
</tbody>
</table>

3.17 There is no data for Q1 and Q2 however; a narrative provided in Q2 identifies errors and difficulties in reporting on this performance indicator. Trust was required by the Designated Nurse to report on training compliance in Q3 and Q4. The data submitted in shows compliance to be below target. Training compliance remains on the Trust risk register recognising this is an area of safeguarding risk and requires improvement.
3.18 St Georges University Hospital NHS Foundation Trust has in place a Safeguarding Children Policy which describes safeguarding supervision arrangements within the acute services; however a full dataset on compliance is not available. The NNCP accesses safeguarding supervision from the Designate Nurse for the London Borough of Wandsworth and meets with the Merton CCG Designate Nurse on a quarterly basis. Compliance with safeguarding supervision for the safeguarding professionals is 100%.

3.19 Actions for 2015/16

- Improvement in training compliance
- Report on supervision compliance

3.20 St Georges University Hospital NHS Foundation Trust in Q3 and Q4 has provided data relating to safeguarding activity (Table 5). Areas of activity demonstrating decreases in activity / numbers included:

- A&E: Children attending due to bullying/assault
- A&E: Children attending due to alcohol/drug misuse
- A&E: Children attending where risk linked to adult identified - mental health
- A&E: Children attending where risk linked to adult identified - drug and alcohol misuse
- Paediatrics In-Patients: Number of children admitted who are looked after children
- Maternity: Number of Unborn babies referred to Merton Children's Social Care
- Maternity: Number of births subject to a Child Protection Plan
- Maternity: Number of concerns raised about Female Genital Mutilation
- Maternity: Number of concerns raised about Domestic Abuse

There is no narrative to why there is a fluctuation in activity in these areas; however, comparative data may indicate seasonal patterns and the impact of training on the awareness of the workforce to different types and presentation of child maltreatment.

3.21 Areas of activity demonstrating increases in activity / numbers included:

- A/E Number of Looked After Children where Merton Children's Social Care were informed
- A/E Number of Children subject of a Child Protection Plan where Merton Children's Social Care were informed
- A/E Safeguarding Concerns: Number of children attending due to self-harming behaviours
- A/E Safeguarding Concerns: Number of children attending due to attempting suicide
- Paediatrics In-Patients: Number of referrals to Merton's Children's Social Care for CIN/CAF/ CP cases
- Paediatrics In-Patients: Number of children referred to CAMHS

The notable increase in children and young people presenting with self-harm and attempted suicide in Q4 is as expected matched by an increase in referrals for psychological support from CAMHS.
Table 5: St Georges Hospital University Trust NHS FT Safeguarding data A/E, Paediatrics and Maternity 2015/16

<table>
<thead>
<tr>
<th>St Georges Hospital University Trust NHS FT</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children admitted with safeguarding concerns</td>
<td>4</td>
<td>4</td>
<td>11</td>
<td>9</td>
<td>↑increase</td>
</tr>
<tr>
<td>Number of Looked After Children attending A&amp;E where Merton Children's Social Care were informed</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>4</td>
<td>↑increase</td>
</tr>
<tr>
<td>Number of Children subject of a Child Protection Plan attending A&amp;E where Merton Children's Social Care were informed</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>5</td>
<td>↑increase</td>
</tr>
<tr>
<td>Safeguarding Concerns: Number of children attending A&amp;E due to self-harming</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>↑increase</td>
</tr>
<tr>
<td>Safeguarding Concerns: Number of children attending A&amp;E due to bullying/assault</td>
<td>5</td>
<td>1</td>
<td>9</td>
<td>7</td>
<td>↓decrease</td>
</tr>
<tr>
<td>Safeguarding Concerns: Number of children attending A&amp;E due to alcohol/drug misuse</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>↓decrease</td>
</tr>
<tr>
<td>Safeguarding Concerns: Number of children attending A&amp;E attempting suicide</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>↑increase</td>
</tr>
<tr>
<td>Safeguarding Concerns: Number of children attending A&amp;E where risk linked to adult identified - domestic violence</td>
<td>4</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>↔</td>
</tr>
<tr>
<td>Safeguarding Concerns: Number of children attending A&amp;E where risk linked to adult identified - mental health</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>↓decrease</td>
</tr>
<tr>
<td>Safeguarding Concerns: Number of children attending A&amp;E where risk linked to adult identified - drug and alcohol misuse</td>
<td>Data not available</td>
<td>1</td>
<td>5</td>
<td>3</td>
<td>↓ decrease</td>
</tr>
<tr>
<td>Paediatrics In-Patients: Number of referrals to Merton's Children's Social Care for CIN/CAF cases</td>
<td>3</td>
<td>9</td>
<td>8</td>
<td>11</td>
<td>↑ increase</td>
</tr>
<tr>
<td>Paediatrics In-Patients: Number of referrals to Merton's Children's Social Care for Child Protection Cases</td>
<td>11</td>
<td>14</td>
<td>8</td>
<td>Data included in number above</td>
<td>Data included in number above</td>
</tr>
<tr>
<td>Paediatrics In-Patients: Number of children subject to a Child Protection Plan admitted</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>↔</td>
</tr>
<tr>
<td>Paediatrics In-Patients: Number of children admitted who are looked after children</td>
<td>Data not available</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>↓ decrease</td>
</tr>
<tr>
<td>Paediatrics In-Patients: Number of children referred to CAMHS</td>
<td>3</td>
<td>0</td>
<td>8</td>
<td>9</td>
<td>↑ increase</td>
</tr>
<tr>
<td>Maternity: Number of Unborn babies referred to Merton Children's Social Care</td>
<td>4</td>
<td>1</td>
<td>11</td>
<td>3</td>
<td>↓ decrease</td>
</tr>
<tr>
<td>Maternity: Number of births subject to a Child Protection Plan</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>↓ decrease</td>
</tr>
<tr>
<td>Maternity: Number of concerns raised about Female Genital Mutilation</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>↓ decrease</td>
</tr>
<tr>
<td>Maternity: Number of concerns raised about Domestic Abuse</td>
<td>3</td>
<td>3</td>
<td>7</td>
<td>5</td>
<td>↓ decrease</td>
</tr>
</tbody>
</table>

3.22 St Georges University Hospital NHS Foundation Trust in 2015/16 reported no allegations against staff and no referrals to LADO.

3.23 **Epsom and St Helier University Hospital NHS Trust (ESTH):**

The safeguarding children training compliance for ESTH is captured in table 6. Notably, the Trust target is 95% compliance which is high than all other Trusts. ESTH has achieved 100% compliance for staff requiring level 4 training however, for level 1, 2 and 3 this target has not yet been met. It should be noted that ESTH achieves compliance rates exceeding 80%. Q1 and Q2 safeguarding children reports provides a narrative that training compliance is 80%.
Table 6 Epsom and St Helier University Hospital NHS Trust Safeguarding training compliance 2015/16

<table>
<thead>
<tr>
<th>Safeguarding Training Compliance</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>No data</td>
<td>No data</td>
<td>83.54%</td>
<td>84%</td>
<td>95%</td>
</tr>
<tr>
<td>Level 2</td>
<td>No data</td>
<td>No data</td>
<td>83.40%</td>
<td>84%</td>
<td>95%</td>
</tr>
<tr>
<td>Level 3</td>
<td>No data</td>
<td>No data</td>
<td>84.60%</td>
<td>84%</td>
<td>95%</td>
</tr>
<tr>
<td>Level 4</td>
<td>No data</td>
<td>No data</td>
<td>100%</td>
<td>100%</td>
<td>95%</td>
</tr>
</tbody>
</table>

3.24 ESTH has a policy for the delivery of safeguarding supervision and has increased the number of trained Child Protection Supervisors in 2015/16 from 2 to 6 posts to meet the need for supervision in the workforce. Compliance in Q4 2015/16 is recorded at 88% a significant improvement on Q3 2015/16 where compliance was 66%. Supervision compliance is not reported on in the Q1 and Q2 reports.

3.25 The NNCP accesses supervision from the Designate Nurse for the London Borough of Sutton and meets with the Merton CCG Designated Nurse on a quarterly basis. Trust compliance for safeguarding professionals accessing supervision is 100%.

3.26 ESTH has submitted data on safeguarding activity relating to A/E and community midwifery services (table 6). The trend in the continued decrease in the rate of Accident and Emergency attendance caused by unintentional and deliberate injuries to children and young people aged 0-17 is attributable to a change in the method of reporting. In Q1 and Q2 all attendances for unintentional and deliberate injuries were recorded including those where there were no safeguarding concerns or issues. In Q3 and Q4 reporting is only those cases where there are safeguarding concerns due to neglect or physical abuse so excluding accidents such as injuries sustained while playing sports or falling off skate boards or bicycles.

3.27 There is a distinction made between young people presenting with mental health concerns and those having self-harmed. In both the case of self-harm and mental health concerns there has been a decrease in children presenting at A/E.

3.28 Maternity cases that are ‘enhanced’ require additional support but do not meet the threshold of child protection. Midwifery cases that are identified as ‘targeted’ are those where there is a child protection plan in place for the unborn child. In Q4 there has been a notable increase in ‘enhanced cases’ and a decreased in targeted cases. There is no narrative to explain the increase in ‘enhanced cases’ however, the data coming from the community provider in Q1 2016/17 may reflect this increased assessment of need in this client group.

3.29 ESTH recorded a nil return for both allegations against staff and referrals to the LADO.
Table 7 – Epsom & St Helier University Hospital NHS Trust Safeguarding activity 2015/16

<table>
<thead>
<tr>
<th>Epsom &amp; St Helier University Hospital NHS Trust</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Trends</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital inpatient admissions caused by unintentional and deliberate injuries to children and young people aged 0-17</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>↔</td>
</tr>
<tr>
<td>Rate of Accident and Emergency attendance caused by unintentional and deliberate injuries to children and young people aged 0-17</td>
<td>106</td>
<td>90</td>
<td>57</td>
<td>25</td>
<td>↓decrease</td>
</tr>
<tr>
<td>Number of hospital admissions: due to alcohol specific conditions</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>↓decrease</td>
</tr>
<tr>
<td>Number of hospital admissions: due to substance misuse (15-24 years)</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>↓decrease</td>
</tr>
<tr>
<td>Number of hospital admissions: due to mental health conditions</td>
<td>3</td>
<td>5</td>
<td>11</td>
<td>3</td>
<td>↓decrease</td>
</tr>
<tr>
<td>Number of hospital admissions: due to self-harm (10-24 years)</td>
<td>2</td>
<td>6</td>
<td>10</td>
<td>3</td>
<td>↓decrease</td>
</tr>
<tr>
<td>Community Midwifery: number of enhanced cases in period</td>
<td>10</td>
<td>7</td>
<td>0</td>
<td>22</td>
<td>↑increase</td>
</tr>
<tr>
<td>Community Midwifery: number of targeted cases in period</td>
<td>0</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>↓decrease</td>
</tr>
</tbody>
</table>

3.30 **Kingston Hospital NHS Foundation Trust**

No data has been received in regard to this Trust. However, it has been noted that Kingston hospital receives less than 10% of Merton Children. The Merton CCG Designate Nurse will continue to seek assurance form the Kingston CCG Designate Nurse as the robustness of the safeguarding arrangements at this Trust.

3.31 **Wilson Walk in Centre (WIC):**

The WIC in Q3 and Q4 reported training levels exceeding 80%; there is no data for 1 and Q2. Level 1 and 3 compliance is reported at 90% and level 2 is 86%. The WIC reports that the workforce has received training on both FGM and Prevent duties. Supervision
arrangements are not currently reported currently on however, the WIC does have a safeguarding lead providing safeguarding advice and support on a case by case basis and a discussion of complex cases is part of the fortnightly staff meeting.

3.32 The safeguarding activity submitted by the WIC is captured in Table 8. In Q4 there was a decrease in numbers of adults with caring responsibilities for children attending the WIC with mental ill health and drug or alcohol misuse. It is good practice and part of the WIC admission process to ask adults of they have caring responsibilities, however this process is reliant on the patient being honest sharing this information with the WIC practitioner.

Table 8 – WIC safeguarding activity data 2015/16

<table>
<thead>
<tr>
<th>Wilson WIC</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children attending self-harm</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Children attending CPP</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Children referred to MASH</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Children attending – bullying /assault</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Children attending alcohol / self-harm</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults - mental ill health</td>
<td>15</td>
<td>21</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Adults – drug / alcohol</td>
<td>5</td>
<td>5</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Allegation against staff</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Referral to LADO</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Concerns FGM</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

3.33 The WIC reported a nil return for allegations against staff and referrals to the LADO.

3.34 Parkside Hospital

Parkside Hospital is a private independent 85-bed hospital with facilitates to offer day-case and inpatient treatments. The Designated Nurse has met with the lead safeguarding professionals at Parkside prior to a CQC inspection and will continue to work with this independent provider ensure robust safeguarding arrangements are in place and there is a link to the MSCB.

4. CHILDREN LOOKED AFTER – SMCS AND EPSOM AND ST HELIER UNIVERSITY HOSPITAL NHS TRUST (ESTH)


4.2 This guidance states the following in regard to Initial Health Assessments (IHA) and Review Health Assessments (RHA):

- The initial health assessment must be done by a registered medical practitioner. Review health assessments may be carried out by a registered nurse or registered midwife.
- The initial health assessment should result in a health plan, which is available in time for the first statutory review by the Independent Reviewing Officer (IRO) of the child’s care plan. That case review must happen within 20 working days from when the child started to be looked after.
The review of the child's health plan (RHA) must happen at least once every six months before a child’s fifth birthday and at least once every 12 months after the child’s fifth birthday.


4.3 The Children Looked After (CLA) service is provided by SMCS and Epsom and St Helier University Hospital NHS Trust. The acute trust (ESTH) undertakes the Initial Health Assessments (IHA) for children looked after while the community services (SMCS) delivers the majority of Review Health Assessments (RHA). It must be noted that the community provider in Q1 2016/17 will be CLCH.

4.4 ESTH compliance with IHA within statutory timeframes is illustrated in Table 9. The reasons given for the children not seen within timeframe include; capacity issues so appointment not offered in timeframe, client choice not to attend appointment offered and / or client did not attend appointment (DNA).

Table 9 – 2015/16 ESTH Compliance with IHA statutory timeframes

<table>
<thead>
<tr>
<th>ESTH Q4 2015/16 CLA IHA</th>
<th>Number of Children/Referral</th>
<th>Compliance with statutory timeframes</th>
<th>Q 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Merton children CLA in care</td>
<td>26</td>
<td></td>
<td>28</td>
</tr>
<tr>
<td>Number requiring IHA</td>
<td>16*</td>
<td></td>
<td>19*</td>
</tr>
<tr>
<td>Number offered appointment within statutory timeframe</td>
<td>8</td>
<td>50%</td>
<td>57%</td>
</tr>
<tr>
<td>Number seen within statutory timeframe</td>
<td>6</td>
<td>37%</td>
<td>26%</td>
</tr>
</tbody>
</table>

*children leave ‘care’ prior to a health assessment being arranged.

4.5 The host commissioner for the ESTH contract, which includes the paediatric services, is Sutton CCG. The poor performance and lack of improvement in meeting the statutory timeframes for IHAs has been raised with Sutton CCG, as the lead commissioner, and this will be continued to be pursued at CQRG, where a remedial action plan to address performance will be put in place.

4.6 The ESTH 2016/17 plan to improve performance includes

- Booking appointments as soon as notification is received that a child is now CLA.
- Increase in the number of IHA / RHA appointment slots

Problems in communication between Merton CSC and the SMCS have been identified by ESTH as contributing to health assessments not being completed in the timeframe. These incomplete paperwork and issues with contact numbers for the foster carers. However, the overriding issue is one of capacity on the part of ESTH.

4.7 The performance of ESTH in regard to health assessments meeting the statutory timeframe is continually monitored by Merton CCG through the following local processes;
- Monthly operational meetings between Designated Nurse, Local Authority, SMCS CLA nurse and ESTH
- Quarterly meetings - CLA strategic meetings chaired by the Merton CCG Designate Nurse
- Weekly reports on IHAs performance

4.8 In Q4 2015/16 a training session for foster carers and social workers was delivered by the Merton CCG Designated Doctor, Designated Nurse and SMCS CLA nurse focussing on the importance of promoting the health of CLA and launching the Joint Protocol for Promoting the Health and Wellbeing of Looked After Children & Young People (2015).

4.9 In Q4 34 children and young people were due to have a review health assessment. There were 3 cases where the RHA was declined; the young person refused to seen. A total of 25 children and young people were seen for their health assessment within the timeframe. The compliance rate excluding the refusals from the denominator is 73.5%. Overall in Q4 31 children and young people had their RHA; 25 within the statutory timeframe and 9 outside the statutory timeframe. In Q3 the compliance with this performance indicator was 68%. There is no data relating to this in Q1 and Q2 2015/16 reports.

4.10 **Actions for 2016/17**

**Improve Compliance with statutory timeframes for IHA and RHAs**

4.11 The Designated Nurse has attended the Children In Care Council (CICC) in Q4 2015/16. The first meeting was to support the progression of the Health Passport Project. This project seeks to develop a Health Passport which will contain key health information for young people leaving care. The second meeting was to discuss young people’s experience of being in care as part of a project being undertaken by the Care Leavers Association. The findings are to be shared with CCGs to support the commissioning of services to address the specific needs of young people in care and care leavers. This is an exciting and innovative approach which supports the co-production of services.

4.12 The Merton Council CLA and Care Leavers Pledge is under review and the Designated Nurse will be working with the council to engage with CLA, care leavers and foster carers to develop in the Health offer.

5. **SAFEGUARDING CHILDREN CASE REVIEWS**

5.1 A serious case review (SCR) Child B is in progress and due for completion September 2016. Merton CCG Director for Quality and Governance is chair of the SCR panel. The Designate Nurse is responsible for completion of the Health Overview Report for submission to NHSE.

5.2 A Learning and Improvement Review (LiR) Child C is in progress and due for completion in September 2016. The Designated Nurse is the co-chair of the panel.

6. **CONCLUSIONS AND ACTIONS FOR 2016 / 17**

6.1 Merton CCG in 2015/16 has made significant improvements to the reporting and assurance framework in place for safeguarding children and children looked after (CLA). This has been achieved by working in partnership with health providers and the Merton Safeguarding Children Board (MSCB).
6.2 The reporting and performance framework in place has highlighted good practice and identified where improvement is required.

6.3 New guidance in regard to the introduction of Joint Target Area Inspections by the four regulatory bodies; OFSTED, CQC, Her Majesty’s Inspectorate of Constabulary (HMIC) and Her Majesty’s and Inspectorate of Probation (HMIP) has been circulated by the Designated Nurse to commissioned services and preparatory work has commenced in regard to the themed ‘deep dive’ component.

6.4 This annual report 2015/16 has highlighted the following work and actions to be taken forward in 2016/17 to further improve and strengthen safeguarding children arrangements.

6.5 **Merton CCG:**
- To host 3 GP safeguard training events 2016/17
- Named GP function arrangements to established
- Supervision arrangements to be put in place for safeguarding leads within the CCG
- Development of complaints leaflet which is child / young people friendly
- Further development of initiatives by the CCG to listen and engage with children and young people
- Completion of Reviews (Child B and Child C) and dissemination of findings and learning.

6.6 **South West London and St Georges Mental Health NHS Trust**
- Improvement in safeguarding children training compliance
- Report on safeguarding children supervision compliance

6.7 **Central London Community Healthcare CLCH Community Services**
- CLCH to report on safeguard children training compliance
- CLCH to report on safeguarding children supervision arrangements – model and policy
- CLCH to report on safeguarding children supervision compliance

6.8 **St Georges University Hospital NHS Foundation Trust**
- Improvement in safeguarding children training compliance
- Report on safeguarding children supervision compliance

6.9 **Epsom and St Helier University Hospital NHS Trust**
- No specific actions identified as provider demonstrating compliance with reporting data set

6.10 **Kingston Hospital NHS Foundation Trust**
- Designated Nurse to continue to pursue data set from Kingston Hospital via the Kingston Designated Nurse

6.11 **Wilson Walk In Centre**
- No specific actions identified as provider demonstrating compliance with reporting data set
6.12 CLCH and ESTH
- Improve Compliance with statutory timeframes for IHA and RHAs