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**MERTON CLINICAL COMMISSIONING GROUP  
GOVERNING BODY**

**Date of Meeting:** 25<sup>th</sup> May 2017

**Agenda No:** 9.3

**Attachment:** 15

<b>Title of Document:</b> Safeguarding Children Report Q3 2016/17	<b>Purpose of Report:</b> Approval
<b>Report Author:</b> Liz Royle Head of Safeguarding Designated Nurse Safeguarding Children Merton & Wandsworth CCG	<b>Lead Director:</b> Julie Hesketh, Director of Quality and Corporate Affairs, Merton and Wandsworth CCGs LDU
<b>Executive Summary:</b> The Q3 report provides assurance to the Governing Body that as a commissioner of healthcare services, it has effective arrangements in place to safeguard children and young people.	
<b>Key sections for particular note (paragraph/page), areas of concern etc:</b> <b>Section 1.6</b> Review of actions for Q3 2015/16 <b>Section 5</b> Actions for Q4 2016/17 – see below	
<b>Recommendation(s):</b> The Governing Body is asked to approve the Safeguarding Children Report Q3 2016/17	
<b>Committees which have previously discussed/agreed the report:</b> SEG – 08/03/17 MCQC – 05.04.17 EMT – 26.04.17	
<b>Financial Implications:</b> None identified	
<b>Implications for CCG Governing Body:</b> To note both the areas of progress and where there are actions / work to be taken forward in Q4 2016/17	
<b>How has the Patient voice been considered in development of this paper:</b> Section 4.11	
<b>Other Implications: (including patient and public involvement/Legal/Governance/Risk/Diversity/ Staffing)</b> Risk Register Number 1012: If CCG fails to establish appropriate systems and processes for safeguarding children and children looked after, vulnerable children may be at risk of harm 3x3=9 Risk Register Number 1037 : If the CCG fails to establish appropriate systems and processes for assuring compliance of commissioned services with safeguarding children statutory duties, children and young people will be at risk of harm 3x4=12	

<b>Equality Assessment:</b> Not required for this paper
<b>Information Privacy Issues:</b> None identified
<b>Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution)</b> This document will be available on MCGG website when signed off as part of Governing Body papers.



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**NHS**  
Merton  
Clinical Commissioning Group

# Merton Clinical Commissioning Group Safeguarding Children Report

## Quarter 3

### October – December 2016

DRAFT

Author: Liz Royle Designated Nurse Safeguarding Children and Children Looked After  
Date: 10<sup>th</sup> February 2017



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## 1. INTRODUCTION

1.1. This report seeks to assure Merton Clinical Commissioning Group (MCCG) Governing Body that in discharging its functions as a commissioner of healthcare services it has effective arrangements in place to safeguard children and young people.

1.2. In addition, the report provides assurance that the MCCG is compliant with the duties and responsibilities as outlined by existing legislation, guidance and frameworks;

- Children Act (1989) and (2004).
- Working Together to Safeguard Children (2015)
- 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).

1.3. 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.

1.4. 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.

1.5. Merton CCG has an Executive Lead for Safeguarding, Designated Doctor and Designated Nurse roles for safeguarding and children looked after. The named doctor function has been recruited to and forms part a new clinical lead role; Dr Saeed Chaudhary comes into this post in January 2017.

**1.6. Review of actions for Q3 from Q2 2016/17 report:**

**1.7. Merton CCG:**

- Host GP training Event in Q3 2016/17
- Develop Merton CCG Supervision Policy
- Progression of CP-IS across Merton LA and Heath Providers of unscheduled care
- Completion of the SCRIB and LiRC



The only outstanding action is the development of a Supervision Policy, however this is best undertaken in Q4 2016/17 when any future policies can be aligned to Wandsworth CCG policies.

#### **1.8. South West London and St Georges Mental Health NHS Trust:**

- Improve training compliance level 3
- Report on supervision compliance
- CQC to revisit Trust and assess progress / rating
- MSCB Challenge Panel 13/10/17

Training compliance remains an area for improvement. There is no specific safeguarding supervision performance reporting metric in place. The Trust attended a MSCB Challenge Panel to present their Section 11 submission and answer questions on the CQC report. CQC inspection now rates Trust as 'good'.

#### **1.9. Central London Community Health (CLCH) – new community services provider:**

- Section 11 Challenge Panel 17/01/17
- Improvement in training compliance

The MSCB Challenge Panel is schedule for Q4 2016/17. Training compliance is improving and following the planned trajectory.

#### **1.10. St Georges University Hospital NHS Foundation Trust:**

- Section 11 Challenge panel 28/11/16
- CQC Inspection – actions

The Trust presented their Section 11 submission at the MSCB Challenge Panel. Supplementary evidence was required as the MSCB template had not been completed. The Trust provided an overview of the improvement action plan following the CQC inspection.

#### **1.11. Epsom and St Helier University Hospital NHS Trust (ESTH) and CLCH:**

- Continued improvement in compliance to statutory timeframes

#### **1.12. Epsom and St Helier University Hospital NHS Trust ( ESTH)**

- Improvement in training compliance
- Report on CAMHS referrals

Training compliance is improving however not achieving the target set by the Trust.

#### **1.13. Wilson Walk In Centre (WIC):**

- CQC inspection report – actions

CQC report is not available at this time. WIC to close in Q4 2016/17.

#### **1.14. Kingston Hospital Trust**



- No specific actions

## 2. MERTON CCG COMPLIANCE WITH STATUTORY GUIDANCE / DUTIES Q2 2016/17

- 2.1. In this section Merton CCG compliance with statutory guidance and safeguarding requirements is reviewed in regard to Q3 2016/17 activity and achievements.
- 2.2. The Designated Nurse has continued to deliver safeguarding children training to CCG staff. Safeguarding children training is matched in the RCPCH Intercollegiate Document (2014).

[http://www.rcpch.ac.uk/sites/default/files/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%2002%20%20%20%20%20\(3\)\\_0.pdf](http://www.rcpch.ac.uk/sites/default/files/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%2002%20%20%20%20%20(3)_0.pdf)

- 2.3. In Q3 81% compliance was achieved for safeguarding children training across all staff groups requiring level safeguarding training. All staff in specialist safeguarding roles are compliant with safeguarding training; 100%.
- 2.4. In Q3 the Designated Nurse and Safeguarding Adult Lead co-ordinated the delivery a Level 3 safeguarding children and Level 2 safeguarding adult event. The keynote speaker was Lorin LaFave, founder of the Breck Foundation. Lorin spoke about circumstances leading to the death of her son Breck Bednar and the work of the charity in promoting awareness of online dangers facing young people today. Other speakers included Merton MASH, Matt Tarrent MPC Prevent and Channel Co-ordinator, Zoe Gallen and the Independent Domestic Violence Advocate Service and Chris Miller chair of the Barnet Safeguarding Children and Adult Board.

The event was attended by 40 GPs and was very positively evaluated. Feedback included:

“Presentation by the Breck Foundation was very powerful”

“A very comprehensive update about services involved in the safeguarding of adults and children”

“Prevent session was very helpful – further training at a higher level is needed”

In Q4 2016/17 there will be a training session ‘Working with families young people and children at risk of radicalisation’ which includes the Home Office Workshop Raising Awareness of Prevent (WRAP).

- 2.5. The Designated Nurse has been successful in bids to NHSE to deliver safeguarding training in Merton and across London. The bids include monies to fund:
- Signs of Safety training for health practitioners in Merton( 2 days)
  - London Region Children Looked After Learning Events ( 2 days)
  - LGBTQ session focussing on young people raising awareness and signposting professionals to help and support services (½ day) for health practitioners in Merton and acute staff in Wandsworth and Sutton.



- 2.6. In addition, to the training hosted by Merton CCG the MSCB training offer has been cascaded to GP practices.
- 2.7. The Designated Nurse continues as the chair of the MSCB Policy subgroup. In Q3 work has continued to progress the sub group work plan 2016/17. The subgroup will be revising the current work plan to reflect the MSCB 2017/18. Current work is focussed on the policies and protocols that have emerged from the serious case review (SCR) and learning and improvement review (LiRC); child B and Child C.

[http://www.merton.gov.uk/health-social-care/children-family-health/socialcare/safeguardingchildren/lscb/lscb-about/local\\_child\\_protection\\_procedures\\_and\\_protocols.htm](http://www.merton.gov.uk/health-social-care/children-family-health/socialcare/safeguardingchildren/lscb/lscb-about/local_child_protection_procedures_and_protocols.htm)

- 2.8. Inspections: SEND. The Designated Nurse continues to work with Merton Council in preparation for a Special Education Needs and Disabilities Inspection (SEND). Guidance from CQC and OFSTED was issued in April 2016. Inspections will take place over the next five years and the 'report' will be in the format of a letter which will be published.

<https://www.gov.uk/government/publications/local-area-send-inspection-framework>

- 2.9. Inspections: OFSTED. Merton Council are preparing for an Ofsted Inspection which will include the effectiveness of services and arrangements in place to safeguard children in need of help and protection and children in care, including care leavers. In addition, the inspection will assess the functioning of the LSCB. Following the inspection a report is published and a judgement will be made; outstanding, good, requires improvement or inadequate. Merton CCG as a member of the MSCB and commissioner health services will be required to contribute to the inspection.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/544533/Framework\\_and\\_evaluation\\_schedule\\_children\\_in\\_need\\_of\\_help\\_and\\_protection\\_CLA\\_and\\_care\\_leavers\\_LSCBs.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/544533/Framework_and_evaluation_schedule_children_in_need_of_help_and_protection_CLA_and_care_leavers_LSCBs.pdf)

- 2.10. The Designated Nurse has contributed the Merton CCG online Primary Care Update. In Q3 safeguarding updates have included;

- METRO a service to support boys and young men (11- 19 years) progress their attitudes, behaviour and knowledge about relationships and reduce substance misuse and risky behaviour. The service aims to increase the self-esteem of boys and young men, promote respectful relationships and healthy lifestyle choices.
- Update from the IICSA chair. The strategy going forward for the Inquiry is to focus on four thematic areas; cultural, structural, financial and professional on which the recommendations for change will be made. In addition, the first IICSA first report from the Truth Project has been published.  
<https://www.iicsa.org.uk/news/inquiry-publishes-first-anonymised-summaries-truth-project>  
<https://www.iicsa.org.uk/>
- Merton LGBT group for young people (16 – 19 years). This is a pilot scheme in Merton to support and encourage LGBTQ young people to work towards their bronze Duke of Edinburgh award. Contact [carol.curtis@merton.gov.uk](mailto:carol.curtis@merton.gov.uk)
- The 16 Days Of Activism in Merton commenced 25<sup>th</sup> November 2016 during which blue pins were distributed to primary care staff and support using social media platforms; CCG twitter.



- Information relating to the launch of the South West London Child Sexual Abuse Hub has been shared with Primary Care.
- 2.11. The MSCB is reviewing the 2015 Section 11 submissions of partner agencies. The CCG Section 11 document was updated and submitted to the MSCB following approval by Merton CQC. The health provider organisations have submitted updated Section 11 Audits and the following will be required to attend a Challenge Panel; CLCH, St Georges Hospital and SWL and St Georges Mental Health Trust. The function of the Challenge Panel is to give the provider organisation the opportunity to give a more in depth account as to the safeguarding arrangements as outlined in the submitted Section 11. The Designated Nurse is a member the MSCB Challenge Panel.
  - 2.12. The Challenge panel for St Georges Hospital Trust was held on 28th November 2016. The Trust was represented by the Director of Nursing and Named Nurse Child Protection. The CQC action plan was discussed and the issue of safeguarding training compliance was highlighted as an area for improvement. The Challenge Panel for CLCH is scheduled for the 17<sup>th</sup> January 2017.
  - 2.13. The Merton MASH, in preparation for an inspection and as part of the continuous improvement and monitoring of performance, has been subject to two external reviews. The recommendations and findings have been captured in a MASH action plan. The CCG was requested to contribute to the MASH plan with a Health Section. This plan has been reviewed and updated in Q3 2016/17.
  - 2.14. The MSCB SCR Child B and LiR Child C were presented and discussed at an extraordinary meeting of the MSCB in December 2016. The LiR Child C was approved and the SCR child B will be forward to the national panel prior to publication. The learning and findings from both Child B and Child C will be shared at the GP Safeguarding Learning Events in 2016/17. The MSCB training offer will include sessions that focus on the learning from Child B and Child C.
  - 2.15. The Designate Nurse has been working with NHSE to progress Child Protection Information Sharing Project (CPIS) in South west London. CPIS is a national project whereby the LAs upload the details of children subject to child protection plan and children who are looked after to the NHS spine. NHS staff in unscheduled care settings will check the NHS spine and be alerted if the child is subject to a child protection plan or is a looked after child.
  - 2.16. Merton LA are to begin to upload data to the NHS spine relating to Merton children subject to a child protection plan and child looked after once a new electronic record system has been installed (March 2017). The Designate Nurse has secured additional funds from NHSE to support the LA in the initial upload. The acute providers of unscheduled care St Georges Hospital Trust and Epsom and St Helier Hospitals (ESTH) remain at the planning stage. The Designated Nurse in Sutton is working with ESTH and Sutton LA to progress the project.
  - 2.17. As the chair of the London Region Child Looked After (CLA) Forum the Designated Nurse has escalated the issue of unaccompanied asylum seeking children (USAC) to NHSE. These children present with both physical and mental health issues relating to their very challenging living arrangements and traumatic experiences prior to arrival in to UK. A meeting with the NHSE Director of Nursing is scheduled in February 2017 to highlight the pressure on existing services and need for the development of specialist to meet the needs of these children.



2.18. The South West London Child Sexual Abuse (CSA) Hub has been launched. The NSPCC is providing an emotional support service at the CSA Hub. Access to the service remains via a referral MASH. For all cases where the sexual assault has occurred within 7 days of disclosure the referral pathway will be to the Havens. Information leaflets from the NSPCC for professionals, children, young people and parents have been shared via the Primary Care Update with GPs.

2.19. There has been a consultation on a proposal to combine the Wandsworth and Merton safeguarding teams into a new structure of three safeguarding professionals;

- Head of Safeguarding / Designated Nurse Safeguarding Children Wandsworth & Merton
- Designated Nurse Children Looked After Wandsworth & Merton
- Safeguarding Adult Lead Wandsworth & Merton

Merton CCG currently has the following professionals in post:

- Designated Nurse for Safeguarding Children and Children Looked After
- Head of Quality / Safeguarding Adult Lead

Wandsworth CCG currently has the following professional in post:

- Interim Designated Nurse Safeguarding Children, Children Looked After and Adults

2.20. The consultation ended 30<sup>th</sup> December 2016. The new structure is not aligned to the RCPCH guidance as related to population size and staffing (1 WTE Designated nurse to a population of 70,000 children). It should be noted the combined population of the two boroughs is approximately 110,000 children; both designated posts cover a population that exceeds this guidance. The progression of the proposed structure will require recruitment to the new Designated Children Looked After Nurse (new post) and Safeguarding Adult Lead post (post vacant from April 2016). The timing of the implementation will require careful planning as there is a risk of both posts being vacant which will impact on safety of children and adults at risk across the two boroughs.

2.21. Merton CCG hosts the Single Point of Access (SPOC) for the Child Death Overview Panel (CDOP) for both Sutton and Merton. This arrangement will cease in January 2017. A Merton CDOP has been established and the first meeting is in Q4 2016/17. A paper outlining the new arrangements has been received at Merton EMT and MCQC.

2.22. There were eleven child deaths were reported to CDOP during Q3 2016/17 – three Merton and eight Sutton children. There were four rapid response meetings held for the unexpected deaths all of which were convened within the 5 day timeframe. No safeguarding concerns were identified in regard the Merton cases and one Sutton case was referred to the Sutton LSCB. The decision of the Sutton LSCB was that the case did not meet the threshold for an SCR or LiR.

### 3. SAFEGUARDING CHILDREN ASSURANCE DATA FROM COMMISSIONED SERVICES:

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 healthcare providers submitting safeguarding children data in this Q3 2016/17 report are:

- South West London and St Georges Mental Health NHS Trust
- Central London Community Healthcare – CLCH
- St Georges University Hospital NHS Foundation Trust
- Epsom and St Helier University Hospital NHS Trust
- Wilson Walk In Centre

3.3. **South West London and St Georges Mental Health NHS Trust**

3.4. Data relating to the Trust’s compliance with safeguarding children training over Q1 and Q2 2016 /17 for comparative purposes is captured in the table 1 below. South West London and St Georges Mental Health NHS Trust is no longer delivering or reporting on level 1 safeguarding children training as all staff are to be trained at level 2. The Trust continues to experience challenges in meeting to level 3 target for compliance.

Table 1: South West London and St Georges Mental Health NHS Trust Safeguarding children training compliance Q1 Q2 Q3 2016/17.

Safeguarding Children training level %	Q1 2016/17	Q2	Q3	Target 80% level 2 Target 90% level 3
Level 1	All staff trained at L2			80%
Level 2	90%	91.5%	91.5%	80%
Level 3	78%	75.8%	81.2%	90%

3.5. Safeguarding supervision is not reported on however a recent CQC report has highlighted gaps in supervision across services and a plan which includes the development of a supervision policy and reporting processes is in place. This issue was raised at the Section 11 Challenge Panel (13<sup>th</sup> October 2016) where the Trust will present their newly approved Supervision policy and outline their reporting process. Currently the Trust does report on supervision compliance, however there is no mechanism to report specifically on safeguarding supervision.

<http://www.cqc.org.uk/provider/RQY>

3.6. 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.



- 3.7. In Q3 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).
- 3.8. CAMHS referrals: Urgent referrals are to be seen within 5 working days with a target of 95% compliance. However, compliance in 2015/16 was 88.3% and 85.9% 2016/17 (YTD). This performance target is being monitored at the CQRG. All referral that breach the target are subject to an audit process to better understand the nature of the breach and associated risks. All emergency referrals have been seen within the 24 hour target ( 29 cases 2016/17 YTD)

### 3.9. Central London Community Healthcare (CLCH)

CLCH safeguarding training compliance in Q1 Q2 Q3 2016/17 is captured in table 2. CLCH has made progress in addressing the low compliance with level 3 training and in Q3 2016/17 has reported 83% compliance.

Table 2; CLCH Safeguarding Children Training Compliance Q1 and Q2 2016/17

Safeguarding Children training level %	Q1 2016/17	Q2 2016/17	Q32016/17	Target 90%
Level 1	79%	83%	90%	
Level 2	80%	81%	88%	
Level 3	47%	59%	83%	
Level 4	100%	100%	100%	

3.10. CLCH have made good progress in improving compliance with safeguarding training.

3.11. Safeguarding children supervision compliance is reported as 100% for the Merton safeguarding children team. The supervision compliance for staff groups is below:

- Health visitors 97%
- School nurses 100%
- FNP 100%
- MASH 100%
- CLA 100%
- Therapists (group) 82%
- Check It Out (group) 100%
- Schools (special needs) 100%

3.12. The model of safeguarding supervision in CLCH is one where all practitioners responsible for managing the care of children and young people access three monthly supervision which is provided by the CLCH safeguarding children team professionals. Supervision is recorded on the electronic record (Ri0) and underpinned by a CLCH supervision policy.

3.13. The CLCH NNCP and CLCH CLA nurses meet with the Merton Designated Nurse for safeguarding children supervision; 100% compliance.



3.14. CLCH has in Merton a safeguarding team which is made up of a Named Nurse Child Protection (NNCP) and two Child Protection Advisors (CPA) supported by and administrator. In Q3 2016/17 there has been a vacant post; 1 WTE CPA. The impact of this vacancy on the CLCH Merton safeguarding team has been mitigated by the deployment of a bank CPA 0.5 WTE.

3.15. CLCH, Public Health and Merton LA are undertaking a review of the role of the school nurse in child protection conferences. This work stream has been come out of the Children’s Commissioner Report – Lightning Review School Nurses (2016) which highlights the concern of the Children’s Commissioner that the focus of the school nurse service is becoming primarily focussed child protection. The outcome of the review will be reported on in Q4 2016/17.

<http://www.childrenscommissioner.gov.uk/sites/default/files/publications/School%20Nurses%20report%20Children%27s%20Commissioner%27s%20Office.pdf>

3.16. In Q3 CLCH reported a one referral to the Local Authority Designated Officer (LADO) and have one investigation in progress.

3.17. CLCH has a MSCB Challenge panel on 17<sup>th</sup> January 2017.

**3.18. St Georges University Hospital NHS Foundation Trust:**

Data relating to St Georges University Hospital NHS Foundation Trust compliance with safeguarding children training over Q1 and Q2 2016/17 is captured in the table below table 3.

Table 3: St Georges University Hospital NHS FT safeguarding children training compliance Q1 Q2 Q3 2016/17.

Safeguarding Children training compliance %	Q1 2016/17	Q2	Q3	Target 90%
Level 1	83%	84%	85%	90%
Level 2	79%	76%	78%	90%
Level 3	93%	88%	90%	90%
Level 4	100%	100%	100%	

3.19. The Trust in Q3 2016/17 reports that the target for level 3 training has been achieved. Level 3 training is required for those practitioners working directly with children and young people. It is this staff group that though their clinical practice has the opportunity to identify abuse and neglect and make the appropriate action and referral to ensure the children and young people are protected from abuse so making compliance with training as evidence of a competent workforce essential.

3.20. St Georges University Hospital NHS Foundation Trust has in place a Safeguarding Children Policy which describes safeguarding supervision arrangements within the acute services; safeguarding supervision compliance for the safeguarding team and practitioners is reported at 100% in Q3 2016/17.



3.21. St Georges University Hospital NHS Foundation Trust attend a MSCB Challenge panel 28/11/16. The Trust presented their Section 11 submission at the MSCB Challenge Panel. Supplementary evidence was required as the MSCB template had not been completed. The Trust provided an overview of the improvement action plan following the CQC inspection.

3.22. CPIS Update: The Trust is attending meetings with Wandsworth CCG and Local Authority to move forward with this national project. A further update as to the progress will be in Q4 2016/17.

3.23. St Georges University Hospital NHS Foundation Trust has provided data relating to safeguarding activity (Table 4).

3.24. Notable trends are an increase in:

- Safeguarding Concerns: Number of children attending A&E due to self-harming
- Safeguarding Concerns: Number of children attending A&E due to bullying/assault
- Safeguarding Concerns: Number of children attending A&E where risk linked to adult identified - domestic violence
- Safeguarding Concerns: Number of children attending A&E where risk linked to adult identified - mental health
- Maternity: Number of Unborn babies referred to Merton Children's Social Care

3.25. Table 4: St Georges Hospital University Trust NHS FT Safeguarding data A/E, Paediatrics and Maternity 2016/17

<b>St Georges Hospital University Trust NHS FT</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Trend</b>
Number of children admitted with safeguarding concerns	16	3	4		decrease
Number of Looked After Children attending A&E where Merton Children's Social Care were informed	6	6	5		decrease
Number of Children subject of a Child Protection Plan attending A&E where Merton Children's Social Care were informed	0	0	2		increase
Safeguarding Concerns: Number of children attending A&E due to self-harming	14	8	15		increase
Safeguarding Concerns: Number of children attending A&E due to bullying/assault	15	4	14		increase
Safeguarding Concerns: Number of children attending A&E due to alcohol/drug misuse	1	0	2		increase
Safeguarding Concerns: Number of children attending A&E attempting suicide	1	0	0		decrease
Safeguarding Concerns: Number of children attending A&E where risk linked to adult identified -	8	14	19		decrease



domestic violence					
Safeguarding Concerns: Number of children attending A&E where risk linked to adult identified - mental health	4	18	15		decrease
Safeguarding Concerns: Number of children attending A&E where risk linked to adult identified - drug and alcohol misuse	4	4	5		increase
Paediatrics In-Patients: Number of referrals to Merton's Children's Social Care	41	54	41		decrease
Paediatrics In-Patients: Number of children subject to a Child Protection Plan admitted Number of children looked after admitted	0	0	1		increase
Paediatrics In-Patients: Number of children referred to CAMHS	13	8	10		increase
Maternity: Number of Unborn babies referred to Merton Children's Social Care	8	0	6		decrease
Maternity: Number of births subject to a Child Protection Plan	0	0	3		increase
Maternity: Number of concerns raised about Female Genital Mutilation	1	3	0		decrease
Maternity: Number of concerns raised about Domestic Abuse	4	Data now included in overall reporting above.			

3.26. St Georges University Hospital NHS Foundation Trust in Q3 reported no allegations against staff and no referrals to LADO.

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

The safeguarding children training compliance for ESTH is captured in table 5. Notably, the Trust target is 95% compliance which is higher than all other Trusts. ESTH has achieved 100% compliance for staff requiring level 4 training however, for other levels this target has not yet been met. From Q2 2016/17 the Trust will no longer be training staff at Level 1 – all staff will access level 2.

Table 5 Epsom and St Helier University Hospital NHS Trust Safeguarding training compliance Q1 Q2 Q3 2016/17:



Safeguarding Training Compliance	Q1 2016/17	Q2 2016/17	Q3 2016/17	TARGET
Level 1	81%	No longer training staff at level 1		95%
Level 2	81%	76%	80%	95%
Level 3	85%	78%	78%	95%
Level 4	100%	100%	100%	95%

- 3.28. ESTH has a policy for the delivery of safeguarding supervision and has increased the number of trained Child Protection Supervisors in the Trust from 2 to 6 posts to meet the need for supervision in the workforce. Compliance in Q3 is recorded at 90% for practitioners and 100% for the safeguarding children team (Q2 2016/17 compliance was 80% and 100% respectively)
- 3.29. ESTH has submitted data on safeguarding activity relating to A/E and community midwifery services (table 6). Unintentional injuries to children and young people presenting at A/E included burns, accidental poisoning and sports injuries. Deliberate injuries included physical assault by peers or adults. In relation to mental health presentations there is a distinction made between young people presenting with mental health concerns and those having self-harmed. There is an increase in attendance at A/E while there is no explanation for the increase (Q2 78 / Q3 127) the NNCP has provided a narrative regarding the number of cases that were discussed at the A/E safeguarding meeting; in Q3 37 of the 127 children attending A/E (29%) compared to Q2 41% and Q1 30%. So although the numbers have increased as a percentage the cases where there have been safeguarding concerns has remained stable.
- 3.30. ESTH do not currently report on number of referrals to CAMHS or Merton CSC however, practitioners are aware of referral pathways to CAMHS and the additional services provided by The Wish Centre. ESTH in their Q3 2016/17 narrative do state all children / young people presenting with mental health issues / concerns are referred to CAMHS.
- 3.31. There were two teenage pregnancies recorded during Q3 2016/17 (one was recorded in Q2 2016/17).
- 3.32. ESTH reported a nil return for both allegations against staff and referrals to the LADO in Q3.

Table 6 – Epsom & St Helier University Hospital NHS Trust Safeguarding activity 2016/17

Epsom & St Helier University Hospital NHS Trust Safeguarding activity 2015/16	Q1	Q2	Q3	Q4	Trends
The rate of hospital inpatient <b>admissions</b> caused by unintentional and deliberate injuries to children and young people aged 0-17	6	0	8		increase
The rate of Accident and Emergency <b>attendance</b> caused by unintentional and deliberate injuries to children and young people aged	71	78	127		increase



0-17					
Number of hospital admissions: due to alcohol specific conditions	2	1	1		decrease
Number of hospital admissions: due to substance misuse (15-24 years)	2	5	5		no change
Number of hospital admissions: due to mental health conditions	10	5	6		increase
Number of hospital admissions: due to self-harm (10-24 years)	0	7	0		decrease
Community Midwifery: number of enhanced cases in period	26	17	26		increase
Community Midwifery: number of targeted cases in period	0	14	0		decrease

3.33. **Kingston Hospital NHS Foundation Trust**

3.34. No data has been received for this provider for Q3 2016/17. This will be followed up by the Designated Nurse.

3.35. **Wilson Walk in Centre (WIC):**

3.36. The WIC in Q3 2016/17 has reported 100% compliance for safeguarding children training at level 1, 2 and 3. Supervision compliance is reported as 100%.

3.37. The safeguarding activity submitted by the WIC is captured in Table 7. In Q3 2016/17 there was a notable increase in the number of adults presenting with mental ill health.

Table 7 – WIC safeguarding activity data Q1 Q2 and Q3 2016 /17

<b>Wilson WIC</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
Children attending self -harm	0	0	0	
Children attending CPP	0	0	0	
Children referred to MASH	1	1	0	
Children attending – bullying /assault	1	0	0	
Children attending alcohol / self- harm	0	0	0	
Adults - mental ill health	3	5	11	
Adults – drug / alcohol	5	5	4	
Allegation against staff	0	0	0	
Referral to LADO	0	0	0	
Concerns FGM	0	0	0	

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

3.39. The WIC and GP practice will close on the 31<sup>st</sup> March 2017. There is a provider Concordia has a plan in place to support the practice population to register at other GP practices. This plan includes the identification and additional support to vulnerable patients including



children subject to child protection plans and child in care. In addition the LA and community services provider CLCH is aware of the closure and the need to support patients in registering with an alternative GP practice.

### 3.40. **South East Clinical Support Unit (SECSU)**

3.41. No data has been received from the SECSU. This will be followed up by the Designated Nurse.

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

4.1. ‘Promoting the health and well-being of looked-after children statutory guidance for local authorities, clinical commissioning groups and NHS England’ (2015) is the statutory guidance issued to local authorities, CCGs and NHS England under sections 10 and 11 of the Children Act 2004.

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.

[http://www.rcpch.ac.uk/system/files/protected/page/DH\\_Promoting\\_the\\_health\\_and\\_well-being\\_of\\_looked-after\\_children.pdf](http://www.rcpch.ac.uk/system/files/protected/page/DH_Promoting_the_health_and_well-being_of_looked-after_children.pdf)

4.3. The Children Looked After (CLA) service is provided by CLCH 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 (CLCH) delivers the majority of Review Health Assessments (RHA).

4.4. ESTH compliance with IHA within statutory timeframes is demonstrated in Table 8. The data from Q1 and Q2 2016/17 is included for comparative purposes.

Table 8 – Q1 Q2 and Q3 2016/17 ESTH compliance with IHA and statutory timeframes (data from ESTH)

<b>ESTH Q1 2016/17 CLA IHA</b>	<b>Number of children / Referrals</b>	<b>Compliance with statutory timeframes</b>
Number of Merton children take in to care (CLA)	27	



Number of referrals from LA	25	
*Number not requiring IHA	5	
Number offered appointment within statutory timeframe	21	84%
Number seen within statutory timeframe	13	52%
Number DNA / refusals	4	

\*children leave 'care' prior to a health assessment being arranged.

ESTH Q2 2016/17 CLA IHA	Number of children / Referrals	Compliance with statutory timeframes
Number of Merton children take in to care (CLA)	17	
Number of referrals from LA	15	
*Number not requiring IHA	2	
Number offered appointment within statutory timeframe	9	60%
Number seen within statutory timeframe	9	60%
Number DNA / refusals	3	

ESTH Q3 2016/17 CLA IHA	Number of children / Referrals	Compliance with statutory timeframes
Number of Merton children take in to care (CLA)	30	
Number of referrals from LA	31	
*Number not requiring IHA	6 (25 referrals require appt)	
Number offered appointment within statutory timeframe	12	58.3%
Number seen within statutory timeframe	12	50%
Number DNA / refusals / patient choice	3	

4.5. The host commissioner for the ESTH contract, which includes the paediatric services, is Sutton CCG. The required improvement in performance in meeting the statutory timeframes for health assessments has been raised with Sutton CCG with ESTH.

4.6. The ESTH 2016/17 plan to improve performance includes

- Booking appointments as soon as notification is received that a child is a CLA.
- Increase in the number of IHA / RHA appointment slots
- ESTH is working with CLCH and the LBM to address delays in arranging the IHA that occur due to incomplete documentation and consent.

4.7. The compliance with statutory timeframes is 58.3% of children offered an appointment in timeframe and 50% of children in seen in timeframe. Compliance has fallen on that of Q2 2016/17 however the number of children / referrals in Q3 2016/7 was higher than Q2 2016/17.



- 4.8. CLCH is the provider responsible for the majority of CLA Review Health Assessments (RHA). In Q3 25 children and young people were due to have a review health assessment. RHAs are a health assessment which can be undertaken by a nurse however in some situations the RHA may be undertaken by a GP or paediatrician – these would be complex cases and pre-adoption cases. In Q3 there were 2 refusals reported.
- 4.9. Overall compliance is 92% (23/25) due to two refusals. A total of 23 RHAs were undertaken and all were within the statutory timeframe. The distribution of agencies undertaking the RHA is shown below;
- ESTH Community Paediatrics 100% (4)
  - CLCH CLA team 100% (13)
  - CLCH School nursing team 100% (4)
  - Placement Special Needs Nurse 100% (1)
  - Youth Justice System 100% (1)
- 4.10. The performance of ESTH and CLCH 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, CLCH CLA nurse and ESTH
  - Quarterly meetings - CLA strategic meetings chaired by the Merton CCG Designate Nurse
  - Weekly reports from ESTH on IHAs performance
- 4.11. CLCH have recruited a Named Nurse CLA who is now in post. This nurse will increase the clinical capacity of the team and provide operational leadership. Key work streams include focussing on improving transitions for care leavers, quality assurance of the health assessments and evidencing the 'voice of the child'. CLCH presented the experience and views of a child (12 years) in the format of a flip chart poster the child had created with the CLCH LAC nurse. CLCH is currently undertaking an audit to explore the impact of health interventions in terms of outcomes for CLA. This will be reported on in Q4 2016/17 and be included in the annual report 2016/17.

## 5. ACTIONS FOR Q4 2016 / 17

### 5.1. Merton CCG:

- Update Safeguarding Work Plan with 2017/18 objectives/ actions
- Draft Safeguarding Supervision Policy
- Implementation of collaborative safeguarding arrangements with Wandsworth

### 5.2. South West London and St Georges Mental Health NHS Trust

- Continue to improve training compliance
- Provide assurance of safeguarding supervision compliance

### 5.3. Central London Community Healthcare CLCH Community Services

- Continue to improve training compliance



#### **5.4. St Georges University Hospital NHS Foundation Trust**

- Continue to improve training compliance

#### **5.5. Epsom and St Helier University Hospital NHS Trust**

- Continue to improve training compliance
- Provide CAMHS referral data

#### **5.6. Kingston Hospital NHS Foundation Trust**

- Provide performance data

#### **5.7. Wilson Walk In Centre**

- No specific actions

#### **5.8 CLCH and ESTH**

- Continued improvement in performance for IHA
- Evidence patient experience / voice of the child
- Report on audit work on health outcomes for CLA

