ENCLOSURE: I

Agenda Item: 10/14

NHS
Bexley
Clinical Commissioning Group

Governing Body (public) meeting

DATE: 30 January 2014

Title	**Safeguarding Children annual report 2012/13**	
Recommended action for the Governing Body	That the Governing Body: **Approve the Safeguarding Children annual report and note** progress against priorities from 2012 and key issues for 2013/14.	
Executive summary	Bexley Clinical Commissioning Group (CCG)) are required to receive an annual report on safeguarding children arrangements as part of local and national governance framework. This ensures accountability for safeguarding children at all levels by ensuring the board are kept informed of the main issues, risks and key priorities to be considered over the coming year.	
Which objective does this paper support?	**Patients:** Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders	✓
	People: Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London	✓
	Pounds: Delivering on all of our statutory duties and become an effective, efficient and economical organisation	
	Process: Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience	✓
Organisational implications	Key risks (corporate and/or clinical)	This report provides assurance that The CCG ensures accountability for safeguarding children across the Bexley health economy
	Equality and diversity	Services are provided in a manner which acknowledge and take account of equality and diversity issues
	Patient impact	

	Financial	
	Legal issues	
	NHS constitution	Ensuring compliance with relevant legislation and policies
Consultation (public, member or other)	Not applicable	
Audit (considered/approved by other committees/groups)	None	
Communications plan	Not applicable	
Author	Jill May Designated Nurse Safeguarding Children	
	Clinical lead Jill May	Executive sponsor Simon Evans-Evans
Date	20 January 2014	

Bexley Clinical Commissioning Group

Safeguarding Children Annual Report 2012-2013

Jill May
Dr Sarah Ismail
Designated professionals Safeguarding Children
August 2013

Contents

	Contents	Page
	Introduction	3
1.	**Local context**	3
2.	**Summary of progress**	4
3.	**Governance and accountability** LSCB membership and attendance Pooled budget LSCB statutory/standing panels : • Serious case review • Child death overview panel • Quality and effectiveness • Learning and Development	6
4.	**Policies and procedures** Early intervention/Bexley Early Assessment of Need (BEAN) Merlin police notifications Multi agency risk assessment (MARAC) Multi Agency Public Protection Arrangements (MAPPA)	13
5.	**Quality assurance of the safeguarding arrangements** Care Quality Commission Supervision Training Contracts with NHS Trusts: Oxleas Foundation Trust community services Audits Oxleas Foundation trust Mental health Audits South London Healthcare Trust Audits Independent providers GP's Locum staff Dentists Pharmacists Optometrists	15
6.	**Priorities for 2012-13** **Conclusion**	23
7.	**Appendix 1** Child protection data **Appendix 2** LSCB structure **Appendix 3** Supervision structure for specialist staff **Appendix 4** Safeguarding children scorecard **Appendix 5** CQC action plan	

Introduction

NHS Bexley Clinical Commissioning Group (CCG) are required to receive an annual report on safeguarding children arrangements as part of local and national governance framework. This reports covers the period July 2012- Aug 2013.

The CCG is a statutory NHS body with a range of statutory duties, including for safeguarding children. This duty previously applied to the BSU and Bexley Care Trust. It is crucial that local health services are able to assure the Governing Body and LSCB partners of safeguarding children accountability, safety, scrutiny and standards during and after transition to new health arrangements.

Summary of the key issues covered in this annual report

This report addresses the safeguarding responsibilities of the BSU up to 1st April 2013 and the CCG its successor organisation. It is informed by the annual reports and monitoring arrangements in place with:

- South London Healthcare Trust (SLHT)
- Oxleas NHS Foundation Trust providing mental health services and community health services
- Independent contractors.

It builds on developments outlined in the Annual Safeguarding Children Report 2011-2012. A separate report is provided addressing progress regarding the Health of Looked After Children.
This report is split into 6 sections:

1. Local context
2. Summary of progress
3. Governance and accountability
4. Policies and procedures
5. Quality assurance of the safeguarding arrangements
6. Priorities for 2013-14

1. Local context

The population of Bexley is 223,300. 60,300 children and young people aged 0-19 years live in Bexley (25.9% of total population). The population of Bexley is diverse. Approximately 32% of Bexley's school pupils are from black and minority ethnic (BME) backgrounds. 13% of these children speak English as an additional language.[1]

Overall Bexley is not a deprived borough, but 20% of children under 16 years are living in poverty (compared to 27.8% across London. The deprived wards are in the north of the borough, in Erith and Thamesmead, there are also pockets of deprivation in the Cray wards situated in the south.

[1] *Child and maternal health observatory March 2013*

Poverty, poor housing are environmental factors which add stresses to families and can affect parents' ability to cope and the wellbeing of children. It is important to emphasise any child can be abused, however domestic abuse, parental substance misuse are factors frequently present in cases where there are safeguarding concerns, often in combination. There is a concentration of these risk factors in these deprived wards in Bexley and therefore a higher incidence of safeguarding concerns.

At the 31st March 2013 there were 218 children subject to a child protection plan in Bexley. *(see appendix 1).* By the end of August 2013 the figure rose to 291 children This is a 39% increase on the number with a plan last year. The reasons for this increase are attributed to a greater awareness of risk in the community and a lower threshold to risk applied in children's social care following an Ofsted inspection in July 2012.

The health of Bexley children is generally similar or better than the England average, although children in Bexley have higher than average rates of obesity.10.7% of children in Reception and 22.1% of children in year 6 are classified as obese.

The MMR immunisation rate is lower than the England average. Immunisation rates for diphtheria, tetanus, polio, pertussis and Hib in children aged two are lower than the England average.

The teenage pregnancy rate in March 2012 was 37.8 per 1000, this is significantly lower than last year slightly lower than the England average. *(Bexley health profile 2012)*

2. Summary of progress

Last year's annual safeguarding children report set out priorities for the year:

- **Develop and monitor an action plan following CQC inspection**

  Progress - Following the publication of the CQC report, NHS Bexley Clinical Commissioning Group, in partnership with Oxleas Foundation NHS Trust and South London Healthcare NHS Trust, produced an integrated action plan to address all areas of development. Key actions have been completed and good progress on remainder. *(see s.5.1 and appendix 4).*

- **Engage with the local authority to ensure their Safeguarding Transformation Improvement plan is fully implemented**

  Progress - The CCG, SLHT and Oxleas have engaged with the plan and continue to be active contributors to the local authority's Safeguarding Improvement Board.

- **Monitor progress in meeting health actions generated by the serious case review**

Progress – Ongoing action through Health forum

- **Secure distribution of CPP list from Kent to Bexley unscheduled care providers**

  Progress – not achieved. Whilst London borough lists are distributed to all unscheduled care providers including Darent Valley Hospital, Kent can only provide their full list in a format which cannot be accessed by Bexley providers. There are plans for a national web enabled database to be available from 2015/16.

- **Continue to work with partners to establish a Bexley Multi agency safeguarding hub (MASH)**

  Progress - The CCG has fully supported the development of a Bexley MASH. The CCG has commissioned a part time health worker to be part of the MASH. The post is now managed by Oxleas. The CCG and Oxleas continue to work with partners to establish a co-location arrangement as a precursor to a fully functioning multi agency safeguarding hub (MASH) to be operational from April 2014.

- **Ensuring the maintenance of safe arrangements continue during transition**

  Progress – In order to have been authorised by NHS England, the CCG demonstrated the safeguarding requirements set out for authorisation and that there are appropriate systems in place for discharging their responsibilities in respect of safeguarding.
  The CCG is chairing a safeguarding children transition workshop to seek assurance that processes are in place for the safe transition of child safeguarding arrangements of Bexley acute services currently provided by SLHT to other organisations.

- **Continue to promote and monitor the use of CAF across health organisations**

  Progress - Progress is improving although the figures for CAF's generated by health agencies remain low . 9% of all CAF's were initiated by health professionals. This will remain a priority for the coming year. Monitoring is included in the quarterly safeguarding scorecard and targets have been set.

- **Work with GP practices in improving the information shared for case conferences**

  Progress – This has improved significantly. An audit of conference responses by Bexley GP's February 2013 demonstrated a response rate of 79% .

- **Embed the use of the scorecard in Oxleas and SLHT**
  Progress - A commissioning scorecard has been developed with designated colleagues in Bromley and Greenwich. It provides quarterly quantative data on key indicators. Data collection has been incomplete from SLHT and Oxleas community services over the year. It has been agreed that there will be full reporting from Q2 2013. (See appendix 3)

3. Governance and accountability

In April 2013, Bexley clinical commissioning group (CCG), led by local GPs and other clinicians, became responsible for commissioning most local healthcare services. NHS England, through it regional London office supports the CCG and holds Bexley CCG to account and is itself responsible for commissioning some healthcare services, notably GP services and other primary care services and health visiting services until 2015.

The CCG is a statutory NHS body with a range of statutory duties, including for safeguarding children, which are similar to those previously applying to PCTs. Unlike PCTs, however, they are essentially membership organisations that bring together general practices to commission services for their registered populations and for unregistered patients who live in their area.

In order to have been authorised by NHS England, the CCG demonstrated the safeguarding requirements set out for authorisation and that there are appropriate systems in place for discharging their responsibilities in respect of safeguarding, including

- Plans to train their staff in recognising and reporting safeguarding issues
- A clear line of accountability for safeguarding, properly reflected in the CCG governance arrangements
- Appropriate arrangements to co-operate with local authorities in the operation of LSCBs and health and wellbeing boards
- Ensuring effective arrangements for information sharing
- Securing the expertise of designated doctors and nurses for safeguarding children and for looked after children and a designated paediatrician for unexpected deaths in childhood

Section 11 of the Children Act 2004 placed a duty upon all NHS bodies along with partner agencies to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children. The Health and Social Care Act 2012 made amendments to the Children Act so that clinical commissioning groups and NHS England have identical duties to those of PCT's. To fulfil these duties the CCG must:

- work with local authorities to commission and provide services which are coordinated across agencies and integrated wherever possible;
- participate in the work of the Local Safeguarding Children Board (LSCB) including representation on the Board at an appropriate level of responsibility, and to part fund the work of the Board;

- provide and/or ensure the availability of advice and support to the LSCB in respect of a range of specialist functions e.g. primary care, mental health (adult and child and adolescent) and sexual health, and to co-ordinate the health component of case reviews;
- ensure that all health agencies with whom they have commissioning arrangements have links with a specific LSCB and that agencies work in partnership in accordance with their agreed LSCB annual business plan;
- ensure that all health providers from whom they commission services, both public and independent sector, have comprehensive single and multi-agency policies and procedures to safeguard and promote the welfare of children which are in line with and informed by LSCB procedures;
- identify a senior paediatrician and a senior nurse to undertake the role of designated professionals for child protection across the health economy, and to identify a named doctor and a named nurse who will take a professional lead within the PCT on child protection matters;
- ensure that safeguarding and promoting the welfare of children are an integral part of clinical governance and audit arrangements.

NHS England

Bexley CCG and NHS England are statutorily responsible for ensuring that the organisations from which they commission services provide a safe system that safeguards children from abuse and neglect. NHS England has a statutory duty to be a member of the LSCB and provides oversight and assurance of the CCG's safeguarding arrangements and supports the CCG in meeting its responsibilities. NHS England is the policy lead for safeguarding and has safeguarding responsibilities for directly commissioned services (primary care- including GP's, dentists, pharmacies, specialised services –health visiting & family nurse partnership until 2015). How they will fulfil their performance monitoring responsibilities in relation to independent contractors and how they will work with LSCB's are still being finalised.

NHS Bexley CCG Safeguarding team

The Chief Officer is the CCG accountable officer for safeguarding. These responsibilities are delegated to the Executive lead (Director of Governance and Quality).

All safeguarding posts in Bexley CCG are filled. The designated professionals provide strategic, quality and governance arrangements and professional leadership on all aspects of the health service contribution in Bexley to safeguard and promote welfare of children. The Designated Nurse chairs a quarterly clinical network for designated professionals from London CCG's hosted by NHS England (London).

In addition the Governing Body has appointed a GP member as 'Safeguarding Champion' on the Board. This role will ensure strategic ownership of Safeguarding by the Governing Body.

CCG Executive lead	Simon Evans-Evans
Designated Doctor	Dr Sarah Ismail (2 sessions per week)

Designated nurse	Jill May (fulltime)
Named GP*	Dr Karen Upton (1 session a week)

The Named GP promotes best practice in GP surgeries and contributes to training and development programmes and serious case reviews. From April 2013 this post is funded by NHS England (London) and is not part of the CCG safeguarding team.(see s5.5)*

3.1 Quality and Safety Sub Committee

Safeguarding children issues are reported through the Quality and Safety Sub Committee bi monthly. These reports have provided reports relating to

- Two serious case reviews and their action plans,
- Practice issues which have provided assurance regarding actions in relation to:
  - a report to councillors in relation to delays in the organisation of child protection medicals which generated a swift response and robust actions from SLHT.
  - a safety concern in relation to children with complex needs who may fall between Greenwich and Bexley services because of school, address and GP differences.
- A summary of health agencies response to the Savile allegations
- Annual reports on safeguarding children and the Health of Looked After children are presented to the Board annually.

3.2 Local Safeguarding Children Board (LSCB)

The Local Safeguarding Children Board is the key statutory mechanism for agreeing how organisations co-operate and ensure effectiveness of what they do. The full engagement of health agencies in the work of the LSCB is a key section 11 responsibility of the CCG.
The Board has been faced with a number of challenges during 2012/13, following the Ofsted inspection which required the LSCB to take a stronger approach to challenging partner agencies with regard to their arrangements to protect children through increased rigour of multi agency audit processes. The Board has a new chair and the structure has been reviewed in 2013 with an emphasis on the developing the assurance provided through the Quality and Effectiveness group with the work of the Board being driven by a Business group. Health agencies are represented at this group by the CCG Executive lead and designated nurse. The LSCB is responsible for monitoring safeguarding activity . Significant work has taken place this year in agreeing a dataset. Key child protection data and the structure is attached *(appendix1).*

3.2.1 Membership and attendance

Attendance at the LSCB from health partners has generally been good. There has been inconsistent representation from SLHT over the year caused by the operational challenges faced by SLHT. It will be a key issue for the LSCB to ensure appropriate representation and engagement from health partners during 2013/14. Darent Valley Hospital and Queen Elizabeth Hospital (Lewisham and

Greenwich Healthcare) have already agreed to become members of Bexley LSCB which will be a welcome addition. All agencies must ensure their representative:

- can speak for their organisation with authority
- commit their organisation on policy and practice matters
- hold their organisation to account.

Bexley CCG

Simon Evans –Evans	Director Quality and Governance
Dr Sarah Ismail	Designated Dr
Jill May	Designated nurse

Oxleas Foundation Trust

Helen Smith	Director of Community Provider Services

South London Healthcare NHS Trust

Avey Bhatia/ Claire O'Brien	Asst. Director of Nursing
Wendy Murray	Named Nurse

3.2.2 Pooled budget

The LSCB operates a legally constituted pooled budget. The CCG contributes £31,000 on behalf of the Bexley health economy to a total budget of £134,050. In December 2012 a review of the finances of the LSCB took place and LSCB members were asked to consider proposals for the configuration of the business support function and the requirement The main contributors are the London Borough of Bexley through the Children & Young People's Service Directorate and the Bexley CCG. Additional contributions are received from the Metropolitan Police Service, London Probation Service and CAFCASS. The LSCB must have sufficient resources to deliver its statutory responsibilities. New health partners in particular, will be approached to contribute for 2014/15.

3.2.3 LSCB standing panels

Serious Case Review Panel
Representation

Designated Nurse	Jill May
Designated Dr	Dr Sarah Ismail
Named GP	Dr Karen Upton
Oxleas Foundation Trust	Helen Smith/ Carolyn Pilkington
SLHT	Dieter Aretz

The serious case review panel meets quarterly to review action plans of SCRs and management reviews, it considers any serious incident notifications from partner agencies and learning from national reviews of SCRs.

Two Serious Case Reviews have been commissioned in 2012/13.

Child E

Child E died in June 2012. The initial post mortem showed no organic cause of death and there were no signs of trauma or assault. Toxicology tests have proved inconclusive and the cause of death is unexplained.

The family have a substantial social care history. Child E was eventually accommodated by the local authority in February 2012. There were several placement breakdowns as she frequently absconded. Child E went missing a week before her death.

Baby F

Baby F died aged five months in June 2012. Cause of death was determined at post mortem to be due to florid rickets caused by severe vitamin D deficiency. Baby F had severe wasting and stunting, indicating that he had severe postnatal growth failure. The parents did not seek medical care for the baby in the weeks prior to his death.

Both these serious case reviews will be submitted to Ofsted and published in 2013. The action plans will be monitored by health agencies and the Serious Case Review Panel.

In addition the panel completed a multi agency management review following the death of a 14 yr old. The case did not meet the criteria for a serious case review.

3.2.4 Child Death Overview Panel (CDOP)

Representation

Public health	PH analyst (PHAST)
Designated Dr for Child Deaths	Dr Raghu Prasad
Designated Nurse	Jill May (Chair)
SLHT	Liz Bell/Dieter Aretz
Oxleas Foundation Trust	Sheila O'Mahony
Ellenor Lions Hospice	Head of care

The Child Death Overview panel has met on 4 occasions during the year.
The CDOP provides an annual report for the LSCB. The reporting period is extended this year to cover a 15 mth period to ensure next year's report is in line with the accepted reporting period.(April-March)

Between January 2012- March 2013 a total of 26 child deaths were notified to CDOP.

CDOP has undertaken a full review of 10 of the 15 unexpected deaths. There were no consistent trends identified from these deaths. Given the small numbers of child deaths concerned, variations are not necessarily to be considered unusual and are likely to be due to non statistically significant random variation.

The most common cause of child deaths in Bexley continues to be issues related to prematurity.

A case reviewed at CDOP this year was referred to the LSCB Chair for consideration for serious case review by the Designated nurse. A briefing will be sent to all child care practitioners to disseminate learning and retain a high level of awareness of the work of CDOP following the completion of the CDOP annual report.

3.2.5 Quality and Effectiveness Group

Representation

Designated Nurse	Jill May
Oxleas Foundation Trust	Sheila O'Mahony
SLHT	Wendy Murray

Q&E work permeates all aspects of the work of the Board. Ofsted was critical of the lack of robust oversight and challenge by the Q&E group. The group has undertaken two multi-agency audits examining safeguarding arrangements for children with disabilities (an action from a serious case review) and a threshold audit

Children with disability audit demonstrated that

- the system of recording and tracking of CAF's remains embryonic and there does appear to be some confusion in relation to threshold issues for those disabled children subject to a CAF.
- Thresholds for social care referrals appeared to be appropriate in all cases. There did not appear to be any inappropriate referrals.
- Children in need processes across the agencies did not appear to be embedded

The threshold audit examined whether the multi-agency understanding of eligibility criteria and thresholds is applied according to the Bexley Threshold criteria for Children in Need and is understood and applied.

It demonstrated that

- Practice across the partnership needs to include the voice of the child in decision-making, should be evidenced in referrals where the child is of an age to contribute.
- The understanding of thresholds in SLHT and Oxleas was inconsistent.
- There were inconsistencies in the quality of social work practice. It is acknowledged that there is a significant work plan to improve front-line social work practice

These have generated action plans which will be monitored by the group to ensure evidence is provided that outcomes have improved.

The group has also reviewed single agency safeguarding audits presented by partner agencies.

3.2.6 Learning and development group

Representation

Designated Nurse	Jill May
Oxleas Foundation Trust	Sheila O'Mahony,
SLHT	no representation

Confident, knowledgeable health professionals are key to keeping children safe. One of the key elements of effective safeguarding and promoting children's welfare is that staff in all agencies and services have a clear understanding of their individual and their agency's roles and responsibilities and are able to undertake these in an effective manner.

Bexley Safeguarding Children's Board (BSCB) has a statutory responsibility to ensure that appropriate child protection training is provided in Bexley in order to meet local needs. This includes both the training provided by single agencies to their own staff, and multi-agency training. It is important the limited training budget is used in the most effective way enabling the LSCB to focus on commissioning and delivering a comprehensive multi agency specialist programme linked to priorities identified in the business plan. The CCG and partner health agencies provide trainers. The training officer post became vacant in January 2013 and remains unfilled. This has significantly hampered development work.

Representation from all partner agencies during 2012 /13 has been poor. Membership from new acute health providers will be targeted during 2013.

104 health professionals attended multi agency training, 10% of total attendances which is a 2% increase on last year. This is disappointing given the size of the health economy. It is important that all providers recognise the importance of ensuring staff working predominantly with children and parents access this training.
Courses attended included

- risk assessment
- attendance at case conferences
- drug abuse
- neglect
- learning from serious case reviews
- sexual exploitation
- internet safety
- safer recruitment
- CAF/BEAN workshops.

3.2.7.Safeguarding Children Health forum

The Designated Nurse chairs the health forum. Representation comes from Queen Mary's site SLHT, Oxleas Foundation Trust, GP's, midwifery, Bexley Community services (Oxleas), Signpost, London Ambulance service and community dentistry. The group enables Bexley designated professionals to monitor more effectively the health contribution to safeguarding and promoting the welfare of children across the whole health economy. The membership of the group will be reviewed to ensure representation from additional providers of services to Bexley women and children.

4. Policies and Procedures

All NHS Trusts within Bexley follow the London Child Protection Procedures (2010) and specific protocols developed by Bexley Local Safeguarding Children Board. Each NHS trust has appropriate safeguarding policies and procedures in place. In addition organisations have included safeguarding children within other key documents such as HR and information sharing policies.

4.1 Early help / Use of Common assessment

The common assessment framework (CAF) is an assessment tool for use across all children's services in England. Its aim is to support early identification of need and its assessment and to promote co-ordinated service provision. The Munro Report of Child Protection Arrangements published early 2011 stressed the increasing evidence that early intervention is both effective and produces strong positive outcomes for children whilst recognising thought must be given to how this will be resourced.

Bexley adapted arrangements and launched its own Early Assessment of Need (BEAN) process aimed at making the process more user friendly. Children and families are increasingly receiving services from providers external to Bexley. It is important that there is a common understanding and terminology .The LSCB has been asked to consider returning to using the universally understood terminology -CAF's. An early intervention hub commissioned by the local authority to assist the process has not delivered the support envisaged by health agencies and new arrangements are currently being established.

It is important that there is organisational and practice support to build capacity in health agencies within existing resources or potentially reduced resources. Numbers of CAF's initiated by health agencies has improved slowly during 2012/13. As at the 31st March 2013, 9% were initiated by a health agency. SLHT and Oxleas have a target figure to increase their use and this will be monitored through the scorecard.

4.2 Multi Agency Safeguarding Hub (MASH)

The MASH is a multi-agency team of professionals who continue to be employed by their individual agencies (children's social care, police and health services) but who are co-located in one office. It operates on the basis of a sealed intelligence hub where protocols govern how and what information can be released from the intelligence unit to operational staff. The MASH will be the central point for all referrals regarding vulnerable children, the multi-agency team gather information on referrals from all the professional sources and then make decisions as to which agencies these referrals should be sent on to for further work or intervention.

The development of a MASH with police and health partners was included in LB Bexley's Safeguarding Transformation Improvement Plan published in August 2012.

Bexley CCG commissioned a health professional for the team and the post was filled in April 2012. The CCG and Oxleas are members of the MASH strategy

and operational group. The MASH will not be fully operational until it is able to move into its premises in the new Civic Centre. Until then a co located model is in place based in the social work team and the police station.

4.3 Merlin police notifications

A 'merlin' is completed when police are called to an incident and children are present. Merlin notifications that do not meet the criteria for an assessment by Children Social Care (CSC) are triaged by the Police Public Protection Desk & a senior Social Worker and forwarded to the most appropriate service for that child or young person through single points of contact.

Merlins which identify a child under 5yrs being present are sent to the Named Nurse for Safeguarding children Community services Oxleas NHS Foundation Trust. The merlins are assessed and forwarded to the health visitor. This year information sharing has extended to the named midwife for cases involving pregnant women. Some involve domestic violence and the notifications have enabled health visitors to assess the impact of a domestic violence situation on a child at an early stage with a view to initiating a CAF. However numbers remain low, the named nurse reviews all merlin notifications to ensure a CAF is initiated in cases where she assesses the child would benefit. Many identify low level concern and are assessed as requiring no further action although still followed up by the health visitor.

4.4 Multi Agency Risk Assessment Committee (MARAC)

MARAC manages high level domestic abuse cases. The MARAC model of intervention involves risk assessment in all reported cases of domestic abuse to identify those at highest risk so that a multi-agency approach may be taken. The goal of these conferences is to provide a forum for sharing information and taking action to reduce future harm to very high-risk victims of domestic abuse and their children. Health agencies are represented by the liaison health visitor, a midwife and a mental health professional. Their role is to share health information and disseminate information on families at risk of high level abuse to health colleagues.

4.5 Multi agency public protection arrangements (MAPPA)

MAPPA provide a national framework in England and Wales for the assessment and management of the risk of serious harm posed by specified sexual and violent offenders, including offenders (including young people) who are considered to pose a risk, or potential risk, of serious harm to children. The arrangements are statutory. The Criminal Justice Act 2003 require the police, prisons and probation services (the 'Responsible Authority') in each area to establish and monitor the arrangements. A number of other agencies – including health, are under a statutory duty to co-operate with the Responsible Authority in this work. Oxleas provide representation to the group.

5. Quality assurance of safeguarding arrangements

5.1 Ofsted/ Care Quality Commission (CQC)

Safeguarding arrangements in health trusts are monitored by the Care Quality Commission. Core standard 2 and the standards for CQC registration requires NHS organisations, as commissioners and providers of healthcare, to demonstrate that they have arrangements in place to ensure that safeguarding is supported at strategic and operational levels.

In July 2012 CQC joined Ofsted, the children's inspectorate, to inspect Bexley's child safeguarding arrangements and services for looked after children.

'The contribution of health agencies to safeguarding children and young people is good. Health organisations have appropriate structures and arrangements in place and gaps in requirements such as those in relation to child protection training are managed well'.

Ofsted/CQC July 2012.

- Good and improving service provision for children with disabilities and their families. This includes the new child development centre on the Queen Mary's hospital site which has led to more efficient and effective communication between professionals and an improved experience for parents and children.
- Health organisations communicate well with children and young people.
- Young people and their parents spoke very highly of the child and adolescent mental health services they received.
- There are a range of well co-ordinated and effective substance misuse services and sexual health services.
- Partnership working arrangements in Bexley are good, with health organisations engaging well with the LSCB.

  Areas for development have been actioned or are ongoing as priorities for 2013/14:
- Improve engagement of GPs in the child protection conference process by provision of reports.
- The number of CAF's initiated by health is low and is recognised as an area for improvement.
- Formal safeguarding supervision arrangements in SLHT and Oxleas mental health services are not yet in line with relevant Trust procedures.
- Provide all young people leaving care with a comprehensive health history to support their move to adult life.

Ofsted inspectors found a number of cases where children were not safeguarded which led them to rate the borough's safeguarding children services as "inadequate". The local authority made a number of immediate changes and published a Safeguarding Transformation Plan. The work plan is monitored through the Safeguarding Improvement Board. Health agencies contribute to this.

5.2 Single agency training

Organisations have a responsibility to deliver single agency safeguarding children training. Training within health organisations is linked to increasing levels of specialism, complexity of task and level of contact with children, young people

and their families. NHS Bexley has agreed a training strategy which is based on the Intercollegiate document[2] (RCPCH 2010) and Working Together (2010). Oxleas and SLHT report training compliance quarterly to their safeguarding committees and to the CCG through contract monitoring arrangements.

Bexley CCG is a new organisation, with new staff in post, training figures are therefore not yet available. All staff will be expected to complete e-learning at level 1. Arrangements to ensure staff complete this are underway. Bespoke sessions will be delivered to the Governing Body and commissioners setting out their specific responsibilities during 2013.

NHS England, via its area teams are now responsible for ensuring GP's and other primary care professionals access safeguarding training as part of their performance monitoring responsibilities. Details of how this responsibility will be discharged are still to be agreed. In the meantime level 3 updates continue to be available to local GP's.
87% of GP's accessed level 3 training in 2012/13. Practices nurses from 70% of surgeries have also attended. GP training has been reviewed in the light of inspection findings and in response to other policy developments. The training focussed on:

- Female Genital Mutilation - GP role
- Learning from a local serious case review - Child A
- Inspection feedback - GP contribution to conferences
- Domestic violence case scenario including referral process

Single agency Training 2012	Oxleas (Mental health staff)	SLHT	GP's *	CCG
Level 1 *induction for all staff in a healthcare setting*	95%	69%	n/a	tbc
Level 2 *Contact with children and families*	88%	86%	n/a	n/a
Level 3 *Work regularly with children and families*	86%	79%	87%	n/a
Level 4 *Named professionals*	100%	88%	n/a	n/a
Level 5 *Designated professionals*	n/a	n/a	n/a	100%

** see section 5.5 independent contractors for further practice training details*

[2] Safeguarding Children and Young People: roles and competencies for health care staff. Intercollegiate document Sept 2010

5.3 Supervision

The designated professionals discharge their responsibility for providing professional accountability to the named professionals in the provider trusts through 6 weekly professional supervision. (appendix 3)

5.4 Contracts with NHS Trusts

Health providers are expected to respond to families at 3 levels:
Universal – working to keep all children and young people safe and creating safe environments for children.
Targeted – Some children are more vulnerable than others and it is important that policies and services are targeted at these groups.
Responsive- Services are provided to respond quickly and appropriately to children and young people who have suffered or are at risk of harm.
Commissioners need to continue to ensure providers fulfil both their child protection responsibilities and child in need roles by commissioning services to achieve this. This is increasingly challenging as the demand on providers to engage in an ever expanding safeguarding agenda and a drive to embed early intervention grows.

Contracts with provider NHS trusts in Bexley explicitly outline the expectations of processes and policies to safeguard children that must be in place.
Safeguarding children performance monitoring scorecards are being embedded with Oxleas and SLHT (to transfer to receiver organisations). In addition the publication of the annual safeguarding children declaration and the safeguarding children annual reports and annual audit plans from provider trusts give further assurance.

There is significant work ongoing with commissioning partners in Kent to develop an assurance framework in relation to child safeguarding arrangements at Darent Valley Hospital as a significant number of Bexley women and children will access their services. This contract is monitored by Kent and Medway.

Unscheduled care for children is commissioned from 3 providers on QMS site: an Urgent Care Centre service provided by Oxleas and overnight by SE Health and during working hours children are triaged by the Children and Young People Assessment Unit (CYPAU). A patient who may re-present at another time of day generates significant challenges to information sharing as sharing records across different providers has been problematic in spite of information sharing protocols being in place. The situation will not be wholly resolved until one provider is commissioned to deliver the service by April 2014.

5.4.1 Oxleas NHS Foundation Trust

Executive lead	Wilf Bardsley
Named Nurse and Trust lead for Safeguarding children	Carolyn Pilkington
named nurse (community)	Sheila O'Mahony
Named Dr	Dr Peter Jarrett

Oxleas annual report 2012/13 incorporates safeguarding children work within Greenwich and Bexley Community services. Oxleas has a strong and well established safeguarding committee chaired by the Executive Director. The committee reports to the Patient Safety group.

The Named nurse has operational responsibility for Oxleas mental health services but also takes the strategic lead for safeguarding across the whole trust. Bexley, Bromley and Greenwich designated nurses have highlighted with Oxleas the importance of close scrutiny of their named nurse capacity given the size and considerable safeguarding children responsibilities of the services within their organisation.

Audits

Child Visiting Arrangements

The aim of this audit was to identify whether the Child Visiting Policy is being implemented and complied with across the trusts acute inpatient units and to determine whether there are risks related to child visiting which should be considered by Oxleas Safeguarding Children Committee. The audit found a very high degree of compliance with the requirements set out in the policy. In line with procedures, decisions about child visits are most commonly made as part of a MDT and in ward rounds. Child visits are risk assessed and decisions are made based on the associated risks.

Most wards have access to a separate and private visitors' room appropriately furnished where families can visit together. However, some areas did not and were not child friendly. Following the audit funding was secured to upgrade facilities.

Safeguarding children record keeping audit

Key findings from the audit include

- Clinical staff were inconsistently recording whether the service user is the primary care giver. The audit demonstrates a slight deterioration in recording practice since the 2012 audit.
- Recording that the child of the service user is on a CP plan is also inconsistently recorded.
- School attended by the child(ren) and ethnicity continues to be poorly recorded. This however may be due to no designed areas in RiO to record this (information has to be recorded in the comments box).

The action plan addresses issues with recording of information regarding children and the low recognition of young carers and their needs. This is a priority for Oxleas in 2014.

5.4.2 Oxleas' Universal community services

The Children's services directorate has established its own safeguarding committee which reports into the Trustwide Oxleas committee. The designated nurse attends both.

Health visitors are key to identifying children who will benefit from early intervention. Health visitors deliver ‘Universal’ services and ‘Progressive’ services under the Healthy Child programme. Where Universal services offer the core services :

- Health and Development reviews including screening
- Promotion of health and wellbeing (Prevention of sudden infant death, breast feeding, weaning, diet and physical activity maintaining health, dental health and safety)
- Information, signposting and referral to other services

Progressive services ‘Universal Plus’ offer more intense programmes of care and support

- Emotional and psychological problems
- Additional support with breast feeding
- Parenting
- Structured intense programmes of care with other services, eg ante natal groups, post natal depression support groups
- Supporting infants with ill health or development problems
- Completion of CAF assessments

The total establishment of Health Visitors is 37.67 wte. At the end of June 2013 there were 6wte vacancies (16 %). Oxleas have developed an action plan using bank and agency staff. Five vacancies will be filled by January 2014 with newly qualified students and external recruitment

Safeguarding children supervision is provided by the named nurse in line with their supervision policy. Uptake of supervision with Health Visitors is monitored as part of the scorecard reporting. Average compliance during 2012/13 was 90%.

Audit

Looked After Children Supervision arrangements

The aim of the audit is to ensure a proactive response to identification of the health needs of looked after children(LAC) and young people. It assessed the quality of LAC Health Plans which have been discussed in supervision. Overall, many health issues were identified for all the children and young people. Emotional issues were significant. The audit generated an action plan monitored at the Trust safeguarding committee.

Oxleas’ challenges and priorities for 2013/14

The challenge for the forthcoming year will be to ensure that safeguarding children remains a priority across Trust services, to maintain and build on progress made, ensuring our commitment to safeguarding children during a period of further change.

In plans for the coming year, Oxleas will take account of the following:

- The impact of the transfer of specialist children's services from SLHT on the capacity of Oxleas safeguarding children team for the provision of supervision, availability of advice, support and training requirements
- The development of Multi-Agency Safeguarding Children Hubs (MASH) in Bexley and Greenwich
- Improving confidence in the accuracy of the basic activity data collected for the scorecard
- The need for staff to engage, together with partners, with the Early Help agenda including the Common Assessment Framework (CAF) process (also known in Bexley as the Bexley Early Assessment of Need or BEAN)
- Ensuring that staff working directly with children can evidence their safeguarding children supervision
- Interrogating referrals activity data where apparent disparities between service activity levels are identified and addressing action

In addition, Oxleas Safeguarding Children Team will lead and/or develop, in conjunction with other staff at Oxleas and within partner Agencies, a focus on the following areas for practice development

- Young Carers
- Oxleas systems and processes for responding to Domestic Violence/Abuse
- The protection of children OnLine
- Engaging with children and young people to inform our service

5.4.3 South London Healthcare Trust (SLHT)

Executive lead	Jennie Hall
Named Nurse	Wendy Murray
Named Dr	Dr Ali Bokhari- (Dr. Raghu Prasad on QMS site)

SLHT will be dissolved in October 2013.The safeguarding team has developed comprehensive handover documents for receiver organisations. Lewisham and Greenwich Healthcare, Kings Healthcare , Dartford and Gravesham Healthcare and Oxleas NHS Trust.
SLHT and the receiver organisations have participated in monthly transition meetings hosted by the CCG to ensure a safe handover. These commenced in June and will continue post handover.

SLHT has a well developed safeguarding governance structure. Their safeguarding committee which the designated nurse attends is chaired by the executive lead and reports to the Trust Board.

Staff working in the paediatric A&E departments at all SLHT sites and the Paediatric assessment unit (PAU) at Queen Mary's site have access to Bexley, Bromley and Greenwich Child Protection Plans lists and are aware whenever a child or young person presents and are subject to a plan. This has helped to facilitate effective communication with partner agencies.

SLHT have continued to work to bring levels of training up to target and have largely reached targets. This is a significant achievement given the challenges in relation to staffing across the trust and the impact this has inevitably on the ability to release staff to attend training. Training compliance is monitored via the SLHT Safeguarding Committee and by the CCG via the scorecard and performance monitoring meetings.

Significant progress has been made in establishing maternity supervision during the year. Named midwives are targeting midwifery staff holding high risk cases and also delivering supervision within midwifery forums. Work to continue to embed supervision and gather evidence will be monitored during the coming year.

Child protection medicals are provided by SLHT community paediatricians and acute paediatricians. 44 medicals were undertaken by paediatricians in 2012/13 and all reports were provided within timescales (reported by scorecard)
This is a 24% reduction on 2011 figures. The reasons for this reduction are likely to be due to fewer children being referred for concerns about a physical injury and more for possible neglect. A medical is not always indicated in these cases.

Audits
SLHT undertook a comprehensive range of audits last year. All generated action plans which were monitored at their safeguarding committee.
Midwifery contact with GP's
In 2011 a Bexley serious case review identified the importance of midwives linking directly with a GP to encourage good information sharing. This was a reaudit of arrangements.The aim is for all GP's to have the contact details of a midwife and there to be regular communication. The audit demonstrated the majority of communication to be via email or letter. The preferred option is face to face which only occurred in 26% of responses. Following the latest serious case review SLHT and Darent Valley hospital have been asked to ensure all GP practices are supplied with contact details of a midwife.
Use of Emergency Department Checklist
This audit was carried out to ensure the Child Protection Plan lists were checked for all children who attend the Children and Young Peoples Assessment Unit (CYPAU) at Queen Mary's Sidcup (QMS). Compliance was demonstrated in 85% of cases. The target is 100%. Reasons for Non compliance included a doctor seeing a child immediately and the child not following the triage protocol and a number of staff not having access to the lists. Measures were put in place to improve the situation which will continue to be monitored.
Use of CAF
SLHT audited the number of CAF's initiated between April- June 2013. None were initiated in Bexley. Significant work to raise awareness across SLHT is ongoing. Cases discussed at psycho social meetings and maternity concerns meetings are actively considered for CAF.
Recording of female genital mutilation

96.6% of the notes reviewed indicated that women are being asked the question, in relation to whether they have experienced FGM. In 2011 the this figure was 55%. This very positive response enables a discussion on the woman's experience and potential risks posed to an unborn baby.

Inclusion of Father's health in booking discussions

Documentation demonstrated father's mental health was considered and discussed at booking. This is a positive result which was an action from a Bexley serious case review in 2011.

5.5. Contracts with independent primary care providers

NHS England became responsible for the direct commissioning of primary care in April 2013. Safeguarding systems are still being finalised. There has been a great deal of discussion about the future role of the Named GP. It is anticipated that the named GP will work closely with primary care commissioners at NHS England (London) and be accountable to local designated professionals. In the meantime NHS England (London) are funding the post.

5.5.1 GP's

The CGG will retain responsibility for local improvement. The designated nurse has maintained a high profile with GP practices and practices have utilised her appropriately for advice throughout the year.

CQC recognised that significant work has been undertaken with GP's to strengthen systems. However the engagement from GP's with the case conference process was highlighted as an area for improvement. Less than a quarter of case conferences included a report from a GP in 2012. A template was provided to practices to facilitate the process.

An audit of conferences during February 2013 demonstrated 79% included information from GP's, a significant improvement. This will be audited annually.

Over 100 GP's attended a half day in September 2012 which focused on awareness of female genital mutilation, domestic abuse and the importance and value of GP contribution s to conference discussions. 87% of GP's have accessed level 3 training. Practices nurses from 70 % of surgeries have also attended.

Process of evaluation and monitoring of GP training

Evaluations are completed and analysed following all training.

98% of delegates reported the session was either 'useful' or 'very useful' to them

100% of attendees reported they know who to discuss a child protection concern with.

This evaluation does not however, give assurance that practice has changed or that information gained will be retained and used. An evaluation of the impact of GP safeguarding training was last completed in 2011. The aim of the audit was to provide evidence that safeguarding training affects practice and the learning is sustainable over time. The results in 2011 were positive. Evaluation will incorporate an assessment of learning for level 3 training from 2013.

5.1.2 Dentists

There are 29 dental practices in Bexley. All have been sent details of arrangements which need to be in place and flow charts of what to do if they have a concern about a child. Level 2 training has been delivered to 76% of dentists and 46 dental hygienists/nurses.

5.1.3.Community Pharmacists

There are 50 pharmacy sites in Bexley. All pharmacies have been provided with contact details for Child Protection advice.

5.1.4.Community Optometrists

All practices have been provided with contact details for child protection advice in the form of a flow chart.

6. Priorities for 2013-14

Challenges facing the Bexley health economy focus on continuing to improve practice and to demonstrate improved outcomes for children. The priority areas identified in this report include:

- Ensuring the maintenance of safe arrangements continue during and after transition of acute services to receiver organisations to ensure strong assurance arrangements
- Strengthen safeguarding monitoring arrangements within the CCG with existing and new acute providers through development of a CCG Safeguarding Commissioning group
- Continue to promote and monitor the use of CAF across health organisations
- Embed health input into Bexley Multi agency safeguarding hub (MASH)
- Work with Bexley and Bromley commissioners to ensure safeguarding arrangements are robust within the planned Family Nurse Partnership
- Work with NHS E on new pathways and accountabilities of NHS E for independent contractors
- Work with LSCB to ensure appropriate representation from new health providers

Conclusion

This review year has been a year of intense scrutiny on safeguarding arrangements across all agencies in Bexley as a result of the Ofsted finding which implicated all partners. Health agencies continue to experience huge change resulting in considerable reorganisation. The safeguarding teams have ensured a continued focus on safeguarding responsibilities and deserve much credit. The work to safeguard children in health agencies in Bexley is effective and there are repeated examples of good practice and outcomes for children. However health organisations must ensure learning from local serious case reviews is disseminated and outcomes monitored closely. Organisations must continue to support staff with the complexity of practice and decision making

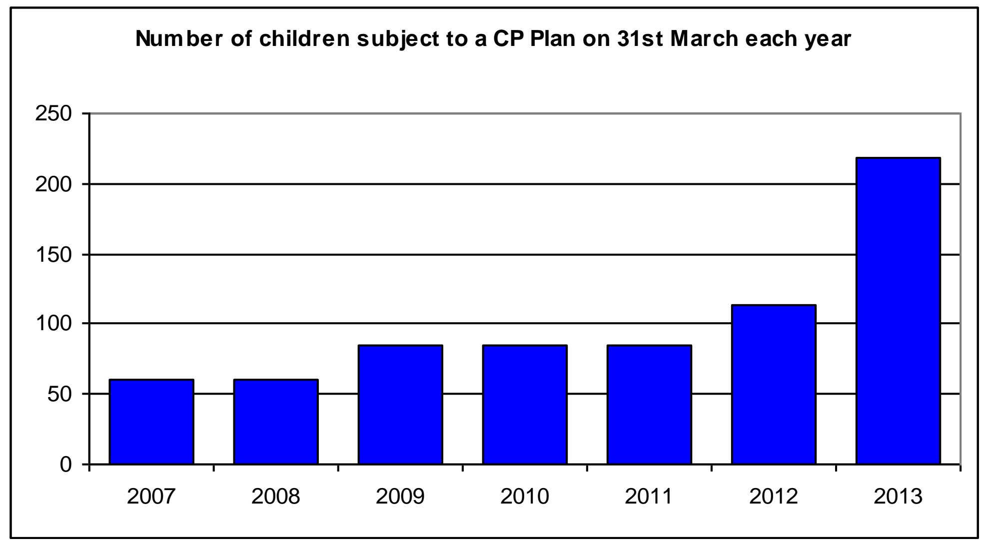
through ongoing training, effective regular supervision and systems of good line management.

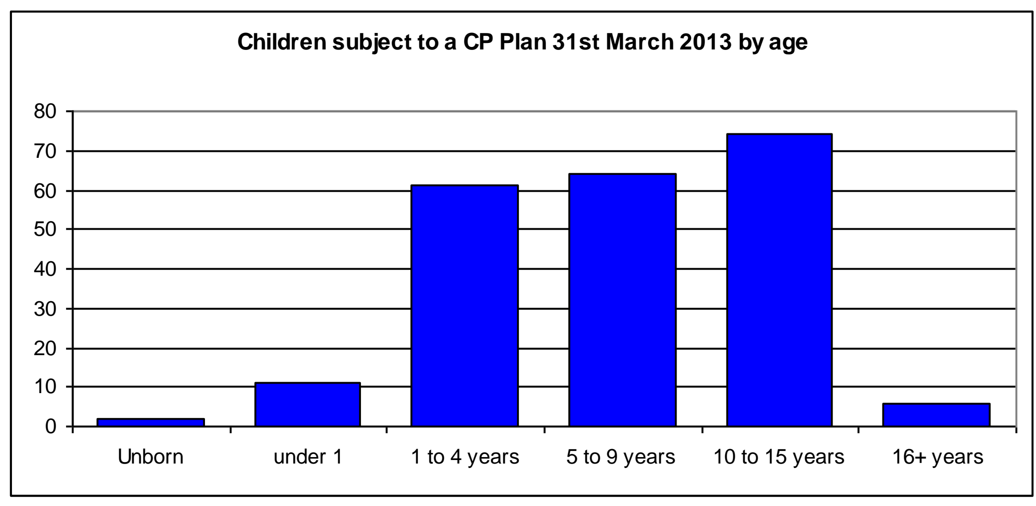
Child Protection Data

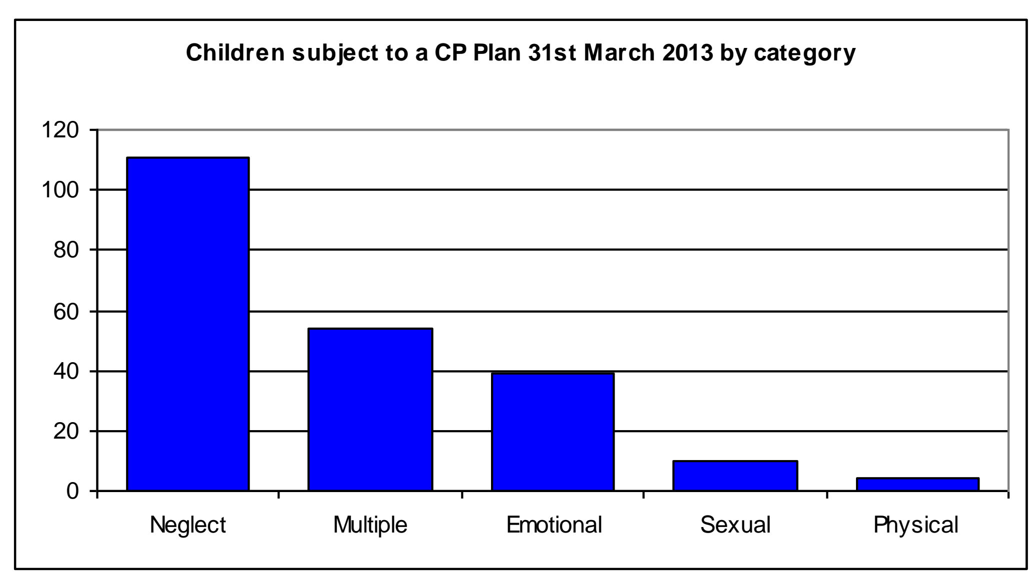
At the 31st March 2013 there were 218 children subject to a child protection plan in Bexley. This is 40.2 per 10,000 children and this is now above the 2011/12 National average of 37.8 which we have been below for many years.

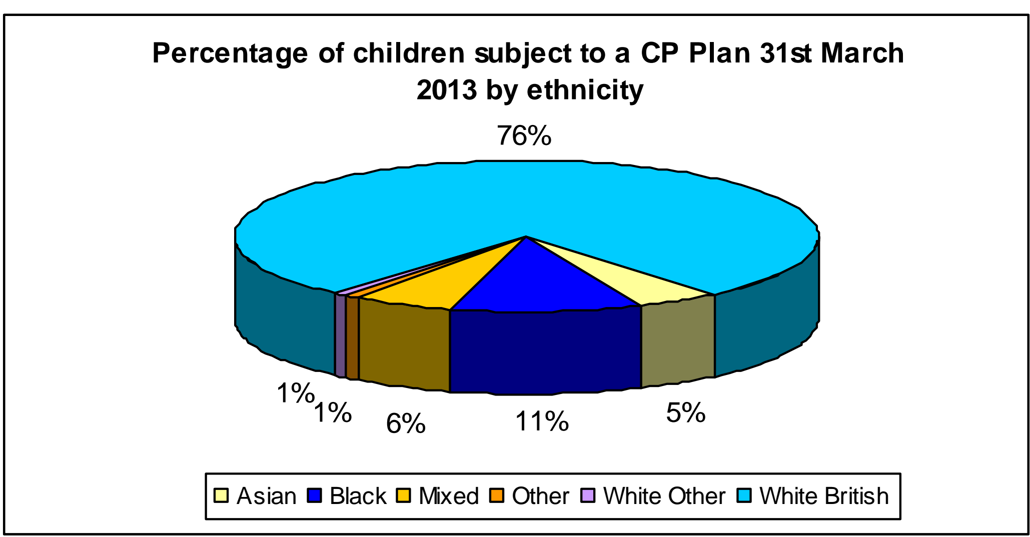
The most common category of abuse continues to be Neglect, accounting for 51% of cases, followed by Multiple categories and Emotional abuse. Sexual abuse plans account for 4.6% and physical abuse 1.8%..

34% of children subject to a child protection plan on 31st March were aged 10-15 and 3% were aged 16+.
22% of children are from a BME background, with the majority of children subject to a CP Plan being White British.



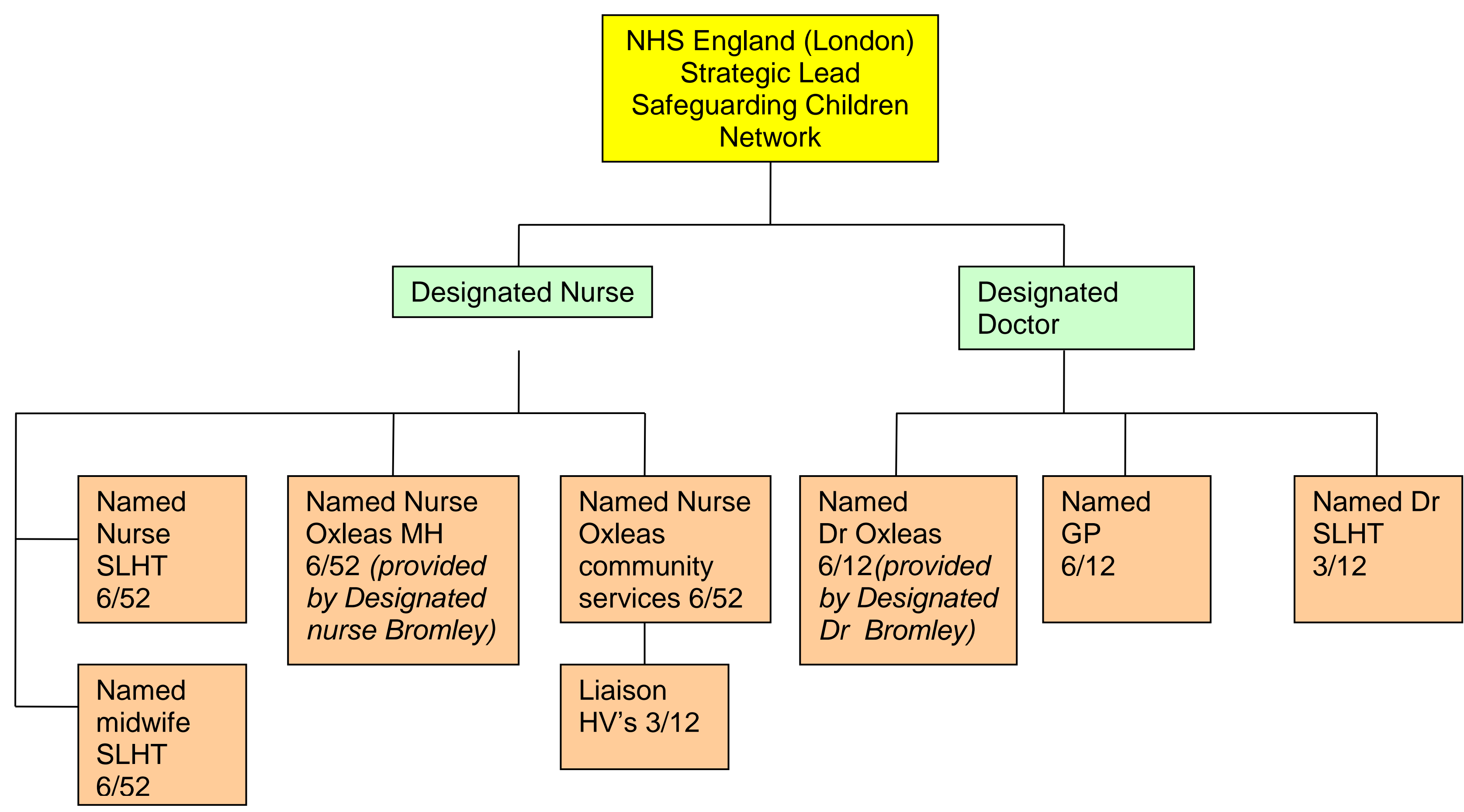



Children subject to a CP Plan 31st March 2013 by category
120
100
80
60
40
20
0
Neglect
Multiple
Emotional
Sexual
Physical


Percentage of children subject to a CP Plan 31st March 2013 by ethnicity
76%
1%
1%
6%
11%
5%
Asian
Black
Mixed
Other
White Other
White British

Appendix 2

Professional supervision structure for specialist safeguarding children staff in Bexley



Safeguarding children		2012 - 2013						
Metric	**Unit**	**Q1**	**Q2**	**Q3**	**Q4**	**Target**	**Status**	**Comment**
No of referrals to CSC	No							
Bexley community services	No							
SLHT	No	11	19	43	38			
Oxleas	No			7				
Referrals led to initial asses	%							Follow up on referrals is a basic requirement in all procedures. Referrer should know and record outcome
Bexley community services	%							
SLHT	%							
Oxleas	%							
No of CAF assessments	No							Organisation is assured that early intervention is being considered and that the notion of "early help" is part of the work being undertaken to safeguard children rather than reactive crisis intervention.
Bexley community services	No			7	3	50		
SLHT	No	0	0	1	2	50% of cases amber rated		
Oxleas	No							
Case conferences attended								Organisation is assured that professionals share information and work together

Bexley community services		44	75	62	81			
SLHT								
Oxleas								
Training	%							
Bexley community services Level 1	%	64		81	83	80%		
SLHT Level 1	%	52	57	60	60	80%		
Oxleas Level 1	%				89	80%		
Bexley community services Level 2	%	80		83	85	80%		
SLHT Level 2	%	78	79	84	80	80%		
Oxleas Level 2	%			86	92	80%		
Bexley community services Level 3	%	60			84	80%		
SLHT Level 3	%	28	44	46	53	80%		Action plan in place , monitored through safeguarding committee
Oxleas Level 3	%			25	46	80%		Good progress being made against training trajectory following adoption of revised intercollegiate training guidance for AMH staff
No SI involving children	No							
Bexley community services	No	0	0	1	0			
SLHT	No	0	0	0	2			
Oxleas	No	0	0	0	0			
No allegations against staff	No							
Bexley community services	No	0	0	0	0			
SLHT	No	0	0	0	0			
Oxleas	No	0	0	0	0			
Other	No							
Appropriate staff trained safer	%							Statutory requirement

recruitment								
Bexley community services	%	3						Oxleas introduced an e-learning package April 12
SLHT	%	Unknown						Being assessed via HR
Oxleas	%							Oxleas introduced an e-learning package April 12
Active SCRs	No							
		1	0	0	0			
Key vacancies	%							
Health visitors	%	3.83	8.2%	9.7%	7.1%			(currently reported as **vacancies across childrens services)**
School nurses	%							
Midwives	%		5.94	6%	8%			
Supervision identified key staff	%							
Health visitors/school nurses	%			87%	88%	90%		
Midwives	%							
(SLHT)CP medicals completed within timescale	%			84%	78%	95%		All acute medicals in timescales. 2 neglect medicals delayed
(SLHT) LAC who have received an assessment within 28days of being looked after	%				56%	95%		New cluster indicator. Delays caused by lack of consent received from parents via CSC.
(BCHS) LAC with a care plan	%							New cluster indicator
(BCHS) no. of high risk children under 5 followed up compared to number of Red and Amber A&E slips received	%	41%	75%	80%	83%	90%		

CQC Integrated Inspection of Safeguarding and Looked After Children's Services in LB Bexley. **Appendix 4**

Bexley health agencies action plan (updated Oct 2013)

Para ref.	Improvement issue	Action milestones	Key milestones date	Lead	Measuring impact (audit, survey, KPI etc)	Update 1.10.13
NHS Bexley CCG						
41	Ensure effective arrangements are in place so that general practitioners can make available to child protection conferences relevant information about a child or family, whether or not they are able to attend.	1.Agenda item at GP protected half day level 3 training. 2. LA agreement to send invitations electronically. 3. Letter sent to all GP's from lead GP for child safeguarding reminding GP's of responsibilities with copy to practice managers 4. Agenda item on all GP locality meetings	13.9.12 6.10.12 12.10.12 Dec 2012	Jill May Bexley CCG	Audit compliance December 2012 Provision of GP Case Conference Reports /	Audit report completed Jan and submitted to CCG Board and LSCB. Compliance 78% For re-audit January 2014
10	Ensure the voice of the disabled child and/or family is heard by general practitioners.	1.Identify any gaps /improvements in accessing local health services (this includes GP's) with Bexley Voice. 2.Encourage a representative from Bexley Voice to join the Bexley Patient Council. 3.Expand representation to Bexley Youth Parliament/Council to include organisations/groups that represent children with disability 4.Review young people	1.1.13	Annie Gardner Bexley CCG	Reported to GP's/Commissioners through the Integrated Patient Experience Reports Parents and young people enabled to express their views and their feedback is captured and used to identify areas of need/priority.	Contact made with Bexley Voice. Actions to expand membership of Patient Council underway to broaden engagement with groups representing children with disability. 4.CCG will not be responsible for GP services post April 2013 .NHS E and their engagement teams. Will be informed of this action.

		leaflet 'Know your Rights'				
39	Address gaps in training for independent health care providers (dentists, opticians and pharmacists)	1. Training dates for dentists at level 2 arranged for Nov 2012. 2.Liaise with Primary Contracting team NHS SEL.re. arrangements for pharmacists and opticians 3. Establish future arrangements for monitoring compliance.	12.10.12 30.11.12	Jill May Bexley CCG	Training delivered and evaluated to dentists Nov 2012 and Dec 2013	Action milestones completed. 84% dental practices trained to level 2. NHS SEL Primary contracting team provided with e-learning information to distribute to pharmacists and optometrists. Local contact information sent to all dentists, pharmacists and optometrists.
SLHT – new accountable organisations for actions agreed as from1.10.13: Kings Healthcare (KCH) Lewisham and Greenwich Healthcare (L&G) Oxleas						
1	Safeguarding Children Training	1.Continue with current training days 2.Meet with L & OD to address data capture issues 3.Review levels monthly	31.12.12 20.12.12 08.11.12	KCH Rosalinda James L&G Lynn Torpey	Monitored through quarterly safeguarding scorecard and SLHT safeguarding committee Target: 80% staff are trained at Level 1 - 3 by 31.12.12.	Compliance at end of Sept 2013 L1 100% L2 85% L3 81% Now monitored as part of new organisations+CQUIN+scorecard
40	All appropriate staff have access to and receive safeguarding supervision as set out in trust procedures.	1.Update policy to reflect key staff requiring supervision and frequency required. 2.Continue midwifery supervision sessions as planned and review levels at Safeguarding Committee. 3.Arrange additional sessions as required	14.12.12 ongoing 31.12.12	KCH Wendy Murray L&G Lynn Torpey	Review compliance with policy at safeguarding committee April 2013. Monitoring of maternity supervision via quarterly safeguarding scorecard. Target:80%	Safeguarding Supervision embedded within midwifery services. Safeguarding Supervision included on midwifery Mandatory training days Monthly monitoring via scorecard Supervision for key staff continues to be progressed. Kings supervision policy in place

10	Review arrangements for child /family engagement within Children's disability services ***Action transferred to Oxleas***	Child Development Centre to undertake regular patient satisfaction audit activity following each appointment with parents/carers/families of children with disabilities and act on findings. Audit tool to include satisfaction feedback from both parent and child – tokens to be implemented to be posted on departure from the CDC each session. Key worker to be allocated to each family with a child with complex needs to support engagement with both health and local authority services	30.03.13	Oxleas Ann Lane	Audits collated on quarterly basis and reports presented to commissioners on patient satisfaction % Key worker identified for families with children who have complex needs attending the Child Development Centre. Audit to evidence compliance to be completed on an annual basis.	User friendly audit tool developed with Bexley Voice. SEN pathfinder pilot commenced Children with complex needs and families fully involved in MDT assessment meetings. On referral to CDC all children are allocated a key worker/lead professional. Information recorded within electronic recording system (RIO). Audit due for completion Oct 2014
42	Increase use of CAF ***(CQUIN transferred to QE and PRUH)***	1.Continue to rag rate cases being put forward for discussion at Maternity Concerns Meetings. 2.All 'amber' cases to be considered for CAF.	30.11.12 30.3.13 30.12.12	KCH Named midwife L&G Named midwife	Quarterly monitoring via safeguarding scorecard. Target: Q4 (30.3.2014) 50% of Amber Cases discussed at maternity concerns Meetings generate a CAF.	monitored via CQUIN. Included in all level 3 training. All maternity concerns forms assessed re eligibility for CAF. Consent affects uptake. Changes to CAF arrangements within all boroughs are also impacting on this target. Working with CAF teams to improve uptake. Q2 2013 SLHT compliance 9% Increase of 6.3% on Q1

. 47	Safer recruitment training for managers ***(CQUIN transferred to QE and PRUH)***	1.Meet with HR to discuss way forward 2.Arrange access to training in conjunction with HR/L&OD 3.Establish panel of staff trained in Safe recruitment 4.Update Recruitment Policy to reflect need for trained staff to attend paediatric interviews 5.Ensure that trained staff attend paediatric staff interviews 6. Audit shows compliance	12.10.12 30.01.13 30.04.13 30.05.13 30.06.13 30.12.13	Human Resources KCH Human Resources L&G	Quarterly monitoring via safeguarding scorecard. Target:80% of staff interview panels have a person trained in safer recruitment by Q2.2013/14	Key staff identified and training package currently being offered. Monitored via CQUIN June 2013 53.3% Stats relate to nos of band 5-7 staff (Totall30 staff across SLHT paediatric staff).TNA required.
Oxleas Foundation NHS Trust						
1	Training Level 3 Mental Health Staff	Plan in place –all eligible staff to be compliant by 2014	On going	Carolyn Pilkington	Reviewed quarterly by L&D and Oxleas Safeguarding Committee. Monitored through quarterly safeguarding scorecard .	Compliance as at end June 2013: Level 1 92% Level 2 91% Level 3 86%

40	All appropriate staff have access to and receive safeguarding supervision as set out in trust procedures	**CAMHS supervision policy**: 1. To revise the CAMHS Supervision Policy to ensure that roles and responsibilities in relation to safeguarding are clearly stated and include the requirement for recording discussions and decisions regarding safeguarding. 2. Ratify policy at the C&YP Quality Board 3. Incorporate policy in the appendices of the Trust Supervision Policy 4. To disseminate to all staff in CAMHS Trust **Oxleas supervision policy:** 1. To augment the profile of safeguarding supervision in the Trust Supervision Policy, clearly stating responsibilities in relation to safeguarding and including the requirement for recording discussions and decisions regarding safeguarding. 2. Ratify at the Trust Safeguarding Boards and Quality Board. 3. To disseminate to all staff.	January 2013	Beverley Mack & Dr Joanna Sales Dr Joanna Sales Borough Operational Leads Carolyn Pilkington	CAMHS supervision policy.doc management supervision matrix.do Acrobat Document.pdf	Revisions for CAMHS Supervision Policy completed and ratified by the CYP Quality Board Discussed with all staff. CP Policy revised and Supervision procedure moved from appendices to main body of document – change brought to Oxleas Safeguarding Children committee 9/1/13. Links to trustwide supervision policy attached (see 3.0,7.74, 7.2.1 and 8.2) Supervision is recorded (see 11.0). Local profession specific guidance sits beneath this policy

15	Improvement in timeliness of LAC Initial health assessments *LAC service transferred to Oxleas*	Joint action with SLHT Agree a flowchart/protocol between the organisations	Dec 2012	Jesca Gudza/ Sheila O'Mahony	Reported at LAC Heath Group quarterly Target: 80% IHA's completed within 28day timescale by 30.3.13 Process for Initial health assessment (2 IHA Nov 2013.docx	Escalation process to service manager duty teams if consent not received within 7 days in place. Poor compliance escalated to head of Social Work, Asst Director CYP services LSCB and SIB for urgent action. *This is a significant reduction on compliance in 2012. This is due to a high turnover of staff in CSC following inspection.* Monitored monthly. Compliance entirely dependent on documentation and consent from CSC. When transferring to Oxleas it became apparent that the compliance data for IHA has historically been reported without removal of children within the numerator who no longer require an assessment e.g children who had left care within 28 days and children placed for adoption.. The embedded paper indicates that significant progress has been made although still not achieving target. This data will continue to be monitored monthly. Q2 compliance: 53.12%
16	Improvement in LAC immunisations.	1.SLHT – review imms at IHA 2. Records updated with carer. Carer informed of outstanding imms and	March 2013	Jesca Gudza Maria Hawes-Gatt	Impact to be measured at LAC Heath Group quarterly Target: 95% coverage at 1yr in line with	1.Ongoing 2.Immunisations reviewed with carer at time of assessment. 5. Work in progress. 6. Process now in place.

		signposted to GP. 3. LAC nurse to check RIO/red book prior to health review. 4. Consider training LAC nurse to do imms. 5. LAC nurse to receive report re outstanding imms in order to target. Also to receive report re out of boroughs. 6.Admin to contact GP to enable records to be updated.			Bexley's responsible population. LAC imms narrative.docx	Evidence of increase in imms in last imms report. Coverage at one year 95%. Target reached as reported in LAC Annual report March 2013.
12	Provide all young people leaving care with a comprehensive health history to support their move into adult life	1.Seek examples of best practice 2.Identify appropriate format e.g. based on initial health assessment 3. Consult with sample of care leavers to ensure meets their needs/expectations	30.9.12 31.10.12 31.10.12	Maria hawes-Gatt Jesca Gudza Oxleas		LAC nurse is 'responsible health professional'. 2 models of health reports will be used. 1. A electronic summary updated following IHA and subsequent health reviews which will be given to care leavers. 2. A leaving care folder provided to care leavers containing general health care information and summary of health reviews. Details of GP registration and how to access GP records given by leaving care team and LAC nurse. A summary of electronic health assessments available for young person on discharge.

42	Increase number of CAF	1. Staff to consider CAF on families raised in supervision. 2. Staff trained. 3. Review HV caseloads in supervision – vulnerable list for Merlins, Disability. More than two agencies involved, consider a CAF	Oct 2012	S O' Mahony Leila Bates Helen Day - Barnes	Measure quarterly on scorecard 2013/14 Target: 50 CAF's Q4 2013/14	All families recipient of Merlin or child with particular vulnerability e.g. disability discussed in Safeguarding supervision regarding eligibility for CAF. Data monitored monthly on the safeguarding scorecard regarding number of CAFs undertaken. 22 CAf's initiated Q1 /Q2 . On target for Q4.
47	Safer Recruitment training for managers	Training needs analysis has been completed.	Jan 2013	Carolyn Pilkington	Quarterly at Oxleas Safeguarding Committee-progress to be measured against trajectory	TNA:67.3% eligible managers have accessed training. All panels include at least one manager with this training. Target set at 80% of eligible staff. June 2013 target reached 88.44% of eligible trained.