MEETING DATE:	8 August 2013	
AGENDA ITEM NUMBER:	Item 7.10	
AUTHOR: **JOB TITLE:** **DEPARTMENT:**	Karen Rhodes Senior Officer Quality & Assurance	**REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY**

ANNUAL REPORTS

PURPOSE/ACTION REQUIRED:	To Receive & Note
CONSULTATION AND/OR INVOLVEMENT PROCESS:	All four annual reports have been to the NLCCG Quality Group
FREEDOM OF INFORMATION:	*Is this document releasable under FOI at this time? If not why not? (decision making guide being developed) – yes* Public

1. PURPOSE OF THE REPORT:

The purpose of this report is to provide the North Lincolnshire CCG Governing Body with assurance on safeguarding arrangements (both children and adults), Looked after Children and Infection, Prevention and Control arrangements across North Lincolnshire

2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:

Continue to improve the quality of services	√
Reduce unwarranted variations in services	
Deliver the best outcomes for every patient	√
Improve patient experience	√
Reduce the inequalities gap in North Lincolnshire	

3. IMPACT ON RISK ASSURANCE FRAMEWORK:

Yes		**No**	√

4. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:	**Yes**		**No**	
N/A				
5. LEGAL IMPLICATIONS:	**Yes**	√	**No**	
Supports the CCG compliance with statutory duties				
6. RESOURCE IMPLICATIONS:	**Yes**		**No**	√
7. EQUALITY IMPACT ASSESSMENT:	**Yes**		**No**	
N/A				
8. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:	**Yes**		**No**	
N/A				
9. RECOMMENDATIONS:				
The CCG is asked to: - • Receive and note				

MEETING DATE:	23rd May 2013	North Lincolnshire Clinical Commissioning Group **REPORT TO THE CLINICAL COMMISSIONING GROUP** **QUALITY GROUP**
AGENDA ITEM NUMBER:	Item 18a	
AUTHOR: **JOB TITLE:** **DEPARTMENT:**	Greta Johnson Clinical Nurse Specialist Infection Prevention & Control Community Services Infection Prevention & Control Team and	

Infection Prevention & Control Annual Report 2012/13

PURPOSE/ACTION REQUIRED:	Annual Report to Approve
CONSULTATION AND/OR INVOLVEMENT PROCESS:	
FREEDOM OF INFORMATION:	Public

1. PURPOSE OF THE REPORT:

North Lincolnshire CCG has a general responsibility as a commissioning body to satisfy itself that contractors have appropriate systems in place to keep patients, staff and visitors safe from Healthcare Acquired Infections, so far as is reasonably practicable.

The Board have collective responsibility for minimising the risk of infection. Arrangements are in place in order to provide the required assurance that the above responsibility is being effectively discharged.

The purpose of this report is to provide the Quality Group an annual overview of infection rates, progress against nationally determined targets for Meticillin Resistant Staphylococcus Aureus (MRSA) and *Clostridium difficile*, trends, outbreaks and collaborative working with contractors across North Lincolnshire and the wider health economy.

2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:

Continue to improve the quality of services	**x**
Reduce unwarranted variations in services	
Deliver the best outcomes for every patient	**x**
Improve patient experience	**x**
Reduce the inequalities gap in North Lincolnshire	

3. IMPACT ON RISK ASSURANCE FRAMEWORK:

Yes	x	No	

Identifies controls in place to minimise the risk of MRSA/C Diff and ensure compliance with Hygiene Code identified within risk register.

4. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:

Yes		No	x

5. LEGAL IMPLICATIONS:

Yes	x	No	

Under the Health and Social Care Act 2008 Code of Practice on the Prevention and Control of Healthcare Associated Infections and related guidance commissioners of services will support providers, whilst holding them to account for their performance with regards the surveillance of infections and the implementation and sustained improvement of infection control practices and procedures to reduce healthcare associated infections.

6. RESOURCE IMPLICATIONS:

Yes		No	x

7. EQUALITY IMPACT ASSESSMENT:

Yes		No	x

8. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:

Yes		No	x

9. RECOMMENDATIONS:

The CCG Quality Group is asked to: -

- Receive and approve this report

Annual Infection Control Report 2012/13

North Lincolnshire Clinical Commissioning Group

1. Introduction

The following report informs on the progress made against the Commissioning Action Plan for Healthcare Associated Infections and the processes in place to control Healthcare Associated Infections (HCAIs). It describes the achievements and performance against targets and standards as a commissioner. The two years has seen substantial activity and progress by North Lincolnshire Clinical Commissioning Group who continue to have a general responsibility as a commissioning body to satisfy itself that contractors and providers have appropriate systems in place to keep patients, staff and visitors safe from harm including HCAI, so far as is reasonably practicable. This has been inevitable given the growing improvements needed following the focus of the Department of Health (DoH) on the importance of infection prevention and control in healthcare and the ever changing demands as a result of the extensive restructuring of the organisation in line with the Health and Social Care Act 2012.

North Lincolnshire CCG have a collective responsibility for minimising the risk of infection. Arrangements are in place in order to provide the required assurance that the above responsibility is being effectively discharged. This report identifies the general means by which the Board secures that assurance in order to prevent and minimise risk of infection.

2. Governance and Commissioning Infrastructure

The Quality Group (QG) continues to have the lead responsibility for infection prevention control and meets monthly. During 2012/13 this group has held the Northern Lincolnshire & Goole Hospitals NHS Foundation Trust Community Services Provider to account for infection control in service provision. The QG receives monthly reports from the Clinical Nurse Specialist Infection Prevention & Control which includes reports on infection control issues relating to independent contractors, secondary care contracts, including mental health services, as well as community services which now sits within North Lincolnshire and Goole Hospitals NHS Foundation Trust.

The QG is chaired by the Senior Officer Quality and Assurance. This group reports to the CCG Governing Body.

North Lincolnshire CCG has ensured that there are robust governance arrangements in place with delegated responsibility and accountability to ensure that the infection prevention and control Commissioning Action Plan for Healthcare Associated Infections is implemented.

The Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance. This Code of Practice came into force on 1 April 2011 for existing registered providers and primary dental care and independent sector ambulance providers, and 1 April 2012 for primary medical care providers. It sets out the criteria against which a registered provider's compliance with the requirements relating to cleanliness and infection control will be assessed by the Care Quality Commission.

North Lincolnshire CCG has an overarching infection prevention and control policy in place. Infection control related risks are reported via QG and where appropriate included in the Board Assurance Framework via directorate risk registers.

3. Cross Boundary Responsibilities

The infection prevention & control team continues to have strong links with infection prevention and control teams at Northern Lincolnshire and Goole Hospitals NHS Foundation Trust, Hull & East Yorkshire NHS Trust, North East Lincolnshire Care Trust Plus, commissioning and provider teams both within Hull and East Riding of Yorkshire. Robust links exist with North Yorkshire and Humber Health Protection Unit serving the health economy of North Lincolnshire.

4. Surveillance of Healthcare Associated Infections

Meticillin Resistant Staphylococcus Aureus (MRSA)

The DH began mandatory surveillance of MRSA bloodstream infections (bacteraemia) in 2001. This includes all MRSA bloodstream infections, whether acquired within acute Trusts or in the community. Data is reported to the DH via the Health Protection Agency (HPA) monthly, quarterly and annually.

The DH target for MRSA bacteraemia in 2012/13 was 4 cases and by year end there were 6 cases apportioned to North Lincolnshire residents representing a breach of 2 cases (Appendix 1 – provided by Public Health England). Further breakdown of these 6 cases demonstrates that 4 were assigned via the Health Protection Agency MESS database as being community apportioned due to the timing of the bacteraemia and the remainder as hospital apportioned.

At least 2 of the 4 cases assigned as community apportioned following MRSA RCA investigation were led by the acute trusts involved with the patients care.

Following the identification of a MRSA bacteraemia a Route Cause Analysis (RCA) is undertaken by the Community Services Infection Prevention and Control Team, in order to understand the series of events which led to the bacteraemia.

Of those cases detected in North Lincolnshire residents robust mechanisms are in place locally to investigate each MRSA bacteraemia detected and share the outcomes of RCA investigations. This is not replicated elsewhere within the geographical locality given that North Lincolnshire patients access care out of area but will be addressed during 2013/14 with the establishment of a South Bank post infection review group.

For 2013/14 the NHS England set a zero tolerance MRSA objective in the NHSCB Planning Guidance *Everyone counts: Planning for Patients 2013/14.* The setting of this objective and the introduction of a Post Infection Review process will therefore provide robust assurance on the process used across all organisations for the investigation of MRSA bacteraemia.

A commissioning action plan on HCAIs including MRSA & *Clostridium difficile* was written in 2010 and remains a working document with twice yearly updates.

Clostridium Difficile

Since 2004 the reporting of *Clostridium difficile* infection has been mandatory. All NHS Trusts are required to test diarrhoeal stool samples from patients 2 years or older and report all positive results to the Health Protection Agency.

Department of Health set targets for *Clostridium Difficile* in 2012/13 for both Acute Hospitals and Primary Care Organisations. The *Clostridium difficile* target for NHS North Lincolnshire PCO was 23 cases and by year end there were 29 cases apportioned to North Lincolnshire residents representing a breach of 6 cases (Appendix 2 – provided by Public Health England). Of these 29 cases, 23 were assigned as hospital apportioned cases across the Yorkshire & Humber area and 6 cases were assigned as community apportioned cases. Although significant numbers experienced across North Lincolnshire it represents a reduction in cases from 2011/12.

Cases identified locally have been subject to RCA processes and information shared to identify risk factors and actions required to address route causes.

Measures have been identified across the Humber area to address the trends associated with the increase of cases which has been experienced across Yorkshire and the Humber. The 2013/14 objective for *Clostridium Difficile* across North Lincolnshire is 32.

A South Bank post infection review group will be formed during 2013 to review all detected *Clostridium difficile* cases (and other HCAI's as appropriate) in North Lincolnshire residents from the 1st April 2013 to provide assurance on the methods used to investigate root causes and apply lessons learnt.

Meticillin Sensitive Staphylococcus Aureus (MSSA)

Mandatory MRSA and MSSA bacteraemia surveillance scheme managed by the HPA was extended to include the mandatory reporting of MSSA bacteraemia on the 1st January 2011.

Department of Health and the HPA continue to monitor the reporting of cases but no organisational targets were set for 2012/13. However, Community Services Infection Prevention & Control Team have remained proactive and monitored each case detected and identified risk factors associated with the development of MSSA bacteraemia.

Thirty three MSSA bacteraemia cases were detected in North Lincolnshire residents during 2012/13 (Appendix 3). Figures are comparable locally, regionally and nationally.

Escherichia coli

Escherichia coli (E.Coli) bacteraemia surveillance scheme managed by the HPA was made mandatory on the 1st June 2011.

Department of Health and the HPA continue to monitor the reporting of cases but no organisational targets were set for 2012/13. However, Community Services Infection Prevention & Control Team has remained proactive, monitoring cases to identify risk factors associated with the development of E.Coli bacteraemia.

One hundred and seventeen E.Coli bacteraemia cases were detected in North Lincolnshire residents during 2012/13 – the majority of cases assigned as community apportioned (Appendix 4). Figures are comparable locally, regionally and nationally.

5. Outbreaks

During 2012/13 in addition to the surveillance of infection the Community Services infection prevention and control team have identified, provided advice and managed thirty six outbreaks of infection mainly diarrhoea & vomiting associated with Norovirus predominately in care homes in North Lincolnshire in collaboration with the North Yorkshire and Humber Health Protection Unit.

6. Policies, Protocols & Clinical Pathways

In line with the Health and Social Care Act 2008 infection prevention & control policies, protocols and clinical pathways continue to be developed (if indicated), reviewed and updated by the Community Services Infection Prevention & Control Team, ensuring that practice and guidance is current and evidence based.

7. Independent contractors

The Care Quality Commission (CQC) requires North Lincolnshire CCG to take reasonable steps to ensure that primary care contractor services are compliant with healthcare standards relating to infection control and clinical waste.

Specialist advice and support to independent contractors is available from the Infection Prevention & Control Team (IPCT). The team works with independent contractors to ensure they are putting appropriate measures in place towards CQC registration which will be a requirement for all independent contractors by April 2013 e.g. primary medical care providers. The IPCT also ensure that other independent contractors e.g. NHS dental practices have appropriate measures in place to meet the requirements of the CQC and maintain ongoing registration.

7.1 General Medical Practitioners

During 2013/13 the majority of GP practices in North Lincolnshire have been audited by the CIPCT utilising a robust audit tool developed by the Infection Prevention Society. The audit and accompany action plan has provided an excellent benchmark to support CQC

registration and inspection for GP practices. This is in line with and adherence to the Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance and NICE guidance CG139 Infection: Prevention and control of healthcare-associated infections in primary and community care

Audit reports and action plans have been received by QG however any immediate concerns which may affect patient safety are reported verbally as soon as they are identified. The IPCT continue to provide support to all GP practices to ensure compliance with infection control requirements in preparation for CQC registration.

In relation to the decontamination of reusable medical devices all GP practices continue to only use single use devices and there is no local reprocessing of instruments being undertaken.

The IPCT continue to provide both practical and written advice for General Practitioners on the requirements for local enhanced services such as minor surgery under the Any Willing Provider (AWP) process.

General Practitioners are encouraged to actively participate in root cause analysis and action planning, relating to both MRSA bacteraemia and *Clostridium Difficile* infections, in partnership with local infection control teams. During 2012/13 continued active participation has proven invaluable and has been strengthened further by the active involvement of key General Practitioners with an interest in infection prevention and control.

Practices continue to be actively encouraged to implement the WHO/NPSA 5 Moments Cleanyourhands Campaign during 2012/132 following their original commitment to take part in 2008.

Practice Nurses are invited to the Infection Control Link Practitioners meetings – during 2012/13 attendance has increased with the majority of GP practices represented. The meetings are held quarterly and link practitioners are actively engaged in the audit process designed around the Essential Steps audit tool.

7.2 Community Dentists

During 2012/13 the IPCT in conjunction with the PCT Dental Advisor continued to audit and visit all sixteen Dental practices in North Lincolnshire to ensure ongoing assurance. Visits have ensured that Dental Practices have adhered to advice provided in the previously provided audits/ action plans and have made the necessary changes to meet the required standards.

CQC registration continues for all sixteen dental practices and the IPCT continue to work closely with the PCT Dental Advisor and practices in question.

The CQC in March 2012 commenced inspection visits to dental practices in North Lincolnshire – Community Services Infection Prevention & Control Team have facilitated those visits and provided support and evidence if requested.

7.3 Community Pharmacists

A Community Pharmacy Assurance Framework is in place which includes a review against healthcare standards. The disposal of clinical waste is included in this and is addressed via a PCT contract for quarterly disposal of waste medicines. All practices are compliant.

The IPCT continue to work closely with Medicines Management Team as many pharmacists are now offering extended services and have undertaken environmental audits when concerns about community pharmacies have been raised.

7.4 Community Optometrists

As part of the ophthalmic contract compliance framework ophthalmic contractors are asked to confirm that suitable arrangements are in place for the decontamination of equipment and hand washing.

Training as been previously delivered to optometrists on hand hygiene and issues related to infection prevention & control.

8.0 Other Commissioned Services

8.1 Secondary Care

Quality review meetings are held with all main secondary care providers, including mental health. Regular reports are received by the QWG and include details of infection prevention and control within the organisation. This is now well established with Northern Lincolnshire and Goole Hospitals NHS Foundation Trust and Hull & East Yorkshire Hospitals Trust. Assurance that Trusts comply with CQC standards is received via this process. Quality contract meeting minutes are reviewed at the QG.

All main secondary care providers report compliance with clinical waste standards.

All Trusts are registered with the Care Quality Commission (CQC) relating to infection control and confirmation of registration from the CQC has been received.

8.2 Community Services

Contract monitoring meetings include a dedicated section on quality where infection control issues are addressed. A quality report is produced and presented at the contract monitoring meeting, the minutes of this meeting are reviewed at QG where any key areas of concern are reported.

MRSA screening policies and procedures remain in place across elective/ emergency secondary care services following the requirement to screen all patients by 31 December 2010. The community service provider has a clinic which now runs daily within Scunthorpe and/or Barton to provide decolonisation treatment via a patient group directive. The process continues to prove the effectiveness of collaborative working between the acute trust and community service provider.

The service provides both decolonisation treatment and includes a MRSA/ MSSA screening service for North Lincolnshire residents who access healthcare out of area and require MRSA screening and possible decolonisation treatment prior to elective clinical intervention/surgery.

During 2012/13 one hundred and five patients have been referred to the decolonisation clinic by CIPCT to facilitate decolonisation treatment and reduce to the risk associated with MRSA infection and colonisation.

During 2012/13 forty three patients have been referred to the out of area MRSA/MSSA screening/ decolonisation service by CIPCT to facilitate treatment before and after surgery and invasive procedures.

A review of the out of area service and a patient satisfaction survey was undertaken in January/ February 2013 with current data being collated at the time of writing this report.

8.3 East Midlands Ambulance Service

The contract with East Midlands Ambulance Service (EMAS) is monitored by the lead commissioner NHS Erewash Clinical Commissioning Group responsible for the six counties EMAS serves - Nottinghamshire, Leicestershire, Derbyshire, Lincolnshire, Northamptonshire and Rutland.

North Lincolnshire CCG attends Quality meetings chaired by NHS Erewash Clinical Commissioning Group to ensure assurance is ascertained on the quality of care provided by EMAS to residents in North Lincolnshire.

8.4 Nursing and Residential Homes

The IPCT works closely with care homes and has a successful link practitioner meeting bi-monthly which is well attended.

Care homes are encouraged to be actively involved with root cause analysis following a bacteraemia and/or *Clostridium Difficile* case(s) and have been welcomed to host meetings for the production of action plans.

Closer links with the Local Authority (LA) and the IPCT have continued throughout 2012/13. The IPCT continue to be a member of the LA led Care Home Intelligence Group reporting on issues related to infection prevention and control. The IPCT also undertake environmental audits following concerns and/or on resolution of an outbreak which further informs the LA.

Close links embedded with the local Health Protection Unit continue to enable effective communication in relation to the management of care home outbreaks.

8.0 Commissioning Staff

Hand hygiene has been a mandatory training requirement for all North Lincolnshire CCG commissioning staff and infection control is included in induction of all new staff.

All staff have signed an addendum to their contract of employment regarding their duty to co-operate with infection control requirements.

Bespoke infection prevention & control training has been delivered to key groups within North Lincolnshire CCG locality e.g. HCAI training for General Practitioners.

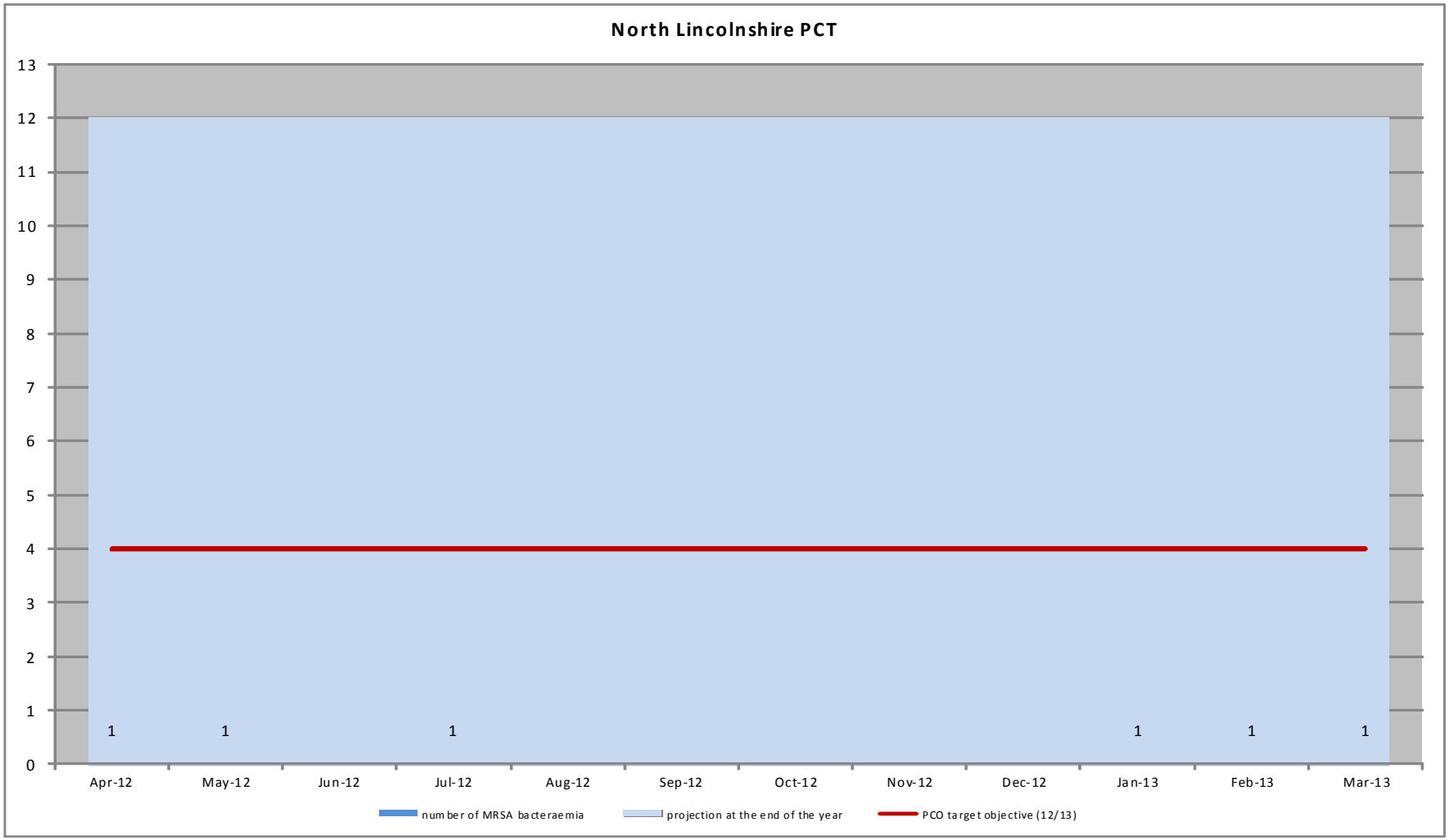
9.0 Recommendations

The Board is asked to note the content of this report.

Karen Rhodes/ Greta Johnson

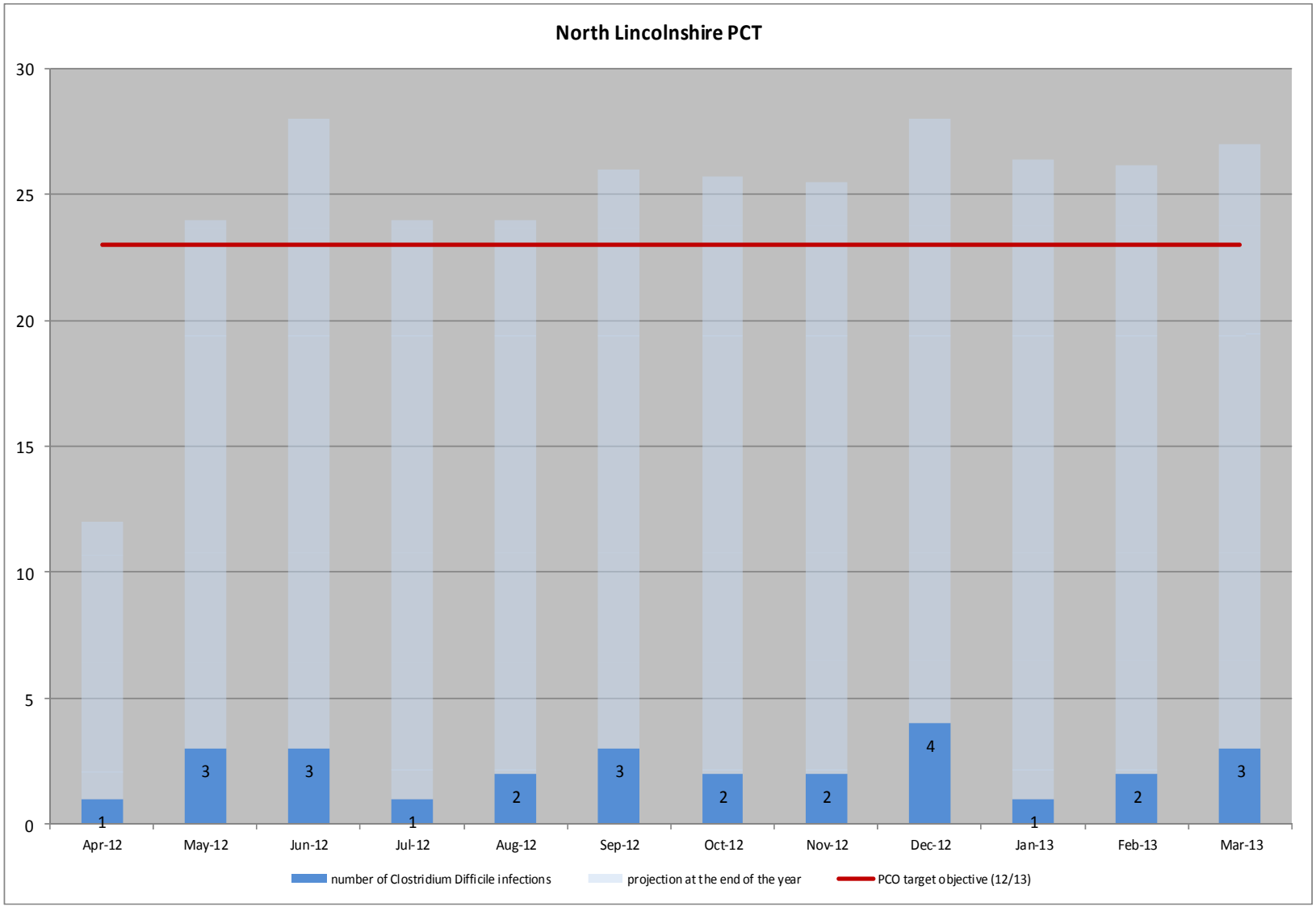
17th May 2013

Appendix 1



Author: Greta Johnson
Title: CNS Infection Prevention & Control
Date 25th April 2013

Appendix 2



Author: Greta Johnson
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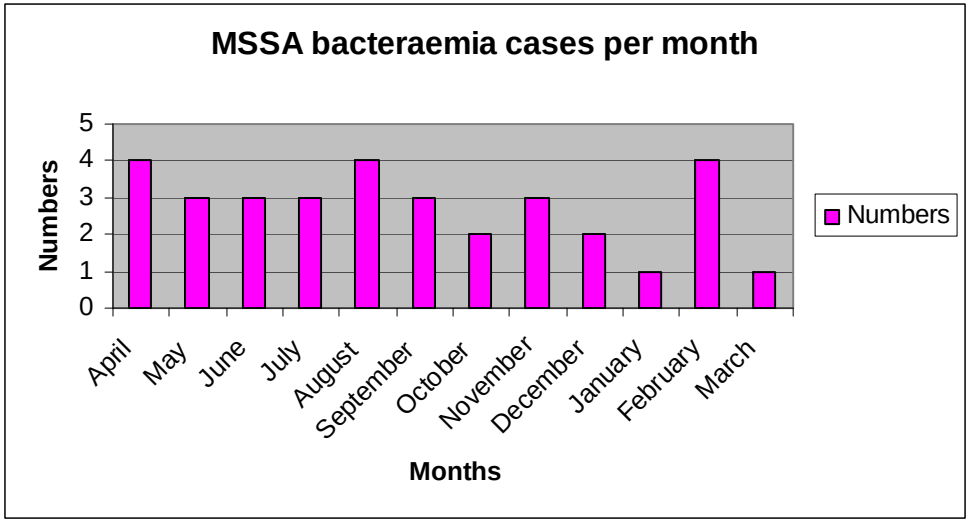
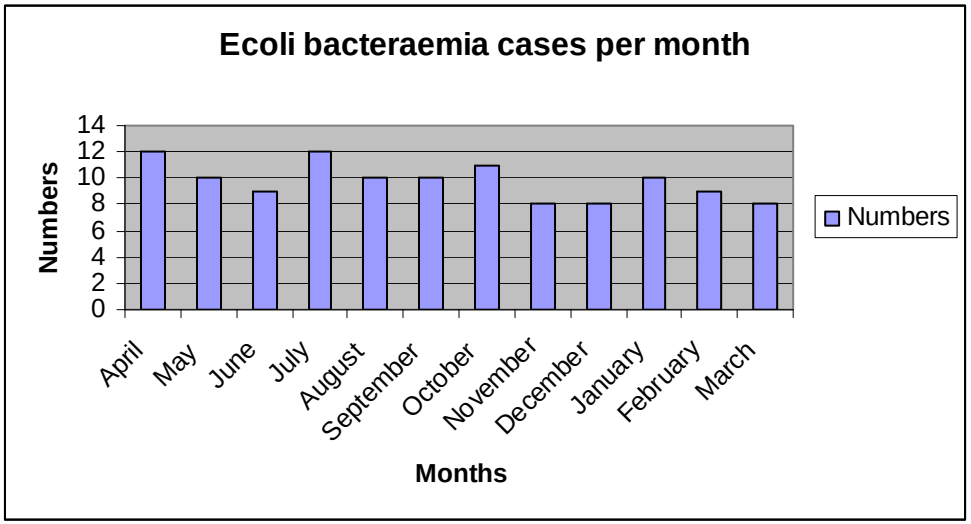
Appendix 3


MSSA bacteraemia cases per month
Numbers
0
1
2
3
4
5
April
May
June
July
August
September
October
November
December
January
February
March
Months
Numbers

Appendix 4


Ecoli bacteraemia cases per month
Numbers
14
12
10
8
6
4
2
0
April
May
June
July
August
September
October
November
December
January
February
March
Months
Numbers

MEETING DATE:	25th April 2013	NHS North Lincolnshire Clinical Commissioning Group **CLINICAL COMMISSIONING GROUP QUALITY GROUP**
AUTHOR:	Name: Michael Griffiths Job Title: Designated Officer - Safeguarding	
REFERENCE:	Item: Safeguarding Annual report 2012/13	
FOR DECISION/ NOTING/ INFORMATION:	For Information	
FREEDOM OF INFORMATION: OPEN/CLOSED	Open	

Safeguarding Adults Annual Report

PURPOSE OF THE REPORT:

This is a report to the NHS NL CLINICAL COMMISSIONING GROUP (CCG) QUALITY GROUP
It provides a picture of Safeguarding arrangements for NHS North Lincolnshire from April 2012 to March 2013 and addresses:

- Capacity Issues
- Activity
  - Adverse Incidents requiring further investigation
  - Staff training and awareness sessions
  - Safeguarding Adults Policy
  - Safeguarding Adult Advice to other service groups and professionals
  - Safeguarding Adult activity in multi agency arena
  - MAPPA
  - North Lincolnshire Safeguarding Adults Board
- Performance Management
  - Review of Action Plan
  - Strategic Health Authority Checklist

WHAT ACTION DOES CCGC NEED TO TAKE and ANY RECOMMENDATIONS?:

1. Determine the position of PREVENT within the organisation i.e. whether to have PREVENT as part of safeguarding or not; it is most common for organisations to link the two
2. If to be part of safeguarding;-
i) Confirm the Draft PREVENT Implementation Policy.
ii) Produce a training strategy for PREVENT
3. Ensure adequate monitoring of commissioned commissioning, e.g. The CCG needs to be assured that the services commissioned by the CSU are fit for purpose and adequately monitored, e.g. when Continuing Health Care or contracting are commissioning Care Home placements or Care Agency Services.

HOW DOES THIS REPORT SUPPORT CCG DEVELOPMENT?

Details the safeguarding activity in the last year of NHS North Lincolnshire (NHS NL), 2012- 2013 and provides recommendations for the future development of safeguarding in North Lincolnshire Clinical Commissioning Group (NL CCG).

HOW DOES THIS REPORT PROVIDE ASSURANCE TO THE BOARD?
In detailing activity of NHS NL and recommending activities for the future; the report supports the smooth transition from one organisation to another, as part of the new NHS architecture. The CCG is asked to recognise the importance of the safeguarding agenda for NLCCG, both internally and as part of a broader North Lincolnshire Multi Agency partnership arrangement.

CONTENT

APPENDICES

1. SAFEGUARDING ARRANGEMENTS FOR NHS NORTH LINCOLNSHIRE

All NHS Trusts, NHS Foundation Trusts and Primary Care Trusts providing services for adults are expected to identify a lead professional for safeguarding adults. Lead professionals:

- Have a key role in promoting good professional practice within the organisation, and provide advice and expertise for fellow professionals.
- Have specific expertise in safeguarding adults
- Should support the organisations governance role, by ensuring that safeguarding issues are part of the services governance system. This includes policy development and service monitoring.
- Are often responsible for conducting safeguarding activity and participate in action planning.

For NHS North Lincolnshire, the lead professional 2012/13:

Michael Griffiths, Designated Officer - Safeguarding Adults 30 hours/week; the lead professional was also engaged as Northern Lincolnshire and Goole Hospitals Foundation Trust as Designated Nurse – Safeguarding. It is recognised that the split in allocated time was 0.6 WTE Northern Lincolnshire and Goole Hospitals FNHS Trust (NLAG) and 0.2 WTE NHS North Lincolnshire

2. SERVICE DELIVERY

2.1 'CHECKLIST FOR CHIEF EXECUTIVES"

N.B. Whist the checklist had become all but obsolete by the end of 2013; it provided a useful format for outlining safeguarding activity. It also incorporates recommendations for future CCG activity.

Adults

	ALL NHS ORGANISATIONS	**RAG Rating**	**Rationale**	**NHS NL Activity 2012/2013**	**Date for Completion**	**2012/13 Update**	**Recommendation for CCG**
1	Senior Nurse Local Safeguarding Board (LSAB) lead is in place	Green	In place Senior Nurse Quality Group	Regular attendance at the LSAB	Completed	Place on LSAB Maintained	1. Place on LSAB to be maintained. 2. To determine allocation of time and personnel to LSAB sub-groups.
2	Safeguarding strategy and annual work plan in place which includes LSAB priorities	Green	LSAB Annual Reviews include a summary of NHS NL activity.	Involvement in drafting LSAB priorities for 2012/13. Although no annual review document was produced by the LSAB in 2012/12 it is anticipated that a summary the year's activity will be incorporated in a future report.	The completion and production of a summary/ annual review document is underway at the LSAB	Place on LSAB and sub – groups has been maintained. NHS NL continued to provide a significant role in the planning and provision of safeguarding activity	1. To continue as part of strategic planning role in LSAB and sub groups.
3	Senior representation on LSAB (executive	Green	Board Member in place	Recognised in NLSAB	Completed	Place on LSAB maintained	Place on LSAB to be maintained

	lead in the case of the NHS NL)			Annual report, (see 2 regarding annual report)			
4	Internal accountability and assurance framework for safeguarding	Amber	Some work has commenced and outlined in action plan	Activities of organisation assured through updated Safeguarding Policy, and monthly update to Quality Group	Ongoing	1. The activities of the organisation were reflected in the organisations safeguarding policy. 2. Safeguarding training was undertaken by members of the organisation in order to fulfil CCG authorisation requirements. 3. The IR1 incident reporting system was in place. 4. There were concerns that no formal process of reviewing commissioned services was in place. The move of Continuing Health Care and contracting to the Commissioning Support Unit served to reinforce that process.	The CCG needs to assure itself that mechanisms are in place which will guarantee as fit for purpose the services commissioned by organisations they commission. For example the CCG commission the CSU to manage the Continuing Health Care process for North Lincolnshire, as well as additional contracted services. The CCG needs to be satisfied that the CSU has in place mechanisms to assure the quality of the

							services it engages.
5	Quarterly board report on safeguarding	Green	Annual Report/Action Plan to Board Regular content to Quarterly Quality Reports	Reports already provided to timescale	Completed/ Ongoing	Monthly update to Quality Group and Annual report to be maintained	It is recommended that the CCG continue with this arrangement.
6	Safeguarding policies in place: • Safeguarding practice procedures* • Safer recruitment • Whistle blowing • Information sharing • Registration with and referral to ISA (* these are more pertinent within provider organisations)	Green Green Green Green Amber	On Intranet On Intranet On Intranet On Intranet Under development will be completed within national timescales.	Review in 2013 Completed Completed Completed Completed	Ongoing Ongoing Ongoing Ongoing July 2011	Review of Policy completed	1. The CCG will need to maintain these activities as a priority. 2. The Independent Safeguarding Activity has now been replaced by the Disclosure and Barring Scheme (DBS). The CCG will need to ensure that the necessary arrangements are in place with the DBS in order to satisfy national policy requirements.

7	Safeguarding training is delivered to all staff	Green	Take up in NHS NL of formal training was initially poor. However, awareness sessions were introduced to all directorates as part of the CCG authorisation process. Once this had been undertaken a satisfactory level for authorisation was achieved.	All staff to be adequately trained in safeguarding	Ongoing	Training sessions were put in place to a level that CCG authorisation was achieved.	The CCG will need to ensure that appropriate safeguarding training sessions are in place. This will include information as part of induction for new staff as well a discreet safeguarding sessions as part of ongoing mandatory activity.
8	***COMMISSIONING PCTs***						
10	A designated professional is in place that has a role mirroring that of a children's designated professional. This post-holder reports to the executive lead	Green	A person was in post as part of the NHS NL role.	The arrangements for the designated professional will change as part of the new CCG arrangements.	Ongoing	The designated role for NHS NL will cease with the advent of the CCG.	The CCG needs to ensure that adequate cover is in place for the designated role until a new appointment is made.
11	Safeguarding standards are in each contract (including	Amber	As part of NHS NL work was ongoing with contracting. A	Coordinated action was taken across all NHS	The contracts format for safeguarding was	It was envisaged that the safeguarding clause would be	The CCG needs to assure itself that when

	independent contractors)		standard safeguarding clause is included in all contracts. This was also too be the case for contracts between Continuing Health Care and Care Providers.	NL directorates.	completed. Discussions had commenced with contracting in regards of the Mental capacity Act 2005.	applied to contracts including Continuing Health Care by March 2013.	commissioning the CSU to contract with care providers the appropriate contracts and clauses are in place.
12	Annual declaration is received from each provider demonstrating compliance against standards	Amber	NHS NL received safeguarding information from local providers. This was incorporated into a Regional Assurance return. Areas of concern were reported by exception both regionally and to the “Cluster” (of former PCT’s) fro consideration.	NHS NL provided ongoing monitoring of provider organisations.	This process has now ceased.	The exemption reports were highlighted to the NHS NL Quality Group	The CCG needs to assure itself that a similarly robust process is in place.
13	PCT ‘quality assures’ the individual management reviews	Amber	NHS NL in collaboration with the LSAB introduced a	Using this process NHS NL ensured that there was ongoing review of	Completed	This process was integrated into the overall function of Local Safeguarding	The CCG needs to confirm that this process will be maintained into

	completed by its commissioned providers as part of a serious case review process		process through which a "Health Overview Report, (Adults)" would be produced for all serious case reviews.	cases and that reports were undertaken		Adults Board	the new LSAB arrangements
14	PCT board has an overview of key serious case review improvement priorities for its commissioned providers	Amber	System for Health Overview Reporting now in place. Ongoing review to check provenance through Quality Group	NHS North Lincolnshire took an executive summary from any serious Case Review that occurred.	At the time of the cessation of NHS NL the process was part – Completed.	Work now ceased.	The CCG needs to confirm that this process will be maintained into the new LSAB arrangements
15	PCT has arrangements in place to performance manage implementation of safeguarding improvements in its commissioned providers	Amber	Requirement for CQC registration used as indication of compliance and arrangements.	Within NHS NL there was ongoing monitoring by organisation.	At the time of the cessation of NHS NL the process was part – completed	The monitoring was part of contract monitoring and reported into the Quality Group.	The CCG needs to assure itself that when commissioning the CSU to contract with care providers the appropriate contracts and clauses are in place.
16	PCT ensures appropriate health input to MAPPA and	Green	Representation of Health services on MAPPA,	Discussions have taken place to ensure	Completed	Ongoing	The CCG needs to assure itself that the necessary

	MARAC arrangements in the local area			appropriate actions in place			mechanisms, i.e. representation at MAPPA, are in place as necessary.
18	PCT assures itself of the quality of patient experience in commissioned services, particularly where vulnerable adults are cared for. This will cover issues of privacy, dignity and safety.	Amber	NHS NL had a monitoring system based on PALS/ reports by other organisations and Safeguarding activity monitored through the Quality Group.	Monitoring system in place	At the time of the cessation of NHS NL the process was part – completed	Ongoing	The CCG needs to assure itself that when commissioning the CSU to undertake this function the appropriate mechanisms are in place.
	SERVICE PROVIDERS						
18	Named professionals for safeguarding are present in each service	Green	NLAG FT & RDASH	In place	Ongoing	Ongoing	The CCG needs to assure itself that the appropriate mechanisms are in place.
19	Board assures itself of implementation of serious case review improvement priorities for the organisation	Green	Mechanisms in place	Review through Quality Group.	Completed		The CCG needs to assure itself the appropriate mechanisms are in place.

20	A programme of audits are carried out to ensure that safeguarding policies are being implemented and practice improvements are sustained over time	Amber	All providers have a Patient Safety Group, but may be operating to different criteria	Monitored through incident reporting at contract group.	At the time of the cessation of NHS NL the process was part – completed	At the time of the cessation of NHS NL work was being led by NHS North Lincolnshire as part of the LSAB to improve incident reporting across both statutory and private agencies. However the cessation of NHS NL coincided with a overhaul of the LSAB so how this process moves forward is yet to be determined.	The CCG needs to assure itself that the appropriate mechanisms are in place.
21	Robust and routine monitoring of PALS contacts, complaints, patient safety incidents and untoward occurrences to identify safeguarding issues	Green	Quality Group process	Need to assure process as part of organisational changes	Completed	The work was ongoing to the cessation of the NHS NL	The CCG needs to assure itself that when the appropriate mechanisms are in place.
22	Clear assessment processes are in place to support identification of		With the exception of GP's all services were part of the local LSAB and as	Monitored through contract monitoring group.	At the time of the cessation of NHS NL the process was part –	At the time of the cessation of NHS NL work was being led by NHS North	The CCG needs to assure itself that when the appropriate

	safeguarding risk, especially for older people in non acute settings, including within: • Adult mental health services • Learning disability services • District nursing • GP (in and out of hours)	Amber Amber Amber Amber	such each had a mechanism for the reporting of safeguarding alerts. However, the level to which separate assessments exist for safeguarding, like say "Liverpool Pathway" will vary from one organisation to another. GP's were engaging in safeguarding Adults Training.		completed	Lincolnshire as part of the LSAB to improve incident reporting across both statutory and private agencies. However the cessation of NHS NL coincided with a overhaul of the LSAB so how this process moves forward is yet to be determined Training of GP's and practices was being led by NHS North Lincolnshire	mechanisms are in place.
23	Mental Capacity Act and consent principles are embedded into practice	Amber	NHS NL was working to a provider led "Consent Policy", which covered all aspects of MCA 2005. However the level of training and practice based on anecdotal evidence needed to be improved	At the time of the cessation of NHS NL the application of the MCA 2005 in all aspects of the organisation was under review.	At the time of the cessation of NHS NL the process was part – completed	In 2012/13 discussions took place with contracting to include a MCA 2005 compliant clause into the contracting process.	The CCG needs to assure itself that the appropriate mechanisms are in place. This is particularly true in regard of its MCA/DOLS responsibility as set down in "Managing the transfer of responsibilities

							under the Deprivation of Liberty Safeguards: a resource for local authorities and healthcare commissioners" SCIE 2012
24	Clear quality standards are implemented in relation to: • Dignity in care • Tissue viability practice and monitoring systems • Engagement of and advocacy for service users • Deprivation of Liberty Safeguard arrangements	Amber Green Amber Amber	Policy in place Part of policy and reports, but post unfilled NLSAB leading on this, but from low start point Staff trained but slow take up	Review Part of number of reporting systems Part of number of reporting systems Monitor uptake through NLSAB	AS part of NHS NL all were part completed with work ongoing. All were monitored by the organisation through contract monitoring and the Quality Group.	The position of the Designated Officer - Safeguarding ensured a practical element to monitoring which would not and is not available through paper based monitoring	The CCG needs to assure itself that the appropriate mechanisms are in place.

	• Appropriate single sex accommodation	Amber	Reported on	Monitor			
	• Encouraging disclosure and supporting those who experience domestic violence	Amber	Part of NLSAB initiative	Assess level of involvement and inclusion.			
	• Nutrition and hydration.	Amber	Reported on through CQUINS but question over applicability and to which services	Monitor and review			

2.2 Capacity Issues

To date the development of the Safeguarding Designated Officer role has not incurred any major capacity issues. If additional resources were available it would be possible to extend the role considerably.

It is proposed that for 2013/2014 resources be made available within the new CCG organisation which will balance the roles of Safeguarding Children and Adults. It is anticipated that this will result in a 1.0 WTE Northern Lincolnshire Safeguarding Adults Designated Officer covering both North Lincolnshire and North East Lincolnshire CCGs.

In order to deliver the Designated Officer post in NHS North Lincolnshire support was obtained from both within and without the organisation. This included members of the Quality Group and the North Lincolnshire Council Safeguarding Adults Team.

This ensured that:

- Adverse incidents were screened for safeguarding issues, and should matters arise,
- These incidents were enquired into either through NHS North Lincolnshire procedures or the North Lincolnshire Council Safeguarding Adults Team
- These were then reappraised and signed off by the Deputy Director Quality and Standards

One of the key functions of the Safeguarding Designated Professional was to support other NHS North Lincolnshire staff in their role as health service practitioners. Therefore it was essential to maintain the integrity of the service in order to safeguard the vulnerable adults in North Lincolnshire.

2.3 Activity

Activity delivered by the Safeguarding Designated Professional fell into the following areas:

2.3 a. Policy Development

The organisation had a robust Safeguarding Adults Policy with access to further safeguarding information via the internet. The policy was updated in order to met the CCG authorisation process.
This ensured that the structure which encompasses safeguarding and untoward incidents (IR1's) was clearly set down for all staff.

2.3 b. Local Safeguarding Adult Board (LSAB) and sub groups

NHS North Lincolnshire Commissioning was a founding member of the North Lincolnshire Safeguarding Board. The LSAB met bi-monthly and the Designated Officer Safeguarding Adults acted as both an advisor to and representative of the Director of Quality and Clinical Commissioning (Board Member) and sat on a number of the LSAB sub groups;-

- Positive Risk Taking – a new group formed to balance the risk aversive/reckless risk taking agenda.

- Policy, Performance and Training
- Mental Capacity Local Implementation Network

These groups met on a quarterly basis as a "3 in 1" meeting. The advent of the CCG coincided with a reorganisation of the LSAB so these arrangements may well change in the near future.

2.3 c. Safeguarding Adults Board and Health Reporting

The LSAB and its sub-groups met regularly until October 2012. At that time it was agreed in light of organisational changes and the prospective appointment of an independent chair to suspend further activity. The LSAB did not meet again until March 2013. The new independent chair had been appointed and it was agreed that the sub-groups would also be reorganised.

2.3 d. Investigations

Undertaking investigations/ producing fact finding reports as part of a NHS North Lincolnshire in-house investigation process

Client	Type of activity	Formal safeguarding process	Outcome
A	Fact finding and advice to other professionals	Yes	Social carer from agency provided care to a CHC patient. Carer had already worked shift but did extra at the request of the patient. Then fell asleep. Case reviewed recommendations made and case closed.
B	Fact finding and advice to other professional	Yes	Matter involving pharmacy and availability of medication. Action notes developed, and case closed
C	Fact finding and advice to other professional	Yes	Matter involving Dispensary and Care Home. Action notes developed, and case closed
D	Fact finding and	Yes (Lincolnshire)	Matter involving

	advice to other professional		pharmacy and labelling of medication. Action notes developed, Lincolnshire Safeguarding informed and case closed
E	Case work for patient receiving medication calls	No	Liaison between contracting NHS NL and NLC Adult social care. Matter resolved.
F	Case work for patient receiving medication calls	No	Liaison between contracting NHS NL, NLAG Community Services and Social care Agency regarding medication and administration. Matter ongoing.
G	Case work for patient receiving medication calls	No	Liaison between contracting NHS NL and NLC Adult social care. Matter resolved.
H	Discussed with Medical Director for further action.	Yes	Information may have been passed on inappropriately by GP as it may have had implications for patient safety.
I	Discussed with Medical Director for further action	No	Patient moved and prescription and medication were slow to follow.
J	Discussed with Medical Director for further action	No	MCA 2005 issue to do with GP. Training for GP's provided.
K	Discussed with Medical Director for further action	No	MCA 2005 issue to do with GP. Training for GP's provided.
L	Discussed with Medical Director	No	Prescribing and reviewing issue for

	for further action		GP.
M	Discussion and advice to other professional	No	Advice to GP regarding The MCA 2005 process.
N	Discussion and advice to other professional	No	Advice to GP regarding The MCA 2005 process

As suggested often work will have been undertaken in collaboration with Senior Managers NHS NL and Safeguarding Adults Investigators from other agencies.

2.3 e. Advice and Support to other practitioners

This includes frontline staff and senior managers from NHS NL. It covers Safeguarding and Mental Capacity Act 2005 issues involved in the development of policy and procedures and organisational governance. It has involved casework matters that were resolved satisfactorily in house and also supporting staff through the safeguarding process, i.e. making safeguarding alerts, providing outcome information and also lessons learnt material. This year has also included work associated with the authorisation of NL CCG as part of the new NHS architecture.

3. Regional Groups

3.1 Prevent implementation group, which meets monthly
3.2 Yorkshire and Humber Safeguarding Leads Meeting which meets monthly is Local Authority led and provides a direct link to the Association of Directors of Social Services.
3.3 Yorkshire and Humber Mental Capacity Act / Deprivation of Liberty Safeguards meeting. This group meets monthly and provides updates on the law as well as setting and implementing a regional training programme for Best Interest Assessors.
3.4 ADASS Regional Safeguarding Leads. Local Authority led safeguarding meeting
3.5 ADASS Regional Safeguarding Leads Training Group.

4. Organisational Groups

4.1 Provide a safeguarding contribution to the following Meetings:

- Quality Group, meets monthly
- Quality and Engagement Directorate Meeting
- North Lincolnshire LD Partnership Board, Health Action Sub Group. Meets monthly

5. Facilitating NHS NL contribution to the Mental Capacity Act 2005 agenda

- As a Best Interest Assessor
- Advisor to other staff groups, e.g. Continuing Care
- Support and advice to NHS NL Executive Safeguarding Lead as Supervisory Authority

6. Undertaking Safeguarding Adults awareness and training sessions
Devise/advise on a recognised programme of training for all

- Across the organisation
- To GP Practices,
- Independent Contractors, e.g. Pharmacists and Dentists

Training including Safeguarding Adults and Mental Capacity Act 2005, (including DOLS) and later a brief introduction to PREVENT

- GP's
- Pharmacists
- Dentists
- NHS North Lincolnshire

A series of training sessions have taken place this year. The results were fed into the NL CCG authorisation document.

7. Providing an organisational link to the Multi-Agency Public Protection Arrangements, (MAPPA)

- The local North Lincolnshire "health providers" (NLAG, NHS NL, and RDaSH) are now represented on MAPPA by both an RDaSH and NLAG representative. Discussions have taken place to ensure that the requirements of NHS North Lincolnshire are met.

8. Performance Management

A quarterly update on Safeguarding Assurance was required by the Strategic Health Authority. The SHA provided a list of questions (Appendix 1) and the organisation scored itself against it. The report was by exception (Appendix 2) so always required interpretation and a separate action plan (appendix 3). However, this has ensured that the profile of safeguarding within the organisation has remained high and provided an ongoing pathway for development. Later with the creation of the "Cluster" information was aggregated centrally and the focus became more of information gathering and less of interpretation. Later the assurance framework process was adapted to include the PREVENT initiative, and an additional assurance return.

9. The Future

1. Regulation of Safeguarding Alerts - One of the ongoing aims of the North Lincolnshire Safeguarding Adults Board has been to raise the number of incident alerts and overall this has been particularly successful. However this has brought with it issues of capacity and focus with too many non-specific and low impact cases being brought to safeguarding. Consequently the new NL CCG in conjunction with the LSAB will need to identify a method for processing out those cases which should remain as part of case management and not move to safeguarding.

2. Engagement with Patients and Service Users – This is proving a thorny issue for the North Lincolnshire Safeguarding Board, as well as its partner organisations. Participation and engagement of service users is essential, but so difficult to achieve.

The oft cited example of why is as follows; - if a person is found to be stealing from a vulnerable person, and once discovered charged and convicted. For whom is it a good outcome? For the process it is, but what of the vulnerable person who may have lost their best and only friend? A questionnaire may provide an unexpected result. At present the best evidence is provided through the NLC “In the pink” initiative. This measures service user confidence before and after the completion of the safeguarding process and suggests a general improvement in confidence and feelings of security. The new NL CCG in conjunction with the LSAB will need to identify a method for improving the process of engagement as part of the ongoing development of the safeguarding process.

3. Innovation

a. The Safeguarding, MCA/DOLS, Prevent training presentation is updated as best practice and or national advice changes.

b. DNACPR Policy Northern Lincolnshire
This project group has been operating for sometime. In the last six months a considerable amount of progress has been made and it is hoped that a new DNACPR policy for all agencies operating in northern Lincolnshire will be rolled out soon.

10. Conclusion

It is hoped that this report gives a reasonable overview of safeguarding activity within NHS NL in 2012/13 the organisation. A great deal was achieved by NHS NL and it is hoped the focus on safeguarding and prevent will be maintained within NL CCG

Michael Griffiths
Designated Officer Safeguarding
8th April 2013

Appendix 1

Safeguarding Adults Assurance; NHS Yorkshire and the Humber

Provider Specific Questions
1. The Trust meets the statutory requirement of carrying out Criminal Records Bureau checks on relevant employees.
2. Safeguarding Adults policies are in place, up to date and reviewed regularly.
3. Clinical staff routinely look for signs of abuse, neglect and safeguarding risk when assessing patients.
4. All staff working in health care settings (clinical and non-clinical) has undertaken basic safeguarding adults training.
5. (a) A training Needs Analysis has been carried out, identifying all staff that work with adults who are deemed vulnerable or potentially at risk. (b) A training plan is in place for these staff that will require more in depth training; and the implementation of the plan is monitored.
6. (a) Named professional(s) with safeguarding adults' expertise are in post with clear job descriptions. (b) The trust has considered capacity required and has developed these post(s) accordingly.
7. If significant safeguarding issues arise, the relevant commissioner is informed, even if it is a specialist service taking patients from 'out of areas'
8. Board level Executive Director Lead for safeguarding Adults has been identified.
9. The Board reviews safeguarding arrangements and performance on an annual basis at minimum.
10. The trust has senior membership and engagement on a LSAB
11. Robust audits are in place to ensure safeguarding adults systems and processes are functioning effectively.
PCT Specific Questions:
Part A – Co-operation and Capacity
12. Commissioners have senior membership and engagement on LSAB
13. Commissioners have safeguarding standards and performance monitoring systems in place for all commissioned services, including the independent sector.
14. A Designated safeguarding adult's officer is in post with clear JD and sufficient capacity and expertise to fulfil their role.
15. Commissioners clearly/publicise mechanisms and contact points through which carers and patients can inform them of concerns regarding the care within any service they commission.
16. Commissioners ensure that all GP practices and their staff are made aware of their roles in safeguarding adults.
Part B – Strategic & Developmental
17. Commissioners are developing processes to ensure that they can make adult care placements (in or out of area) based on knowledge of standards of care and safeguarding concerns. This will include making a check with CQC, and seeking information from other sources.
18. (a) Commissioners are developing arrangements to review the quality of care in their local care homes (whether or not they place patients in these homes.) This will include intelligence from a variety of sources including CQC, local audits etc. (b) Commissioners are working with providers to ensure they understand the need to communicate safeguarding concerns to commissioners when they arise.
19. (a) Commissioners are developing mechanisms which ensure they are aware of all adults placed within their boundaries by other commissioners, where health funding is involved. (b) Commissioners are developing mechanisms to ensure that they have contact details of the relevant health commissioners.
20. Commissioners are developing contingency plans to address the needs of service users should commissioned services fail to meet required standards.

Appendix 2

NHS YORKSHIRE AND THE HUMBER; SAFEGUARDING ADULTS ASSURANCE March 2012

PCT	ORGANISATIONS	Standard Number For None Compliance:	STANDARDS AGAINST WHICH THEY ARE NOT COMPLIANT (from SHA list) WITH INDICATION OF ACTIONS BEING TAKEN TO ADDRESS THIS.	TIMESCALE FOR ACHIEVEMENT OF ACTIONS
NHS Barnsley	***NHS Barnsley (commissioner)***			
	Barnsley Council (commissioner of CAMHS, school nursing, FNP and certain therapy services			
	SWYFT (former PCT provider services) Barnsley Business Delivery Unit			
	Barnsley NHSFT			
	Barnsley Council (provider of CAMHS, school nursing, FNP and certain children's therapy services			

NHS Bassetlaw	***NHS Bassetlaw (commissioner)***			
	PCT provider services (to be transferred to Rotherham FT)			
NHS Doncaster	***NHS Doncaster (commissioner)***			
	Doncaster & Bassetlaw FT; (acute and community services)			
	Rotherham, Doncaster and South Humber FT;			
NHS Rotherham	***NHS Rotherham (commissioner);***			
	Rotherham FT; (acute and community services)			

NHS Sheffield	***NHS Sheffield (commissioner);***			
	Sheffield Teaching FT; acute and community			
	Sheffield Children's FT ; (acute and children's community services)			
	Sheffield Health & Social Care FT;			
NHS Bradford and Airedale	***NHS Bradford and Airedale (commissioner);***			
	Bradford Hospitals FT;			
	Airedale NHS Trust;			

	Bradford District Care Trust ; (mental health and community services)			
	YAS;			
NHS Calderdale	***NHS Calderdale (commissioner);***			
	Calderdale and Huddersfield FT (acute services and community services);			
NHS Kirklees	***NHS Kirklees (commissioner);***			
	Kirklees Social Enterprise;			
NHS Wakefield	***NHS Wakefield (commissioner);***			

	South West Yorkshire Partnership FT;			
	Mid Yorkshire Hospitals Trust; (acute and community services)			
NHS Leeds	***NHS Leeds (commissioner);***			
	Leeds Teaching Hospitals;			
	Leeds Community (F) Trust;			
	Leeds Partnership FT;			
NHS East Riding	***NHS East Riding (commissioner);***			

	Humber Mental Health Trust; (mental health and community services)			
NHS Hull	***NHS Hull (commissioner);***			
	Hull & East Yorkshire Trust;			
	Hull Community Social Enterprise;			
NHS North Lincs	***NHS N Lincs (commissioner)***	4. 6 (a) 11	Plan in place to undertake an audit of training compliance and implement training as required. Training dates and audit format shared across organisation. This directs activity now and post establishment of CCG interim management team &CSU. Training for GP's is ongoing but tends to be by practice. Change of structure 31.03.11. Job description was to be reviewed and updated as necessary Ongoing discussions with Cluster lead to that effect. Agreement to expand resource to match children's service role, (increase to 0.5 WTE) but at present Cluster advice to maintain steady state with Des. Officer and job role at present. Indeed may need to clarify Des. Role in light of new NHS structure.	31.03.12 Ongoing 31.03.12

		13 14. 15 17.	Safeguarding cases reviewed through a variety of forums and meetings. To audit performance. Review through a number of internal and multi-agency forums to review performance. Regional ADSS Safeguarding Group has discussed performance indicators and prepared draft forms reflective of those indicators. To consider at organisational level. As a result of a reviewing previous activity a contracts officer is now working with the Continuing Care Department to assure contract content and quality (see 6a) Information is publicised on the Internet and as part of North Lincolnshire Safeguarding Adults Board documentation. With the numbers involved there is often the ability to provide contact through placement reviews. Review information gathered from a range of media. Currently reviewing all placements.	31.03.12 31.03.12 Ongoing
	NLAG (community services)	1 4.	An action from the recently undertaken safeguarding audit has suggested a review of the current CRB recording system. Whilst the Trust is compliant with current legislation a review of the CRB recording process is being undertaken and a strengthened approach to undertaking retrospective CRB checks is being considered. The remedial work includes prioritising staff groups who work with children and those with face to face client care (adult) responsibilities. Safeguarding Training across the organisation is in place, as is a Safeguarding Training Programme. The NLAG Trust Board are appraised of situation on a regular basis. Levels of safeguarding adults training are reported to the Trust Governance committee on a Bi monthly basis. Those completing training is increasing month on month and is monitored	Ongoing Ongoing

		5. (a&b) 6. 11.	by the head of safeguarding. Safeguarding Adult training is on the trust risk register. In addition to being addressed separately they also form part of an organisation wide mandatory training review. (B) Staff with additional training are already in place. Future training needs of additional staff to be determined. The development of robust audits has commenced, which in turn have highlighted the shortfalls. A range of Senior Managers involved in review process. Reports provided for Board on regular basis.	Ongoing Ongoing Ongoing
NHS NE Lincs CTP	***NHS NE Lincs (CTP) and NE Lincs LA (commissioners of adults and children's services respectively)***			
	NLAG FT (acute)			
	Navigo (MH Provider)			

	Care Plus (adult community provider)			
	North East Lincolnshire LA (provider of children's community services)			
	Lincolnshire Partnership FT (CAMHS)			
NHS North Y&Y	***NHS NYY (commissioner)***			
	Scarborough Hospital (acute)			
	York FT (acute and community)			
	HDFT (Acute and community)			

	Airedale FT (community)			
	The Friarage Hospital (Acute and community)			
	Tees, Esk and Wear Valleys NHS FT (adult MH)			
	Bradford District Care Trust MH Provider			
Explanatory notes or Definitions	**Question Number**	**Details**		
Examples of good practice supporting compliance	**Question Number** 3. 7.	**Details** The number of incidents being highlighted by clinical staff is increasing. If one person is involved in both areas the risk of a communication breakdown is greatly reduced.		

	11. 12 16	A member of the Safeguarding Team sits on the Community and Therapies Clinical Governance Group which provides a safeguarding screen to their activities. As well as advice and assistance to enhance their auditing process. Audits include Pressure Ulcers, Continence and Record Keeping. Safeguarding Adults Designated Officer is following the Leeds MBC lead in order to raise the issue of thresholds and safeguarding in North Lincolnshire. In order to fulfil their registration requirements the local GP's have been requesting and receiving SA training.

KEY: ORGANISATION LEVEL: Green if fully compliant, amber if non compliant on one standard, red if non compliant on 2+ standards or if missed significant target for non compliance
HEALTH ECONOMY LEVEL: Green if all organisations fully compliant, amber if 1-2 organisations are amber, red if 3+ organisations are amber or any organisations are red.

Appendix 3

Safeguarding Adults Assurance; NHS Yorkshire and the Humber

Provider Specific Questions (NLAG)	Compliance Status	Compliance Comments & Remedial Action
21. The Trust meets the statutory requirement of carrying out Criminal Records Bureau checks on relevant employees.	Green	An action from the recently undertaken safeguarding audit has suggested a review of the current CRB recording system. Whilst the Trust is compliant with current legislation a review of the CRB recording process is being undertaken and a strengthened approach to undertaking retrospective CRB checks is being considered. The remedial work includes prioritising staff groups who work with children and those with face to face client care (adult) responsibilities. 16th October 2012 CRB checks are monitored and held centrally by ESR. Staff undergo CRB checks in line with local and national guidance
22. Safeguarding Adults policies are in place, up to date and reviewed regularly.	Green	Policy in place and available to all staff
23. Clinical staff routinely look for signs of abuse, neglect and safeguarding risk when assessing patients.	Green	Reports and records of incidents are regularly received
24. All staff working in health care settings (clinical and non-clinical) has undertaken basic safeguarding adults training.	Amber	Safeguarding Training across the organisation is in place, as is a Safeguarding Training Programme. The NLAG Trust Board are appraised of situation on a regular basis. Levels of safeguarding adults training are reported to the Trust Governance committee on a Bi monthly basis. Those completing

		training is increasing month on month and is monitored by the head of safeguarding. Safeguarding Adult training is on the trust risk register.
25. (a) A training Needs Analysis has been carried out, identifying all staff that work with adults who are deemed vulnerable or potentially at risk. (b) A training plan is in place for these staff that will require more in depth training; and the implementation of the plan is monitored.	Green	In addition to being addressed separately they also form part of an organisation wide mandatory training review. 16th October 2012 training plan in place which covers all groups of staff within the trust and identifies which level of training the groups need
26. (a) Named professional(s) with safeguarding adults' expertise are in post with clear job descriptions. (b) The trust has considered capacity required and has developed these post(s) accordingly.	Green Green	Designated Nurse in post (B) Staff with additional training are already in place. Future training needs of additional staff to be determined This an ongoing development
27. If significant safeguarding issues arise, the relevant commissioner is informed, even if it is a specialist service taking patients from 'out of areas'	Green	Information sharing is taking place on multi-agency basis. This has led to a LSAB sub-group considering care pathways, contract monitoring and service delivery. If one person is engaged as both Designated Officer (Commissioning) and Safeguarding Nurse (Provider) the risk of a communication breakdown is greatly reduced.
28. Board level Executive Director Lead for safeguarding Adults has been identified.	Green	
29. The Board reviews safeguarding arrangements and performance on an annual basis at minimum.	Green	Annual report produced to highlight developments
30. The trust has senior membership and engagement on a LSAB	Green	Head of safeguarding
31. Robust audits are in place to ensure safeguarding adults systems and processes are functioning effectively.	Green	16th October 2012 Robust audits have been undertaken by independent auditors which gave significant assurance that the trust is compliant with its safeguarding duties. Reports are provided to the Trust

		Governance committee on a Bi monthly basis in regards to any identified issues. A member of the Safeguarding Team sits on the Community and Therapies Clinical Governance Group which provides a safeguarding screen to their activities. As well as advice and assistance to enhance their auditing process. Audits include Pressure Ulcers, Continence and Record Keeping. This is an ongoing initiative
PCT Specific Questions:		
Part A – Co-operation and Capacity		
32. Commissioners have senior membership and engagement on LSAB	Green	Senior Officer Quality and Assurance Safeguarding Adults Designated Officer is following the Leeds MBC lead in order to raise the issue of thresholds and safeguarding in North Lincolnshire. This has now been included in a LSAB sub group work plan
33. Commissioners have safeguarding standards and performance monitoring systems in place for all commissioned services, including the independent sector.	Amber	During period of transition, Designated Officer activity remains in steady state. Systems are being reviewed as part of organisational transfer. Working to ensure all care home contracts include statement re. safeguarding Necessary standards to be met 31.03.13
34. A Designated safeguarding adult's officer is in post with clear JD and sufficient capacity and expertise to fulfil their role.	Green	Designated professional in place. Role transferred with TCS no formal SLA in place Objectives agreed and requirements of the job clearly identified through regular 1:1 sessions. Future arrangements to be resolved through move to CCG 31.03.12

35. Commissioners clearly/publicise mechanisms and contact points through which carers and patients can inform them of concerns regarding the care within any service they commission.	Green	Information is publicised on the Internet and as part of North Lincolnshire Safeguarding Adults Board documentation. With the numbers involved there is often the ability to provide contact through placement reviews Pals and complaints process in place
36. Commissioners ensure that all GP practices and their staff are made aware of their roles in safeguarding adults.	Green/ Amber	Designated Officer involved in regular meetings with PCT Medical Director/MD CCG to ensure compliance during organisational change. Safeguarding Training in GP practices ongoing. Mechanisms in place to ensure all practices are aware of their roles. Work ongoing to ensure all GP's and practice staff fully aware and understand their roles – evidence suggests more work needed re. this Necessary standards to be met 31.03.13
Part B – Strategic & Developmental		
37. Commissioners are developing processes to ensure that they can make adult care placements (in or out of area) based on knowledge of standards of care and safeguarding concerns. This will include making a check with CQC, and seeking information from other sources.	Green	Team now being refreshed through assimilation into Commissioning Support Unit
38. (a) Commissioners are developing arrangements to review the quality of care in their local care homes (whether or not they place patients in these homes.) This will include intelligence from a variety of sources including CQC, local audits etc. (b) Commissioners are working with providers to ensure they understand the need to communicate safeguarding concerns to commissioners when they arise.	Green Green	Attendance at Local Authority Intelligence Group & Member of LSAB sub group focussing on joint work with care provider. In order to fulfil their registration requirements the local GP's have been requesting and receiving SA training.
39. (a) Commissioners are developing mechanisms which ensure they are aware of all adults placed within their boundaries by other	Green	Team now being refreshed through assimilation into Commissioning Support

commissioners, where health funding is involved. (b) Commissioners are developing mechanisms to ensure that they have contact details of the relevant health commissioners.	Green	Unit
40. Commissioners are developing contingency plans to address the needs of service users should commissioned services fail to meet required standards.	Green	Team now being refreshed through assimilation into Commissioning Support Unit

Michael Griffiths/Karen Rhodes
Designated Officer – Safeguarding/Senior Officer Quality and Assurance NL CCG
January 2012.

MEETING DATE:	25th April 2013	North Lincolnshire Clinical Commissioning Group **REPORT TO THE QUALITY GROUP**
AGENDA ITEM NUMBER:	18	
AUTHOR: **JOB TITLE:** **DEPARTMENT:**	Sarah Glossop Designated Nurse – Safeguarding Children	

Safeguarding Children Annual Report 2012-2013

PURPOSE/ACTION REQUIRED:	Annual Report to Approve
CONSULTATION AND/OR INVOLVEMENT PROCESS:	This report draws on the Legislative and Statutory Framework which governs safeguarding and looked after children arrangements across all agencies working in England.
FREEDOM OF INFORMATION:	Public

1. PURPOSE OF THE REPORT:

The purpose of this report is to provide the Quality Group with a full picture of Safeguarding Children arrangements across the North Lincolnshire health economy during 2012-2013.

2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:

Continue to improve the quality of services	**X**
Reduce unwarranted variations in services	**X**
Deliver the best outcomes for every patient	**X**
Improve patient experience	
Reduce the inequalities gap in North Lincolnshire	**X**

3. IMPACT ON RISK ASSURANCE FRAMEWORK:

Yes		No	

4. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:

Yes		No	X

5. LEGAL IMPLICATIONS:

Yes	X	No	

Under section 11 of the Children Act 2004, Primary Care Trusts as commissioners of services had a statutory duty to ensure that those who work on their behalf carry out their duties in such a way as to safeguard and promote the welfare of children.

PCTs as commissioners of services also had statutory duties under the Children Act 1989, Children and Adoption Act 2002 and Children Act 2004 plus other related legislation to comply with requests from Local Authorities to help them provide support and services to children in need. This includes ensuring the services they commission meet the particular needs of children in care.

6. RESOURCE IMPLICATIONS:	Yes		No	X
7. EQUALITY IMPACT ASSESSMENT:	**Yes**		**No**	**X**
8. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:	**Yes**		**No**	**X**
9. RECOMMENDATIONS:				

The CCG Quality Group is asked to: -

- Receive and approve this report.

Annual Safeguarding Children Report 2012-2013

Introduction

1.1 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.

1.2 In 2012-2013, the Humber Cluster Board had collective responsibility for ensuring that the health contribution to safeguarding and promoting the welfare of children is discharged effectively across the four constituent PCT areas. This report identifies the arrangements in place in order to provide the required assurance that the above duty is being effectively discharged.

Legislative and Statutory Framework for Safeguarding Children in place in 2012-2013

2.1 The underpinning legislation for safeguarding children arrangements in England is contained within the Children Act 1989, the Children and Adoption Act 2002 and the Children Act 2004. The Safeguarding Vulnerable Groups Act 2006 also has a significant impact in terms of the recruitment of staff and the need to establish procedures to meet the requirements of the Act.

2.2 The key document outlining the statutory duties to safeguard children was Working Together to Safeguard Children (DCSF, 2010). This set out how all agencies and professionals should work together to promote children's welfare and protect them from harm. The guidance provided a national framework within which each organisation needed to agree local arrangements. The document was subject to review in 2012-3, and a new version was published on 21st March 2013, for implementation from 15th April 2013.

2.3 Safeguarding and promoting the welfare of children is defined, in 'Working Together to Safeguard Children' 2010,' as protecting children from maltreatment; preventing impairment of children's health or development; and ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

2.4 Safeguarding Children is everyone's responsibility. Under section 11 of the Children Act 2004, Primary Care Trusts as a commissioners of services, were identified as having a statutory duty to ensure that those who work on their behalf carried out their duties in such a way as to safeguard and promote the welfare of children. The key features of section 11 are:

- Senior management commitment to the importance of safeguarding and promoting children's welfare;
- A clear statement of the agency's responsibilities towards children for all staff;
- A clear line of accountability within the organisation for work on safeguarding and promoting the welfare of children;
- Service developments that take account of the need to safeguard and promote welfare and are informed, where appropriate, by the views of children and families;
- Staff training on safeguarding and promoting the welfare of children for all staff working with or in contact with children and families;
- Safe recruitment procedures in place;
- Effective inter-agency working to safeguard and promote the welfare of children
- Effective information sharing.

The Health and Social Care Act 2012 transfers the statutory duties of PCTs to their successor organisations. This includes Clinical Commissioning Groups.

PCT Responsibilities and Statutory Duties

3.1 PCTs had statutory duties issued under s16 of the Children Act 2004. Guidance in respect to these duties was set out in Working Together to Safeguard Children (2010)[1]. Further details of how PCTs as commissioners needed to fulfil these responsibilities can be found at Appendix 1, but in summary they were required to:

- Work with local authorities in a collaborative multi-agency approach to assess, commission and provide services required to improve the health and wellbeing of their local population, coordinated across agencies and integrated wherever possible through Children's Trust arrangements;
- hold providers of services to account via contracts, requesting regulators step in if expected standards are not met;.
- identify a senior lead for children and young people, as well as a board executive lead for safeguarding children. This can be the same person.
- identify a senior paediatrician and a senior nurse to undertake the role of designated professionals for child protection across the health economy, and ensure all providers identify experienced named professionals for safeguarding children within their organisations.
- have a named public health professional who addresses the issues related to children in need as well as children in need of protection. PCTs should ensure this includes those who are temporarily resident in the area.
- ensure the health contribution to safeguarding and promoting the welfare of children is discharged effectively across the whole local health economy through the PCTs' commissioning arrangements.
- ensure that all their staff are alert to the need to safeguard and promote the welfare of children.
- ensure that all providers have comprehensive and effective single and multi-agency policies and procedures to safeguard and promote the welfare of children, in line with, and informed by, LSCB procedures, and easily accessible for staff at all levels within each organisation.
- ensure that safeguarding and promoting the welfare of children are an integral part of clinical governance and audit arrangements.
- ensure GP practices and staff have robust systems and practices in place to ensure they can fulfil their role in safeguarding and promoting the welfare of children.
- ensure in the planning of integrated GP out-of-hours services in their local area, that staff working within these services should know how to access advice from specialist professionals.
- bring together commissioning expertise on sexual violence services, to form a local Sexual Assault Referral Services (SARS) care pathway for children and young people.
- participate in the establishment and operation 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 health functions, 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 are aware of LSCB policies and procedures.
- notify the SHA and the CQC of all Serious Case Reviews.

A summary of the Health Service Responsibilities as identified in Working Together 2013 is included at Appendix 1

[1] HM Government (2010) Working Together to Safeguard Children. HMSO, London

Changes in Safeguarding Responsibilities during 2012-2013

4.1 The Health and Social Care Act 2012 transfers the PCTs statutory duties to successor organisations. In September 2012, the NHS Commissioning Board published interim advice on a new accountability and assurance framework for "Arrangements to secure children's and adult safeguarding in the future NHS". This outlined how the new commissioning health organisations should work to ensure that the organisations from which they commission services provide a safe system that safeguards children [and vulnerable adults].

4.2 A final copy of the NHSCB Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework was published on 21st March 2013 alongside Working Together to Safeguard Children 2013, for implementation on 1st April 2013. A summary of CCG responsibilities from the Accountability and Assurance Framework.at Appendix 2.

Safeguarding Arrangements in North Lincolnshire

Designated Professionals

Guidance

5.1 All PCTs were required to have a designated doctor and nurse to take a strategic, professional lead on all aspects of the health service contribution to safeguarding children across the PCT area, which includes all providers.

5.2 Designated professionals are a vital source of professional advice on safeguarding children matters to the PCT, health professionals, particularly named safeguarding health professionals, local authority children's services departments and the LSCB.

5.3 Designated professionals:

- provide advice to ensure the range of services commissioned by the PCT take account of the need to safeguard and promote the welfare of children;
- provide advice on the monitoring of the safeguarding aspects of PCT contracts;
- provide advice, support and clinical supervision to the named professionals in each provider organisation;
- provide skilled advice to the LSCB on health issues;
- play an important role in promoting, influencing and developing relevant training, on both a single and inter-agency basis, to ensure the training needs of health staff are addressed;
- provide skilled professional involvement in child safeguarding processes in line with LSCB procedures; and review and evaluate the practice and learning from all involved health professionals and providers commissioned by the PCT, as part of Serious Case Reviews.

Local Arrangements

5.4 NHSNL had a full time Designated Nurse shared with North East Lincolnshire Care Trust Plus. The Designated Doctor was employed by Northern Lincolnshire and Goole Hospitals' NHS Foundation Trust with a Service Level Agreement in place to NHSNL to provide the Designa\ted function for 1.5 PA per week for NHSNL.. Details of the Designated Professionals in North Lincolnshire in 2012-2013 can be found at Appendix 3.

Named Professionals

Guidance

5.5 All NHS trusts, NHS foundation trusts, and public, third sector, independent sector, social enterprises and PCTs providing services for children were required to identify a named doctor and a named nurse – and a named midwife if the organisation provided maternity services – for safeguarding. In the case of NHS Direct, Ambulance trusts and independent providers, this should be a named professional. The focus for the named professional's role is safeguarding children within their own organisation and they

should work closely with the board safeguarding children lead to ensure all services are aware of their responsibilities.

5.6 Named professionals have a key role in promoting good professional practice within their organisation, and provide advice and expertise for fellow professionals. They should have specific expertise in children's health and development, child maltreatment and local arrangements for safeguarding and promoting the welfare of children.

5.7 Named professionals should support the organisation in its clinical governance role, by ensuring that audits on safeguarding are undertaken and that safeguarding issues are part of the Trust's clinical governance system. They also have a key role in ensuring a safeguarding training strategy is in place and is delivered within their organisation.

5.8 Named professionals are usually responsible for conducting the organisation's internal management reviews, except when they have had personal involvement in the case when it will be more appropriate for the designated professional to conduct the review. Named professionals should be of sufficient standing and seniority in the organisation to ensure that the resulting action plan is followed up.

Local Arrangements

5.9 There has been sustained capacity in the Named Nurse functions for all providers in 2012/2013.

5.10 Following the retirement of the previous post holder, the Named Doctor for Northern Lincolnshire and Goole NHS Hospitals Foundation Trust (NLaG) was covered by the Consultant Paediatrician on call, until a substantive appointment with effect from 1st August 2012. . The role of Named Doctor for Rotherham, Doncaster and South Humber NHS Trust is fulfilled by their Medical Director.

5.11 NLaG have a full time Named midwife who covers all three sites.

5.12 The Named Doctor for Primary Care has 1 session per week in this role. There has been a need to prioritise the actions required of this role.

5.13 East Midlands Ambulance Service have an identified Safeguarding Lead (both adult and children) with 5 deputies (who act as Named Professionals) to support activity across their area. The Named Professional for North Lincolnshire is shared with North East Lincolnshire and the County of Lincolnshire.

5.14 Details of the Named Professionals in North Lincolnshire in 2012-2013 are included in Appendix 3.

5.15 NLaG has Specialist Nurses who support the Named Nurse functions.

Executive Lead for Safeguarding

5.16 The responsibility for safeguarding children rests ultimately with the Chief Executive. However, as with the majority of health organisations, a Board level Executive Lead for Safeguarding was identified by the Humber Cluster Board. The Director of Quality and Governance (Nursing) was the executive lead for safeguarding children and provided strategic safeguarding children advice to the Board.

5.17 Whilst the Cluster Director of Quality and Governance provided the executive leadership to the Cluster Board, the importance of local arrangements and relationships was maintained with the Senior Officer for Quality and Assurance (in the shadow NLCCG) continuing as member of North Lincolnshire Safeguarding Children Board throughout 2012-2013.

Governance and Assurance Arrangements

5.18 The Quality Group (QG) (as a subcommittee of the shadow Clinical Commissioning Group Committee) had the lead responsibility for monitoring commissioning safeguarding children arrangements and met monthly. Exceptional events were reported via the QG and where appropriate included on the Risk Register, and if had been necessary would have been added to the Board Assurance Framework.

5.19 The Designated Nurse has reported to each QG meeting and highlighted issues where they have arisen.

5.20 On a quarterly basis throughout the year, the Designated Nurse for Safeguarding Children, via the Cluster Executive Lead for Safeguarding, provided an assurance/compliance report on minimum standards in respect to safeguarding children assurance in commissioning and provider health organisations to NHS Yorkshire and Humber (NHS North of England). The position at March 2013 on is included at Appendix 4.

North Lincolnshire Safeguarding Children Board

6.1 NHS North Lincolnshire (and NHS Humber Cluster)were represented on North Lincolnshire Safeguarding Children Board (NLSCB) by the Senior Officer for Quality and Assurance (Shadow CCG), as well as the Joint Director of Public Health. The Designated Nurse attended the LSCB as professionals advisor to the Board throughout the year. In addition, the Designated Nurse was the Chair of NLSCB Serious Case Review Subcommittee, and as such wasd ex-officio member of the Board..

6.2 NLSCB was set up as a statutory body in April 2006 in compliance with Section 13 of The Children Act 2004, and is a partnership of all of the relevant statutory, voluntary and community agencies involved in safeguarding and promoting the welfare of all of North Lincolnshire's children and young people. It is the key statutory mechanism for agreeing how the relevant organisations in the area will co-operate to safeguard and promote the welfare of children, and for ensuring the effectiveness of what they do. The scope of the LSCB role falls into three categories:

1. engagement in activities that safeguard all children and aim to identify and prevent maltreatment, or impairment of health or development, ensuring all children grow up in circumstances consistent with safe and effective care;
2. lead and co-ordinate proactive work that aims to target particular groups; and
3. lead and co-ordinate arrangements for responsive work to protect children who are suffering, or likely to suffer, significant harm.

6.3 The core functions of an LSCB are set out in regulations and are:

- developing policies and procedures including those on:
  - action taken where there are concerns about the safety and welfare of a child, including thresholds for intervention;
  - training of people who work with children or in services affecting the safety and welfare of children;
  - recruitment and supervision of people who work with children; investigation of allegations concerning people who work with children;
  - safety and welfare of children who are privately fostered; and
  - co-operation with neighbouring children's services authorities (i.e. local authorities) and their LSCB partners.
  - communicating and raising awareness;
- monitoring and evaluation;
- participating in planning and commissioning;
- reviewing the deaths of all children in their areas; and
- undertaking Serious Case Reviews.

6.4 Local authorities are responsible for establishing an LSCB in their area and ensuring that it is run effectively. Membership is made up of senior managers from the statutory, independent and voluntary sectors within the area, as well as having expert advisors, e.g. designated nurse and doctor. LSCBs also require support from their member organisations with adequate and reliable resources.

6.5 In addition to the representation from NHS North Lincolnshire/ Humber Cluster, NLSCB has representation from Northern Lincolnshire and Goole NHS Foundation Trust and Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust. NHS Yorkshire and Humber, as a statutory member of LSCBs was represented on the

Board by the NHSNL/Humber Cluster representative in accordance with NHSY&H policy2.

6.6 Through the year, the work of the NLSCB Board has been supported through a number of groups

- Performance Action Group
- Child Death Overview Panel
- Serious Case Review Committee
- Quality Assurance Group
- Safe Practice Group
- Communications Group

The Designated Nurse is a member of all LSCB groups, and ensures appropriate health commissioning and provision membership.

Joint inspection arrangements

7.1 A 3 year inspection programme of Local Authority Children's Services and their partners, conducted by Ofsted and the CQC, was concluded in July 2012. This inspection programme will be succeeded by a revised multi-agency joint inspection. The CQC focus was on health partners and:

- Assessed how the commissioning PCT Board seeks assurance in relation to safeguarding children and the health of looked after children.
- Examined whether staff have the right skills and experience to recognise concerns, share information and escalate problems appropriately.
- Examined compliance with statutory guidance across the provider units

7.2 North Lincolnshire services were subject to their integrated inspection between 23rd April and 4th May 2012. The contribution of health agencies to keeping children and young people safe was judged as Good, and the 'Being Healthy' element of the LAC component was judged as Outstanding. The report notes that primary care services, health visiting, school nursing, midwifery, paediatric and accident and emergency services are effective across the area, and health service involvement in strategic partnerships and the LSCB are also good. CAMHS services in North Lincolnshire were identified as outstanding in both the safeguarding and the looked after children elements of the report.

7.3 The overall North Lincolnshire judgement was Good for safeguarding children, and Outstanding for Looked After Children. Neither the OFSTED, nor the CQC reports made any recommendations for health services in North Lincolnshire.

Review Processes

Child Death Overview Process

8.1 One of the LSCB functions, relates to the analysis and review of the deaths of any children normally resident in their area. In order to assist in the completion of this function, Primary Care Trusts were required to ensure that the LSCB, acting through their Child Death Overview Panel had access to a consultant paediatrician whose designated role is to provide advice on:

- the commissioning of paediatric services from paediatricians with expertise in undertaking enquiries into unexpected deaths in childhood and the medical investigative services such as radiology, laboratory and histopathology services; and
- the organisation of such services.

8.2 NLSCB have had access to consultant paediatrician capacity as outlined above, but via a collaborative approach., The consultant paediatrician on call at the time of an unexpected death acts as the lead clinician for the rapid response and case review

[2] NHS Yorkshire and the Humber, PCT Representation of the SHA at LSCBs in Yorkshire and the Humber. Appendix 1 of Appendix 13 of Procedure for the Management of Serious Incidents (SIs) version 6 – October 2010

process for each individual case; with the Designated Doctor taking a lead role in terms of acting as medical advisor to the Child Death Overview Panel, and assisting in trend analysis.

Serious Case and Learning Lessons Reviews

8.3 There have been no multi-agency Serious Case Reviews completed by NLSCB in North Lincolnshire since 2009. However, in the 2012-13 year, NLSCB Serious Case Review Committee have received a number of referrals for consideration, but have made the decision that none meet the criteria for SCR. In 1 case, the SCR subcommittee decided that a Learning Lessons Review should be completed using a systems review methodology. The final report from this review remains outstanding as of 31st March 2013.

Safeguarding Children Serious Incidents

8.4 NHS North Lincolnshire have had one safeguarding children SI during the 2012-13 which was identified and logged following the discovery of the remains of a newborn baby on a waste disposal site. Following clarity that the baby was still born, the LSCB made the decision that it did not meet the criteria for SCR. However, some issues were highlighted in respect to health service interventions with the family, and an investigation is being ongoing as of 31st March 2013.

Safeguarding Children issues highlighted within the North Lincolnshire health economy: 2012-2013

Challenges in Safeguarding Children Assurance/Compliance

9.1 As identified in paragraph 5.20 above, minimum standards for safeguarding children arrangements are in place for commissioning and provider health organisations. The only challenge arising from these minimum standards is NLaG's compliance with Standard 5 – "*All staff working in health care settings (clinical and non-clinical) have undertaken level 1 safeguarding training*" with an uptake figure of 52% at the end of March 2013.

9.2 A performance notice has been issued to NLaG and this is being formally monitored through contract monitoring arrangements.

Provision of Forensic Paediatric Service for children who have experienced sexual harm.

9.3 All PCTs have been required to ensure robust and appropriate arrangements for the medical examination of children who have been sexually assaulted. Until the beginning of 2013, children under the age of 14 where there were allegations of sexual assault in the previous 7 days were seen by a Consultant Paediatrician at NLaG, in collaboration with a forensic examiner (provided by Humberside Police). Where children had experienced sexual harm more than 7 days previously, NLaG were sourcing a specialist opinion from a tertiary centre. For young people aged 14 or over, they could be seen in the adult Sexual Assault Referral Centre.

9.4 In early January 2013, all police forces in England were issued with instructions to ensure that children subject to sexual assault were examined by a Paediatrician who was fully trained in forensic techniques. The nearest appropriate service was located in Manchester, and Humberside Police (in collaboration with North Lincolnshire Children's Social Care Services) are facilitating children travelling to Manchester.

9.5 Consultant Paediatricians at Sheffield Chuildren's Hospital are currently undergoing training in forensic techniques, and it is hoped that Sheffield Children's Hospital NHS Foundation Trust will provide a full forensic medical service for North Lincolnshire children who may have experienced sexual harm by Septemer 2013.

Programme of Work for NLCCG in 2013-2014

10.1 The work required in the 2013-14 year will be heavily influenced by changes in NHS commissioning arrangements, and as outlined in the Accountability and Assurance Framework for implementation from 1st April 2013.

10.2 A key element in this will developing relationships with the Area Team of NHS Commissioning Board who are picking up the commissioning of independent contractors, in particular agreeing mechanisms for, and responsibilities for supporting the maintenance and development of safeguarding children arrangements in these services.

10.3 However, it is crucial that focus is maintained in ensuring appropriate provision of services for vulnerable children in North Lincolnshire:

- Work to secure appropriate arrangements for a robust service for the examination of children who may have suffered sexual harm.
- Continuing the monitoring, and challenge where necessary, of safeguarding arrangements within all commissioned services.

Recommendations

11.1 The Board is asked to note the content of this report, and support the outline work plan for 2013-2014.

Sarah Glossop
21st April 2013

Appendix 1: Health Service Responsibilities (from 15th April 2013)

From HM Government Working Together to Safeguard Children, 2013, Chapter 2

All Organisations (paragraphs 3-4)

Section 11 of the Children Act 2004 places duties on a range of organisations (including NHS organisations, including the NHS Commissioning Board and clinical commissioning groups, NHS Trusts and NHS Foundation Trusts) and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

All such organisations should have in place arrangements that reflect the importance of safeguarding and promoting the welfare of children, including:

- a clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children;
- a senior board level lead to take leadership responsibility for the organisation's safeguarding arrangements;
- a culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services;
- arrangements which set out clearly the processes for sharing information, with other professionals and with the Local Safeguarding Children Board (LSCB);
- a designated professional lead (or, for health provider organisations, named professionals) for safeguarding. Their role is to support other professionals in their agencies to recognise the needs of children, including rescue from possible abuse or neglect. Designated professional roles should always be explicitly defined in job descriptions. Professionals should be given sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively;
- safe recruitment practices for individuals whom the organisation will permit to work regularly with children, including policies on when to obtain a criminal record check;
- appropriate supervision and support for staff, including undertaking safeguarding training:
    - employers are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role;
    - staff should be given a mandatory induction, which includes familiarisation with child protection responsibilities and procedures to be followed if anyone has any concerns about a child's safety or welfare; and
    - all professionals should have regular reviews of their own practice to ensure they improve over time.
- clear policies in line with those from the LSCB for dealing with allegations against people who work with children. An allegation may relate to a person who works with children who has:
- behaved in a way that has harmed a child, or may have harmed a child;
- possibly committed a criminal offence against or related to a child; or
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

Health Service Responsibilities

9. NHS organisations are subject to the section 11 duties set out in paragraph 4 of this chapter. Health professionals are in a strong position to identify welfare needs or safeguarding concerns regarding individual children and, where appropriate, provide support. This includes understanding risk factors, communicating effectively with children and families, liaising with other agencies, assessing needs and capacity, responding to those needs and contributing to multi-agency assessments and reviews.

10. A wide range of health professionals have a critical role to play in safeguarding and promoting the welfare of children including: GPs, primary care professionals, paediatricians, nurses, health visitors, midwives, school nurses, those working in

maternity, child and adolescent mental health, adult mental health, alcohol and drug services, unscheduled and emergency care settings and secondary and tertiary care.

11. All staff working in healthcare settings - including those who predominantly treat adults - should receive training to ensure they attain the competences appropriate to their role and follow the relevant professional guidance. [3],[4],[5]

12. Within the NHS:[6]

- the **NHS Commissioning Board** will be responsible for ensuring that the health commissioning system as a whole is working effectively to safeguard and promote the welfare of children. It will also be accountable for the services it directly commissions. The NHS Commissioning Board will also lead and define improvement in safeguarding practice and outcomes and should also ensure that there are effective mechanisms for LSCBs and health and wellbeing boards to raise concerns about the engagement and leadership of the local NHS;
- **clinical commissioning groups (CCGs)** will be the major commissioners of local health services and will be responsible for safeguarding quality assurance through contractual arrangements with all provider organisations. CCGs should employ, or have in place, a contractual agreement to secure the expertise of designated professionals, i.e. designated doctors and nurses for safeguarding children and for looked after children (and designated paediatricians for unexpected deaths in childhood). In some areas there will be more than one CCG per local authority and LSCB area, and CCGs may want to consider developing 'lead' or 'hosting' arrangements for their designated professional team, or a clinical network arrangement. Designated professionals, as clinical experts and strategic leaders, are a vital source of advice to the CCG, the NHS Commissioning Board, the local authority and the LSCB, and of advice and support to other health professionals; and
- **all providers of NHS funded health services** including NHS Trusts, NHS Foundation Trusts and public, voluntary sector, independent sector and social enterprises should identify a named doctor and a named nurse (and a named midwife if the organisation provides maternity services) for safeguarding. In the case of NHS Direct, ambulance trusts and independent providers, this should be a named professional. GP practices should have a lead and deputy lead for safeguarding, who should work closely with named GPs. Named professionals have a key role in promoting good professional practice within their organisation, providing advice and expertise for fellow professionals, and ensuring safeguarding training is in place. They should work closely with their organisation's safeguarding lead, designated professionals and the LSCB.[7]

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[3] Safeguarding Children and Young People: roles and competences for health care staff, RCPCH (2010)

[4] Looked after children: Knowledge, skills and competences of health care staff, RCN and RCPCH, (2012).

[5] For example, Protecting children and young people: the responsibilities of all doctors, GMC (2012).

[6] Further guidance on accountabilities for safeguarding children in the NHS is available in the NHS Commissioning Board document http://www.commissioningboard.nhs.uk

[7] Model job descriptions for designated and named professional roles can be found in the intercollegiate document *Safeguarding Children and Young People: roles and competences for health care staff*.

Appendix 2: NHSCB Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework

Both CCGs and the NHS CB are statutorily responsible for ensuring that the organisations from which they commission services provide a safe system that safeguards children and adults at risk of abuse or neglect. This includes specific responsibilities for looked after children and for supporting the Child Death Overview process, to include sudden unexpected death in childhood. Local authorities have the same responsibilities in relation to the public health services that they commission.

Both CCGs and the NHS CB have a statutory duty to be members of Local Safeguarding Children Boards (LSCBs) and are expected to be fully engaged with local Safeguarding Adults Boards (SABs), working in partnership with local authorities to fulfil their safeguarding responsibilities.

CCGs and the NHS CB should ensure that robust processes are in place to learn lessons from cases where children or adults die or are seriously harmed and abuse or neglect is suspected. This will include contributing fully to Serious Case Reviews (SCRs) which are commissioned by LSCBs/SABs and also, where appropriate, conducting individual management reviews. Health organisations should also consider carefully any requests from an LSCB or SAB for information which is relevant to a SCR.

In addition to the distinct responsibilities that the NHS CB has as a commissioner of primary care and other services, it is also responsible for ensuring that the health commissioning system as a whole is working effectively to safeguard and improve the outcomes for children and adults at risk and their families, and thus promotes their welfare. It provides oversight and assurance of CCGs' safeguarding arrangements and supports CCGs in meeting their responsibilities. This includes working with the Care Quality Commission (CQC), professional regulatory bodies and other national partners.

The NHS CB and CCGs will work closely together, and, in turn, will work closely with local authorities, LSCBs and SABs, to ensure there are effective NHS safeguarding arrangements across each local health community, whilst at the same time ensuring absolute clarity about the underlying statutory responsibilities that each commissioner has for the services that they commission, together with a clear leadership and oversight role for the NHS CB.

3.1 Clinical Commissioning Groups (CCGs)

CCGs are the major commissioners of local health services and need to assure themselves that the organisations from which they commission have effective safeguarding arrangements in place.

In order to have been authorised by the NHSCB, CCGs have had to demonstrate the safeguarding requirements set out in authorisation. They have also had to demonstrate that there are appropriate systems in place for discharging their responsibilities in respect of safeguarding, including

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

A CCGs leadership arrangements for adult safeguarding need to include responsibility for ensuring that the CCG commissions safe services for those in vulnerable situations,

including effective systems for responding to abuse and neglect of adults and effective interagency working with local authorities, the police and third sector organisations. CCG leads for safeguarding adults need to have a broad knowledge of healthcare for older people, people with dementia, people with learning disabilities and people with mental health conditions.

CCGs need to demonstrate that their designated clinical experts (children and adults), are embedded in the clinical decision making of the organisation, with the authority to work within local health economies to influence local thinking and practice. It should also be recognised that they will be expected to give clinical advice, for example in complex cases or where there is dispute between practitioners.

The role of designated professionals (see below) for safeguarding children should always be explicitly defined in job descriptions, and sufficient time, funding, supervision and support should be allowed to enable them to fulfill their child safeguarding responsibilities effectively. Model job descriptions and person specifications can be found in the intercollegiate documents, Safeguarding Children and Young People: roles and competences for healthcare staff and Looked after children – Knowledge, skills and competences of healthcare staff.

Designated professionals and adult safeguarding leads, as clinical experts and strategic leaders, are a vital source of advice to the CCG, the NHS CB, the local authority, the LSCB or SAB and the health and wellbeing board, and of advice and support for other health professionals in provider organisations.

It is expected that many designated professionals will be employed by a CCG. Where a designated professional (most likely a designated doctor for safeguarding or, perhaps, a designated professional for looked after children) is employed within a provider organisation, the CCG will need to have a Service Level Agreement with the provider organisation that sets out the practitioner's responsibilities and the support they should expect in fulfilling their designated role.

In some areas there is more than one CCG per local authority and LSCB/SAB area, and CCGs may want to consider developing 'lead' or 'hosting' arrangements for their designated professional team. It is expected that CCGs will need to have formal arrangements in place to ensure and assure the effectiveness and compliance of such arrangements.

Whatever arrangements are in place for designated professionals, clear accountability and performance management arrangements will be essential. It is likely that line management will sit with the executive lead. Where designated doctors, in particular, are continuing to undertake clinical duties in addition to their clinical advice role in safeguarding, it is important that there is clarity about the two roles and the CCG will need to be able to input into the job planning, appraisal and revalidation processes.

However, the role of CCGs and, indeed, the NHS CB is about more than just managing contracts and employing expert practitioners. It is about working with others to ensure that critical services are in place to respond to children and adults who are at risk or who have been harmed, and it is about delivering improved outcomes and life chances for the most vulnerable.

Appendix 3. Safeguarding Professionalo Leadership in North Lincolnshire for the period April 2010 – March 2011

NHS North Lincolnshire

Designated Doctor	Dr Suresh Nelapatla
Designated Nurse	Sarah Glossop
Named GP	Dr Robert Jaggs-Fowler

Northern Lincolnshire & Goole Hospitals NHS Foundation Trust

Named Doctor	Dr Onajite Etuwewe
Named Nurse (Acute)	Sue Kidger
Named Nurse (Community)	Jane Westoby/Lisa Robinson
Named Midwife	Louise Gilliatt
Head of Safeguarding	Craig Ferris

Rotherham, Doncaster & South Humber Mental Health NHS Foundation Trust

Named Nurse (North Lincs)	Sam Davies
Named Doctor (trustwide)	Dr Navjot Ahluwalia

East Midlands Ambulance Service

Safeguarding Lead	Danielle Burdett
Named Professional (North/North East & County of Lincolnshire)	Blanche Lentz

Appendix 4 – Safeguarding Children Assurance – March 2013.

All PCTs are required to ensure the compliance with Minimum Standards in respect to their own Safeguarding Children Arrangements, and that of providers for whom they are lead commissioner. Where they are associate commissioners, they should work with the lead commissioner to provide and gain assurance on compliance of providers with those Minimum Standard. All PCTs are then required, through their Designated Nurse, to provide exception reports to NHS Yorkshire and Humber (NHS North of England) on a quarterly basis in respect to gaps in this compliance.
The Minimum Standards are:

1. The Trust meets the statutory requirement of carrying out Criminal Bureau checks on relevant employees.
2. Child protection policies and systems are up to date and robust.
3. A process is in place for following up children who miss outpatient appointments.
4. An alert system is in place to flag up children whose safeguarding is of concern.
5. All staff working in health care settings (clinical and non-clinical) have undertaken level 1 safeguarding training.
6. A training plan has been developed for staff that will require more in depth training e.g. levels 2 or 3.
7. A named doctor is in place with a clear job description and sufficient capacity
8. Named nurse is in post with a clear job description and sufficient capacity
9. Where the organisation provides maternity services named midwifery is in place with sufficient capacity
10. Board level Executive Director Lead for safeguarding has been identified.
11. The Board reviews safeguarding arrangements on an annual basis at minimum.
12. Robust audits are in place to ensure safeguarding systems and processes are functioning effectively.
13. Where children's services are provided, a designated paediatrician for SUDI is in post with clear JD

For Commissioning PCTs, there are 5 further standards:

14. PCTs have robust performance monitoring systems in place for all providers, including the independent sector, in relation to safeguarding.
15. PCTs ensure that GP practices and staff have robust systems and practices in place to ensure they can fulfil their role in safeguarding children.
16. Designated nurse is in post with clear JD
17. Designated doctor is in post with clear JD and SLA with the commissioner
18. Designated doctor and nurse for LAC in post with clear JDs and SLAs with the commissioner

The following document provides an overview of how NHSNL/ Shadow CCG, NLaG and RDaSH were performing as of 31st March 2013.

Organisation	Requirement No.	Assurance Requirements	Compliance Status*	Compliance Comments & Remedial Action
NHSNL (Shadow CCG)	1	The Trust meets the statutory requirement of carrying out Criminal Bureau checks on relevant employees.	G	All relevant staff have been subject to standard or enhanced CRB checks on appoitment or on change of role within the organisation.
NHSNL (Shadow CCG)	2	Child protection policies and systems are up to date and robust.	G	NHSNL has a current safeguarding children policy, which incorporates Safeguarding Children through Commissioning of Services policy. This has now been adopted by the shadow CCG. The policy is compliant with national and local multi-agency guidance and will be reviewed in light of organisational changes, and planned new national guidance as available.
NHSNL (Shadow CCG)	3	A process is in place for following up children who miss outpatient appointments.	G	The Safeguarding Children through Commissioning of Services Policy sets a standard for all providers to ensure they have a process for following up children who miss outpatient appointments.
NHSNL (Shadow CCG)	4	An alert system is in place to flag up children whose safeguarding is of concern.	G	Flags/Icons are available on SystmOne and other electronic record systems to alert users to children who may be vulnerable.
NHSNL (Shadow CCG)	5	All staff working in health care settings (clinical and non-clinical) have undertaken level 1 safeguarding training.	G	All staff have completed training to level 1.
NHSNL (Shadow CCG)	6	A training plan has been developed for staff that will require more in depth training e.g. levels 2 or 3.	G	Those staff employed by NHSNL who require more in depth training are able to access training through external sources. Further work will be completed in Quarter 4 of the 2012/2013 year to ensure appropriate training for those who will part of NLCCG.
NHSNL (Shadow CCG)	7	A named doctor is in place with a clear job description and sufficient capacity	G	A Named GP is in place.
NHSNL (Shadow CCG)	8	Named nurse is in post with a clear job description and sufficient capacity	N/A	

Organisation	Requirement No.	Assurance Requirements	Compliance Status*	Compliance Comments & Remedial Action
NHSNL (Shadow CCG)	9	Where the organisation provides maternity services named midwifery is in place with sufficient capacity	**N/A**	
NHSNL (Shadow CCG)	10	Board level Executive Director Lead for safeguarding has been identified.	**G**	The role of Board Executive Director Lead is fulfilled by the Director of Quality and Governance (Nursing) Humber Cluster, supported by the Director of Quality and Clinical Commissioning (NHSNL). This role will be fulfilled by the Senior Officer for Quality and Assurance in NL CCG
NHSNL (Shadow CCG)	11	The Board reviews safeguarding arrangements on an annual basis at minimum.	**G**	NHSNL Trust Board last received annual report in May 2011, prior to establishment of Cluster Board in October 2011. A Humber Cluster report was presented to the Cluster Board in October 2012.
NHSNL (Shadow CCG)	12	Robust audits are in place to ensure safeguarding systems and processes are functioning effectively.	**G**	NHSNL work collaboratively with NLSCB and provider health services to ensure appropriate audits are supported and completed. NHSNL actively participates in multi-agency scrutiny via s11 audits.
NHSNL (Shadow CCG)	13	Where children's services are provided, a designated paediatrician for SUDI is in post with clear JD	**G**	The paediatric input into Child Death processes is secured from NLaG.
NHSNL (Shadow CCG)	14	PCTs have robust performance monitoring systems in place for all providers, including the independent sector, in relation to safeguarding.	**G**	NHSNL has a Safeguarding Children through Commissioning of Services Policy which outlines expected standards along with performance measures of all providers.
NHSNL (Shadow CCG)	15	PCTs ensure that GP practices and staff have robust systems and practices in place to ensure they can fulfil their role in safeguarding children.	**G**	The Named GP and Designated Nurse work together to support GP practices in fulfilling their role in safeguarding children.
NHSNL (Shadow CCG)	16	Designated nurse is in post with clear JD	**G**	Full time (shared with NELCTP) Designated Nurse in post. Job Description of postholder is in keeping with RCPCH led Intercollegiate Competency Framework.
NHSNL (Shadow CCG)	17	Designated doctor is in post with clear JD and SLA with the commissioner	**G**	Designated Doctor in post with RCPCH consistent Job Description. Employed by NLaG but with SLA for 1.5 sessions per week.

Organisation	Requirement No.	Assurance Requirements	Compliance Status*	Compliance Comments & Remedial Action
NHSNL (Shadow CCG)	18	Designated doctor and nurse for LAC in post with clear JDs and SLAs with the commissioner	G	Designated Doctor for LAC in post. Named/Specialist Nurse established in post with a newly appointed Designated Nurse who commenced in post in November 2012.
NLaG	1	The Trust meets the statutory requirement of carrying out Criminal Bureau checks on relevant employees.	G	All staff employed have been subject to Criminal Bureau checks on appointment, or change of role within the organisation. NLaG are undertaking a programme of refreshing CRB checks on those who work directly with children.
NLaG	2	Child protection policies and systems are up to date and robust.	G	The organisation has a current safeguarding children policy which is consistent with both national and local guidance. The policy will be subject to review following publication of new national guidance in early 2013.
NLaG	3	A process is in place for following up children who miss outpatient appointments.	G	The organisation has reviewed and refreshed its policy for the management patients who miss both hospital and community outpatient appointments, to ensure that vulnerable children are identified and there is a proactive process for follow up.
NLaG	4	An alert system is in place to flag up children whose safeguarding is of concern.	G	All acute and community electronic recording systems have available flags for children for whom there are safeguarding concerns. Paper records used within the acute setting are also flagged to alert staff to children who are known to be vulberable.
NLaG	5	All staff working in health care settings (clinical and non-clinical) have undertaken level 1 safeguarding training.	R	52% of staff requiring training to Level 1 are up to date. 81% of staff requiring training to Level 3 are up to date.
NLaG	6	A training plan has been developed for staff that will require more in depth training e.g. levels 2 or 3.	G	A current training plan is in place for all Safeguarding Children training.
NLaG	7	A named doctor is in place with a clear job description and sufficient capacity	G	NLaG have separate Consultant Paediatrician/Named Dr for the North Lincolnshire & Goole area, and North East Lincolnshire area.
NLaG	8	Named nurse is in post with a clear job description and sufficient capacity	G	3 wte. Named Nurses are in post within NLaG: 1wte for North East Lincolnshire Acute services, 1wte for North Lincolnshire Acute services, 1 wte for North Lincolnshire Community services.
NLaG	9	Where the organisation provides maternity services named midwifery is in place with sufficient capacity	G	A fulltime Named Midwife is in post for the organisation covering maternity services in North Lincolnshire, North East Lincolnshire and Goole.

Organisation	Requirement No.	Assurance Requirements	Compliance Status*	Compliance Comments & Remedial Action
NLaG	10	Board level Executive Director Lead for safeguarding has been identified.	G	The Chief Nurse is the Executive Director Lead for safeguarding children.
NLaG	11	The Board reviews safeguarding arrangements on an annual basis at minimum.	G	An annual report is presented to the Trust Board.
NLaG	12	Robust audits are in place to ensure safeguarding systems and processes are functioning effectively.	G	A programme of audits is in place. The programme includes regular audit of recording systems, training and supervision arrangements, along with audits identified as a result of internal and multi-agency learning lessons reviews.
NLaG	13	Where children's services are provided, a designated paediatrician for SUDI is in post with clear JD	G	A team appraoch is taken to sudden unexpected deaths, where the Consultant of the Day (North East Lincolnshire)/ Consultant of the Week (North Lincolnshire) acts as SUDIC for Rapid response purposes. The respective Designated Doctor takes the co-ordinating role and sits on the LSCB CDOP
RDaSH	1	The Trust meets the statutory requirement of carrying out Criminal Bureau checks on relevant employees.	G	All staff employed have been subject to Criminal Bureau checks on appointment, or change of role within the organisation.
RDaSH	2	Child protection policies and systems are up to date and robust.	G	The organisation has a current safeguarding children policy which is consistent with both national and local guidance. The policy will be subject to review following publication of new national guidance in late 2012.
RDaSH	3	A process is in place for following up children who miss outpatient appointments.	G	The organisatiuon has a robust process for following up children who fail to attend CAMHS appointments in North Lincolnshire.
RDaSH	4	An alert system is in place to flag up children whose safeguarding is of concern.	G	Alert/flagging systems are in place to identify children for whom safeguarding is a concern, as well as appropriate systems for identifying where there are vulnerable children in the acre of service users.
RDaSH	5	All staff working in health care settings (clinical and non-clinical) have undertaken level 1 safeguarding training.	G	The organisation's Level 1 training figures are consistently above 95%, with staff turnover, and periods of staff absence accounting for the gap from full compliance.
RDaSH	6	A training plan has been developed for staff that will require more in depth training e.g. levels 2 or 3.	G	A training plan is in place to provide more in depth training where required, with uptake at Level 2 being at 85%, and at level 3 at 75%,

Organisation	Requirement No.	Assurance Requirements	Compliance Status*	Compliance Comments & Remedial Action
RDaSH	7	A named doctor is in place with a clear job description and sufficient capacity	G	A Named Doctor is in place supporting all RDaSH services.
RDaSH	8	Named nurse is in post with a clear job description and sufficient capacity	G	RDaSH has a team comprising 5.2 wte Named Nurses who provide support to their services in 5 localities. 1.8wte of this team are based in North Lincolnshire, and provide support to their North and North East Lincolnshire services, as well as part of Doncaster.
RDaSH	9	Where the organisation provides maternity services named midwifery is in place with sufficient capacity	N/A	
RDaSH	10	Board level Executive Director Lead for safeguarding has been identified.	G	The Director of Nursing/Deputy Chief Executive is theTrust Board Lead for Safeguarding, supported by the Deputy Director of Nursing.
RDaSH	11	The Board reviews safeguarding arrangements on an annual basis at minimum.	G	The Trust Board recievives an Annual Report into Safeguarding Arrangements, along with quarterly updates.
RDaSH	12	Robust audits are in place to ensure safeguarding systems and processes are functioning effectively.	G	A programme of audits is in place. The programme includes regular audit of recording systems, training and supervision arrangements, along with audits identified as a result of internal and multi-agency learning lessons reviews.
RDaSH	13	Where children's services are provided, a designated paediatrician for SUDI is in post with clear JD	N/A	

Item 16

Northern Lincolnshire and Goole Hospitals NHS
NHS Foundation Trust

ANNUAL HEALTH REPORT ON LOOKED AFTER CHILDREN IN NORTH LINCOLNSHIRE APRIL 1ST 2012 - MARCH 31ST 2013

Jill Turner
Designated Nurse for Looked After Children

ANNUAL HEALTH REPORT ON LOOKED AFTER CHILDREN IN NORTH LINCOLNSHIRE

April 1st 2012-March 31st 2013

This report is written on behalf of the Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (NLaG) Looked After Children Health Team in relation to the service commissioned by North Lincolnshire Primary Care Trust (Clinical Commissioning Group April 2013) for the looked after children of North Lincolnshire.

The annual health report is provided by the Designated Nurse and Designated Doctor for Looked After Children as required by the statutory guidance for Promoting the Health and Wellbeing of Looked After Children (2009). The report provides information on the delivery of service and the progress achieved for the health and wellbeing of children and young people in care.

The report informs the North Lincolnshire Clinical Commissioning Group (NLCCG) and other interested parties on work with Looked After Children (LAC) in North Lincolnshire. It highlights the health needs and issues for this vulnerable group and the responsibilities of the NLCCG in responding to these needs. The report will provide an overview of the LAC health service provided for looked after children and young people in North Lincolnshire and also those placed outside the County and examine any progress that has been made. The report will also set out the priorities for the service in 2013/14.

1. Introduction

1.1 The service for LAC provides a specialist pubic health service to children and young people who are placed in the care of North Lincolnshire Local Authority.

1.2 The services and responsibilities for Looked After Children are outlined by statutory guidance and good practice guidance which include:

- Statutory Guidance on Promoting the Health and Wellbeing of Looked After Children (DH,2009)
- Promoting the Quality of Life of Looked After Children and Young People (NICE,2010)
- Children Leaving Care Act (2000)
- You're Welcome-Quality Criteria for Young People Friendly Health Services (DH,2011)

and is further underpinned by legislation which includes:

- Children Act 2004
- Education Act 2004

- Children Act 1989
- Police Reform and Social Responsibility Act 2011
- Childcare Act 2006
- Crime and Disorder Act 1998
- Housing Act 1996
- NICE Quality standards for health and Wellbeing of LAC and Young people

1.3 The new 'Working Together to Safeguard Children' March 2013 (HM Government), which replaces Working Together 2010, reiterates the point that Clinical Commissioning Groups will be responsible for safeguarding quality assurance through contractual arrangements with provider organisations and ensuring that health care staff who work with Looked After Children have the right level of knowledge, skills and competencies. (Looked After Children-Intercollegiate Role Framework May 2012 RCN/RCPCH).

1.4 On the 31st March 2012 there were over 91,000 looked after children in the United Kingdom. In England this represents 67,050 children and shows an increase from the previous year and an increase of 13% compared to 31st March 2008. (Department of Education 2012). This means 1:200 children are in care at any one time.

1.5 There were 3,450 looked after children adopted during the year ending 31st March 2012. This was the highest figure since 2007 and an increase of 12% from the 2011 figure.

1.6 In 2012, the population of North Lincolnshire was approximately 161,345, of which nearly 25% (38,400) were under 20. Approximately 4% of the population are part of an ethnic minority. 81 schools provide for 22,980 children. As at 27th March 2013, 166 children were classed as looked after. 12 children were adopted during 2011/12.

2. Health Needs of Looked After Children

2.1 Although looked after children and young people have many of the same health risks and problems as their peers the extent is often exacerbated due to their experiences of abuse, neglect and poverty which are the main reasons for being placed in care. Children and young people who enter into care often have greater challenges such as discord within their own families and the lack of access to support and advice from a trusted adult. Longer term outcomes for looked after children and young people remain worse than their peers i.e.:

- *Looked after children have significantly higher rates of mental health disorders than others (45% rising to 72% for those in residential care, compared to 10% of the general population aged 5-15yrs).*

- *Two-thirds of looked after children have been found to have at least one physical health complaint such as speech and language problems, co-ordination difficulties, eye or vision problems or bed-wetting.*

- *The health and general wellbeing of young people leaving care has consistently been found to be poorer than young people who have never been in care with higher levels of drug and alcohol abuse and teenage pregnancy.*

2.2 All the health risks and problems are further exacerbated by the high geographical mobility of looked after children and young people and sometimes being educated outside of mainstream schools.

2.3 Good health care goes beyond simply having access to health services and health professionals have an important role to play in enabling looked after children and young people to overcome these disadvantages and to reach their full potential. When children and young people have access to specialist health professionals their health outcomes improve.

3. Commissioning Arrangements

3.1 Both the Local Authority and NLCCG have statutory duties to safeguard and promote the welfare of children and young people who are in their care. This includes ensuring that their health needs are fully assessed, that there is a comprehensive health plan in place and that they have access to different services to meet their needs. The LAC Health Team commenced in 2005. NLCCG commissions the role of Designated Doctor (10 sessions per month) and Designated Nurse (0.5WTE) from Northern Lincolnshire and Goole Hospitals Trust and they work closely together with the Specialist Nurse (1WTE) and administrative support (0.6WTE). The role of the Designated Nurse was newly commissioned from November 2012 in order to support the work of the LAC team along with increased capacity of the specialist nurse and administrator. Their work is supervised by the Head of Safeguarding for NLaG.

4. Aim of the Service

4.1 The primary aim of the service is to work with children and young people who come into care to promote their health and wellbeing and to address any health inequalities. This applies to all children in the Looked After system who originate from and/or living within the North Lincolnshire Local Authority boundary by:

- Co-ordinating, undertaking and monitoring initial and review health assessments so that a health plan can be devised based on the child's/young person's needs.

- Promoting access to primary health services for looked after children and providing specialist health promotion information, advice and guidance.
- Supporting and training health and social care professionals and foster carers who work and care for looked after children and young people.
- Strategic planning and delivery of services for LAC through development of policies and procedures relevant to the health care of LAC.
- Quality assurance and audit of service provision.
- Undertaking adoption medicals and providing advice and support to both the adoption and fostering panels.

5. Role of Designated Professionals

5.1 The role of the Designated Doctor and Designated Nurse is to operate at a strategic level, with accountability for assisting NLCCG in fulfilling its commissioning responsibility to improve the health of looked after children and young people. The Designated Professionals along with the Head of Safeguarding work together to provide the following functions:

- Inter-agency responsibilities.
- Leadership and advice.
- Governance, including policy and procedures.
- Co-ordination, communication and liaison.
- Monitoring and information management.
- Training.

5.2 These roles are outlined in further detail in The Statutory Guidance for promoting the health and Wellbeing of Looked After Children 2009.

5.3 Most of the day-to-day clinical work is carried out by the Specialist Nurse but with additional support from the Designated Nurse.

6. Profile of Looked After Children in North Lincs

6.1 The Looked After Children service provides health care for North Lincolnshire children and young people both residing in North Lincolnshire and those placed out of the area, depending on the distance. Children and young people that are placed further out receive their care from the area in which they reside. However it is the joint responsibility of the placing authority and North Lincolnshire CCG to provide for the health needs of any looked after child/young person. In March 2013 the Local Authority had a total of 166 looked after children, although this figure fluctuates weekly. This is below the national average due in part to effective early intervention and preventative strategy (OFSTED 2012).

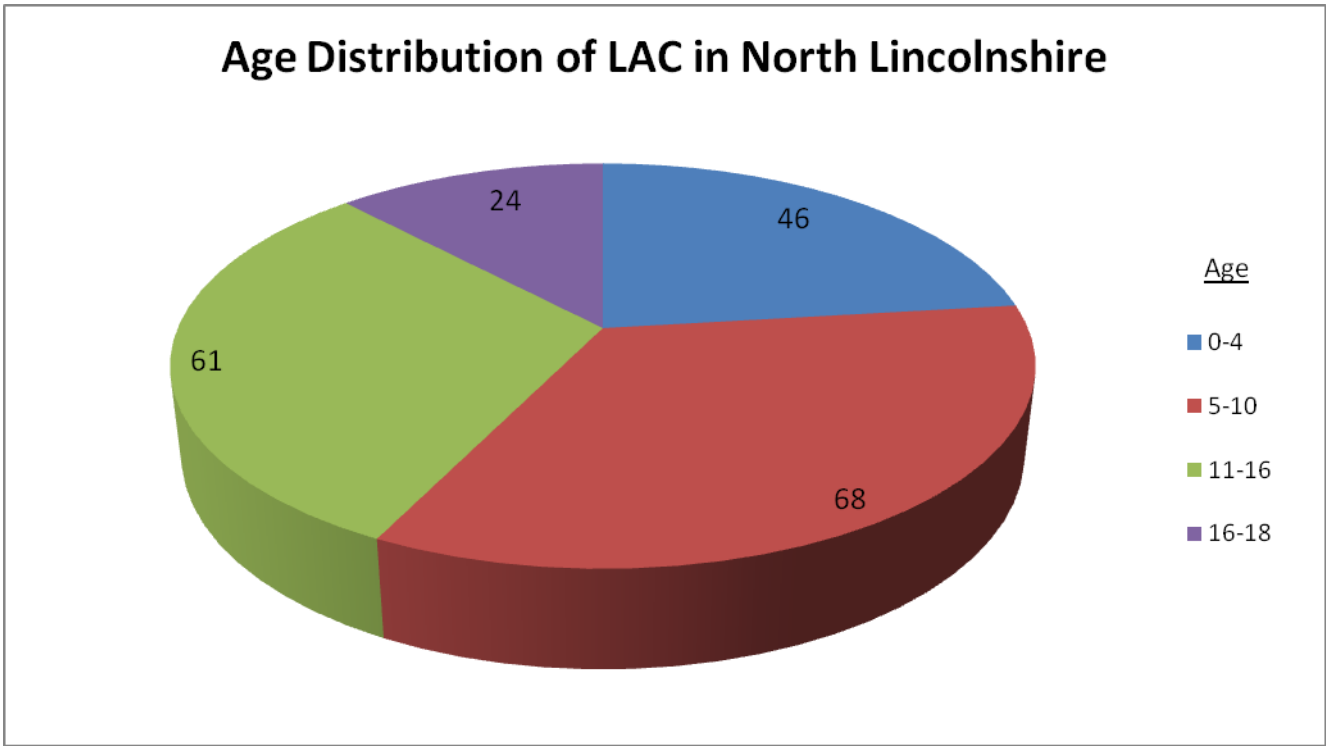
6.2 A further breakdown of these figures shows that 104 of these children/young people are placed in North Lincolnshire and the remainder in other districts in England and Wales. These include most of the authorities in Yorkshire and Humber (43 children) and 19 children from further afield including Wiltshire, Gloucestershire, Wales, Cumbria, London and the Isle of Man. Some of these are pre-adoptive placements and some are residential units, particularly for children with complex needs.

6.3 6 children are from an ethnic background (3.6%) plus 1 mixed white/black African, 1 mixed other and 2 white other.

6.4

6.5

Age Distribution of LAC in North Lincs



6.6 Looked after children and young people often present with complex needs and include:

- Complex neuro-disability, physical disability and learning difficulties (22 children)
- Substance misuse (7 children but minus smoking and alcohol)
- Emotional, behavioural and mental health problems, attachment

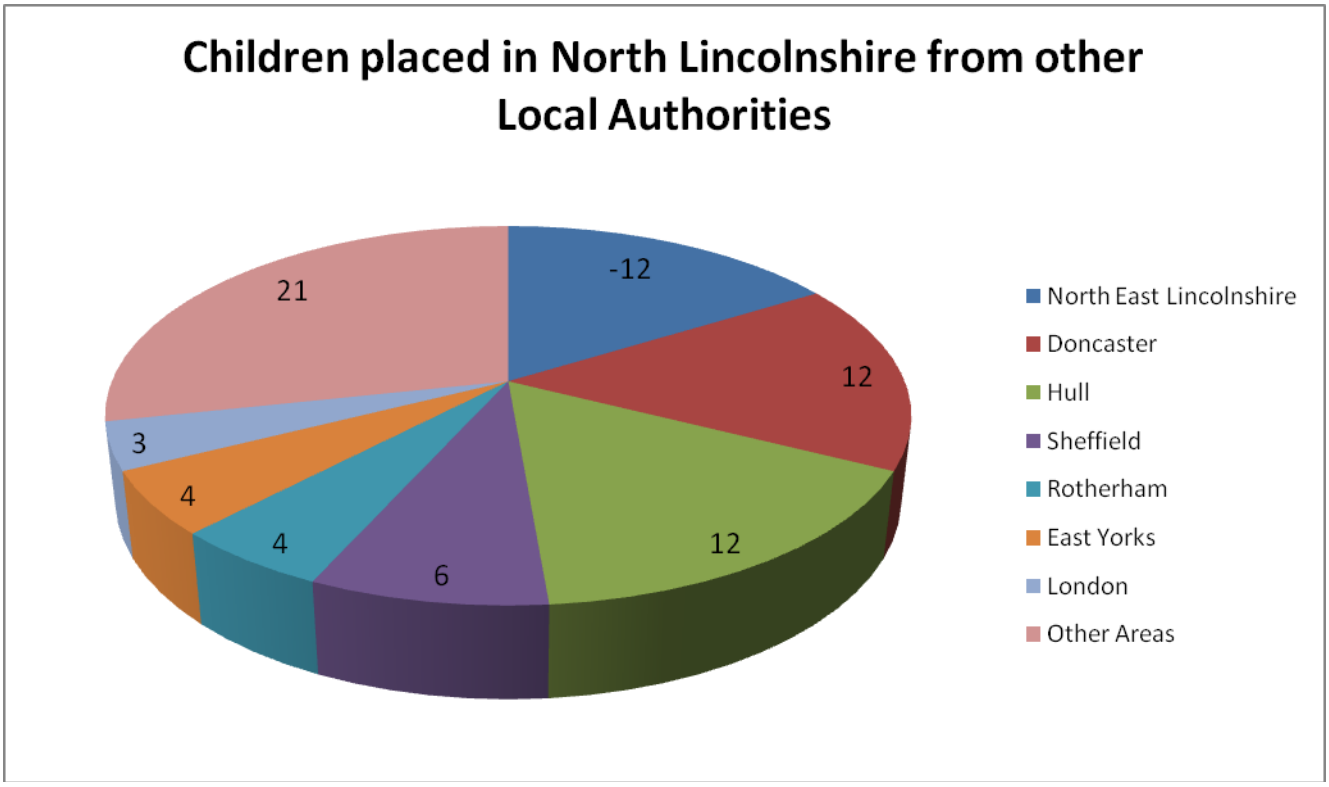
disorders and ADHD (the highest level of need).

- Asylum seekers (currently 2 young people)
-
- Young people who find it difficult to engage in education, training or employment and become involved in criminal activity (8 cases currently open to Youth Offending service)
- Teenage pregnancy-although not a significant problem in North Lincolnshire (currently one young person).
- Poor health history or failure to manage medical conditions such as asthma, epilepsy and diabetes that has resulted in complications or poor control.

6.7 A more detailed analysis of health needs will be instigated over the following year.

6.8 There are another 74 children placed in North Lincolnshire from 22 other local authorities, mostly North East Lincolnshire (11 children), Doncaster (12 children) and Hull (12 children) but also other authorities as mentioned earlier. 10 are placed at New Options School, Barton which caters for children with Autism.

6.9 89.7% North Linconshire children in care are placed within 20 miles of home. Short term stability of placements is 91.45% and long term stability of placements is 62.5.%.



6.10 For children and young people with complex needs it is essential that the health provision is co-ordinated and meets their needs. It involves working with and liaising with a wide range of partners including Child and Adult Mental Health Services (CAMHS), Substance Misuse Services, Sexual Health, Secure Units, Specialist Residential Units and the Youth Offending Teams. Young people on remand in youth offending institutions are also classed as LAC and liaison has taken place with the health departments of these units to make sure health assessments are shared.

38 children have a statement of special educational needs.

7. Key Performance Indicators

7.1 North Lincolnshire Council follows the national system of reporting on the health and wellbeing of looked after children and young people. Data is collated and recorded by the health team and the Local Authority on key factors including yearly health assessments (6 monthly for the under 5yrs), dental checks and completion of Strengths and Difficulties questionnaire (SDQ). The target for completion of health and dental checks set for the Local Authority is 95% and this year over 95% was achieved. However this does not measure the timeliness of the health assessments which is done internally at the joint monthly monitoring meetings.

8. Initial and Review Health Assessments

8.1 It is the responsibility of the Local Authority to ensure that health assessments are carried out. North Lincs CCG has a duty to comply with requests and help the Local Authority in the exercise of their function. The objectives of the health assessment include:

- To assess health risk and provide an opportunity to redress past health neglect.
- To assess current health and mental health concerns.
- To review and advise on known existing health problems and risk factors.
- To identify unrecognised health needs.
- To plan appropriate action and ensure recommendations are carried through (DH,2009) by provision of a health action plan.
- To monitor immunisation uptake.

8.2 When a child/young person comes into care the expectation is that the Initial Health Assessment will be carried out within 20 working days.

8.3 The Initial Health Assessment (IHA) should be completed by a registered medical practitioner and in North Lincolnshire this is done by the Designated Doctor who runs two clinic sessions a month at the Child Development Centre. In 2012/13 44 IHA's were completed and from October 2012 100% of appointments were offered within the required timescale which is a significant improvement from 2011 when no IHA's were completed within timescale.

8.4 As young people who are deemed to be Fraser competent have a right to consent to their own health assessments, it has been acknowledged that a minority will refuse an assessments and that has to be respected, although every attempt is made to try and accommodate their wishes. Fortunately in 2012/13 no young person refused their assessment.

8.5 Review Health Assessments (RHA's) are required every 6 months for children under the age of 5 years and annually for children over the age of 5 years. The Review health Assessments are completed by duly competent nurses. This is usually the Health Visitor for the under 5 years and the LAC Nurses for the over 5's.

8.6 In 2012/13 more than 222 Review Health Assessments were completed. The exact figures including timescales, are still to be confirmed by the Local Authority. Arrangements for assessments vary from area to area, e.g. in North Yorks GP's carry out the assessments on children aged 5-11 years.

8.7 The new draft payment by results guidance for 2013/14 (DH,2012) includes health assessments for Looked After Children, for which a national currency will be mandated for children placed out of area with a non-mandatory tariff. For children placed in area the currency will be available for use but non-mandatory.

8.8 The new suggested checklist tool is in Appendix A at the back of this report and responsibility for ensuring that health assessments comply with the standards lies with the designated safeguarding lead with the CCG.

8.9 There has to date been no quality assurance of the completed Health Assessments and the quality has been variable but an audit is planned for June/July 2013 and training has commenced, starting with the health visiting teams.

9. Child Adolescent Mental Health Services (CAMHS)

9.1 CAMHS specifically relevant to children in care are commissioned from Rotherham, Doncaster and South Humber Foundation Trust. There is a dedicated CAMHS for LAC and a specific model known as Tiered

Foster Care/CAMHS (TFC) which was nominated for a national award for its innovation and quality.

9.2 Tier 1 is the Strengths and Difficulties questionnaire (SDQ), which is a screening tool for assessing mental health, in 4-16 year olds (Goodman, 1998).* The questionnaire is currently completed in conjunction with the child and carers by social workers. Once completed the Specialist CAMHS will review the questionnaires with a high score to ensure they receive support for their on-going emotional needs. The questionnaires are completed annually and they provide an overview of the young person's mental wellbeing over the period they remain in care. This is augmented by group work programmes for children with lower needs and a rolling programme of training to social workers, foster carers and adoptive parents in relation to attachment, mental health and resilience. The Specialist Nurse meets regularly with the CAMHS team and a senior social worker to review individual children and young people.

9.3 Tier 2 is consultation provided to social workers and foster carers where low-medium needs are identified. This may also include a direct or indirect psychological assessment of the child and possibly 1:1 therapy input. There may be a period of ongoing consultation to foster carers and social care staff to assist in the understanding and management of a particular child's needs.

9.4 Tier 3 and 4 involves ongoing and regular team around the child consultation meetings led by the CAMHS psychologists. These children have the highest level of concern. Meetings are held monthly to ensure all relevant adults in the child's life have a clear understanding of the child's needs and a therapeutic care package to deal with them.

10. <u>Engagement with Foster Carers</u>

10.1 The role of foster carers is crucial to the wellbeing of a child/young person whilst they are in care. Unfortunately some looked after children/young people are subject to frequent changes in carers which is very damaging to their ability to settle in care. The LAC Health Team provides support and advice to foster carers and hopes to participate in the training programme for new carers.

10.2 The Specialist Nurse sits on the monthly Fostering Panel as will the Designated Nurse.

The Health Team also provides regular support to the Local Authority residential home and drop-in, such as advice on contraception, sexual

* Goodman 1998 (Goodman, R, Meltzer H, Bailey, V (1998). The Strengths and Difficulties Questionnaire : A Pilot Study on the validity of the self-report version (European Child and Adolescent Psychiatry 7 125-130)

health and smoking as well as more detailed individual support such as management of anaphylaxis and advice on managing diabetes.

11. Ofsted/CQC Inspection of Safeguarding and Looked After Children Services (North Lincolnshire) 2012

11.1 An inspection was undertaken as above between 23.04.12 to 04.05.12. The purpose of the inspection was to evaluate the continuation made by relevant services in the local area towards ensuring that children and young people were properly safeguarded and to determine the quality of service provision for looked after children and care leavers.

11.2 The overall effectiveness of services for Looked After Children was judged to be **Outstanding (Grade 1)**. Impressive leadership was noted to be demonstrated from the Director of Children's Services in the LA, as well as her management team and partnership organisations.

11.3 Weaknesses and resource deficits were reported to have been tackled robustly and much outstanding performance was now demonstrated. Rigorous performance management has been established across the partnership including performance challenge meetings as mentioned earlier in this report.

11.4 Care plans for Looked After Children were comprehensive and underpinned by a thorough needs assessment and analysis. Health outcomes were consistently better than the national averages and the health team provided good and improving support to ensure health assessments and plans were up to date.

11.5 Outstanding support was recorded as being provided by both CAMHS and substance misuse services and 98% of children completed the Strengths and Difficulties Questionnaire. Children reported how well they were supported to lead healthy lives.

11.6 Also judged to be outstanding was the involvement of children and young people through both strategic and individual planning.

11.7 The capacity for improvement was judged to be outstanding and no areas for improvement were noted for Health Services.

11.8 Health outcomes for looked after children were judged to be outstanding with the Designated Doctor and Specialist Nurse providing good and improving support to ensure health assessments and plans are up to date. 98% of children had up to date immunisations and over 95% had annual health assessments. 91% of children had their teeth checked and the response rate for emotional health was 98%. This performance has been strong and consistent for a number of years.

11.9 The specialist nurse was noted to maintain good relations with out of area LAC health teams and if a child is placed nearby then NL team will provide the review health assessments which OFSTED commented as being very good practice.

11.10 There was good information sharing between the LAC health team, primary and community care and social workers, aided by SystmOne.

11.11 There was good access to universal services for contraception and sexual health advice and all immunisations were up to date. Any young person or care leaver who becomes pregnant can be referred to the Family Nurse Partnership – and as of April 2013 there is one young person in care working with the Family Nurse Partnership team.

11.12 OFSTED inspection arrangements are being updated as from 2013 and safeguarding and LAC services were to be separated out into separate inspection cycles. However, this is now subject to further review and a decision is expected in September 2013. Further information will be shared on this when it becomes available.

12. **Future Developments and Priorities for 2012/13**

12.1 Corporate Parenting Pledge

The Corporate Parenting Pledge was signed up to by NLAG in 2012 and strengths the commitment to LAC who are the most vulnerable group of children (Children and Young People's Plan 2013-13 (North Lincolnshire Strategic Partnership 2010). This follows the North Lincolnshire Children's Trust Board adopting an overarching Corporate Parenting Pledge.

A draft health promise has been developed by the Promoting Health of Looked After Children and Care Leavers group, which is newly chaired by the Designated Nurse and is a subgroup of the Child in Care Strategy group chaired by the Local Authority. (See Appendix B). The pledge is a corporate parenting promise to children in care which supports them to lead a healthy lifestyle, listens to their views, makes services available to them and has ambitions for them to support their aspirations as any good parent would want for their own child.

More detailed health needs analysis for children in care based on issues identified in individual plans will be instigated to make sure services are being targeted locally where there is most need. In particular, availability of sex education and sexual health services will be reviewed in light of the changes in schools sex education curriculum.

12.2 Discussion is currently underway between NLaG and the Commissioning Specialist – Children and Young People at North

Yorkshire and Humber Commissioning Support Unit on how to progress the tariff for health assessments and the outcome of that discussion is still awaited.

12.3 Audit (Quality/Client Satisfaction)

As noted earlier a sample audit is planned to take place in June/July 2013 on the quality of both initial and review health assessments. This will tie in with the quality audit of all health assessments nationally as stated in the payment by Results guidance. Training for community staff has commenced on the need for good quality assessments.

The LAC health team has instigated an informal assessment of children and carers' perception of the health assessment process at the time of the health assessment by inviting comments to be included on the health assessment form. This will be followed up by a more formal client satisfaction survey later in the year. Health assessments follow the format developed by the British Adoption and Fostering Agency (BAAF) and this is the form used by many health LAC teams nationally.

National consultation is also underway on the health needs of young people under 18 years held in secure accommodation on remand as their status is classed as 'Looked After Child'. They are therefore subject to the process of initial health review even though they could be in young Offenders institutes. Health departments are willing to share their initial health assessment that is completed on their arrival to the institution to allow the placing authority's health team to complete an initial health plan and satisfy due process, but institutes' health departments also go on to deal with any outstanding health needs e.g. immunisations, sexual health screening and dental checkups.

12.4 Adoption Records / Adoption

A policy document for all primary and community staff on health records of adopted children is being planned and will be consulted on in the next 2-3 months. At present there is no national guidance on this and currently, once a child has been officially adopted i.e. the adoptive parents have had the final court hearing and the adoption order has been granted, then a new NHS number is issued and a record is commenced under that number and with the new name. Records should not be attached to the new name until the official notification has been received by the LAC health team (via the local authority) who will then inform Child Health department and GP practices. There have been instances of 2 NHS numbers in use for the same child which has resulted in information being entered on the wrong record. The pathway will be put together in conjunction with the LA and consultation and training will be offered. The British Adoption and Fostering Agency (BAAF) who provide consultative and clinical advice to both the DH and clinicians advise that eventually adopted children will keep the same

NHS number pre and post adoption but until that time, local areas should have their own pathway.

North Lincolnshire is trying to increase the number of prospective adopters, particularly from its border areas in light of the Government`s initiative to recruit another 3000 nationally.

12.5 Residential Accommodation

A new residential children's home for North Lincolnshire is underway in Scunthorpe. The plan is for a direct replacement for the existing home as a purpose-built up-to-date home with follow-on accommodation for young people in supported bedsits. This is to help ensure that health and social needs are met before the young person has moved on from care.

Summary

The health services commissioned by North Lincolnshire CCG are fully committed to maintaining and improving the quality of care offered to all looked after children and young people. Children in care deserve the best possible support to enable them achieve optimum health wellbeing.

APPENDIX A

This should be completed by the health assessor and sent to the **responsible commissioner/designated professional.** The checklist will be reviewed by the **responsible commissioner/designated professional** to support payment against the agreed quality.

For additional guidance on roles, competences of health care staff please see: Looked After Children, Knowledge, skills and competence of health care staff. Intercollegiate role framework, Published by the Royal College of Nursing and the Royal College of Paediatrics and Child Health – May 2012.

http://www.rcpch.ac.uk/system/files/protected/page/RCPCH RCN LAC 2012.pdf

Child's Name	
NHS Number	

Date of Health Assessment[157]		
Date of request for Health Assessment		
Assessment completed by:		

[157] This should be within 28 days of the request.

Qualification: Nurse, Midwife, Doctor			
Competent to level 3 of the Intercollegiate Competency Framework	Yes	No	Please delete as appropriate
Section 2			
The Summary Report and Recommendations Should be typed and include: • Pre-existing health issues • Any newly identified health issues			
• Recommendations with clear time scales and identified responsible person			
• Evidence that referrals to appropriate services have been made			
• A chronology or medical history including identified risk factors			
• An up to date immunisation summary			
• Summary of Child Health Screening			
• Any outstanding Health Appointments			
Section 3			
Child or Young Person's Consent for Assessment (where appropriate)			
Where the Young Person is over 16 years written consent has been obtained for release of GP summary records, including immunisations and screening to a third party			
Evidence that the children or young person was offered the opportunity to be seen alone			
Evidence that child or young person's concerns/comments have been sought and recorded			
Evidence that Carer's concerns/comments have been sought and recorded			
Evidence that information has been gathered to inform the Assessment from the placing Social Worker other health professionals providing care egg (CAMHS, Therapies, Hospital services, GP)			
Is the child or young person is registered with a GP in the area			
The child or young person is registered with a Dentist or has access to dental treatment			
Date of most recent Dental check or if the subject has refused this intervention			
The child or young person has been seen by an optician Date of most recent eye test or if the subject has refused this intervention			
Any developmental or learning needs have been assessed and any identified concerns documented			
Emotional, behavioural needs have been assessed and any identified concerns documented			

Lifestyle issues discussed and health promotion information given			
Recommendations have clear time scales and identified responsible person(s)			
Signed			
Date			

Please also see the following guidance

1) Promoting the health and wellbeing of looked after children – revised statutory guidance

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH 108501

2) Who pays? Determining responsibility for payment to providers

http://www.commissioningboard.nhs.uk/files/2012/12/who-pays.pdf

APPENDIX B

The Health Promise:

'If this were my child, niece, nephew or grandchild what would we want and what would we promise to do?'

What we will do

As part of the extended corporate parenting family for North Lincolnshire we understand and accept that being a corporate parent brings responsibilities: We believe that undertaking this role involves more than our statutory duties and we will undertake this role through:

- Providing effective services;
- We will strive to ensure that children and young people in care have the same positive outcomes that any good parent would want for their own child
- We will combine our organisational and professional strengths to improve meaningful outcomes

- We will cooperate in promoting the welfare of children and young people who are looked after

- We will ensure that a strategic children, young person centred approach to service delivery is undertaken

- We will listen to children and young people and acknowledge and recognise their experience of us as corporate parents

- We will engage children and young people in the most appropriate manner in respect of service development and delivery

- We will enable all relevant staff who work with children and young people to have an understanding of how they can promote positive changes in a child, young person's life