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MERTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

Date of Meeting: 26th January 2017

Agenda No: 9.3

Attachment: 13

Title of Document: Safeguarding Children Report Q2 2016/17	Purpose of Report: Review / Noting
Report Author: Liz Royle Designated Nurse Safeguarding Children and Children Looked After	Lead Director: Amanda Bland Deputy Director of Quality (Interim)
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<p>Executive Summary: The Q2 report provides assurance to Merton Clinical Commissioning Group that as a commissioner of healthcare services, it has effective arrangements in place to safeguard children and young people. All actions for the CCG identified in the previous report have been progressed in Q2 2016/17. Actions for the commissioned services have been progressed; however the MSCB Section 11 Challenge Panels for St Georges Hospital and CLCH are now scheduled for Q4 2016/17.</p>	
<p>Key sections for the particular note Paragraph/age), areas of concern etc: Section 1.6 Review of actions for Q2 2015/16 Section 5 Actions for Q3 2016/17 – see below</p>	
<p>Recommendation(s): Actions for Q3 2016/17 Merton CCG:</p> <ul style="list-style-type: none"> • Host GP Training Event in Q4 2016/17 • Develop Merton CCG Supervision Policy • Progression fo CP-IS across Merton LA and Health Providers of unscheduled care • Completion of the SCRB and LiRC <p>South London and St George’s Mental Health NHS Trust</p> <ul style="list-style-type: none"> • Improve training compliance level 3 • Report on supervision compliance • CQC to revisit Trust and Assess progress / rating <p>Central London Community Healthcare CLCH Community Services</p> <ul style="list-style-type: none"> • Section 11 Challenge Panel • Improvement in the training compliance <p>St George’s University Hospital NHS Foundation Trust</p> <ul style="list-style-type: none"> • Section 11 Challenge panel • CQC Inspection – actions <p>Epsom and St Helier University Hospital NHS Trust</p> <ul style="list-style-type: none"> • Improvement in training compliance • Report on CAMHS referrals 	

Wilson Walk In Centre

- CQC inspection report - actions

CLCH and ESTH

- Continued improvement in compliance to statutory timeframes

Committees which have previously discussed/agreed the report:

SEG 12th December 2016

EMT 20th December 2016

MCQC 4th January 2017

Financial Implications:

None identified

Implications for CCG Governing Body:

To note both the areas of progress and where there actions / work to be taken forward in Q3 2016/17

How has the Patient voice been considered in development of this paper:

See section 2.8 and 4.13

Other Implications: (including patient and public involvement/Legal/Governance/Risk/Diversity/ Staffing)

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

Equality Assessment:

Not required for this paper

Information Privacy Issues:

None identified

Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution)

Will form part of Governing Body papers and be available on the Merton CCG website.



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Merton Clinical Commissioning Group Safeguarding Children Report

Quarter 2

July – September 2016

DRAFT

Author: Liz Royle Designated Nurse Safeguarding Children and Children Looked After
Date: 18th November 2016



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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.

1.6 **Review of actions for Q2 from Q1 2016/17 report:**

1.7 **Merton CCG:**

- To formalise the arrangements for a clinical director role to include the Named GP for Child Protection function
- CCG Safeguarding Children Policy to be approved
- Deliver GP safeguarding children training session level 3
- Annual Safeguarding Report 2015/16

All actions have been progressed in Q2 2016/17.



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

- Presentation of Section 11 at MSCB Challenge Panel
The Challenge Panel now scheduled for Q3 2016/17: 13th October 2016/17

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

- Presentation of Section 11 at MSCB Challenge Panel – Q4 2016/17
- Improvement in safeguarding children training compliance level 3
The Challenge Panel will be held in Q4 2016/17. Progress has been made in training compliance safeguarding children level 3.

1.10 St Georges University Hospital NHS Foundation Trust:

- Presentation of Section 11 at MSCB Challenge Panel
The Challenge panel will be held in Q3 2016/17: 28th November 2016/17

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

- Improvement in compliance of IHA and RHA to statutory timeframes
There has been improvement in compliance however compliance for IHA remains below target: 60%.

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

- No specific areas for improvement identified.

1.13 Wilson Walk In Centre (WIC):

- No specific areas for improvement identified.

1.14 Kingston Hospital Trust

- Designate Nurse to continue to seek assurance for Kingston Designate Nurse as to this provider.

This report includes Q2 2016/17 data from Kingston Hospital.



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 Q2 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%200%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%200%20%20%20(3)_0.pdf)
- 2.3 In Q2 80% compliance 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%.
- 2.4 The Merton CCG Safeguarding Children Annual Report 2015/16 and Safeguarding Children policy have both been approved in Q2 216/17.
- 2.5 The Designated Nurse continues as the chair of the MSCB Policy subgroup. In Q2 work has continued on the progression of the sub group work plan 2016/17 which includes the revision of the Merton Young Carers Strategy and the Joint Social Care and Adult Mental Health Protocol. A protocol for the management of bruising in pre-mobile infants has been added to the work plan as a finding from the Learning and Improvement Review 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
- 2.6 The Designated Nurse is contributing the Merton Council 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. The three areas of inquiry are:
- The identification of children who have special educational needs and disability (SEND)
 - The effectiveness of assessments in understanding and responding to the needs of children with special educational needs and disability.
 - Evidence of positive outcomes for children with special educational needs and disability
- <https://www.gov.uk/government/publications/local-area-send-inspection-framework>
- 2.7 The Designated Nurse has contributed the Merton CCG online Primary Care Update. In Q2 safeguarding updates have included;



- Launch of the No More Campaign in Merton

<http://www.merton.gov.uk/communityliving/communitysafety/safermertondomesticviolence/uksaysnomorecampaign.htm>

- NSPCC PANTS video – tool to assist parents and carers when talking to children about keeping safe and maintain personal boundaries.

<https://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/underwear-rule/>

- Launch of FGM Prevention Campaign and Video.

<http://www.nhs.uk/conditions/female-genital-mutilation/Pages/Introduction.aspx>

- Sepsis – awareness raising campaign, online learning modules and video

<https://m.youtube.com/watch?v=vxmUVCu6CDI>

- National Suicide Prevention Day
- Triennial Review of Serious Case Reviews
- Break The Silence and End Child Sexual Abuse Campaign – video #BreakTheSilence
- Twitter BMA GP account launch July 2017 twitter: @BMA_GP

2.8 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 outstanding actions which are being progressed by the Designated Nurse are to:

- Design programme to capture views of Children and Young People to inform commissioning intentions and service development to include feedback from complaints - a draft leaflet outlining the CCG complaints process has been presented to the Merton Clinical Quality Committee and is now to be taken to Merton Children In Care Council (CICC) for comment from young people.
- The CCG will seek external supervision for the Board Lead for Safeguarding Children.

2.9 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.

2.10 SWL and St Georges MH Trust have presented at the MSCB Challenge Panel in Q2 2016 /17. The Challenge Panels for CLCH and St Georges Hospital Trust are scheduled for Q3 / Q4 2016/17.

2.11 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 will be reviewed and updated in Q3 2016/17.

- 2.12 The MSCB serious case review Child B is due for submission to MSCB at an extraordinary meeting in December 2016. The Health Overview Report has been approved and will be submitted NHSE once the final SCR report has been approved by the MSCB. The MSCB Learning and Improvement Review (LiR) Child C on scheduled for completion by November 2016 and approval at the MSCB at an extraordinary meeting in December 2016. A Practitioner Event was held in September 2016 which further informed the LiR Child C final report findings. Both reports will be presented to the MSCB at the extraordinary meeting in December 2016. 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.
- 2.13 In Q2 2016/17 a safeguarding children event (level 3 training) was hosted by the CCG. The event was attended by 30 GPs and feedback was positive. The next event is planned for Q3 2016/17 will include both safeguarding children and adults; level 3 safeguarding children and level 2 safeguarding adults.
- 2.14 The Designated Nurse (DN) has been elected as the Chair of the London Region Child Looked After (CLA) Forum. This will be a time commitment for the DN in regard to chairing and administrating four quarterly meetings and where possible attending the National CLA Network. The DN has co-ordinated Health Champion Training in February 2017 for Designated and Named / Specialist nurses in the London Region. This is accredited training which will equip the CLA professionals with skills and competencies to support young people in making positive lifestyle choices and changes to improve their health and well-being.
- 2.15 Merton CCG hosts the Single Point of Access (SPOC) for the Child Death Overview Panel (CDOP) for both Sutton and Merton. In Q2 2016/17 there was not a CDOP panel; next panel scheduled for 4th October 2016 Q3 2016/17. There will be two Merton cases and four Sutton cases for review at the CDOP in Q3 2016/17.
- 2.16 There were six child deaths in Q2 2016; all Merton resident children. Two deaths were unexpected and Rapid Response Meetings were held; one death was a child in a neonatal unit and the other a death due to accidental drowning. Both Rapid Response Meetings were held within the 5 day timeframe. There was no safeguarding issues or concerns raised at the Rapid Response and so no escalation to the LSCB required.

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 Q2 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
- Kingston Hospital NHS Foundation Trust
- Wilson Walk In Centre
- SECSU
- Parkside Hospital

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. In Q2 2016/17 level1 / 2 training compliance is 91.5% and level 3 compliance is 75.8%. The Trust continues to have difficulties in regard to level 3 compliance.

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

Safeguarding Children training level %	Q1 2016/17	Q2 2016/17	Target 80% level 2 Target 90% level 3
Level 1	All staff trained at L2		80%
Level 2	90%	91.5%	80%
Level 3	78%	75.8%	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 will be raised at the Section 11 Challenge Panel (13th October 2016) where the Trust will present a newly approved Supervision policy and outline their reporting process.

<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 Q2 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 South West London and St Georges Mental Health NHS Trust have undergone a CQC inspection. The outcome was that the services provided by South West London and St Georges Mental Health NHS Trust require improvement, however child and adolescent wards and specialist community mental health services for children and young people were rated as good. The CQC will revisit South West London and St Georges Mental Health NHS Trust in six months to assess what actions have been taken to improve services.

http://www.cqc.org.uk/sites/default/files/new_reports/AAAF5023.pdf

3.9 Central London Community Healthcare (CLCH)

CLCH safeguarding training compliance in Q1 and Q2 2016/17 is captured in table 2. CLCH has made progress in addressing the low compliance with level 3 training and in Q2 2016/17 has reported 59% compliance.

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

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

- 3.10 CLCH have undertaken a review of the staff requiring level 3 safeguarding children training, the training courses available from MSCB and have submitted a plan to achieve 100% compliance by the end of Q3 2016/17. The low level of training compliance has been escalated within CLCH and is on the CLCH risk register.
- 3.11 Safeguarding children supervision compliance is reported as 100% for the Merton safeguarding children team and practitioners. The supervision compliance for staff groups is below:

Individual supervision:

- Health visitors 97%
- School nurses 100%
- Family Nurse Partnership 100%
- MASH nurse 100%
- CLA 50% (note service is 2 nurses)

Group Supervision:

- CASH 100%
- Check It Out 100%
- School Nurses (complex needs) 100%
- Therapists 79%



- 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.
- 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. The CLCH Chief Nurse is the Board Executive Lead for Safeguarding. The safeguarding governance arrangements in CLCH are described in the annual report and safeguarding statement. CLCH safeguarding reports are received by the CLCH Safeguarding Committee, Quality Committee, Patient Safety and Risk Group and CLCH Board.
- 3.15 In Q2 CLCH reported a one referral to the Local Authority Designated Officer (LADO). The case did not relate to the professional's practice and there is no identified clinical risk. Once the investigation is complete CLCH will advise the CCG of the outcome.
- 3.16 CLCH has submitted to the MSCB a section 11 Audit and will be required to attend a challenge panel to further discuss the safeguarding arrangements in place in Q3 2016/17.
- 3.17 **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 and Q2 2016/17.

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

- 3.18 The Trust in Q2 2016/17 reports a fall in level 3 compliance (88%). 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.
- 3.19 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%.



- 3.20 The Trust was inspected by CQC in June 2016 (report published 1/11/16). Safeguarding training and supervision were identified as areas of concern and will be further explored in the Q3 2016/17.
- 3.21 St Georges University Hospital NHS Foundation Trust has submitted to the MSCB a section 11 Audit and will be required to attend a challenge panel to further discuss the safeguarding arrangements in place.
- 3.22 St Georges University Hospital NHS Foundation Trust has provided data relating to safeguarding activity (Table 4).
- 3.23 Notable trends are:
- Decrease in number of children admitted with safeguarding concerns
 - Decrease in number of children / young people attending A/E presenting with self-harm
 - Decrease in number of children / young people attending A/E presenting with issues associated with bullying
 - Decrease in number of children / young people referred to CAMHS
 - Increase in number of referrals to Merton's Children's Social Care
 - Increase in the number of children attending A&E where risk linked to adult identified - domestic violence
 - Increase in the number of children attending A&E where risk linked to adult identified mental health
- 3.24 There is an increase in reporting of adults with parenting responsibilities presenting the with mental health issues and domestic abuse indicating practitioners at St Georges Hospital University Trust NHS FT are thinking holistically and recognising the risk to children.
- 3.25 The decrease in CAMHS referral is linked to the decrease in reporting of children / young people with issues associated with self-harm and bullying.
- 3.26 There is a small increase in referrals to Merton Children social Care (5) indicating that although the patterns of risk in Q2 have changed focus from the child / young person to the risk posed by the adult (mental health / domestic abuse) the number of referrals have not altered significantly.
- 3.27 Table 4: St Georges Hospital University Trust NHS FT Safeguarding data A/E, Paediatrics and Maternity 2016/17

St Georges Hospital University Trust NHS FT	Q1	Q2	Q3	Q4	Trend
Number of children admitted with safeguarding concerns	16	3			Decrease
Number of Looked After Children attending A&E where Merton Children's Social Care were informed	6	6			No change



Number of Children subject of a Child Protection Plan attending A&E where Merton Children's Social Care were informed	0	0			No change
Safeguarding Concerns: Number of children attending A&E due to self-harming	14	8			Decrease
Safeguarding Concerns: Number of children attending A&E due to bullying/assault	15	4			Decrease
Safeguarding Concerns: Number of children attending A&E due to alcohol/drug misuse	1	0			Decrease
Safeguarding Concerns: Number of children attending A&E attempting suicide	1	0			Decrease
Safeguarding Concerns: Number of children attending A&E where risk linked to adult identified - domestic violence	8	14			Increase
Safeguarding Concerns: Number of children attending A&E where risk linked to adult identified - mental health	4	18			Increase
Safeguarding Concerns: Number of children attending A&E where risk linked to adult identified - drug and alcohol misuse	4	4			No change
Paediatrics In-Patients: Number of referrals to Merton's Children's Social Care	41	54			Increase
Paediatrics In-Patients: Number of children subject to a Child Protection Plan admitted Number of children looked after admitted	0	0 0			No change
Paediatrics In-Patients: Number of children referred to CAMHS	13	8			Decrease
Maternity: Number of Unborn babies referred to Merton Children's Social Care	8	0			Decrease
Maternity: Number of births subject to a Child Protection Plan	0	0			No change
Maternity: Number of concerns raised about Female Genital Mutilation	1	3			Increase
Maternity: Number of concerns raised about Domestic Abuse	4	Data now included in overall reporting above.			



3.28 St Georges University Hospital NHS Foundation Trust in Q1 reported no allegations against staff and no referrals to LADO.

3.29 **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. It should be noted that ESTH achieves compliance rates exceeding 80%. 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 2-16/17 and for comparative purposes Q4 2015/16:

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

3.30 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 Q2 is recorded at 80% for practitioners and 100% for the safeguarding children team (Q1 2016/17 compliance was 82% and 100% respectively).

3.31 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. The most notable trends are:

- Decrease in number of hospital inpatient admissions caused by unintentional and deliberate injuries to children and young people
- Increase in Accident and Emergency attendance caused by unintentional and deliberate injuries to children and young people
- Decrease in number of hospital admissions due to mental health conditions
- Increase in number of hospital admissions due to self-harm
- Decrease in community midwifery number of enhanced cases in period
- Increase in community midwifery number of targeted cases in period



- 3.32 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 Q2 2016/17 narrative do state all children / young people presenting with mental health issues / concerns are referred to CAMHS.
- 3.33 There was one teenage pregnancy recorded during Q2 2016/17.
- 3.34 ESTH reported a nil return for both allegations against staff and referrals to the LADO in Q1.

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 admissions caused by unintentional and deliberate injuries to children and young people aged 0-17	6	0			decrease
The rate of Accident and Emergency attendance caused by unintentional and deliberate injuries to children and young people aged 0-17	71	78			increase
Number of hospital admissions: due to alcohol specific conditions	2	1			decrease
Number of hospital admissions: due to substance misuse (15-24 years)	2	5			increase
Number of hospital admissions: due to mental health conditions	10	5			decrease
Number of hospital admissions: due to self-harm (10-24 years)	0	7			increase
Community Midwifery: number of enhanced cases in period	26	17			decrease
Community Midwifery: number of targeted cases in period	0	14			Increase

3.35 **Kingston Hospital NHS Foundation Trust**

- 3.36 Training compliance reported by Kingston Hospital are 89% for level 1 and 2 (combined) and 95% for levels 3 and above. No supervision data was available.

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

- 3.38 The WIC has reported 100% compliance for safeguarding children training at level 1, 2 and 3. Supervision compliance is reported as 100%.



3.39 The safeguarding activity submitted by the WIC is captured in Table 7.

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

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

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

3.41 The CQC inspected the WIC in Q2 2016/17 however, the report has not yet been published.

3.42 **South East Clinical Support Unit (SECSU)**

3.43 A self-assessment on safeguarding arrangements completed by the SECSU in Q2 2016/17 highlighted the following areas of work:

- **Training** – training compliance is reported as level 1 79%(762/964 staff) level 2 29% (18/62) level 3 33% (2/6 staff)
- **Whistleblowing Policy** - awaiting ratification.

The SECSU acknowledges that although training compliance is on an upward trajectory further improvement is required across all levels of training compliance.

3.44 **Parkside Hospital**

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

3.45 Parkside Hospital in Q2 2016/17 report safeguarding training compliance as exceeding 80% and that safeguarding children supervision arrangements are in place. In Q2 2016/17 no referrals were made to Merton CSC or to the LADO.

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

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 2016/17 is included for comparative purposes. The narrative for the 6 children not seen within the statutory timeframes include:

- Patient choice
- Interpreter was required and could not be sourced in timeframe
- Did not attend appointment

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

ESTH Q1 2016/17 CLA IHA	Number of children / Referrals	Compliance with statutory timeframes
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	

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 has improved to 60% (9/15 children) however further improvement is required.

4.8 CLCH is the provider responsible for the CLA Review Health Assessments (RHA). In Q2 30 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 complex case and pre adoption cases.

4.9 Overall compliance is 63% (19/30) however, compliance varies depending on agency undertaking the RHA:

- ESTH Community Paediatrics 60%
- CLCH CLA team 93%
- CLCH School nursing team 100%

4.10 Reasons for RHAs being outside the statutory timeframe include: patient choice and refusal. Additional reason identified in the ESTH Q2 2016/17 report identifies difficulties sourcing an interpreter as delaying the RHA.



- 4.11 CLCH are currently investing in the Merton CLA team and have recruited a Named Nurse CLA who will start in post in Q3 2016/17. This nurse will increase the clinical capacity of the team and provide operational leadership. This is part of the CLCH plan to improve performance in regard to compliance with statutory timeframes, the provision of a health summary for all young people leaving care and to audit the service in regard to outcomes.
- 4.12 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
- 4.13 CLCH as part of the Strategic CLA Health Meeting work plan has developed a health leaflet which has been reviewed by CICC. The leaflet serves to signpost young people to local services and gives helpful information relating to registration with a GP and dentist. It will be available online on CLCH Health Matters website and as a hard copy.

5 ACTIONS FOR Q3 2016 / 17

5.1 Merton CCG:

- Host GP training Event in Q4 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

5.2 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

5.3 Central London Community Healthcare CLCH Community Services

- Section 11 Challenge Panel
- Improvement in training compliance

5.4 St Georges University Hospital NHS Foundation Trust

- Section 11 Challenge panel
- CQC Inspection – actions

5.5 Epsom and St Helier University Hospital NHS Trust

- Improvement in training compliance
- Report on CAMHS referrals



5.6 Kingston Hospital NHS Foundation Trust

- No specific actions

5.7 Wilson Walk In Centre

- CQC inspection report - actions

5.8 CLCH and ESTH

- Continued improvement in compliance to statutory timeframes

DRAFT

