

REPORT TO MERTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

Date of Meeting: 24th March 2016

Agenda No: 7.4

Attachment: 09

<p>Title of Document: Safeguarding Children Report Quarter 3 October - December 2015</p>	<p>Purpose of Report: To Approve</p>
<p>Report Author: Liz Royle Designated Nurse Safeguarding Children and Children Looked After</p>	<p>Lead Director: Lynn Street Director of Quality and Performance</p>
<p>Executive Summary: 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. In addition, the report provides assurance that the MCCG is compliant with the duties and responsibilities as outlined by existing legislation, guidance and frameworks;</p> <ul style="list-style-type: none"> • 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 Healthcare staff, intercollegiate document (2014). <p>The report reviews the CCG’s internal safeguarding arrangements with specific focus Prevent, FGM and safeguarding children compliance. Progress has been made in regard to achieving full compliance all three areas. Safeguarding arrangements in commissioned services are reviewed and areas for improvement identified.</p>	
<p>Key sections for particular note (paragraph/page), areas of concern etc: 1.8 Outstanding actions from Q2 which were not completed in Q3 include training for the Governing body and recruitment to a Named GP for safeguarding children. 4.3 South West London & St Georges Mental Health Trust training compliance of is below target for level 3. 4.17 St Georges University Trust training compliance level 1,2,3 is below target 4.25 ESTH training compliance level 1,2,3 is below target 5.0 Children Looked After initial health assessments are not meeting statutory timeframes. 7.0 Actions for the CCG and provider organisations in Q4.</p>	
<p>Recommendation(s): Report for approval by the CCG Governing body</p>	

<p>Committees which have previously discussed/agreed the report: Report received at Senior Management Team (SMT) 29/02/16 Report circulated to members of SEG and Quality Committee following approval at SMT.</p>
<p>Financial Implications: N/A</p>
<p>Implications for CCG Governing Body: To Approve the report.</p>
<p>How has the Patient voice been considered in development of this paper: N/A</p>
<p>Other Implications: (including patient and public involvement/Legal/Governance/Risk/Diversity/Staffing) Relates to Risk Register 1012; If the CCG fails to establish appropriate systems and processes for safeguarding children and children looked after, vulnerable children may be at risk of harm 3 x 3 = 9</p>
<p>Equality Assessment: N/A</p>
<p>Information Privacy Issues: N/A</p>
<p>Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution) Report will be available to the public as part of the Governing Body papers.</p>

**Merton Clinical Commissioning Group
Safeguarding Children Report**

Quarter 3

October - December 2015

Author: Liz Royle Designated Nurse Safeguarding Children and Children looked After

1.0 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 Healthcare 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 Designated 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 function (interim) for safeguarding and children looked after. The named doctor GP post remains unfilled.
- 1.6 The Designated Nurse post has been recruited, with the substantive post-holder starting in January 2016.

1.7 The named doctor function will be reviewed and interim arrangements progressed in Q4.

1.8 Review of recommendations from Q2 2015/16 report:

1.9 **Regular safeguarding training is provided for the Governing Body and the new Chief Officer (CO). The Governing Board and CO receives monthly updates. It is agreed that they will receive safeguarding training at one of these monthly updates**

The Governing body and CO, who is the Governing Body Executive Lead for Safeguarding Lead, will receive safeguarding training in Q4.

1.10 **The Director of Quality continues to work through the Quality Surveillance Group to monitor safeguarding performance indicators and this remains ongoing**

A 2016/17 dataset will be agreed with Health Providers and the MSCB.

1.11 **Continue to seek recruitment of a Named GP within a 3-month timescale and to review alternative arrangements if this is not successful by end of Q3**

There is not a named GP in place. However, an interim plan is in place regarding a fixed term contract to cover this statutory role in Q4.

1.12 **Continue to work with CCG Primary Care team to improve GP practices involvement with safeguarding and review outcome of this escalation to CO.**

Communication with GP practices continues to be through the CCG communications department advising of changes in CCG safeguarding function – recruitment to the Designated Nurse post and signposting to MSCB training offer.

2.0 Compliance with Statutory Guidance / Duties Q3 2015/6

2.1 This section will review Merton CCG compliance with Prevent statutory duties, Female Genital Mutilation (FGM) mandatory reporting duties and safeguarding children training compliance. The key documents are:

- PREVENT : Prevent Duty Guidance: for England and Wales HM Government 2015

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445977/3799_Revised_Prevent_Duty_Guidance_England_Wales_V2-Interactive.pdf

- FGM : Female Genital Mutilation Risk and Safeguarding 2015, Mandatory Reporting of FGM - procedural information Home Office 2015

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418564/2903800_DH_FGM_Accessible_v0.1.pdf

<https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information>

- Safeguarding Children training - Safeguarding children and young people:

[http://www.rcpch.ac.uk/sites/default/files/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%2002%2000%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%2000%20%20%20(3)_0.pdf)

2.2 PREVENT: Statutory duties issued under section 29 of the Counter Terrorism and Security Act 2015 places a duty on agencies that in the exercise of their functions to have 'due regard' to the need to prevent people from being drawn into terrorism (HM Government July 2015). Prevent is a part of the national counter terrorism strategy Contest and aims to identify those people at risk of radicalisation and exposure to extremist ideologies prior to any criminal activity. The Prevent seeks to reduce the risk of terrorism in the UK by the early identification of individuals at risk of being radicalised and offer support through referral to CHANNEL, a multi-agency panel.

Prevent duties include:

- A Prevent Lead within the organisation
- A Prevent policy
- Prevent training for all employees at a level appropriate to role and responsibility
- Commissioners to have oversight of the compliance of provider services in regard to Prevent.

2.3 Merton CCG has Prevent Leads in place and a Prevent training offer in place for Q4.

2.4 Merton CCG internal training offer in Q4 will include Prevent Workshop Raising Awareness of Prevent (WRAP) which is an hour training session and in compliance with recommendations from NHSE, the Merton CCG internal training offer Safeguarding Children (level 1 and 2) and Safeguarding Adults (Level 1) will include basic awareness of Prevent.

2.5 Merton CCG Training Compliance Matrix and reporting will in Q4 include Prevent. Provider services to include in Q4 a narrative of how the Prevent duties are being met and compliance level achieved.

2.6 Merton CCG reports on staff compliance with safeguarding children training Level 1 (RCPCH 2014). Q3 compliance exceeded 80%.

- 2.7 The Q4 target for training is 90%, with a review of the Merton CCG workforce and reporting systems in regard to the level of training required in line with the intercollegiate guidance (RCPCH 2014).
- 2.8 FEMALE GENITAL MUTILATION: (FGM) has been a criminal offence in the UK since 1985. The Female Genital Mutilation Act 2003 made it an offence for UK nationals or permanent residents to take a child abroad for the purposes of FGM. The Serious Crimes Act 2015 section 73 amended the FGM Act 2003 to include FGM Protection Orders and section 74 introduced mandatory reporting of FGM by registered professionals to both police and the local authority children social care department.
- 2.9 Statutory and national guidance relating to FGM includes Working Together to Safeguard Children 2015, Mandatory Reporting of FGM – procedural information Home Office 2015, Female Genital Mutilation Risk and Safeguarding 2015.
- 2.10 The Designated Nurse, as the Chair of the Merton Safeguarding Children Board Subgroup – Policy and Procedures, is progressing work on a multi-agency FGM strategy which is scheduled for completion and launch in Q4.
- 2.13 SAFEGUARDING CHILDREN TRAINING: Merton CCG commissioned service providers agencies report on safeguarding children training compliance. All levels of training must include FGM, however level 3 (RCPCH 2014) will include the new mandatory reporting duty for registered professionals. In Q4 provider agencies will include in training compliance additional assurance that all registered staff have been briefed in regard to the new mandatory reporting and policies have been updated to reflect this.
- 2.14 Merton CCG hosts the Single Point of Access (SPOC) for the Child Death Overview panel (CDOP) for both Sutton and Merton. In Q3 there were three child deaths in Merton reported to CDOP. Two deaths have had cause of death confirmed and now await review at CDOP. However, one death was an unexpected child death and so subject to a Rapid Response meeting. None of the three deaths in Q3 have been referred to Merton Safeguarding Children Board given there has been no safeguarding concerns or issues raised regarding the circumstances of the deaths.

During Q3 there was a CDOP Panel which reviewed the deaths of five Merton children. The deaths were attributed to

- Chromosomal abnormalities 2
- Neonatal deaths 2
- Malignancy 1

- 2.15 No child deaths have been referred to the MSCB, as there have been no safeguarding concerns identified. However, any learning points or recommendations from CDOP will be incorporated into newsletters circulated to providers and GP surgeries and in the CDOP annual report.

2.16 In Q3, 100% of child deaths have been reviewed by the CDOP panel within the 6 month timeframe.

3.0 Merton CCG Actions to meet Statutory Guidance Requirements in Q4

The following actions have been identified for Q4:

- Progress to appoint or make arrangements to cover the named doctor GP post
- Prevent training offer in place for CCG workforce – WRAP and basic awareness
- Prevent assurance from providers on compliance with Prevent duties
- FGM assurance from providers on meeting new mandatory reporting requirements in regard inclusion in policy and training offer.
- Review of CCG workforce safeguarding children training levels and training matrix
- CCG internal training offer to include Safeguarding Children (level 1 and 2) and Prevent in Q4 with a target of 90% compliance.

4.0 Safeguarding Children Assurance Data from Commissioned Services:

4.1 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.

4.2 The six 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
- Kingston Hospital NHS Foundation Trust
- Wilson Walk In Centre

4.3 South West London and St Georges Mental Health NHS Trust (to include Children and Adolescent Mental Health Service):

Data relating to the Trust's compliance with safeguarding children training over Q2 and Q3 is captured in the table below:

Table 1: South West London and St Georges Mental Health NHS Trust Safeguarding children training compliance Q3 2015/ 16

Safeguarding Children training level %	Q3	80% level 2 90% level 3
Level 1	83 %	80%
Level 2	85%	80%
Level 3 CAMHS	64%	90%
Level 3 Non CAMHS services	15%	90%

- 4.4 The Trust has two targets in regard to compliance with safeguarding training; 80% for Level 1 / 2 and 90% for Level 3. No compliance data has been submitted for Level 4. It is clear from the data that the Trust is not meeting target in regard to Level 3 training, which is of concern given Level 3 training is a requirement for practitioners responsible for direct work with children and young people. A plan to improve all compliance with training with specific focus on Level 3 will be included in the Q4 reporting.
- 4.5 Safeguarding supervision compliance data is not available for Q3. However, the Trust has provided evidence of the supervision structures and processes in place relating to safeguarding supervision as described in the Trust's Section 11 Audit (2015) and Safeguarding Children Policy (2015). In Q4, further assurance in regard to safeguarding supervision will be required in regard to frequency and quality.
- 4.6 The Trust's Named Nurse Child Protection (NNCP) accesses safeguarding supervision from the Designated Nurse for the London Borough of Wandsworth. The NNCP attends Merton CCG Named Nurse meeting (quarterly) and regularly meets with the Merton CCG Designated Nurse (quarterly) to review safeguarding arrangements within the Trust.
- 4.7 The number of children reported by the Trust known to them to be subject to a child protection plan numbered 45 in Q3. This was a small increase on the previous Q1 and Q2 in which 42 and 38 were reported. There is no data as to the category of maltreatment (abuse/neglect) or the age of the child. This data is not Merton specific and as such a request for Merton specific data has been made for Q4.
- 4.8 The Trust's Section 11 Audit was updated in 2015 and while no standard was rated red (not meeting the standard), there were four standards where an amber rating (partly meeting the standard) was applied; standards 2, 4, 5 and 7.
- 4.9 Standards 2 and 4 relate to patient experience, feedback and involvement, where appropriate, in service development. Standard 5 relates to compliance with safeguarding training for each staff group. Standard 7 relates to inter-agency and partnership working. For all amber rated standards there are actions to improve performance and achieve a green rating (meeting the standard) in place. The

MSCB will, in 2016, be reviewing the Section 11 and requiring provider organisation to submit an updated Section 11, demonstrating progress in achieving the standards.

4.10 In Q3 the Trust reported one serious incident (SI) involving a child, which has progressed to a serious case review (SCR). The Trust has submitted a chronology and will be contributing to the SCR, which is due for completion May 2016. Progress on the SCR will be reported on in Q4.

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

Data relating to the Trust’s compliance with safeguarding children training over Q2 and Q3 is captured in the table below:

Table 2: SMCS Safeguarding children training compliance Q3 2015/16

Safeguarding Children training level %	Q3	Target 80%
Level 1	88%	80%
Level 2	83%	80%
Level 3	92%	80%
Level 4	100%	80%

The Trust has exceeded the required target compliance for Levels 3 and 4, with further work in required in Q4 to improve performance for Levels 1 and 2.

4.12 The Trust has in place arrangements for safeguarding supervision, supported by a Trust 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. It is to be noted that this Trust in 2016/17 will no longer be the community service provider.

Table 3: SMCS Safeguarding Supervision compliance Q3 2015/16

Safeguarding Children Supervision %	Q3	Proposed target 100%
Health Visitors	89%	100%
School nursing	72%	100%
Safeguarding Team	100%	100%
NNCP – supervised by Merton Designated Nurse	100%	100%

4.13 The Trust has reported on supervision delivered to key professionals. However, this requires extension to include specialist nurses and allied health professionals

in 2016/17. This has previously been identified by the Trust as a clinical risk and as such is on the Trust risk register.

- 4.14 The NNCP has undertaken a safeguarding supervision audit focussing on the quality and frequency of supervision which will be shared with MSCB Quality and Audit Subgroup. This will be reported on in Q4. The NNCP receives safeguard supervision from the Merton Designated Nurse.
- 4.15 The Trust has submitted a chronology and individual management review in regard to a SCR and the progress of this will be reported in Q4. The Trust will be contributing to a MSCB Learning and Improvement Review and progress will be reported on in Q4. The NNCP attends the MSCB Quality and Audit subgroup so contributing to the work streams and thematic audits.
- 4.16 The Trust submitted a Section 11 audit to the MSCB in 2015 and it should be noted the new provider will be required to submit a Section 11 in 2016.

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

Data relating to the Trust’s compliance with safeguarding children training over Q3 is captured in the table below:

Table 4: St Georges University Hospital NHS FT Safeguarding children training Compliance by Division Q3 (stats collected/data cleansing Jan 2016)

Safeguarding Children training compliance %	Q3 (stats January 2016)	Target 90%
Level 1	68%	90%
Level 2	74%	90%
Level 3	74%	90%

- 4.18 Safeguarding children training compliance is on the Trust risk register, recognising this is an area of safeguarding risk and requiring improvement. In addition, the Trust is working towards inclusion of both the PREVENT and FGM training duties and requirements as part of their reporting processes.
- 4.19 The Trust has in place a Safeguarding Children Policy which describes safeguarding supervision arrangements within the acute services; however data on compliance is not available. The NNCP receives supervision from the Designated Nurse for the London Borough of Wandsworth and meets with the Merton CCG Designated Nurse on a quarterly basis. .
- 4.20 The Trust’s Section 11 Audit was submitted in 2015 and MSCB will request an update in 2016.
- 4.21 In Q3 there were 2 serious incidents (SI) involving children. The first incident related to a young baby who presented with non-accidental injuries. The case,

having been referred to MSCB, was discussed and single agency reports undertaken. The learning and actions will be reported on in Q4. The second incident related to an adolescent and a disclosure of abuse. Appropriate referrals were made to Merton Children Social Care. However, Merton CCG did not receive information relating to the SI for several weeks. Merton CCG Designated Nurse is working with the Trust to improve the timeliness of notification of serious incidents involving children and young people.

- 4.22 The Trust has provided data relating to activity in the A/E department (Table 5). One area of increased activity is the number of children and young people presenting at A/E and then being admitted, having been identified as at risk; a safeguarding concern. Another notable trend is the increase of young people attending due to bullying/assault.
- 4.23 There is also an increase in the number of adults presenting at A/E where a safeguarding concern has been identified in regard to their presentation and impact on parenting capacity. Adult issues causing concern include domestic abuse, alcohol misuse and mental health concerns. It is notable that 14 referrals were made following adult presentation at A/E, indicating staff in A/E identifying the risk to the child and impact of the parent/carer presentation on ability to parent.

Table 5: St Georges Hospital University Trust NHS FT Safeguarding data A/E 2015/16

St Georges Hospital University Trust NHS FT Safeguarding activity – A/E Dept	Q1	Q2	Q3	Q4	Trend
Number of children admitted with safeguarding concerns	4	4	11		↑increase
Number of Looked After Children - CSS Informed	2	3	0		↓decrease
Number of CPP list children referred/informed to Children's Specialist Services	2	0	1		↑increase
Number of children attending A & E due to self-harming	4	1	1		↔
Number of children attending A & E due to bullying/assault	5	1	9		↑increase
Number of children attending A & E due to alcohol/self-harm/drugs	0	2	1		↓decrease
Number of children attending A & E with attempting suicide	0	0	1		↑increase
Number of parents/carers seen in adult A & E where CSS Referrals made (total)	4	9	14		↑increase
Adult issue - DV	4	6	6		↔
Adult issue - mental health concerns	3	2	3		↑increase
Adult issue - drug & alcohol misuse	X	1	5		↑increase

Key:

CSS – children social services

CPP – child protection plan

DV – domestic violence

- 4.24 The Trust has submitted data on safeguarding activity in Paediatrics and Maternity Services. Key trends from the completed data fields for the Paediatrics and Maternity services are captured in the table 6 below. The number of referrals for both services has increased in Q3 as compared to Q1. It is also notable that the metrics include concerns relating to FGM.

Table 6: St Georges Hospital University Trust NHS FT Safeguarding data Paediatrics and Maternity 2015/16

St Georges Hospital University Trust NHS FT PAEDIATRICS IN-PATIENTS	Q1	Q2	Q3	Q4	Trend
Number referrals to Children Social services Children in Need/CAF	3	9	8		↓decrease
Number referrals to Children Social services Child Protection	11	14	8		↓decrease
Number of Child Protection Plan list children admitted	0	0	1		↑increase
Number of children admitted who are Looked After Children	NA	1	2		↑increase
Number of children referred to CAMHS	3	0	8		↑increase
MATERNITY					
Number of unborn referred/informed to Children Social services	4	1	11		↑increase
Number of births subject to Child Protection Plan	0	1	2		↑increase
Number of concerns raised about FGM	4	3	4		↑increase
Number of concerns raised about domestic abuse	3	3	7		↑increase

4.25 **Epsom and St Helier University Hospital NHS Trust:**

The safeguarding children training compliance for the Trust is captured in table 7. Notably, the Trust target is 95% compliance, which is high than other Trusts. The Trust has achieved 100% compliance for staff requiring Level 4 training. However, for Levels 1, 2 and 3, improvement is required to meet this target.

Table 7: Epsom and St Helier University Hospital NHS Trust Safeguarding training compliance:

Safeguarding Training Compliance	Compliance Rate (Jan 2016 data)	TARGET
Level 1	83.54%	95%
Level 2	83.40%	95%
Level 3	84.60%	95%
Level 4	100%	95%

4.26 The Trust 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. However, despite this, the compliance rate for staff meeting the criteria for safeguarding supervision is 66%. This low compliance rate is on the Trust risk register and progress to improve performance will be reported on in Q4.

- 4.27 The NNCP accessed supervision from the Designated Nurse for the London Borough of Sutton and is meeting with the Merton CCG Designated Nurse on a quarterly basis
- 4.28 The Trust has submitted data on safeguarding activity relating to A/E and community midwifery services (table 8). The 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 rather than any underlying trend. 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 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 skateboards or bicycles.
- 4.29 There is a distinction made between young people presenting with mental health concerns and those having self-harmed. In both cases, there has been an increase in children presenting at A/E.
- 4.30 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.
- 4.31 The Trust will be required to submit an updated Section 11 audit to MSCB in 2016.
- 4.32 The NNCP attends the MSCB Quality and Audit Subgroup, so contributing to the work streams and thematic audits.

Table 8: Epsom & St Helier University Hospital NHS Trust Safeguarding activity 2015/16

Epsom & St Helier University Hospital NHS Trust Safeguarding activity 2015/16	Q1	Q2	Q3	Trend
The rate of hospital inpatient admissions caused by unintentional and deliberate injuries to children and young people aged 0-17	1	1	1	↔
The rate of Accident and Emergency attendance caused by unintentional and deliberate injuries to children and young people aged 0-17	106	90	57	↓decrease
Number of hospital admissions: due to alcohol specific conditions	0	1	3	↑increase
Number of hospital admissions: due to substance misuse (15-24 years)	1	0	4	↑increase
Number of hospital admissions: for mental health conditions	3	5	11	↑increase
Number of hospital admissions: as a result of self-harm (10-24 years)	2	6	10	↑increase
Community Midwifery: number of enhanced cases in period	10	7	0	↓decrease
Community Midwifery: number of targeted cases in period	0	2	4	↑increase

4.33 **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 Designated Nurse will seek assurance from the Kingston CCG Designated Nurse as to the robustness of the safeguarding arrangements at this Trust.

4.34 **Wilson Walk in Centre:**

The safeguarding activity submitted by the WIC is captured in Table 9. What is of note is the number of adults presenting with mental ill health – however, there is no data as to indicate if these adults have caring or parenting responsibilities and if this was considered in regard to safeguarding. There was, however, only one referral to MASH.

4.35 There is no activity in regard to training and supervision arrangements or compliance. This will be followed up by the Designated Nurse in Q4.

Table 9 – WIC safeguarding activity data 2015/16

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

5.0 Children Looked After – SMCS and Epsom and St Helier University Hospital NHS Trust (ESTH)

5.1 ‘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.

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

5.2 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 Review Health Assessments (RHA).

5.3 ESTH compliance with IHA within statutory timeframes is demonstrated in Table 10. The narrative for the 13 children not seen within timeframe included; capacity issues (4), client choice or DNA appointment (8) and assessment not undertaken as specific doctor required (1)

Table 10 – Q3 2015/16 ESTH compliance with IHA and statutory timeframes

ESTH Q3 2015/16 CLA IHA	Number of children/referrals	Compliance with statutory timeframes
Number of Merton children CLA in care	28	
Number requiring IHA	19	
Number offered appointment within statutory timeframe	11	57.6%
Number seen within statutory timeframe	5	26.3%

5.4 The performance in regard to IHA meeting the statutory timeframe is being monitored by Merton CCG through the following processes;

- Monthly operational meetings between Designated Nurse, Local Authority, SMCS CLA nurse and ESTH
- Quarterly meeting CLA strategic meetings chaired by the Merton CCG Designated Nurse
- Weekly reports from ESTH on IHAs performance
- In Q4, a further multi-agency workshop is planned to identify and address operational barriers and issues to meeting statutory timeframes.

5.5 The host commissioner for the ESTH contract, which includes the paediatric services, is Sutton CCG. It has been brought to Merton CCG attention that the service level agreement was not included in the ESHT contract for 2015/16 and the CCG are working to rectify this for 2016/17. A request has been submitted on an update on the actions outlined through the quarterly Service Level Agreement to address performance of IHA. It has been suggested that IHA are a focus at the Clinical Quality Risk Group (CQRG), which is held monthly, and performance scrutinised by the host CCG and other commissioning groups, including Merton CCG. The 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 requested.

5.6 SMCS is the provider responsible for the CLA RHA. In Q3, 27 children and young people were due to have a review health assessment. There were two cases where the RHA was declined; the young person refused to be seen. A total of 17 children and young people were seen for their health assessment within the timeframe. The compliance rate, excluding the two refusals from the denominator, is 68%.

6.0 Safeguarding Children serious incidents (SI) and serious case reviews (SCR)

6.1 Two SIs were recorded in Q3 and both related to St Georges Hospital University Trust (refer to 4.20)

6.2 A serious case review in in progress and due for completion May 2016.

7.0 Actions for Q4 2015/16

7.1 This report has identified the following actions for Q4

Merton CCG:

- Progress to appoint or make arrangements to cover the named doctor GP post
- Prevent training offer in place for CCG workforce – WRAP and basic awareness
- Prevent reporting from providers on Prevent duties
- FGM assurance from provider on meeting new mandatory reporting requirements in regard inclusion in policy and training offer.
- Review of CCG workforce safeguarding children training levels and training matrix
- CCG internal training offer to include Safeguarding Children (Levels 1 and 2) and Prevent in Q4 with a target of 90% compliance.

South West London and St Georges Mental Health NHS Trust:

- Improve all safeguarding children training compliance, with specific focus on Level 3, will be included in Q4.

Royal Marsden Hospital – Sutton and Merton Community Services:

- The Trust has exceeded the required target compliance for Levels 3 and 4, with further work in required in Q4 to improve performance for Levels 1 and 2.

St Georges University Hospital NHS Foundation Trust:

- Improve safeguarding children training compliance in Q4 with specific focus on level 3.

Epsom and St Helier University Hospital NHS Trust:

- No specific area for improvement identified.

Kingston Hospital NHS Foundation Trust:

- No data submitted. To be followed up by the Designated Nurse in Q4

Wilson Walk-In Centre:

- Training, compliance and supervision arrangements to be followed up by the Designated Nurse in Q4.