

<b>Report to:</b>	NHS Hull Clinical Commissioning Group Board
<b>Date of Meeting:</b>	23 March 2018
<b>Subject:</b>	Safeguarding Children Quarterly Update (Q3)
<b>Presented by:</b>	Lorna Morris, Designated Nurse for Safeguarding Children
<b>Author:</b>	Lorna Morris, Designated Nurse for Safeguarding Children

**STATUS OF THE REPORT:**

To approve	<input type="checkbox"/>	To endorse	<input type="checkbox"/>
To ratify	<input type="checkbox"/>	To discuss	<input type="checkbox"/>
To consider	<input type="checkbox"/>	For information	<input type="checkbox"/>
To note	<input checked="" type="checkbox"/>		

**PURPOSE OF REPORT:**

- To provide an update in regard to safeguarding children arrangements across the Hull area.
- To demonstrate how NHS Hull CCG, and commissioned providers, are fulfilling legislative duties in relation to safeguarding children in accordance with the NHS England Accountability and Assurance Framework 2015 and Working Together 2015.

**LEVEL OF CONFIDENCE:**

**NHS Hull CCG**

PROCESS	Rating
There is a <b>HIGH</b> level of confidence in NHS Hull CCG discharging its duties in relation to safeguarding children. 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.	<b>High</b>
<b>PERFORMANCE</b>	
There is a <b>HIGH</b> level of confidence in NHS Hull CCG discharging its 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.	<b>High</b>

**Hull & East Yorkshire Hospitals (HEY)**

<b>PROCESS</b>	Rating
<p>There is a <b>HIGH</b> level of confidence in HEYHT discharging it's duties in relation to safeguarding children.</p> <p>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 links to NHS Hull CCG.</p>	<b>High</b>
<b>PERFORMANCE</b>	
<p>There is a <b>HIGH</b> level of confidence in HEYHT discharging its duties in relation to safeguarding children.</p> <p>HEY has consistently maintained a safeguarding children compliance rate of over 80%. Significant progress has been made in relation to required inspection actions.</p>	<b>High</b>

### Humber Foundation Trust (HFT)

<b>PROCESS</b>	Rating
<p>There is a <b>HIGH</b> level of confidence in HFT discharging its duties in relation to safeguarding children.</p> <p>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.</p>	<b>High</b>
<b>PERFORMANCE</b>	
<p>There is a <b>MEDIUM</b> level of confidence in HFT discharging it's duties in relation to safeguarding children.</p> <p>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.</p>	<b>Medium</b>

### City Health Care Partnership (CHCP)

<b>PROCESS</b>	Rating
<p>There is a <b>HIGH</b> level of confidence in CHCP discharging it's duties in relation to safeguarding children.</p> <p>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.</p>	<b>High</b>
<b>PERFORMANCE</b>	
<p>There is a <b>HIGH</b> level of confidence in CHCP discharging it's duties in relation to safeguarding children.</p> <p>The reduction in Q1 training uptake was speedily rectified and a high rate of compliance maintained. CHCP is making significant progress in relation to required inspection actions with some audit reporting awaited.</p>	<b>High</b>

### SPIRE

<b>PROCESS</b>	Rating
<p>There is a <b>MEDIUM</b> level of confidence in SPIRE discharging it's duties in relation to safeguarding children.</p> <p>The self-declaration reported to CMB does not identify any deficits However, training compliance can only be reported incrementally.</p>	<b>Medium</b>

<b>PERFORMANCE</b>	
There is a <b>MEDIUM</b> level of confidence in SPIRE discharging it's duties in relation to safeguarding children. Safeguarding training compliance can only be reported incrementally.	<b>Medium</b>
<b>YAS</b>	
<b>PROCESS</b>	Rating
There is a <b>HIGH</b> level of confidence in YAS discharging it's duties in relation to safeguarding children. The required processes are in place, monitored by Wakefield CCG as the lead commissioner.	<b>High</b>
<b>PERFORMANCE</b>	
There is a <b>HIGH</b> level of confidence in YAS discharging it's duties in relation to safeguarding children. Training compliance is consistently high. Reporting received via Wakefield CCG provides assurance.	<b>High</b>
<b>RECOMMENDATIONS:</b> The members of the NHS Hull CCG 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**      No  Yes

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

<b>CCG STRATEGIC OBJECTIVES</b>
<b>Objective 9</b> 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.
<b>Objective 12</b> NHS Hull CCG will fulfil its statutory responsibilities in relation to children, in accordance with the Children Acts 1989 and 2004.

<b>IMPLICATIONS:</b> <i>(summary of key implications, including risks, associated with the paper)</i>	
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)*

	<b>Tick relevant box</b>
An Equality Impact Analysis/Assessment is not required for this report.	√
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

Training compliance has increased slightly from 71% in Q2 to 73% in Q3. The Designated Nurse Safeguarding Children is undertaking a data verification and reminder to staff exercise in order to raise compliance.

#### 2.2 Governance and Accountability

The Designated Nurse Safeguarding Children continues to monitor the CQC Hull Children Looked After and Safeguarding (HCLAS) January 2017 inspection action plan. Considerable progress by all providers was reported at the HCLAS monitoring meeting on January 16<sup>th</sup>. A full report will be available to the next Quality and Performance Committee.

The Designated Nurse for Safeguarding Children and Lead Professional for Adults meet with East Riding Counterparts to scrutinise the provider self- declarations and have met directly with provider safeguarding leads where appropriate to discuss in detail prior to CMB, thus obtaining the required assurance.

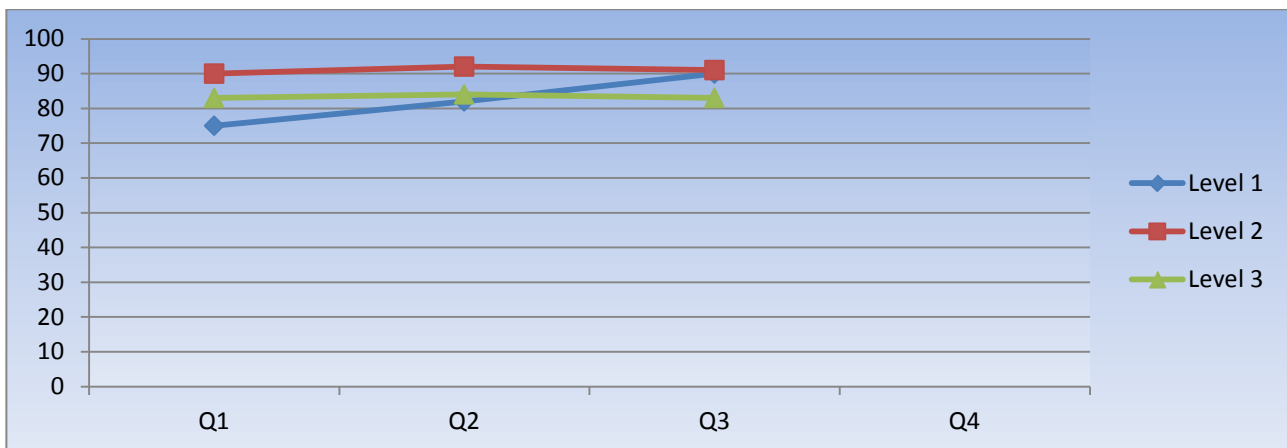
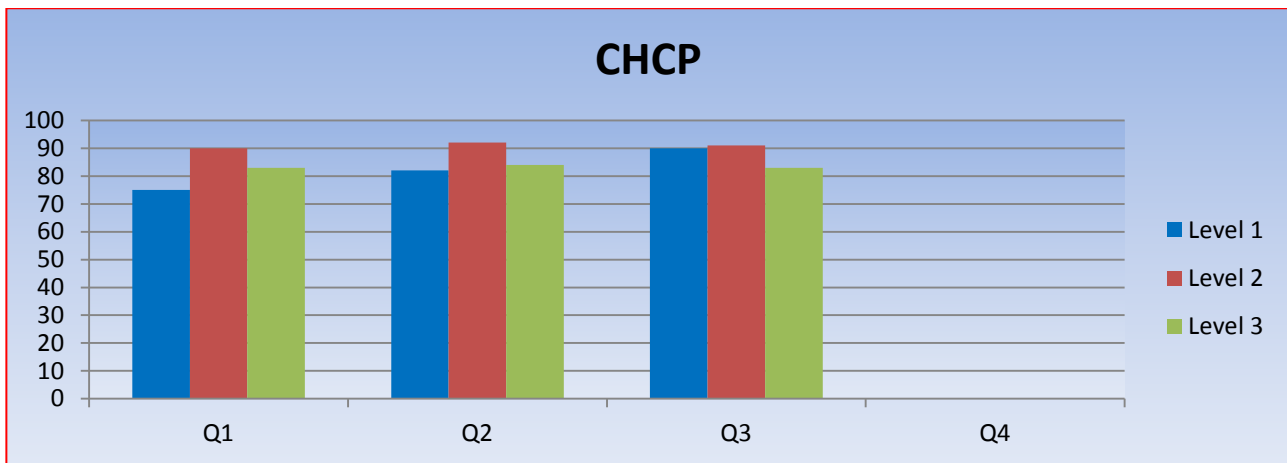
#### 2.3 HCLAS inspection

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. Following the meeting of the monitoring group in January 2018 it was agreed that CHCP and Change, Grow and Live (CGL), the substance misuse service provider will conduct a joint audit into the local authority response to referrals so that this can inform the local authority audit and future actions.

### 3. CITY HEALTH CARE PARTNERSHIP

#### 3.1 Training compliance

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



### 3.2 Governance and Accountability

CHCP is compliant with the requirements for statutory safeguarding posts.

### 3.3 Looked After Children Health Assessments

Monthly reporting, including breaches, 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.

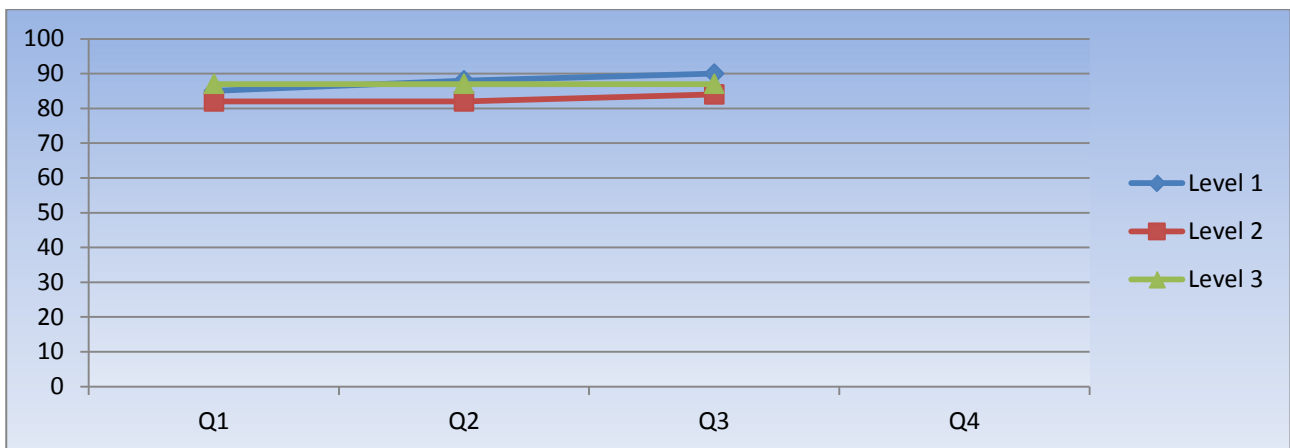
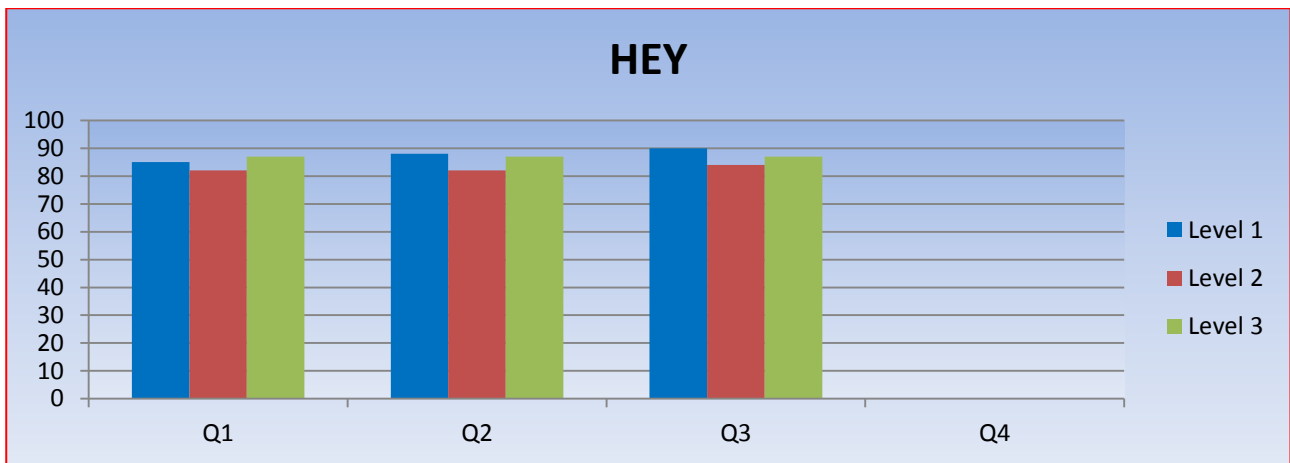
### 3.4 HCLAS inspection

Significant progress has been made in relation to recommendations. There are only 2 out of the 9 actions are not fully completed. Audit reports are awaited in relation to the implementation of the SDQ scores and in relation to the sharing of action plans with children and foster carers (due for completion 02.02.18).

## 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%	90%	
Level 2	82% (81.3%)	82.5%	84%	
Level 3	87% (88.7%)	87%	87%	



#### 4.2 Supervision

The newly appointed Named Midwife for safeguarding children is now in post and has commenced a review of the safeguarding supervision arrangements within the midwifery service, implementing early changes.

#### 4.3 HCLAS inspection

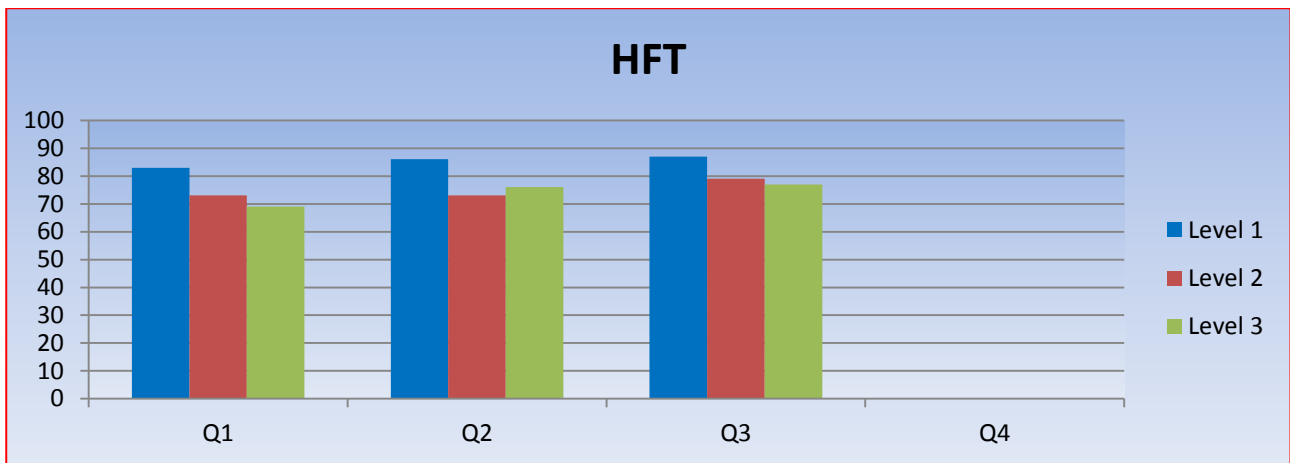
Considerable progress has been made in relation to inspection recommendations with positive audit results available in relation to the documentation of significant others when children present to the paediatric ED or regarding children in the household of adults attending the ED. Improvements have been made to the obstetric risk register. The Named Midwife and Named Nurse for safeguarding children are in the process of reviewing the pre-birth vulnerability pathway.

### 5. HUMBER NHS FOUNDATION TRUST

#### 5.1 Training compliance

2017/18	Q1 (Q4)	Q2	Q3	Q4
Level 1	83% (84%)	85.7%	86.6%	
Level 2	73% (72.2%)	73.2%	79.2%	
Level 3	69.9%(64.9%)	76.2%	76.8%	





Gradual progress is being achieved against compliance for level 3 training although the ambitious trajectory has not quite been achieved. Compliance is monitored closely by the Trust and individuals are targeted by the care group managers. Additional annual leave incentives for completion of mandatory training have now been offered.

## 5.2 Governance and accountability

The post of Named Nurse for Safeguarding Children continues to be filled on an interim basis. This post has now been put out to advert on a permanent basis.

## 5.3 Supervision

In order to strengthen supervision arrangements within CAMHS, a supervision protocol has been agreed with CAMHS managers which will be monitored by the safeguarding team and reported to NHS Hull CCG via the HCLAS.

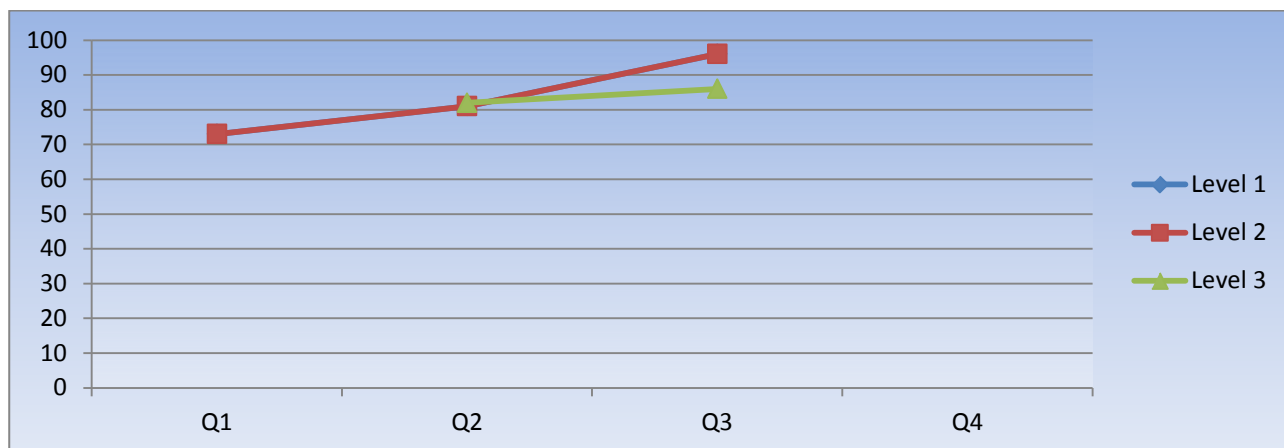
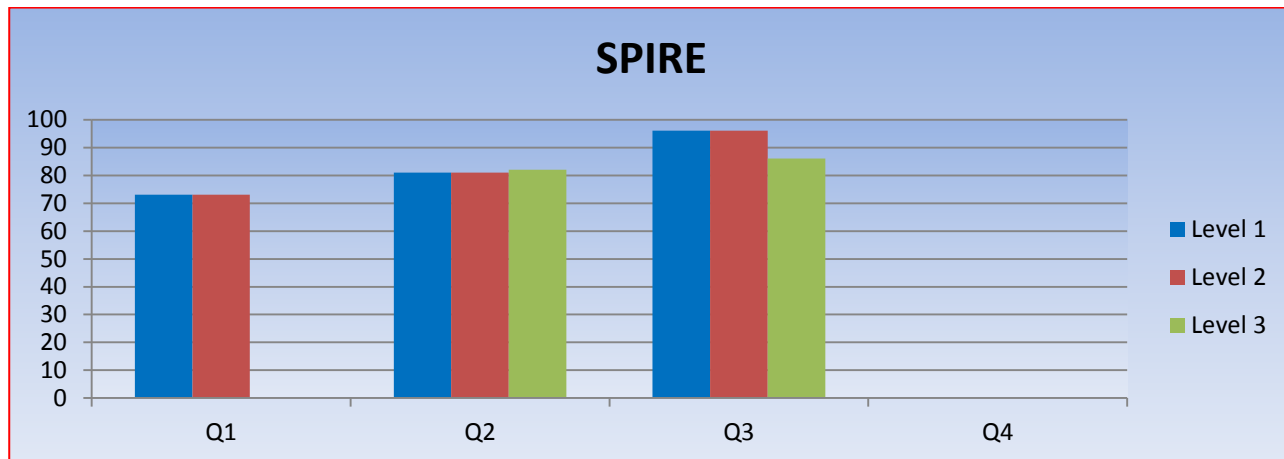
## 5.4 HCLAS inspection

Significant progress has been made in relation to the inspection recommendations. 8 recommendations are fully completed. 2 are partially complete which include a review of the records within adult mental health services and the community mental team to ensure the prompts relating to the details of dependents and children have been included and an audit of the new transition protocol from children to adult's services.

## 6. SPIRE

### 6.1 Training compliance

2017/18	Q1(Q4)	Q2	Q3	Q4
Level 1	73.4%(39.8%)	80.6%	96.5%	
Level 2	73.4%(39.8%)	80.6%	96.5%	
Level 3		82%	86%	

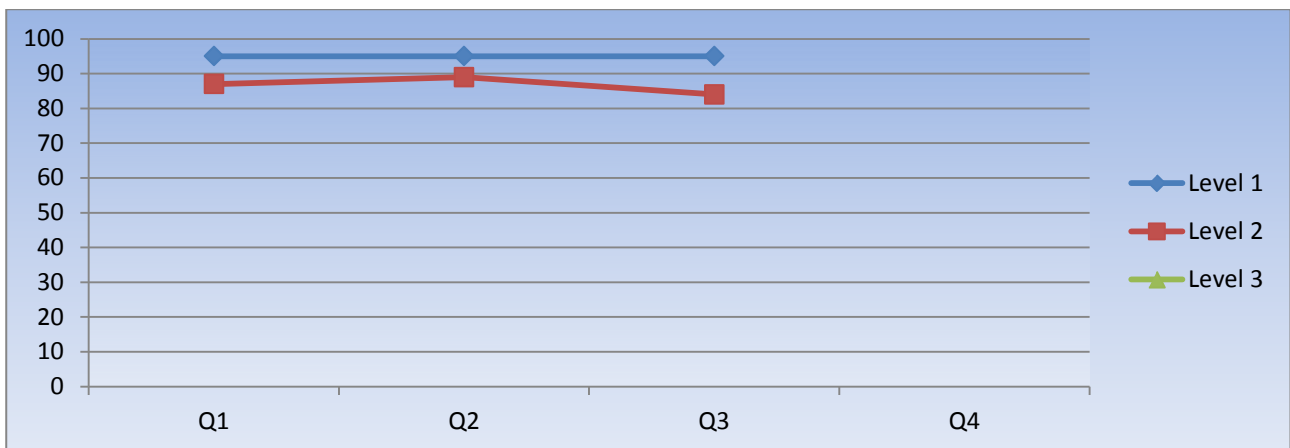
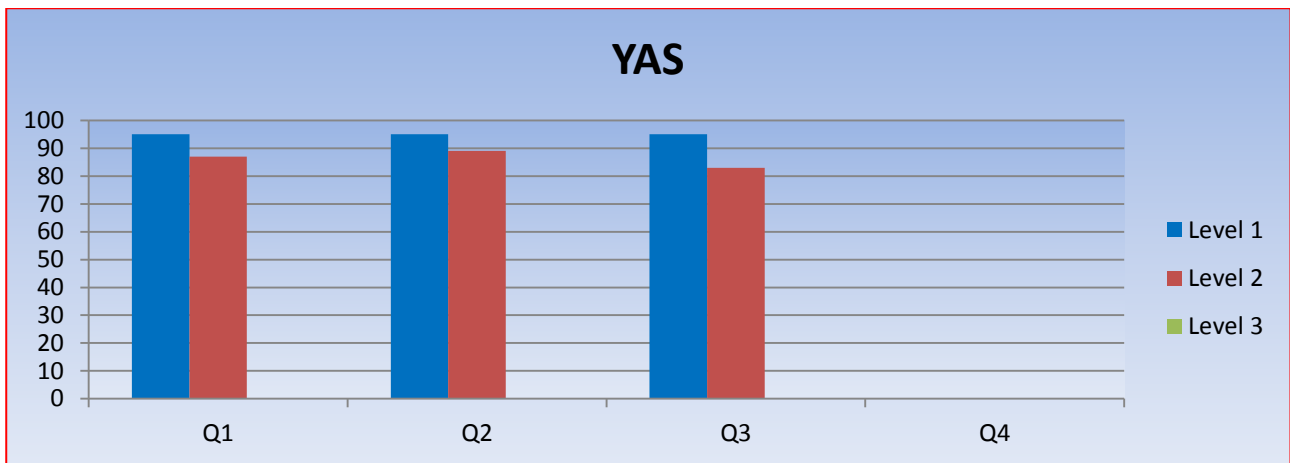


There have been no safeguarding children exceptions reported in the self-declaration to CMB.

## 7. YORKSHIRE AMBULANCE SERVICE (YAS)

### 7.1 Training compliance

2017/18	Q1(Q4)	Q2	Q3	Q4
Level 1	95.9%(95.6%)	94.89%	94.96%	
Level 2	87.2% (88%)	88.8%	83.71%	
Level 3				



The safeguarding children training workbook was originally written in 2013. The development of a Trust-wide safeguarding e learning product for all YAS service lines replaced the workbook training on December 1<sup>st</sup> 2017. There has been a decrease in level 2 uptake from 88.8% in Q2 to 83.71% in Q3. (336 staff completed the new e learning product in December). A Trust wide safeguarding training needs analysis was completed in December 2017. The ability to produce % compliance figures of the e learning product within the role competency matrix which exists with ESR is currently being addressed within a Trust wide project.

## 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.

GPs have recently been informed of the dates for the 2018 evening sessions and in relation to additional level 3 training sessions which are also offered as full day events. As these are multi-professional they therefore, provide an opportunity to learn from others perspectives and opinions.

## 8.2 Governance and accountability

The Named GP for Safeguarding Children continues to develop her role including offering advice and support to GPs, practice managers and nurse practitioners covering a range of issues and situations. An ongoing log of this advice and topics covered is being maintained in order to identify any themes or trends which could indicate wider learning needs to feed into training updates. The safeguarding practice lead GP email group continues to be used with regular communication taking place between GP leads and practice managers, in order to cascade information i.e from SCRs, regional and national updates and newsletters. The GP portal Safeguarding Children pages continue to be updated to reflect current referral processes, hot topics and relevant pathways/ proformas as required, and include information about local level 3 training events.

The Child Protection Case Conference Report proformas have been reviewed and the revised GP report forms created, through consultation with East Riding safeguarding professionals, conference chair managers and the LMC. Following revision of the service level agreement (SLA) with CHCP, the pilot payment for receipt of completed GP report forms and attendance at child protection case conference commenced in November 2017. An audit is planned by the Named GP for safeguarding children during the next 12 months to assess for a demonstrable improvement in quality and attendance. The Named GP continues to work with all organisations involved in this process in order to facilitate delivery.

A process of themed multi-agency case analysis is led by the HSCB in order to identify themes or learning including areas of good practice. The Named GP as well as key health providers participates in this process and is continuing to address ways of improving communication between agencies and general practice.

## 9. RECOMMENDATIONS

It is recommended that the Quality and Performance Committee 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
ED	Emergency Department
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