Safeguarding Children Annual report

Action Required
The Board is asked to approve the report and note progress against priorities from 2011 and key issues for 2012/13.

Executive Summary
Bexley Care Trust Board (NHS SE London) 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.

Organisational implications

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<td>Equality and Diversity</td>
<td>Services are provided in a manner which acknowledge and take account of equality and diversity issues</td>
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<td>Risk (governance and/or clinical)</td>
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<td>Patient impact</td>
<td>Patient safety. The report demonstrates a commitment to provide a mechanism for safeguarding and promoting the welfare of children by ensuring that appropriate specialist advice and support is available in line with government requirements.</td>
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Which objective does this paper support? [Insert Tick ✓]

- Improve choice and access to integrated health services for Bexley patients ✓
- Reduce the level of health inequalities across Bexley ✓
- Improve care for patients with long term conditions & increase the range of services offered within the community
- Improving the health & wellbeing for people in Bexley ✓
- Maximizing the opportunities of joint working (A Picture of Health, Joint Strategy Needs Assessment, Wellness agenda etc) ✓
- Using our resources in the most efficient & effective manner (organisational & financial)

Considered/Approved by Other Committees/Groups
Clinical Quality Assurance Group 13 September 2012: Approved

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<th>Executive Sponsor</th>
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<tr>
<td>Jill May Designated Nurse</td>
<td>Simon Evans-Evans</td>
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<td>Safeguarding Children</td>
<td>Director Clinical Quality and Governance</td>
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Date: 10 October 2012
Safeguarding Children Annual Report
2011-2012

Jill May
Dr Sarah Ismail
Designated professionals Safeguarding Children
August 2012
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Introduction

Bexley Care Trust Board (NHS SE London) 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.

It is crucial that local health services are able to assure the Board 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 responsibilities of the PCT as a commissioning 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 2010-2011. The 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 2012-13

1. Local context

The population of Bexley is 223,300. 53,806 (24.4%) children and young people aged 0-19 years live in Bexley. 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 20.2% of children under 16 years are living in poverty. 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.

Poverty, poor housing are environmental factors which add stresses to families and can affect parents’ ability to cope and the wellbeing of children. Domestic

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1 Child and maternal health observatory Feb 2012
abuse, parental substance misuse are all 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. In March 2012 there were 115 children with a child protection plan in Bexley. (see appendix 1).

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. 11% of children in Reception and 21% 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 40.0 per 1000, about the national average.

2. Summary of progress

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

- **Ensuring the maintenance of safe arrangements continue during transition**
  
  **Progress**
  Throughout transition safeguarding children arrangements have been maintained.

- **Embedding common assessment using the revised Bexley Early Assessment of Need - BEAN in the early identification of safeguarding needs.**
  
  **Progress**
  Progress is improving although the figures for BEAN’s generated by health agencies remain low. Of the 372 BEAN’s completed in 2011, only 29 were initiated by health professionals. This year the LSCB has been working with LB Bexley to streamline the common assessment process and to improve data collection. LSCB BEAN training workshops have been well attended by health agencies. Managers in Provider services recognise the importance of ensuring its use. It is promoted and monitored through the scorecard.

- **Continue to monitor safeguarding processes within general practice including working with GP practices in improving the information shared for case conferences and prioritising practice nurse training.**
  
  **Progress**
  Bexley’s CQC inspection in July 2012 recognised the significant work undertaken with GP’s to strengthen their systems. GP’s attendance at level 3 training has been excellent, with over 90% of GP’s having attended.
practice nurses have also attended level 2 and 3 training. However work to increase GP contributions to case conferences remains a priority for 2012.

- **Embed the use of the scorecard in Oxleas and SLHT**
  
  **Progress**
  A commissioning scorecard has been developed with designated colleagues in Bromley and Greenwich. SLHT have partially implemented the use of the scorecard, their information systems are currently unable to support reporting of all data within the scorecard.
  A safeguarding CQUIN has been developed to assist Oxleas ensure that practice is robust and develops their assurance systems. Currently Oxleas are able to provide very limited data regarding safeguarding activity as well as the quality and safety of safeguarding services across mental health services. Full reporting using the scorecard will be in Q3 2012.

- **Monitor progress in meeting health actions generated by the serious case review**
  
  **Progress**
  Significant work has been completed across health agencies with learning from key themes disseminated widely.

- **Designated nurse will lead an LSCB working group on Female Genital Mutilation (FGM) to ensure that there is a standardised multi-agency approach to safeguarding Bexley children at risk of FGM.**
  
  **Progress**
  Work plan for FGM has been developed and is progressing. Provider services continue to roll out training to key professionals. A multi faith conference with FGM as the keynote topic was delivered in partnership between the LSCB and the Redeemed Christian Church of God in July 2012. The designated nurse chaired the plenary session.

- **Implement the designated professionals safeguarding work plan for SEL Cluster**
  
  **Progress**
  Work plan implemented

- **To deliver safeguarding children training to those with board level accountability in BSU**
  
  **Progress**
  A 2 hour session was provided to the clinical cabinet in May 2012

3. **Governance and accountability**

Bexley Business Support Unit (BSU) supports the clinical consortia in managing its functions. The BSU is part of a SE partnership of primary care trusts in Bromley, Greenwich, Lambeth, Lewisham, Southwark and Bexley. Executive responsibility for safeguarding children across NHS SE London cluster sits with
the Chief Nurse, Dame Donna Kinnair. Designated professionals from the BSU’s in the cluster meet regularly with her and as a clinical network across London.

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.

To fulfil these duties PCT’s must:
- work with local authorities to commission and provide services which are coordinated across agencies and integrated wherever possible;
- have a named public health professional who will input into children in need issues and safeguarding and promoting the welfare of children;
- 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.

All safeguarding posts in Bexley Business Support Unit are filled. Bexley clinical consortia has appointed a GP to lead on children’s issues. This includes support to the safeguarding children agenda. Dr Rahman is a resource to GP colleagues to promote best practice in safeguarding children, contributing to individual GP support, education, training and development programmes.

BSU Executive lead   Dr Jo Medhurst, Pam Creaven from June – Aug 2012
Designated Doctor           Dr Sarah Ismail (2 sessions per week)
Designated nurse          Jill May (fulltime)
Named GP/ Children’s lead    Dr Asad Rahman (1 session a week)
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 resource has been maintained during transition.

3.1 Clinical Quality Assurance Group

Safeguarding children issues are reported through the local Clinical Quality Assurance Group (CQAG) three times a year. These reports have provided updates relating to a serious case review completed in August 2011 and its action plan, section 11 audit results as well as quarterly performance indicators from SLHT and Oxleas. This is through a scorecard (appendix 4). Full reporting through the scorecard will commence Dec 2012.

Exception reporting directly to CQAG and main board is actioned when necessary. Annual reports on safeguarding children and the health of Looked After children are presented to the Board annually. Exception reporting is through the executive lead to NHS SE London cluster Chief Nurse, Donna Kinnair.

A safeguarding assurance framework will be agreed at CQAG in September 2012.

A non-executive director has been identified as a Children’s Champion to the CQAG.

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 PCT. The LSCB collates child protection data. A snapshot of data collected and the structure is attached (appendix 1 and 2).

The Board will be faced with a number of challenges during 2012/13, including the implementation of the revised ‘Working Together’ document, due to be published in the Autumn. The recent Ofsted inspection will generate an action plan for the LSCB. Early indications from both are that the LSCB will need to be stronger in challenging all partner agencies arrangements to protect children.

In December 2011 a joint Board & Executive was held to review its structure and workload. This has led to planned re-structuring that will be implemented in 2012 as part of the Business Plan. This restructuring will enable the Board to have an increased focus on its Business Plan with the development of a Business Leads Forum chaired by the designated nurse, to replace the current Executive. It is hoped this will reduce the duplication of work and encourage increased challenge to partner agencies and increase accountability through the development of business leads.
3.2.1 Membership and attendance

Attendance at the strategic and executive LSCB from health agencies has generally been good. The LSCB independent Chair has met with all the organisation leads. There has been changes of health representatives and this is likely to continue into the coming year due to the changes in organisations brought about by restructuring. 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 Business Support Unit**

Pam Creaven MD (*from June 2012*)
Dr Sarah Ismail (*from June 2012*)
Dr Mohammed Rahman
Jill May

**Oxleas Foundation Trust**

Sian Therese
Director of Community Provider Services
Carolyn Pilkington (*from June 2012*)
Named nurse safeguarding

**South London Healthcare NHS Trust**

Avey Bhatia
Asst Director of Nursing
Wendy Murray (*from June 2012*)
Named nurse safeguarding

3.2.2 Pooled budget

The LSCB operates a legally constituted pooled budget. The Bexley health economy contributes £31,000 of a total budget of £134,050.

3.2.3 LSCB standing panels

**Serious Case Review Panel**

**Representation**

Designated Nurse    Jill May
Designated Dr       Dr Sarah Ismail
Oxleas Foundation Trust    Sian Therese
SLHT                  Wendy Murray

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.

A Serious Case Review was completed in August 2011. This review will be published following the conclusion of the related criminal proceedings. The
learning has been disseminated through a series of multi-agency workshops, as well as single agency training. The action plan is currently being monitored through the Panel with most actions fully completed with planned follow up auditing in place to ensure effectiveness is monitored. The health overview and the full SCR was evaluated by Ofsted as ‘Good’. The Panel is currently undertaking 2 multi agency management reviews and the LSCB has recently commissioned a review following the death of a 14 yr old looked after young person in June 2012.

Child Death Overview Panel (CDOP)

**Representation**

<table>
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<tr>
<th>Public health</th>
<th>PH analyst (PHAST)</th>
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<tr>
<td>Designated Dr for Child Deaths</td>
<td>Dr Raghu Prasad</td>
</tr>
<tr>
<td>Designated Nurse</td>
<td>Jill May (Chair)</td>
</tr>
<tr>
<td>SLHT</td>
<td>Liz Bell</td>
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<tr>
<td>Oxleas Foundation Trust</td>
<td>Sheila O’Mahony</td>
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The Child Death Overview panel has met on 4 occasions during the year. The CDOP provided an Annual Report that was considered by the LSCB in March 2012. The rapid response process was commended by CQC in its inspection report.

Between August 2010 – December 2011 a total of 21 child deaths were notified to CDOP. The largest proportion of deaths occur in males and in children of black/African origin. These trends are a concern and will be the subject of ongoing monitoring. CDOP has undertaken a full review of 10 unexpected deaths. There were no consistent trends identified from these deaths. Road safety issues were raised with Police following a fatal traffic collision.

The most common cause of child deaths in Bexley continues to be issues related to prematurity. These deaths are challenging to review and fully informed judgements are difficult without the appropriate expertise (e.g. neonatologists, midwifery, obstetricians). Therefore Greenwich, Bexley and Bromley CDOPs delegate the review of specific neonatal which take place at SLHT sites to an annual SLHT Neonatal CDOP which has access to specialist clinical expertise from maternity and neonatal care to ensure full and informed learning from referred cases. This avoids duplication and allows issues for SLHT to be disseminated across all their sites in a more efficient way. The first meeting was held in December 2011. Each CDOP retains responsibility for reporting to their LSCB on cases emanating from their borough and managing the rapid response to these deaths to ensure immediate learning is acted upon and will continue to be responsible for the review of the majority of in borough neonatal deaths.

If there are safeguarding practice issues identified this information is shared with the Training Group to ensure any learning is embedded in the LSCB training courses. 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.
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. The group has undertaken 1 large scale multi-agency audit looking at neglect in primary aged children, 2 specific audits (Managing Allegations & the Merlin Project) as well as reviewing single agency safeguarding audits presented by partner agencies. Ofsted recognised whilst multi agency audits had identified some issues, there were gaps and made a recommendation that the LSCB must improve the rigour of these.

The Q&E Group led the biennial Section 11 audit of safeguarding arrangements across partner agencies. Ofsted commended the reflective analysis of the responses.

Section 11 Children Act 2004 audit
The biennial audit of all LSCB member agencies and organisations in relation to their duties under Sec 11 Children Act 2004 has been undertaken by the LSCB in 2011, the previous audit having been undertaken in 2009. This is a self-assessment audit that aims to assess the effectiveness of the arrangements for safeguarding children at a strategic level. Each agency/organisation was asked to complete the audit tool in October/November 2011 and for this to be signed off at Director/LSCB Member level. The overview report summarises the analysis of the responses received from:

- Oxleas NHS Foundation Trust
- South London Healthcare NHS Trust
- NHS SE London Bexley Business Support Unit (includes GPs)
- Bexley Drug & Alcohol Services

The tool assessed each agency/organisation against 8 standards based on the requirements of Sec 11 CA '04 as set down in the ‘Statutory Guidance on Making Arrangements to Safeguard & Promote the Welfare of Children under Sec 11 Children Act 2004’ these are set out in section 3 of this report.

Summary of Findings
There was no evidence of significant gaps in the safeguarding arrangements across health agencies in Bexley, however evidence demonstrating the link between policy and LSCB business planning to improved outcomes needs to be further developed across all agencies (not just health) to ensure that the partnership can evidence that children’s welfare is promoted.

- There is an improved understanding of safeguarding issues and responsibilities with evidence of progress in the areas for development identified in 2009. This audit provides a strategic overview that was missing in the previous compliance checklist audit that was operational in nature.
There is good evidence of robust governance arrangements in place through Trust Boards, Safeguarding Committees and audit presentations to Clinical Groups.

Assurance of quality and that processes are effective or informed improved practice was not fully evidenced by all providers. There were no identified links to supervision & appraisal to demonstrate the impact of training or policies and procedures on practice.

With the increased emphasis on the commissioning of services, there is a need to ensure that safeguarding arrangements are at the heart of the process. Within the Operating Framework for NHS the expectation that safeguarding is prioritised in trusts has still to be evidenced. Since the section 11 audit was completed guidance has been issued to local health commissioners on compliance with safeguarding standards.

Particular areas for further advice or development across agencies include ensuring adult focused agencies/services have sufficient support and guidance in relation to safeguarding children, commissioning arrangements, managing allegations and information sharing. There are areas for further development and recommendations are made in respect of these. An action plan is in place to monitor progress.

Training group

**Representation**

- Designated Nurse: Jill May
- Oxleas Foundation Trust: Sheila O'Mahony, Sue Govier

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 all 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. This includes being able to recognise when a child may require safeguarding and knowing what to do in response to concerns about the welfare of a child. Practitioners and managers must also be able to work effectively with others both within their own agency and across organisational boundaries. It is recognised that this will be best achieved by a combination of single agency and inter-agency training.

Training delivered on an inter agency basis is a highly effective way of promoting a common and shared understanding of the respective roles and responsibilities of different professionals and contributes to effective working relationships. Bexley Safeguarding Children Board delivers a comprehensive programme of training. The designated nurse, together with partner health agencies provide trainers.

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
- BEAN workshops.

**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 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.

**4. Policies and Procedures**

All NHS Trusts within Bexley follow the London Child Protection Procedures (2007) and cooperate with 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 intervention / Use of Common assessment**
The common assessment framework 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.

There is evidence locally and nationally of the benefits to children. Where there was a clear commitment to the process and good engagement with parents the benefits were evidenced.

A significant amount of work has taken place this year in looking at how the process can be improved. Bexley has launched its own early assessment of Need (BEAN) process aimed at making the process more user friendly. An early assessment hub has been commissioned by the local authority to assist the process. It is important that there is organisational and practice support to build capacity in health agencies within existing resources or potentially reduced
resources. Its use by SLHT and Oxleas is promoted and monitored through the scorecard.

4.2 Merlin police notifications
These are completed when police are called to an incident and children have been 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. Arrangements are currently underway to extend this information sharing 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 BEAN. However numbers remain low, the named nurse has agreed to review all merlin notifications to ensure a BEAN 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. SLHT have recently arranged for Merlins involving a pregnant woman to be sent to the named midwife at SLHT.

4.3 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.

4.4 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 responsibilities
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.

CQC joined Ofsted, the children’s inspectorate, to inspect Bexley services in July 2012.
‘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’.

Highlights form the report include:
- 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 have appropriate structures and arrangements in place and 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 Local Safeguarding Children Board

Areas for development which will form the basis of an action plan are:
- Improve engagement of GPs in the child protection conference process by provision of reports.
- The number of BEANs initiated by health is low and already 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.

The Ofsted inspectors judged that the overall effectiveness of Bexley’s services for looked after children was "good". However the Ofsted inspectors found a small 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 has published a Safeguarding Transformation Improvement plan. Health agencies are committed to engaging fully with the local authority to ensure their improvement plan is fully implemented.
5.2 Supervision
The designated professionals discharge their responsibility for providing professional accountability to the named professionals by providing professional supervision. A chart showing supervision for the named professional is at appendix 3.

5.3 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.

All 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 in use with Oxleas and SLHT. In addition the publication of the annual safeguarding children declaration and the safeguarding children annual reports from provider trusts give further assurance.

We are exploring how we receive assurances 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 2013.

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). The revised intercollegiate document has posed challenges to organisations in terms of the increase in the numbers of staff required to complete Level three training. In September 2011, the SLHT and Oxleas’ Safeguarding Children Committees adopted the Intercollegiate Document (2010) training guidance, Both Committees agreed a phased approach to achieving full level 3 compliance. Statistics are monitored by the BSU’s CQAG and the LSCB.

<table>
<thead>
<tr>
<th>Single agency Training</th>
<th>Oxleas (Mental health staff)</th>
<th>Oxleas (Community services)</th>
<th>SLHT</th>
<th>BSU</th>
<th>GP’s *</th>
<th>Dentists*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1 induction for all staff in a healthcare setting</td>
<td>91%</td>
<td>88%</td>
<td>61%</td>
<td>70%</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Level 2 Contact with children and families</td>
<td>90%</td>
<td>91%</td>
<td>84%</td>
<td>n/a</td>
<td>91%</td>
<td>45%</td>
</tr>
<tr>
<td>Level 3 Work regularly with children and families</td>
<td>66%</td>
<td>75%</td>
<td>59%</td>
<td>n/a</td>
<td>89%</td>
<td>n/a</td>
</tr>
<tr>
<td>Level 4 Named professionals</td>
<td>100%</td>
<td>100%</td>
<td>88%</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Level 5 Designated professionals</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>100%</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

* see section 5.5 independent contractors for further practice training details

**Oxleas NHS Foundation Trust Mental health**

Executive lead
Named Nurse and Trust lead for Safeguarding children
Named Dr

Wilf Bardsley
Carolyn Pilkington
Dr Adjoa Ezekwe

Oxleas annual report incorporates safeguarding children work within Greenwich and Bexley Community Health services from April 2011. Oxleas services now include universal health services in Greenwich and Bexley (health visiting, school nursing and district nursing), and Greenwich community paediatrics and children’s respite service and paediatric therapies. A copy of Oxleas Foundation NHS Trust safeguarding children annual report is provided to the designated nurse. Oxleas has a strong and well established safeguarding committee chaired by the Executive Director. The committee reports to the Patient Safety group.

\(^2\) Safeguarding Children and Young People: roles and competencies for health care staff.
Intercollegiate document Sept 2010
The Named nurse has operational responsibility for Oxleas mental health services but also takes the strategic lead for safeguarding across the whole trust. As community services in Bexley and Greenwich have merged with Oxleas, 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.

During this reporting period, Oxleas completed the third year of a three year Safeguarding Children Strategy which sets out the Trust’s aims for strengthening safeguarding children:

- Mainstream safeguarding children
- Effective safeguarding children frameworks
- Learning through experience
- Development of knowledge and skills
- Engaging service users

The strategy will include an additional aim next year: Strengthening partnership working.

**Key areas of progress/achievement**

- There has been a significant increase in the number of referrals being made by Oxleas mental health staff to children’s social care. This reflects progress with ensuring that children’s needs are being considered when assessing adult mental health clients.
- Following the adoption of the Intercollegiate Guidance, there has been a significant expansion to the face to face safeguarding children mandatory training programme of courses at level 3 together with attendance at this training by adult mental health staff.
- There has been an increase since last year in safeguarding children audit and review activity both within Oxleas and together with partner agencies.
- The number of safeguarding children champions has grown to 70 across the trust from all clinical teams. Champions meet 6 monthly with local support being further developed.
- The Non Violent resistance project in delivered by CAMHS in Bexley and Greenwich, won the inaugural London LSCB Safeguarding Children Award

**Audits**

1. **Audit of adult mental health record keeping**
   This was a re-audit in which the audit tool used previously was developed to elicit greater information regarding assessment as well as record keeping about child dependants. However business informatics confirmed an error with data sampling. There will be a re-audit early 2013 and a series of local team caseload audits are planned in the interim to ensure that the learning from the audit has been addressed and that recording of child dependants is satisfactory.

2. **Reviews of Safeguarding Children referrals**
A quarterly review of all safeguarding children referrals made by Oxleas staff to children’s social care to monitor the number, quality and reason for the referrals being made. There has been a substantial increase in activity during the year with a total of 185 referrals made by Oxleas staff compared to 113 last year. Oxleas Adult mental health services made 111 referrals (an increase from 82 referrals made last year), CAMHS made 47 referrals (up from 21 last year) and BCHS made 13 referrals (8 last year).

3. Section 11 Audit
The outcome and action plans from S11 self assessments were reported to each local LSCB. (see page 10). Oxleas will need to submit improved evidence to support statements demonstrating how services have led to improved outcomes for children and families.

Challenges and Priorities for the coming year
- Embed the requirements of the safeguarding children CQUIN/commissioners scorecard
- The impact of the revised Working Together to Safeguard Children interagency guidance
- Review of Oxleas policy – the child protection and domestic violence policy will be due for revision as well as Oxleas Declaration
- The need for staff to engage with the Early Help agenda including the Bexley Early Assessment of Need BEAN)
- The impact on capacity of the safeguarding children team from an expansion in Oxleas services including increase to supervision and training requirements.
- Launch of a new supervision system for adult services which will be auditable.
- The outcome of the training needs assessment and implementation of safer recruitment training
- To progress the audit programme and continue to embed the outcomes of previous audit
- Implement action plans from SCRs and multi agency reviews

Oxleas NHS Foundation Trust Community provider services

Executive lead Sian Therese (Helen Smith June 2012)
Named nurse Sheila O’Mahony
Named Dr Dr Adjoa Ezekwe

The Community services directorate continue to hold its own safeguarding committee in addition to attending Oxleas committee. The designated nurse attends both.

Health visitors are key to identifying children who will benefit from early intervention. The recent CQC safeguarding children inspection found health visitor caseloads relatively high, although health visiting and school nursing staff reported no concerns with capacity. The teams deliver the Healthy Child programme. Bexley has 19 FTE health visitors, there is currently one vacancy.
However, as children’s social care concentrate on providing services for children in need of protection, health visiting and school nurse teams are increasingly managing children with complex needs. This will become an increasing issue as Bexley develop a Multi Agency Safeguarding Hub (MASH) during 2013 and is something that will be raised with commissioners.

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 2011/12 was 90%.

A serious case review demonstrated that the current Family Health Needs assessment (FHNA) is not “user friendly” and does not include all the information required to enable a holistic assessment of the family to be completed. A review of the documentation in Aug 2011 led to the decision to develop a new standard for FHNA. The roll out of the new system commences in April 2012 and evaluation will take place in Jan 2013.

Audits

1. **Health visitor follow up of child presentation at A&E**
   Results showed that follow up by HVs currently takes place between 1 and 32 days (average 10 days). Actions put in place included all paper copies of discharge to be date stamped and all HV bases to have personalised message on answerphones.

2. **Use of the family health needs assessment**
   The audit was carried out in response to a Serious Case Review. The family health needs assessment (FHNA) informs the care plan for families and includes a comprehensive medical history including mental health on both parents, GP details, housing, employment, other service involvement and alert flagging. 25 health visitor records were audited. 32% FHNA’s were completed with no omissions. The audit led to a new standard for FHNA. The roll out of a new system commenced in April 2012 and evaluation will take place in Jan 2013.

3. **Removal in process map (receipt of records for families moving into the area)**
   An SUI in Aug 2011 indicated that previous records had not been received in a timely manner. Following further investigation, it was identified that there were ongoing issues with receipt of records from other areas. As a result of this investigation a new process map for removals in was developed and has been disseminated to members of the Health Visiting team and Child Health (March 2012)

South London Healthcare Trust (SLHT)

Executive lead: Avey Bhatia - from January 2012 Jennie Hall
Named Nurse: Wendy Murray
Named Dr: Dr Ali Bokhari- (Dr. Raghu Prasad on QMS site)
SLHT have a safeguarding committee which the designated nurse attends.

Staff working in the paediatric A&E departments at all SLHT sites (and the Urgent Care Centre) have access to Bexley, Bromley and Greenwich Child Protection Plans lists and are now aware whenever a child or young person presents and are subject to a plan. This has helped to facilitate effective communication with partner agencies.

Community paediatric consultants supervise SHOs, specialist registrars and staff grade doctors in the community. All cases referred to children’s safeguarding services for child protection concerns are supervised by the consultant on call. All sexual abuse examinations are done jointly to ensure good practise and clear documentation of findings.

SLHT are continuing to work to bring levels of training back to target following the revised training needs analysis of 2011 in response to the re-publication of the Intercollegiate document (2010). The organisation has reported training figures below target for levels 1 and 3 throughout the year. Work has been ongoing to increase training provision and also to ensure accurate data capture. This work is now complete and a plan is in place to achieve 80% at level 3 by the end of Q3 12-13. This is being monitored via the SLHT Safeguarding Committee and by the CCG via the scorecard.

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.

Audits
SLHT undertook a comprehensive range of audits last year. All generated action plans which were monitored at their safeguarding committee.

1. Safeguarding children record keeping
   led to actions to ensure every child admitted to the children’s wards are allocated to a named consultant and a reminder to staff that they record the child’s GP

2. Female Genital Mutilation
   The aim of the audit was to ensure routine enquiry during the ante natal period identified women and children who required referral to other agencies. The audit showed 11% of the 60 cases included involved FGM, these cases were from across Bexley, Bromley and Greenwich. It is not known if any of these were from Bexley. The audit will be developed to capture compliance information and repeated in March 2013. A new computer system will include a routine enquiry to identify cases and ensure an assessment is made, this will also enable collection of data re FGM cases. A new computer system will include a routine enquiry to identify cases to ensure an assessment is made.

3. Fathers mental health
This audit has led to increased awareness of the need to consider the health of both parents in the antenatal period. Audit sampled 60 cases across SLHT sites, 20 from Bexley. Of the Bexley cases 11 included questioning re father's/partner's mental health. The current e-booking system does not include this as a statutory field. A new system (Cerner) is to be introduced across SLHT during 2012-13. Learning from the audit was disseminated to all midwives at handover learning sessions, including the need to refer cases where fathers have mental health problems to the maternity concerns meeting. The audit will be repeated during 2012-13.

4. **Midwifery contact with allocated GP**
A Bexley serious case review identified the importance of midwives linking directly with a GP to encourage good information sharing. 66% of the 24 midwives based at QMS responded to the audit, 12 had regular contact with their GP. The response rate across SLHT was 35%. 47% of respondents said they had regular contact. It was not specified what this entailed. The audit will be repeated in December 2012 and guidance issued to midwives about the importance of regular face to face contact.

5. **Referrals to children's social care**
Audit showed that 50% of referrals were in response to adult difficulties such as adult mental health or domestic violence. Outcome of referrals; 20% - sec 47, 12.5% sec 17, 43% initial assessment and 20% NFA. The audit demonstrates an increase in referrals meeting the threshold for social care and demonstrates assurance regarding the quality of referrals. Actions Identified were to remind staff re responsibilities and procedures to ensure they make appropriate and accurate referrals to children's Social Care in order to safeguard children. SLHT have identified increasing the use of the CAF assessments as a priority for 2012-13.

5.5 **Contracts with independent providers**
Services are commissioned/contracted from GPs, dentists, pharmacists, optometrists, voluntary sector organisations and specialist commissioning providers. Bexley Care Trust are ensuring contract specifications relating to safeguarding children are included that are appropriate to the nature of their business.

**GP’s**
The designated nurse has maintained a high profile with GP practices and practices have utilised her appropriately for advice throughout the year. Safeguarding arrangements in GP surgeries were included in the section 11 audit undertaken by the LSCB. Results were positive.

CQC recognised that significant work has been undertaken with GP’s to strengthen systems, but that there remained insufficient engagement from GP’s with the case conference process. Less than a quarter of case conferences included a report from a GP. The designated found a similar result through an
audit earlier this year. As a result a template was sent out to practices to facilitate the process.

Over 100 GP’s attended a half day in September 2011 which focused on learning from serious case reviews. 90% of GP’s have accessed level 3 training. There has been a particular focus on practice nurse level 3 training during the year with practices nurses from 70% of surgeries attending.

Areas for development

Dentists
There are 29 dental practices in Bexley. All have been sent details of arrangements which need to be in place and flow charts detailing who to contact if they have a concern about a child. 66% practices have received a visit and level 1 training from the designated nurse. Level 2 training has been delivered to 45% of dentists and 46 dental hygienists/nurses. Further training dates for dentists will be arranged during 2012.

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

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

5.6 Contracts with third sector
The designated nurse continues to be made aware of contracts Bexley Care Trust has with third sector organisations. Three of these organisations have provided policies and training details for scrutiny.

6. Priorities for 2012-13
Challenges facing the Bexley health economy focus on continuing to improve practice and to demonstrate improved outcomes for children. The areas identified in this report include:

- Ensuring the maintenance of safe arrangements continue during transition.
- Develop and monitor an action plan following CQC inspection
- Engage with the local authority to ensure their Safeguarding Transformation Improvement plan is fully implemented.
- Continue to promote and monitor the use of BEAN across health organisations
- Work with GP practices in improving the information shared for case conferences
- Embed the use of the scorecard in Oxleas and SLHT
- Monitor progress in meeting health actions generated by the serious case review
Secure distribution of CPP list from Kent to Bexley unscheduled care providers

**Conclusion**

This review year has continued to be influenced by the continuing restructuring of the care trust and the developing clinical consortia. During this transition to successor organisations in the NHS the clinical consortia has ensured it continues to focus on its safeguarding responsibilities. The work to safeguard children in health agencies in Bexley is effective and there are repeated examples of good practice and outcomes for children. 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 that is empowering and sensitive to the needs of frontline staff.
Appendix 1

Child Protection Data

Nationally there has been a significant rise in the numbers of children subject to a child protection plan and this is reflected in the Bexley figures. The number of children in Bexley subject to a plan has risen since last year to 115.

The most common category of abuse continues to be Neglect, accounting for 65% of cases, followed by Multiple categories and Emotional abuse. The lack of registration under the categories of physical or sexual abuse does not mean

Children aged between 10 and 15 years are the age group most likely to be subject to a CP Plan, a change from previous years when 1-4year olds were more likely to be subject to a Plan.

23% of children are from a BME background, with the majority of children subject to a CP Plan being White British.

(please note all numbers have been rounded to the nearest 5)
Children subject to a CP Plan 31st March 2012 by category

- Neglect: 60%
- Emotional: 10%
- Multiple: 20%
- Physical: 0%
- Sexual: 0%

Percentage of children subject to a CP Plan 31st March 2012 by ethnicity

- Asian: 77%
- Black: 4%
- Mixed: 4%
- Other: 7%
- White Other: 8%
- White British: 0%
Appendix 2

LSCB Structure 2011-12

- **Standing Serious Case Review Panel**
  - Chair: Deputy Director Education & Social Care

- **Child Death Overview Panel**
  - Chair: Designated Nurse

- **Executive of LSCB**
  - Chair: Deputy Director Education & Social Care

- **Quality & Effectiveness Group**
  - Chair: Designated Nurse

- **FGM Working Group**

- **Social Media Working Group**

- **Training Group**

- **Health Safeguarding Forum**

- **Designated Teacher's Forum**

- **Stand Alone Groups on previous priority areas**
Appendix 3

Professional supervision structure for specialist safeguarding children staff in Bexley

- **NHS London Strategic Lead Safeguarding Children Group Supervision**
  - Designated Nurse
    - Named Nurse SLHT 6/52
    - Named Nurse Oxleas 6/52 (provided by Designated Nurse Bromley)
    - Named MW SLHT 6/52
    - Named Nurse CPU 6/52
    - Liaison HV’s 3/12
  - Designated Doctor
    - Named Dr CPU 6/12
    - Named Dr GP 6/12
    - Named Dr SLHT 3/12
## Safeguarding Children Scorecard Appendix 4

<table>
<thead>
<tr>
<th>Metric</th>
<th>Unit</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Target</th>
<th>Status</th>
<th>Comment</th>
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<td>No of referrals to CSC</td>
<td></td>
<td>43</td>
<td>38</td>
<td>38</td>
<td></td>
<td></td>
<td></td>
<td>Q2 for introduction of system to collect</td>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>SLHT</td>
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<td>19</td>
<td>11</td>
<td></td>
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<td></td>
<td></td>
<td>7</td>
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<tr>
<td>Referrals led to initial asses</td>
<td>%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Follow up on referrals is a basic requirement in all procedures. Referrer should know and record outcome, could be added to referral database.</td>
</tr>
<tr>
<td>Bexley community services</td>
<td>%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>SLHT</td>
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<td></td>
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<tr>
<td>No of CAF/BEAN assessments</td>
<td>No</td>
<td></td>
<td>7</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>Organisation is assured that early intervention is being considered and that the notion of &quot;early help&quot; is part of the work being undertaken to safeguard children rather than reactive crisis intervention.</td>
</tr>
<tr>
<td>Bexley community services</td>
<td>No</td>
<td>0</td>
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<td>Target figure to be agreed for 2012/13</td>
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</tr>
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<td>Case conferences attended</td>
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<td>44</td>
<td>75</td>
<td>62</td>
<td>81</td>
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<td></td>
<td>Oxleas and SLHT receive this information from LA</td>
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<td>%</td>
<td>64</td>
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<td>83</td>
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<td>CQC target</td>
<td></td>
<td></td>
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<td>92</td>
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<td>28</td>
<td>44</td>
<td>46</td>
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<td>46</td>
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<tr>
<td>Bexley community services</td>
<td>No</td>
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<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>SLHT</td>
<td>No</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Oxleas</td>
<td>No</td>
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<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>Other</td>
<td>No</td>
<td>No</td>
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<tr>
<td>Appropriate staff trained safer recruitment</td>
<td>%</td>
<td>3</td>
<td>Oxleas introduced an e-learning package April 12</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Bexley community services</td>
<td>%</td>
<td>3</td>
<td>Oxleas introduced an e-learning package April 12</td>
<td></td>
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<tr>
<td>SLHT</td>
<td>%</td>
<td>Unknown</td>
<td>Being assessed via HR</td>
<td></td>
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Oxleas introduced an e-learning package April 12

<table>
<thead>
<tr>
<th>Active SCRs</th>
<th>No</th>
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</table>

<table>
<thead>
<tr>
<th>Key vacancies</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Health visitors</td>
<td>3.83 8.2% 9.7% 7.1%</td>
</tr>
<tr>
<td>School nurses</td>
<td>%</td>
</tr>
<tr>
<td>Midwives</td>
<td>% 5.94 6% 8%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervision identified key staff</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health visitors/school nurses</td>
<td>87% 88% 90%</td>
</tr>
<tr>
<td>Midwives</td>
<td>%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(SLHT) CP medicals completed within timescale</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>(SLHT) LAC who have received an assessment within 28 days of being looked after</td>
<td>%</td>
</tr>
<tr>
<td>(BCHS) LAC with a care plan</td>
<td>% 100%</td>
</tr>
<tr>
<td>(BCHS) no. of high risk children under 5 followed up compared to number of Red and Amber A&amp;E slips received</td>
<td>% 41% 75% 80% 83% 90%</td>
</tr>
</tbody>
</table>