



Item: 8.3

Report to:	NHS Hull Clinical Commissioning Group Board			
Date of Meeting:	26 January 2018			
Subject:	Safeguarding Children Quarterly Update (Q2) 2017-18			
Presented by:	Sarah Smyth, Director of Quality & Clinical Governance / Executive			
Author:	Nurse Lorna Morris, Designated Nurse for Safeguarding Children Lorna Morris, Designated Nurse for Safeguarding Children			
STATUS OF THE RI	EPORT:			
To approv	re To endorse			
To ratify	To discuss			
To consid	er For information			
To note				
 To demonstrate duties in relation 	pdate in regard to safeguarding children arrangements ac how NHS Hull CCG, and commissioned providers, are function to safeguarding children in accordance with the NHS Er Framework 2015 and Working Together 2015.	ulfilling legislative		
	vel of confidence in NHS Hull CCG discharging it's	High		
duties in relation to				
There are strong safeguarding assurance processes in place. There is an Executive lead, designated professionals and a Named GP in post.				
Regular safeguarding audits (the last by NHS England in July 2016) have found significant assurance.				
PERFORMANCE There is a HIGH level	vel of confidence in NHS Hull CCG discharging it's	High		
duties in relation to safeguarding children.				
Following a reduction in training uptake owing to difficulties with ESR, reported to the Quality and Performance Committee, steps put in place to				
rectify the situation has resulted in a significant improvement.				

Hull & East Yorkshire Hospitals (HEY) PROCESS

There is a HIGH level of confidence in HEYHT discharging it's duties in
relation to safeguarding children.
There are robust safeguarding processes in place with clear leadership,
requisite professionals either in post or with interim cover arrangements in
place and internal monitoring via a safeguarding committee with strong

High

Rating

PERFORMANCE

links to NHS Hull CCG.

There is a **HIGH** level of confidence in HEYHT discharging its duties in relation to safeguarding children.

High

HEY has consistently maintained a safeguarding children compliance rate of over 80%. Significant progress has been made in relation to required inspection actions.

Humber Foundation Trust (HFT)

PROCESS	Rating
There is a HIGH level of confidence in HFT discharging its duties in relation to safeguarding children.	High
There are robust safeguarding processes in place with clear leadership, requisite professionals either in post or with cover arrangements in place and internal monitoring via a safeguarding committee with strong links to	
NHS Hull CCG.	
PERFORMANCE	
PERFORMANCE	
There is a MEDIUM level of confidence in HFT discharging it's duties in relation to safeguarding children.	Medium
Although progress is being achieved, a contract query notice remains in	
place in relation to safeguarding children training uptake and compliance	
has not yet achieved the trajectory set by HFT. Progress is reported in	
relation to required inspection actions with some audit reporting awaited.	

City Health Care Partnership (CHCP)

PROCESS	Rating
There is a HIGH level of confidence in CHCP discharging it's duties in	High
relation to safeguarding children.	
There are robust safeguarding processes in place with clear leadership,	
requisite professionals either in post or with cover arrangements in place	
and internal monitoring via a safeguarding group with strong links to NHS	
Hull CCG.	
PERFORMANCE	
There is a HIGH level of confidence in CHCP discharging it's duties in	High
relation to safeguarding children.	· ·
	· ·
relation to safeguarding children.	

SPIRE

PROCESS	Rating
There is a MEDIUM level of confidence in SPIRE discharging it's duties in	Medium
relation to safeguarding children.	
The self-declaration reported to CMB does not identify any deficits	

However, training compliance can only be reported incrementally.	
DEDECORMANCE	
PERFORMANCE	
There is a MEDIUM level of confidence in SPIRE discharging it's duties in	Medium
relation to safeguarding children.	
Safeguarding training compliance has only risen to 80% in Q2 owing to the	
incremental reporting.	

YAS

PROCESS	Rating
There is a HIGH level of confidence in YAS discharging it's duties in	High
relation to safeguarding children.	
The required processes are in place, monitored by Wakefield CCG as the	
lead commissioner.	
PERFORMANCE	
There is a HIGH level of confidence in YAS discharging it's duties in	High
relation to safeguarding children.	
Training compliance is consistently high. Reporting received via Wakefield	
CCG provides assurance.	

RECOMMENDATIONS:

The members of the Board are requested to note this report in relation to safeguarding children activity and the responsibilities and actions of the NHS Hull Clinical Commissioning Group and providers.

REPORT EXEMPT FROM PUBLIC DISCLOSURE

Highly sensitive information for which media interest may not be in the best interests of adults with care and support needs.

CCG STRATEGIC OBJECTIVES

Objective 9

Section 11 of the Children Act 2004 requires CCGs to work effectively with local authorities, the police and third sector organisations in the operation of the Local Safeguarding Children Board (LSCB). NHS Hull CCG will commission services which work together to promote health and wellbeing and resilience in order to safeguard and promote the welfare of children.

Objective 12

NHS Hull CCG will fulfil its statutory responsibilities in relation to children, in accordance with the Children Acts 1989 and 2004.

IMPLICATIONS: (summary of key implications, including risks, associated with the paper)			
Finance	There are no financial risks associated with this report.		
HR	There are no HR implications.		
Quality	Risks not addressed may result in safeguarding adult concerns.		

Safety	Risks not addressed may result in safety concerns for adults at risk of abuse and neglect.

ENGAGEMENT: (Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this).

Engagement takes place with commissioned provider organisations via the Hull and East Riding Safeguarding Children Health Liaison Group. Challenge and scrutiny of provider safeguarding compliance and performance takes place via the Clinical Quality Forums and Contract Management Boards. Inter-agency working takes place with partner agencies via the Hull Safeguarding Children Board (HSCB). Engagement with GPs takes place via the NHS CCG Board, the role of the Named GP and through the Protected Time for Learning (PTL) programme.

LEGAL ISSUES: (Summarise key legal issues / legislation relevant to the report)

All safeguarding activity described in this report is underpinned by current legislation and statutory guidance.

EQUALITY AND DIVERSITY ISSUES: (summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). **All** reports relating to new services, changes to existing services or CCG strategies / policies **must** have a valid EIA and will not be received by the Committee if this is not appended to the report)

	Tick relevant box
An Equality Impact Analysis/Assessment is not required for this report.	1
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

THE NHS CONSTITUTION: (How the report supports the NHS Constitution)

Safeguarding children is integral to the NHS Constitution and is framed by the values and principles which guide the NHS, with particular reference to the provision of high quality care that is safe, effective and focussed on patient experience.

- Principle 1 The NHS provides a comprehensive service, available to all.
- Principle 2 Access to NHS services is based on clinical need, not an individual's ability to pay.
- Principle 3 The NHS aspires to the highest standards of excellence and professionalism.
- Principle 4 NHS services must reflect the needs and preferences of patients, their families and carers.

Principle 5 – The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.

Principle 6 – The NHS is committed to providing best value for taxpayers money and the most effective, fair and sustainable use of finite resources.

Principle 7 – The NHS is accountable to the public, communities and patients that it serves.

SAFEGUARDING CHILDREN UPDATE

1. INTRODUCTION

The purpose of this report is to:

- a) Provide an update in regard to safeguarding children arrangements across the city of Hull and surrounding area.
- b) Demonstrate how NHS Hull CCG is fulfilling its safeguarding monitoring responsibilities in relation to children in accordance with Working Together (March 2015) and the NHS England Accountability and Assurance Framework (July 2015).

2. NHS HULL CCG

2.1 Training compliance

Overall safeguarding children training compliance declined to 47% in Q1 from 53% in Q4. This was due to access difficulties owing to the migration to the national electronic staff record (ESR) system. Whilst the difficulties were being rectified two face to face safeguarding children sessions were arranged for NHS Hull CCG staff and the e learning programme is now available. Compliance has risen to 71% in Q2.

2.2 Governance and Accountability

NHS Hull CCG remains compliant with the requirements for statutory safeguarding posts.

NHS Hull CCG has appointed to the role of Designated Nurse Looked After Children/ Deputy Designated Nurse Safeguarding Children with an anticipated start date of January 2018. The NHS England LAC assurance framework has been amended to reflect the strengthened assurance arrangements.

The Designated Nurse Safeguarding Children continues to monitor the CQC Hull Children Looked After and Safeguarding (HCLAS) January 2017 inspection action plan with narrative included in the provider sections of this report. The following link contains the detail regarding progress against actions.

CQC Inspection Action Plan Oct 2017

The Designated Nurse Safeguarding Children continues to sit on the HSCB Serious Case Review sub-committee and panels for 4 Serious Case Reviews (SCRs) and 1 learning lessons review (LLR).

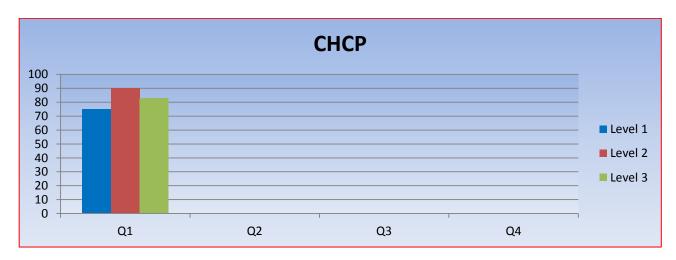
2.3 HCLAS inspection

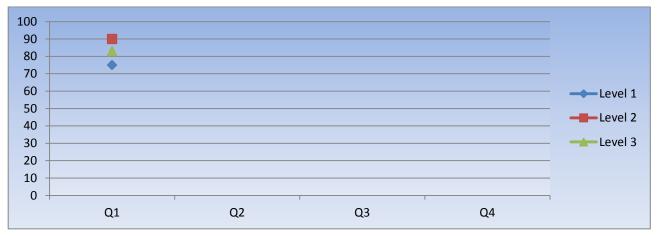
Progress has been made in relation to the role of Named GP and strengthening safeguarding arrangements within primary care. Multi-agency information sharing processes including response to referrals and minute sharing from child protection case conferences and core groups require further embedding. Local Authority partners are members of the HCLAS monitoring group which next meets in January 2018.

3. CITY HEALTH CARE PARTNERSHIP

3.1 Training compliance

2017/18	Q1 (Q4)	Q2	Q3	Q4
Level 1	75% (91%)	82%		
Level 2	90% (91%)	92%		
Level 3	83% (82%)	84%		





The action plan by CHCP to address the reduction in Level 1 training compliance reported in Q1 has resulted in the achievement of a satisfactory upward trajectory.

3.2 Governance and Accountability

CHCP is compliant with the requirements for statutory safeguarding posts.

NHS Hull CCG is in the process of revising the service specification for the looked after children health service. This includes the requirement for a named nurse and named doctor within CHCP and the proposal for the Designated LAC doctor to be within the CCG.

3.3 Looked After Children Health Assessments

Monthly reporting against the required timescales for LAC receiving an initial health assessment to CMB continues. An escalation process is utilised and frequent monitoring meetings between NHS Hull CCG, CHCP and the local authority are scheduled to take place. Breaches continue to be small in number.

A reduction in the number of review health assessments taking place within the statutory timescales was reported in Q1 to CMB. This was due to administrative error and CHCP has put a checking system in place to resolve this issue.

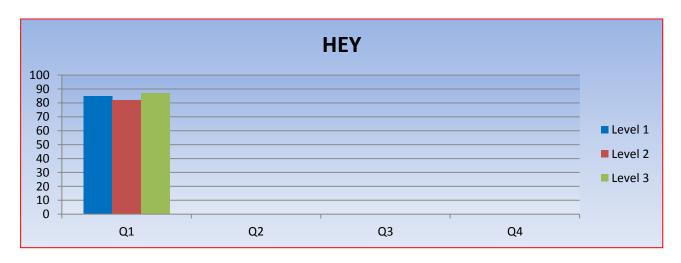
3.4 HCLAS inspection

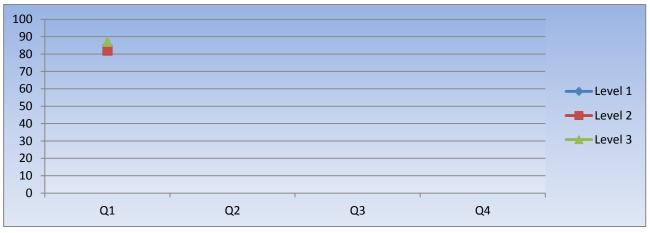
Significant progress has been made in relation to recommendations, outstanding actions mainly comprising audit reporting and dip sampling in order to provide evidence to support successful outcomes.

4. HULL AND EAST YORKSHIRE HOSPITAL TRUST

4.1 Training compliance

2017/18	Q1(Q4)	Q2	Q3	Q4
Level 1	85% (82.4%)	87.8%		
Level 2	82% (81.3%)	82.5%		
Level 3	87% (88.7%)	87%		





4.2 Supervision

A CQC recommendation from the 2017 Looked After Children and Safeguarding inspection is that HEYHT review the current structure and resource commitment to safeguarding supervision in the maternity service. Monitoring is taking place via the HCLAS.

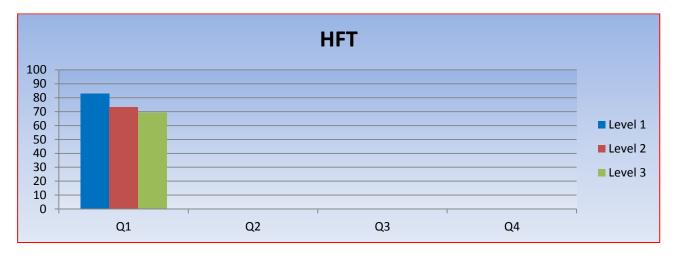
4.3 HCLAS inspection

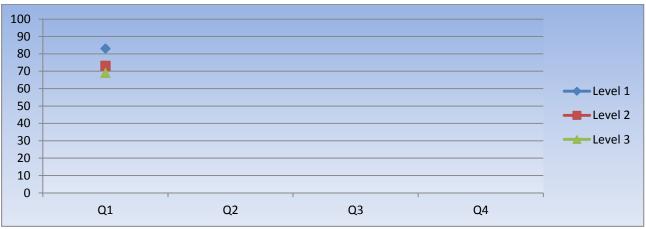
Developments in relation to recommendations pertaining to the ED are in progress (training, audit tool and revision of nursing documentation). Regarding improving the quality of information about ED attendances routinely shared with primary care, the enhanced functionality of the Lorenzo system should result in better quality discharge summaries. Similarly recommendations in relation to midwifery are in progress which will be further enhanced when the newly recruited Named Midwife for Safeguarding Children takes up post in January 2018. The Patient Watch protocol has been reviewed and an Enhanced Care Team pilot commenced during Q2 which is receiving early positive feedback.

5. HUMBER NHS FOUNDATION TRUST

5.1 Training compliance

2017/18	Q1 (Q4)	Q2	Q3	Q4
Level 1	83% (84%)	85.7%		
Level 2	73% (72.2%)	73.2%		
Level 3	69.9%(64.9%)	76.2%		





Uptake incrementally indicates significant progress although the Trust is not likely to reach their target uptake of the required 80% by the end of October 2017. Monitoring and scrutiny continues via CMB and though the HFT Clinical Quality Forum (CQF).

5.2 Governance and accountability

The post of Named Nurse for Safeguarding Children continues to be filled on an interim basis. However, the substantive post holder has resigned so it is anticipated that HFT will recruit on a permanent basis.

5.3 Supervision

The January 2017 CQC inspection identified this as an area requiring still further development and is included within the inspection action which is being monitored via the HCLAS.

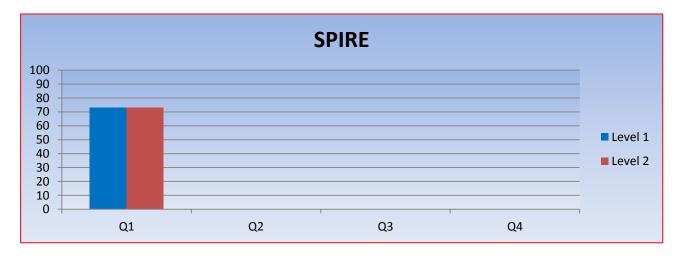
5.4 HCLAS inspection

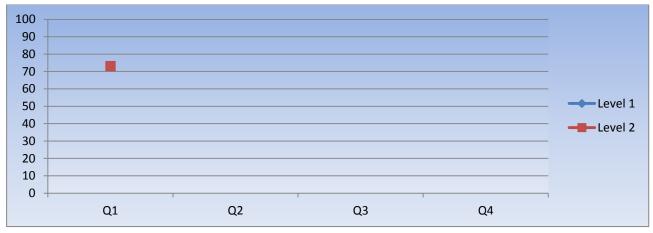
The process of embedding the "Think Family" agenda has been commenced but requires further action and evidencing. Progress is being made against an ambitious training trajectory. However 80% compliance by the end of October has not been reached. Liaison between the mental health team and the HEYHT paediatric ward staff is improved with further work underway by the newly established operational group including the development of an electronic flagging system.

6. SPIRE

6.1 Training compliance

2017/18	Q1(Q4)	Q2	Q3	Q4
Level 1	73.4%(39.8%)	80.6%		
Level 2	73.4%(39.8%)	80.6%		
Level 3		82%		



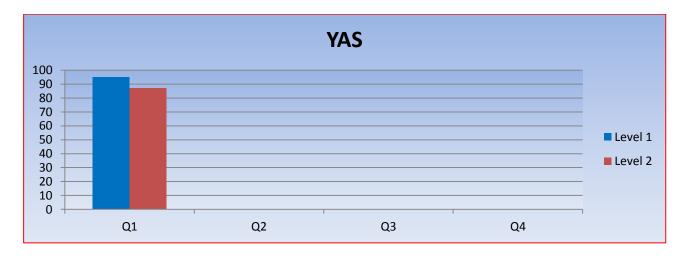


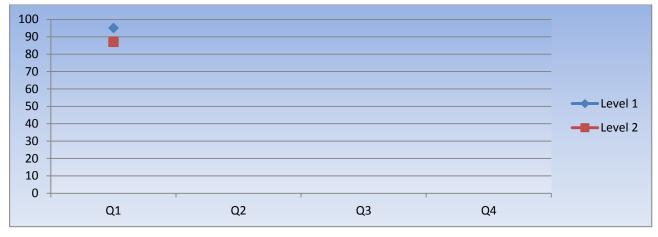
The system of reporting incrementally month on month remains in place.

7. YORKSHIRE AMBULANCE SERVICE (YAS)

7.1 Training compliance

2017/18	Q1(Q4)	Q2	Q3	Q4
Level 1	95.9%(95.6%)	94.89%		
Level 2	87.2% (88%)	88.8%		
Level 3				





Safeguarding practitioners within the Safeguarding Department have accessed level 4 training and experiences within Q2. One practitioner is undertaking the MSC safeguarding module at Huddersfield University; another practitioner has completed the Clinical Leadership in Safeguarding (NHS England).

8. PRIMARY CARE

8.1 Training compliance

GPs are required to undertake 6-8 hours of Intercollegiate Document level 3 safeguarding children training over a 3 year period. Local provision for the peer discussion aspect of this is developed by the Hull and East Riding Training Steering Group and delivered through an evening training session which is offered 3 times a year. This includes both presentation of current topics and also the opportunity for discussion with colleagues around a fictional case which illustrates several safeguarding issues relevant to GPs. Overall evaluation of the first year revised

programme (3 sessions) has been positive and will be used, along with any new safeguarding information as appropriate, to inform minor amendments for 2018/19.

The amended format of fewer slides, more discussion and use of video clips to reinforce information has been well received. Of the 91 GPs, 83 (91.2%) said they had gained new knowledge, the 4 "unclear" and 4 who gained "no new knowledge" gave positive feedback scores.

8.2 Governance and accountability

The Named GP for Safeguarding Children continues to expand her role including offering advice and support to GPs, practice managers and nurse practitioners covering a range of issues and situations. A log of this advice and topics covered is being maintained in order to identify any themes or trends which could indicate wider learning needs. A practice lead safeguarding GP email group has now been created with regular communication taking place with both GPs and practice managers, in order to cascade information i.e from SCRs, regional and national updates and newsletters. The GP portal Safeguarding Children pages have been revised and updated during Q2 to reflect current referral processes, hot topics and relevant pathways/ proformas.

9. RECOMMENDATIONS

It is recommended that the NHS Hull CCG Board note this report for information and accept quarterly progress reports.

Glossary of terms

CHCP City Health Care Partnership
CMB Contract Management Board
CQC Care Quality Commission
CQF Clinical Quality Forum

HCLAS Hull Children Looked After and Safeguarding

HEYHT Hull and East Yorkshire Hospital Trust

HFT Humber NHS Foundation Trust HSCB Hull Safeguarding Children Board

LAC Looked After Children
LLR Learning Lessons Review
PTL Protected Time for Learning

SCR Serious Case Review
SLA Service Level agreement
YAS Yorkshire Ambulance Service

Appendix 1

CQC Inspection Action Plan Oct 2017