



## Islington Clinical Commissioning Group

<b>MEETING:</b>	Islington Clinical Commissioning Group Governing Body
<b>DATE:</b>	Wednesday, 1 May 2013
<b>TITLE:</b>	Child Protection and Safeguarding Annual Report
<b>LEAD DIRECTOR:</b>	Martin Machray, Director of Quality and Integrated Governance
<b>AUTHOR:</b>	Jane Chapman, Designated Nurse – Child Protection Tony Wheeler, Designated Doctor – Child Protection
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**SUMMARY:**

This annual report provides an update on child protection and safeguarding arrangements in Islington since the annual report to Islington Clinical Commissioning Group (CCG) Quality and Governance Group (March 2012) and the 6 monthly report submitted to the Islington CCG Quality and Governance Group in September 2012.

**SUPPORTING PAPERS:**

None.

**RECOMMENDED ACTION:**

The Governing Body is asked to:

- **NOTE** and **COMMENT** on the report.

**GOVERNANCE:**

Members with voting rights		Members without voting rights	
Dr Gillian Greenhough	Chair	Simon Galczynski	Local Authority Representative
Alison Blair	Chief Officer	Vacant	Health Watch Representative
Dr Jo Sauvage/Dr Katie Coleman	Joint Vice Chairs (Clinical)	Robbie Bunt	LMC Representative
Dr Sharon Bennett	Central Locality GP Representative	Paul Sinden	Director of Commissioning
Dr Karen Sennett	South Locality GP Representative	Julie Billett	Joint Director of Public Health for Camden and Islington
Dr Rathini Ratnavel	South Locality GP Representative		
Dr Anjan Chakraborty	North Locality GP Representative		
Dr Sabin Khan	Salaried GP Representative		

Deborah Snook	Practice Manager Representative		
Jennie Hurley	Practice Nurse Representative		
Sorrel Brookes	Lay Member		
Anne Weyman	Lay Member Vice Chair (Non-clinical)		
Ahmet Koray	Chief Finance Officer		
Martin Machray	Director of Quality & Integrated Governance		
Dr Mo Akmal	Secondary Care Representative		

**Objective(s) / Plans supported by this paper:** This report supports the Islington Clinical Commissioning Group objective “Ensuring every child has the best start in life” and “Delivering high quality, efficient services within the resources available”.

**Audit Trail:** Islington CCG Child Protection Committee – 14<sup>th</sup> March 2013  
Islington CCG Quality and Performance Group – 30<sup>th</sup> April 2013

**Patient & Public Involvement (PPI):** The audit of compliance with Section 11 Children Act 2004 referred to in this report has highlighted work underway and planned to engage the views of children and young people in service development e.g. through promoting “You’re Welcome” accreditation. No further PPI was required in the compilation of this report.

**Equality Impact Assessment:** Not required for this report.

**Risks:**

There are no new risks identified as a result of this report.

**Resource Implications:**

- In the short-term (early 2013/14) Islington CCG will continue to host and resource the functions of the Named GP for Child Protection post pending transfer of responsibility to NHS England.
- The financial contribution made by Islington CCG to the Islington Safeguarding Children Board will be reviewed in 2013-4 with partners in line with the statutory guidance “Working together to Safeguard Children 2013”

**Next Steps:** The work-plan for the Islington CCG Child Protection Committee 2013/14 will be monitored quarterly with exception reporting to Quality and Performance Committee. A six monthly report on Child Safeguarding will be presented to the Quality and Performance Committee in October 2013 and potentially will be reviewed by the Islington CCG Audit Committee.

## 1. EXECUTIVE SUMMARY

This annual report provides an update on child protection and safeguarding arrangements in Islington since the annual report to Islington Clinical Commissioning Group (Islington CCG) Quality and Governance Group (March 2012) and the six monthly report submitted to the Islington CCG Quality and Governance Group in September 2012. The report reflects the following themes:

- Accountability, Structure and Governance Arrangements
- Participation in London Safeguarding Children Board and local partnership arrangements
- Arrangements for monitoring compliance with key child protection and safeguarding priorities by provider trusts and independent contractors – including key issues and developments
- Internal and external assurance – inspections and audits in the last year
- Progress with Serious Case Reviews (SCR) including the implementation of recommendations and embedding learning.
- Child Death Review Panel
- Transitional issues
- Summary of achievements/developments
- Summary of current risks and challenges
- Future Objectives for 2013/14.

The number of children subject to a child protection plan in Islington was 115 in February 2013 (latest report to the Islington Safeguarding Children Board). This reflects a rate of 34 per 10,000 (0-17 years population) which is below the average England rate (37.8 per 10,000 in March 2012) and the average London rate (35.7 per 10,000 in March 2012). Since April 2012 the number of children subject to Child protection plans in Islington has fluctuated each month but overall there has been a decrease from 136 (April 2012).

The relatively low numbers of children subject to a Child protection plan in Islington are in part attributed to the local development of early intervention strategies and services for vulnerable families. It is also note-worthy that the England and London rates (as at March 2012) have fallen since March 2011.

In December 2012, all partner members of the Islington Safeguarding Children Board (ISCB) undertook an audit of compliance with Section 11 of the Children Act 2004. The action plans are being monitored through the ISCB Quality Assurance sub-group.

The action plan for health services following the Ofsted and Care Quality Commission inspection of Safeguarding and Looked After Children in Islington ( January/February 2012) has been successfully completed.

Compliance targets for uptake of Child Safeguarding training were set at 80% as part of the safeguarding improvement compliance led by NHS London. The latest uptake figures are as follows and **Section 5.6** of the report gives details about the reasons for non-compliance and the actions in place to address this in each of the Provider trusts and in Primary Care:-

	Level 1	Level 2	Level 3	Level 4
Whittington Health-overall	90%	23%	37%	100%
<b>Latest available monthly report –</b>				

<b>December 2012</b>				
Camden and Islington FT  <b>Latest available monthly report – December 2012</b>	72%	86%	100%	100%
Moorfields  <b>Latest available monthly report – December 2012</b>	56%	43%	93%	100%
UCLH  <b>Latest available monthly report – December 2012</b>	87.5%	71%	77.4%	66.7%
GP practice staff  <b>Latest available annual report – March 2012</b>	61%	84%	82%	Not applicable
Islington CCG staff  <b>February 2013</b>	68% -	Not available	Not applicable	100%
Islington CCG Board – clinical members  <b>December 2012</b>	100%	100%	100%	Not applicable

Serious Case Reviews (SCR) are notified by the designated nurse to the Islington CCG Chief Officer and executive lead for child safeguarding, the Care Quality Commission and via the STEIS reporting system. During 2012/13, the action plans of two serious case reviews have been completed and the reports of the SCRs have been published on the ISCB website.

The designated professionals have worked closely with the Islington CCG Governing Body to ensure that arrangements for child safeguarding and partnership working meet the requirements for CCG authorisation and continue to build on improvements to date to ensure that statutory duties as set out in “Working Together to Safeguard Children” are in place.

At the end of March 2013, the revised statutory guidance “ Working together to safeguard children 2013” was published together with the NHS Commissioning Board “ Safeguarding Vulnerable People in the Reformed NHS – Accountability and Assurance Framework 2013”

## 2. INTRODUCTION

2.1 This annual report provides an update on child protection and safeguarding arrangements in Islington since the annual report to Islington Clinical Commissioning Group Quality and Governance Group (March 2012) and the six monthly report submitted to the Islington CCG Quality and Governance Group in September 2012. The report reflects the following themes:

- Accountability, Structure and Governance Arrangements
- Participation in LSCB and local partnership arrangements

- Arrangements for monitoring compliance with key child protection and safeguarding priorities by provider trusts and independent contractors – including key issues and developments
- Internal and external assurance – inspections and audits in the last year
- Progress with Serious Case Reviews (SCR) including the implementation of recommendations and embedding learning.
- Child Death Review Panel
- Transitional issues
- Summary of achievements/developments
- Summary of current risks and challenges
- Future Objectives for 2013/14

2.2 The number of children subject to a Child protection plan in Islington was 115 in February 2013 (latest report to the Islington Safeguarding Children Board). This reflects a rate of 34 per 10,000 (0-17 years population) which is below the average England rate (37.8 per 10,000 in March 2012) and the average London rate (35.7 per 10,000 in March 2012). Since April 2012 the number of children subject to Child protection plans in Islington has fluctuated each month but overall there has been a decrease from 136 ( April 2012).

The relatively low numbers of children subject to a Child protection plan in Islington are in part attributed to the local development of early intervention strategies and services for vulnerable families. It is also note-worthy that the England and London rates (as at March 2012) have fallen since March 2011.

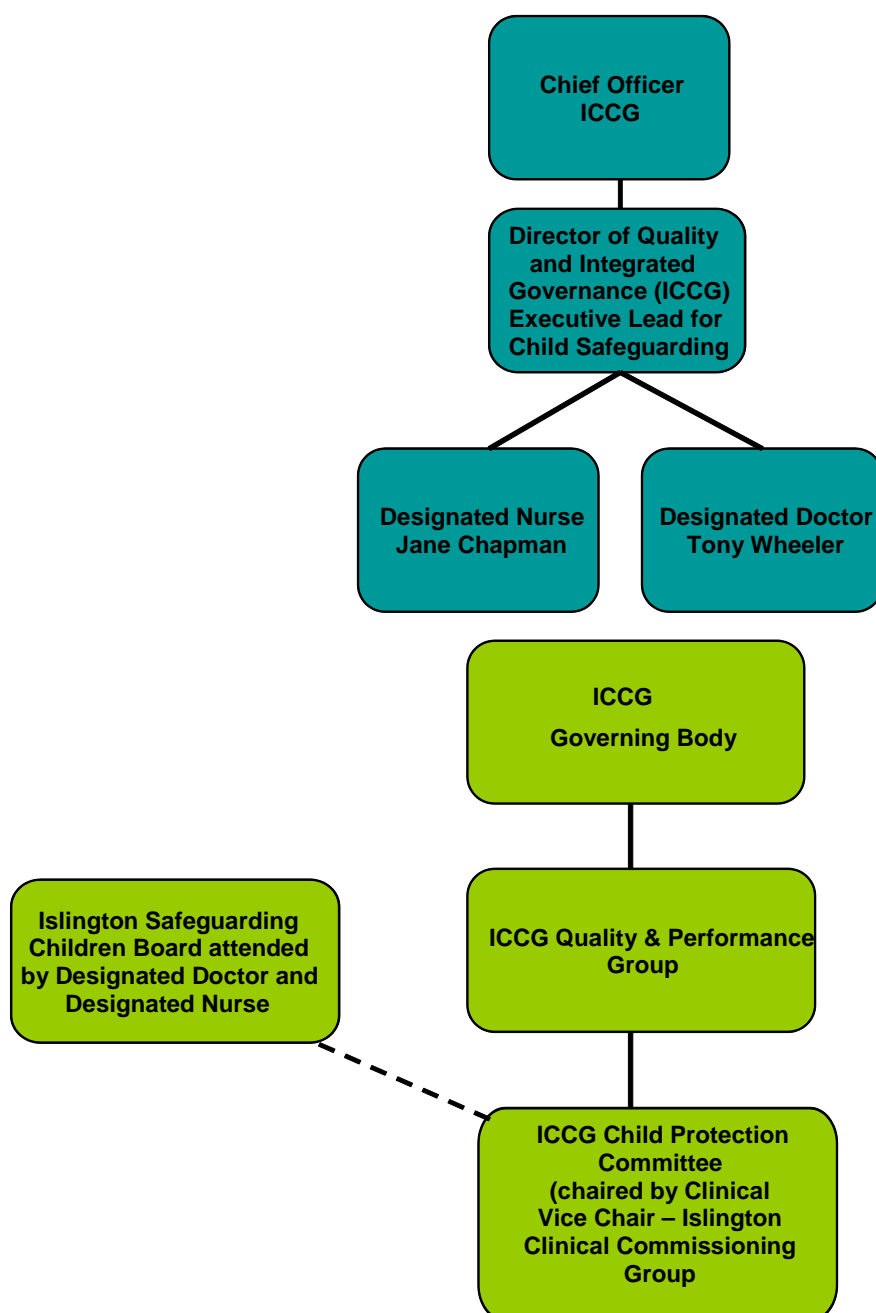
### **3. ACCOUNTABILITY, STRUCTURE AND GOVERNANCE ARRANGEMENTS**

3.1 The Key Professionals in post are:

- Alison Blair – Islington CCG Chief Officer
- Martin Machray – Director of Quality and integrated Governance / Executive lead for Child Safeguarding
- Jane Chapman – Designated Nurse child protection (0.8 wte)
- Dr Tony Wheeler – Designated Doctor child protection (0.4 wte)
- Dr Katie Coleman – GP, Islington CCG lead for children and chair of Islington CCG Child protection committee
- Dr Sarah Humphrey – Named G.P. Child Protection ( 0.1wte increased to 0.2 wte from December 2012)

Structures as at 1 April 2013 are shown below.

**ICCG – Child Safeguarding Structure  
And Governance charts From 1<sup>st</sup> April 2013**



- 3.2 All named posts for child protection (nurses, doctors, midwife and lead professional) in the Islington provider trusts are currently filled, and the post-holders receive regular child protection supervision from the designated professionals.
- 3.3 The designated nurse and doctor continue to facilitate a quarterly network meeting for the Named professionals for Child safeguarding and for Children Looked After.
- 3.4 The designated nurse and doctor receive supervision through their attendance at:
- Monthly workshops for named and designated child protection professionals at the Tavistock centre
  - Quarterly meetings with designated colleagues from the 5 North Central London boroughs

- Quarterly meetings/supervision sessions with designated colleagues from across London previously facilitated by NHS London.

3.5 The Islington CCG Child Protection Committee meets quarterly and has a robust work-plan which has focussed on the following themes in 2012/13:

- Child protection and safeguarding training
- Performance monitoring – provider trusts
- Performance monitoring – GPs/other independent contractors
- GP engagement with child protection and safeguarding
- Mechanisms for reporting to Islington CCG and preparation for CCG authorisation
- Monitoring Serious Case Reviews and Serious Incidents
- Networking within NHS North Central London and emerging NHS bodies
- Preparation for and response to recommendations from inspections by regulatory bodies
- In response to national and London wide child safeguarding recommendations.

The terms of reference of the committee have been reviewed and revised in year to reflect the NHS transitional arrangements and changes to local governance arrangements.

3.6 As part of the CCG authorisation process, a Safeguarding children evidence folder was prepared and submitted in July 2012 and the Executive lead for safeguarding, CCG GP lead for Children’s services and Designated Nurse for Child protection were fully involved in the Authorisation visit in September 2012. At the end of the Authorisation visit all of the Key lines of Enquiry relating to Child Safeguarding were successfully “closed down” and there were no conditions relating to Child Safeguarding in the Authorisation agreement for Islington CCG.

3.7 Uptake of child protection training by Islington CCG staff was collated in February 2012 – see below. Non responders are being followed up to achieve 100% at all relevant levels.

	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>
Islington CCG staff <b>February 2013</b>	68% -	Not available	Not applicable	100%
Islington CCG Board – clinical members <b>December 2012</b>	100%	100%	100%	Not applicable

3.8 The Islington CCG website has been updated to include a section on Child protection and safeguarding.

## 4 PARTICIPATION IN LSCB AND LOCAL PARTNERSHIP ARRANGEMENTS

- 4.1 The designated nurse and doctor represent Islington CCG at the Islington Safeguarding Children Board (ISCB) and this arrangement has been endorsed by the independent chair of ISCB as part of Islington CCG's authorisation application. The Named GP for child protection also attends the Islington Safeguarding Children Board (ISCB) to represent primary care.
- 4.2 The designated nurse and doctor have regularly updated ISCB with regard to NHS transitional arrangements and progress with Islington CCGs Authorisation application. The NHS Commissioning Board (NHS NCB) Interim advice "Arrangements to secure children's and adult safeguarding in the future NHS - the new accountability framework" September 2012 has been shared with ISCB members. The document which updates and replaces this, "Safeguarding Vulnerable People in the Reformed NHS – Accountability and Assurance Framework" was published at the end of March 2013 and will be shared with ISCB members in advance of the May 2013 ISCB meeting.
- 4.3 There is Director level representation at the ISCB from Whittington Health, Camden and Islington Foundation Trust (Mental Health and Social Care) and from Moorfields Eye Hospital NHS Foundation Trust. The provider trusts are also represented at the ISCB sub-groups.
- 4.4 The designated nurse and doctor are both members of the ISCB Serious Case Review Panel and the designated nurse is also a member of the Quality Assurance, and Child Death Overview Panel sub-groups of the ISCB. The designated doctor is a member of the Islington Child Death Overview Panel in his provider role as designated doctor for child deaths. Attendance levels for the designated nurse and doctor are shown in the table below:

4.5

<b>ISCB meetings</b>	<b>Islington CCG representative</b>	<b>Attendance 2012/13</b>
Main Board meetings	Designated doctor Designated nurse	66.6 % 83%
Child Death Overview panel (sub-group)	Designated doctor (provider role) Designated nurse	100% 100%
Serious case review panel	Designated doctor Designated nurse	100% 100%
Quality Assurance sub-group	Designated nurse	86%

- 4.5 Islington CCG has made a financial contribution of £33,456 to the ISCB for 2012/13. Islington CCG has raised the expectation of shared funding for ISCB by local health organisations with each of the Provider trusts for 2013/14.
- 4.6 All member agencies of the ISCB undertook an audit of compliance with Section 11 of the Children Act 2004 in December 2012 and the resulting action plans will be monitored throughout 2013 by the ISCB Quality and Assurance sub-group. The action plan for the Islington CCG Section 11 audit will also be monitored through the Islington CCG Child Protection Committee.



4.7 The ISCB priorities for 2012/13 were agreed as follows:-

Over-arching priorities are to:

- Develop early intervention and review its effectiveness
- Evaluate the effectiveness of training

It will focus upon:

- Core Business (Child protection )
- Teenage parents
- Transition to adulthood
- Domestic violence
- Young people at risk ( through participation in or as victims of gang activity)

Overall ISCB objectives (which relate to all priorities) are to:

- Co-ordinate local work
- Raise awareness
- Develop policies and procedures
- Monitor and evaluate practice and identify lessons to be learned.

## **5. SAFEGUARDING MONITORING OF PROVIDER TRUSTS – INCLUDING KEY ISSUES AND DEVELOPMENTS**

5.1 The Islington designated child protection professionals attend the Child Protection/Safeguarding Committees in each of the provider Trusts.

- Whittington Health
- Moorfields Eye Hospital NHS Foundation Trust
- Camden and Islington Foundation Trust (mental health)

In response to a particular interest in UCLH from GP practices in South Islington, the Islington designated nurse for child protection will become a member of the UCLH Child Protection Committee from April 2013.

5.2 Child protection and safeguarding are discussed at the Clinical Quality Review Group meetings with each provider trust on a 6 monthly basis (and more frequently by exception reporting) and these are attended by the designated nurse for child protection.

5.3 Key Child Protection and Safeguarding indicators are included in the Islington CCG monthly integrated performance report.

### **5.4 Quarterly metrics**

During 2011/12, the designated professionals from the 5 boroughs of NHS NCL collaborated to produce a common set of quarterly child safeguarding metrics to demonstrate the compliance of all provider trusts with key child protection and safeguarding priorities. The agreed set of metrics was implemented in April 2012 and the first submissions were made to the NCL performance team for Q1 in July 2012.

The initial set of metrics included both **structure** and **process** measures and once these are embedded, it is expected that **outcome** measures will be developed by each Trust to reflect their particular safeguarding priorities.

**5.4.1 Results of Islington Provider Trusts self-assessments of Structure measures are as follows :-**

<b>Structure measure</b>	<b>Whittington Health</b>	<b>Camden and Islington Foundation Trust ( mental health)</b>	<b>Moorfields Eye Hospital Foundation Trust</b>
Does the organisation have an identified Executive/Board lead for safeguarding?	YES	YES	YES
Membership of LSCB by Executive lead	YES	YES	YES
Percentage of LSCB meetings attended by appropriate representative (executive lead or deputy)	NO*	YES	YES
Active membership of relevant LSCB sub-groups	NO*	YES	YES
Named professionals for safeguarding (Doctor/Nurse) are in post	YES	YES	YES
Training programme (levels 1-4) is in place	YES	YES	YES
Organisational safeguarding strategy is in place and is up to date (separate or in corporate strategy)	YES	YES	YES*
Organisational policies are in line with Safeguarding requirements ( including Safeguarding Children policy, Safeguarding Children Supervision policy and Safeguarding Children Training policy)	YES*	YES	YES
Safeguarding Children Work Plan	YES	YES	YES
Employment Policies in line with Safeguarding requirements( i.e. Safer Recruitment Policy, Allegations against Staff Procedure, Enhanced CRB for all eligible staff including all staff employed before 2002)	YES*	YES	YES
Locally-(NHS trust)led safeguarding committee	YES	YES	YES
Annual Safeguarding report presented to the Board	YES	YES	YES

Is there a procedure for “flagging” in health records or on the electronic system, children who are subject to a child protection plan including unborn children who are subject to a child protection plan? i. A&E ii. Walk-in centres iii. Urgent care centres	YES	YES	YES
Is there evidence of an audit programme for child protection	YES	YES	YES

5.4.2 The above self-assessments were submitted in July 2012 (Q1) and in Q2; Trusts were required to submit evidence in support of these assessments. The self-assessments and evidence were scrutinised by the designated nurse (child protection) and the responses marked with an asterisk\* in the table above are discussed in further detail below.

#### 5.4.3 **Whittington Health** self-assessed as non-compliant with 2 measures

- % LSCB meetings attended by Executive lead
- Active membership of LSCB sub-groups.

This self-assessment related to attendance at Haringey Safeguarding Children Board and its sub-groups and not to the ISCB and its subgroups, for which their attendance was at the required level.

Although Whittington Health self-assessed as compliant with the measure of organisational policies, it should be noted that whilst the Child Safeguarding Training and Supervision policies have been revised in 2012, further work is currently being undertaken to produce an Over-arching Child Safeguarding policy for the integrated care organisation.

With regards Employment policies, further work is also being undertaken in 2013 to ensure the Recruitment policy fully reflects safer recruitment arrangements and to develop a separate policy for the organisation in relation to “Managing allegations against staff”.

#### 5.4.4 **Camden and Islington Foundation Trust ( C&IFT)**

Fully compliant and full set of evidence submitted.

#### 5.4.5 **Moorfields Eye Hospital Foundation Trust**

Fully compliant and full set of evidence submitted.

**5.5 Provider Trusts responses re Process measure (Uptake of Child Protection training Levels 1-4) are as follows:**

	Whittington Health			Camden & Islington Foundation Trust			Moorfields		
Level 1									
	Total number of staff assessed as requiring Level 1 training	Number of staff actually trained	% trained	Total number of staff assessed as requiring Level 1 training	Number of staff actually trained	% trained	Total number of staff assessed as requiring Level 1 training	Number of staff actually trained	% trained
<b>Apr-12</b>			%			%	1901	1494	%
<b>May-12</b>			%			%	1934	1486	77%
<b>Jun-12</b>			%			%	1985	1488	75%
<b>Jul-12</b>			%	419	442	105%	2030	1495	74%
<b>Aug-12</b>			%	24	30	125%	2009	1523	76%
<b>Sep-12</b>			%	5	41	820%	891	663	74%
<b>Oct-12</b>	958	834	87%			%	2046	1390	68%
<b>Nov-12</b>	958	834	87%			%	2036	1252	61%
<b>Dec-12</b>	947	849	90%	518	373	72%	2020	1133	56%

Whittington Health			Camden & Islington Foundation Trust			Moorfields		
Level 2								
Total number of staff assessed as requiring Level 2 training	Number of staff actually trained	% trained	Total number of staff assessed as requiring Level 2 training	Number of staff actually trained	% trained	Total number of staff assessed as requiring Level 2 training	Number of staff actually trained	% trained
		89%			%	294	252	86%
		%			%	300	251	84%
		%	837	501	60%	316	267	84%
		%	39	39	100%	1020	551	54%
		%	285	252	88%	1005	454	45%
		%			%	444	209	47%
1829	342	19%			%	1028	506	49%
1829	342	19%			%	1020	497	49%
1798	417	23%	1113	955	86%	1043	451	43%

Whittington Health			Camden & Islington Foundation Trust			Moorfields		
Level 3								
Total number of staff assessed as requiring Level 3 training	Number of staff actually trained	% trained	Total number of staff assessed as requiring Level 3 training	Number of staff actually trained	% trained	Total number of staff assessed as requiring Level 3 training	Number of staff actually trained	% trained
		%			%	29	26	90%
		%			%	27	24	89%
		%			%	27	26	96%
		%	61	114	187%	20	18	90%
		%	4	0	0%	25	20	80%
		%	4	1	25%	22	18	82%
1226	359	29%			%	27	25	93%
1226	359	29%			%	27	24	89%
1220	451	37%	29	29	100%	27	25	93%

	Whittington Health			Camden & Islington Foundation Trust			Moorfields		
Level 4									
	Total number of staff assessed as requiring Level 4 training	Number of staff actually trained	% trained	Total number of staff assessed as requiring Level 4 training	Number of staff actually trained	% trained	Total number of staff assessed as requiring Level 4 training	Number of staff actually trained	% trained
<b>Apr-12</b>	7	7	100%			%	2	2	100%
<b>May-12</b>	7	7	100%			%	2	2	100%
<b>Jun-12</b>	7	7	100%			%	2	2	100%
<b>Jul-12</b>	7	7	100%	40	0	0%	2	2	100%
<b>Aug-12</b>	7	7	100%	40	0	0%	2	2	100%
<b>Sep-12</b>	7	7	100%	40	0	0%	2	2	100%
<b>Oct-12</b>	7	7	100%			%	2	2	100%
<b>Nov-12</b>	7	7	100%			%	2	2	100%
<b>Dec-12</b>	7	7	100%	9	9	100%	2	2	100%

## 5.6 Providers Trusts– key issues and developments in 2012/13

### 5.6.1 Whittington Health

- All Named nurse, doctor and midwife child protection posts in Whittington Health are currently filled. As a result of management restructuring in 2012, the Child Protection team are now managed as part of the Universal Children's and Safeguarding service.
- The provision of reliable Child Protection training uptake data from the Electronic Staff Record (ESR) has continued to be a challenge during 2012/13. This has been flagged as a risk by the Trust and is reviewed at each Child Safeguarding Committee. The designated professionals raised the concerns in their 6 monthly report to NHS NCL joint PCT Boards in September 2012 and following this the Director of Quality and Safety (NHS NCL) wrote to the Executive lead for safeguarding in Whittington Health seeking assurance that robust data would be forthcoming.

Extensive work has been undertaken to identify training levels for each post/role but whilst the initial data produced in October 2012 showed compliance with target levels for Level 1 training (87%), the uptake of Level 2 and 3 continued to be worryingly low. The Designated Nurse attended the Clinical Quality Review Group (CQRG) meeting in December 2012 at which the operational leads for safeguarding presented an action plan for further data cleansing and to provide an intensive training schedule for January and February 2013.

The action plan and impact upon training uptake levels are being closely monitored through the Whittington Health Child Safeguarding Committee. However, initial reports for March 2013 show only very minimal increases in uptake for levels 2 and 3 and there will be further review of the action plan at the CQRG meeting in May 2013.

- CRB checks for staff employed prior to 2002 – during a review in 2012, Whittington Health identified a significant number of staff in this group without CRB checks. All outstanding CRB checks have now been satisfactorily completed.
- Due to the relatively large number of Serious Case Reviews (SCR) to which Whittington Health contributes from a number of local boroughs - a separate group will be convened to report to Whittington Health Child safeguarding committee on progress with any Individual Management Reviews (IMRs) and SCR action plans. The Designated professionals from Islington and Haringey will be members of this group.
- Child Safeguarding Training Strategy and Supervision policies were ratified in September 2012, policies on “Children not brought for appointments” and “Female Genital Mutilation” are ready for ratification and work is underway on the “Over-arching Child Safeguarding policy”
- Whittington Health is one of 26 national early implementer sites for the DH Health Visitor Implementation plan 2011-15. This is a national initiative, led by the Department of Health, to strengthen the provision and input of Health Visitors. There are currently five vacant H.V posts in Islington in addition to the eight additional posts for which commissioners agreed funding in 2012. However, there has been a high level of interest in HV training opportunities with 7 students currently training in Islington (2012/13) and plans for a further 10 in 2013/14. The workforce strategy includes support from a Professional development nurse for student HVs, newly qualified HVs and practice teachers. It is encouraging that the rate of New Birth visits undertaken between 10-14 days by health visitors in Islington has risen from 54% (April 2012) to 89.2% (February 2013)
- There are continuing difficulties with the recruitment of qualified School Nurses in Islington with three of the seven Band 6/7 posts currently vacant. Opportunities for further skill-mix are being pursued and priority areas of work are being discussed with commissioners. The arrangements for school nurse involvement in Child protection case conferences, which were introduced in response to a reduction in the funding allocation for school nursing in 2011/12, will be reviewed in 2013.
- From 1st April 2013, commissioning of the School Health Service will transfer from NHS Islington PCT to Public Health under the Local Authority. Commissioning of the Health Visiting Service and Family Nurse Partnership team will transfer to the NHS England from 1st April 2013 and to Public Health from 1st April 2015.
- Whittington Health is the main appointed contractor responsible for ensuring an integrated health care service within HMP Pentonville and provides midwifery, obstetric and health visiting services for HMP Holloway (see section 5.6.2).

### 5.6.2 Prison healthcare – HMP Pentonville and HMP Holloway

- The main appointed contractor responsible for ensuring an integrated health care service within **HMP Pentonville** is Whittington Health with additional in-reach mental health services being provided by Camden and Islington Foundation Trust.
- The main appointed contractor responsible for ensuring an integrated health care service within **HMP Holloway** is Central and North West London (CNWL) NHS Foundation Trust. For acute medical and obstetric care the women attend the Whittington Hospital. There is a mother and baby unit for which Whittington Health provide midwifery and universal health services.
- In anticipation of the transfer of responsibility for commissioning prison healthcare from NHS North Central London to NHS England 1<sup>st</sup> April 2013 the designated nurse and doctor have met regularly with the lead commissioner for prison health care (NHS NCL) during 2012 to agree the most appropriate arrangements for monitoring child safeguarding arrangements in both Islington prisons.

- The prison healthcare leads in both prisons have been asked to complete a sub-set of the metrics completed by the Provider Trusts to provide assurance e.g. identified leads for child protection, uptake of child protection training, and availability and development of child protection policies.
- **HMP Holloway** has set up a quarterly Safeguarding committee which is attended by the designated professionals and will include a focus on the issues addressed in the metrics. Level 1 child protection training is incorporated in staff induction and programmes of Level 2 and Level 3 training are co-ordinated by the named child protection professionals in NHS Central and North West London.
- Uptake of Level 1 and Level 3 training are reported as 90% and 100% respectively but further information is sought re the denominator for Level 2 training.
- **HMP Pentonville's** lead nurse for child safeguarding is reviewing the Child Protection metrics submission in conjunction with the HMP Pentonville's Clinical Governance committee. Uptake of Level 1 Child Protection training is at 98% and arrangements are now in place to release healthcare staff to undertake Level 2 child protection training provided by Whittington Health and Camden and Islington Foundation Trust.
- The designated nurse has requested more formal links between the lead nurse (HMP Pentonville) and the Whittington Health Child Protection team to provide support and supervision.
- In December 2012, both HMPs were asked by Islington Safeguarding Children Board to submit audits of their compliance with Section 11 Children Act 2004. The audits and resultant action plans will be reviewed by the Quality Assurance sub-group of ISCB – of which the Designated Nurse is a member.

### 5.6.3 Camden and Islington NHS Foundation Trust

- Following a period of part-time and temporary cover for the Safeguarding lead post in Camden and Islington FT, a permanent full-time post-holder was recruited in July 2012. A management re-structuring took place in 2012 and there is now new Director level representation to both Camden and Islington Safeguarding Children Boards.
- Child Protection training uptake – reports produced from ESR in Q1 and Q2 were ambiguous due to a misunderstanding re denominators (see Page 10). Following discussions with designated nurse in January 2013, Camden and Islington Foundation Trust has provided robust training uptake reports for Q3 which have highlighted Level 1 as a priority for targeted training.
- In response to commissioning concerns highlighted by NHS Islington/Islington CCG via the Designated Nurse, the organisation has undertaken a review of CRB arrangements *for staff employed since before 2002. It is anticipated that CRB checks will be completed for all relevant staff by spring 2013.*
- *In October 2012, Camden and Islington FT was part of an Ofsted/CQC thematic inspection into joint working between adults and children's services with a focus on parents with mental health or substance misuse problems in Islington. The audit was undertaken in 10 boroughs in England and the final report "What about the Children" was published at the end of March 2013. Overall, the local findings of the audit were positive, however, it has highlighted the need for further work particularly in relation to the identification of children living with parents with mental ill health and the flagging of child safeguarding concerns in adult mental health records on RiO (the electronic patient data base). A multi-agency action plan has been developed which is monitored through the ISCB QA sub-group - see section 7.2.*



#### 5.6.4 Moorfields Eye Hospital Foundation Trust

- Child Protection Training Uptake for levels 1 and 2 have dropped significantly in 2012 (Q2/ Q3). This was flagged in Q1 as an anticipated impact of :-  
Level 1 - problems with implementation of the “cascade system” on the Trusts Learning and Development database which allows staff updated at Level 2 and above being incorrectly shown as non-compliant with level 1. The “cascade” system was finally implemented on 15th January 2013.  
Level 2 – an increase in the denominator for level 2 with the implementation of Intercollegiate Document guidance 2010 and additional clinical staff being included in this Level. There have also been difficulties in releasing staff for training in satellite sites.  
 Training uptake rates and these related issues are closely monitored through the Moorfields Safeguarding Children Committee and improvements are expected in Q4.
- A written agreement with Whittington Health with regard to the provision of safeguarding support and out of hours beds for safeguarding cases has been signed -off.
- Work on a stand- alone policy on domestic violence continues – the timescale for completion is to be agreed by the Child Safeguarding Committee.
- CRB – the Trusts current arrangement for all staff to have enhanced CRB checks is being reviewed in the light of new legislation.

### 6. SAFEGUARDING MONITORING OF INDEPENDENT CONTRACTORS – INCLUDING KEY ISSUES AND DEVELOPMENTS

- 6.1 The Annual Contract Review (ACR) of Islington GP practices undertaken in 2011/12 confirmed that all practices have an identified Child Safeguarding lead and a Child Safeguarding policy in place.  
 The ACR information also provided data re uptake of Child Protection training – see table below

Uptake of Child Protection training			
GP practice staff	Level 1	Level 2	Level 3
<b>Latest available annual report –March 2012</b>	61%	84%	82%

- 6.2 During 2012, further analysis of the ACR training uptake data was undertaken on behalf of Islington CCG Child Protection Committee. This identified low uptake of Level 1 training by non-clinical staff in Central locality and targeted Level 1 sessions are now being organised to address this.  
 N.b Islington CCG is currently seeking data on the uptake of training in 2012/13 from NHS England ( London) Primary Care team as no formal ACR has been undertaken in all practices in 2012.
- 6.3 To facilitate consistent standards of safeguarding practice in Primary Care, **a Child Safeguarding policy template for GP practices** based upon the RCGP template and customised for use in Islington has been developed and disseminated by the Designated Doctor.

- 6.4 The Named G.P. for Child Protection has undertaken a survey in 2012 of **GP practices arrangements for flagging children subject to Child Protection plans**. All respondents have confirmed that they have arrangements in place and non-respondents are being followed up. This work will be linked with a national audit of READ codes in GP practices currently being undertaken by the Royal College of GPs.
- 6.5 **GP contribution to CP conferences** – in response to the recommendation from the Ofsted/CQC inspection of Safeguarding and Looked After Children - January /February 2012 (see section 6 of this report) a number of initiatives have been pursued by the designated professionals and Named GP for child protection in conjunction with LBI.
- In December 2011 – reports/contributions were received in 41% of cases and following an “action audit” of all Child Protection conferences in April 2012, this rose to 73% in June 2012. From July 2012, a new electronic system has been introduced across NHS NCL for claims and payments for GP reports.
  - This significant improvement has been maintained and built upon in subsequent months with reporting levels of between 75-100%. These figures compare extremely favourably with neighbouring PCT/CCGs which report levels of around 20-30%.
  - In November 2012 the designated nurse and Named GP for Child Protection undertook an audit of the quality of GP reports to Child Protection conferences. The findings of this audit have been presented to the ISCB Quality Assurance sub-group and Islington CCG Child protection committee and will be shared with Islington GPs. One of the key actions arising from the audit was a revision of the report template and work on this is currently underway in conjunction with the LMC.
- 6.6 **Allegations against staff (in relation to Child safeguarding)** - the designated nurse has disseminated local guidance produced by Islington Safeguarding Children Board (2012) to all independent contractors (GP practices, Dentists, Optometrists and Pharmacists).
- 6.7 To facilitate **uptake of child protection training by Dentists, Optometrists and Pharmacists** Islington CCG has agreed to provide back-fill funding for relevant clinical staff to attend Level 2 training. The requirement to attend training is also being included as one of the criteria for participation in future “Local Enhanced Services”. Arrangements for maintaining an up to date log of attendance at child protection training by these staff groups are currently being considered by Islington CCG and will be shared with the NHS England.
- 6.8 In the latter part of 2012 the Islington CCG Child protection committee has prepared a proposal for a **Child Safeguarding committee for Primary Care/independent contractors in Islington**. If implemented this initiative would be a novel development that other boroughs have shown an interest in replicating. This committee would mirror the committees in place in the provider trusts and would include representatives from GPs, Dentists, Optometrists and Pharmacists and their local professional organisations, as well as the designated professionals. It is anticipated that this committee could make a significant contribution to the co-ordination and monitoring of safeguarding practice in Primary care in Islington and provide a forum for sharing good practice and learning e.g. from Serious Case reviews (SCRs). Going forward, it is assumed that the responsibility for such a committee would sit with the NHS England. In the interim the Islington CCG plans to progress implementation of the proposal until handover arrangements are confirmed and the Islington CCG is in the process of consulting with key stake-holders.

## 7. INTERNAL AND EXTERNAL ASSURANCE –RECENT INSPECTIONS AND AUDITS

### 7.1 The joint Ofsted/CQC inspection of Safeguarding and Looked After Children was undertaken in Islington from 23<sup>rd</sup> January – 3<sup>rd</sup> February 2012 inclusive.

- The Ofsted report included 22 separate judgements and Islington was judged as Outstanding in 8 and Good in 14 of these judgements. The outstanding judgements included Partnership Working; Ambition and Prioritisation; and Leadership and Management and Capacity for Improvement.
- The two judgements specific to health services i.e. **the contribution of health agencies to keeping children safe** and the **health of looked after children** were Good.
- There was only one recommendation for health in both the Ofsted and CQC reports and this was specific to General Practice. The recommendation is as follows:- **"Ensure that the very recent improvements in the reporting by general practitioners (GPs) to child protection conferences continue."**
- A detailed action plan was put in place in response to this recommendation which included an audit of GP reports requested for Child protection conferences held in April 2012, a review of the local authority administrative processes for requesting reports and an audit of the quality of GP reports ( November 2012).
- The action plan, which is monitored by the Islington CCG Child protection committee and the Quality Assurance sub-group of the ISCB, has met all targets.
- A very positive outcome of the above initiatives has been GP reporting levels of between 75-100% since July 2012. (see section 6.5)
- At a recent Islington Health and Wellbeing Board the Lead Councillor for Children acknowledged the work that GPs have done to significantly increase their contribution to CP conferences.

### 7.2 In October 2012, Islington was one of 10 local authorities that took part in an **Ofsted/CQC thematic inspection of work between adult and children services with a focus upon parents with mental health or substance misuse problems.**

- As this was a thematic inspection, Islington doesn't receive an individual report on performance and there isn't a pass or fail grade. The report on the overall findings "What about the Children" was published at the end of March 2013.
- A local joint action plan (based upon the detailed local feedback) has been agreed by Children's services and Adult mental health and substance misuse services to strengthen joint working and build on the momentum generated by the inspection. The action plan is being overseen by the Islington Child Safeguarding Board and was presented to the Islington CCG Quality and Governance Group in December 2012. The action plan includes:-
  - new guidance, changes to I.T system and shared learning re documentation
  - joint training to embed "Think Family" protocol

- programme of case file audits
- development of joint posts
- monitoring of mental health staff attendance/reporting to Child protection case conferences.

7.3 Islington health service providers have been involved in the programme of multi-agency child safeguarding audits undertaken by ISCB in 2012. It is noteworthy that for the first time, the autumn 2012 audit included audit of one set of GP case files through the involvement of the Named GP for Child Protection. It is anticipated that interested GPs (supported by appropriate training and back-fill arrangements) will be recruited from each of the 4 localities in Islington to take part in future multi-agency audits.

## **8. SERIOUS CASE REVIEWS/SERIOUS INCIDENTS RELATING TO CHILD SAFEGUARDING**

8.1 Serious Case Reviews (SCR) are notified by the designated nurse to the Islington CCG Chief Officer and executive lead for child safeguarding, the Care Quality Commission and via the Strategic Executive Information System (STEIS) reporting system. Progress on action plans for all current Serious Case Reviews (SCRs) is reported to the Islington CCG Child protection committee and NHS London. Islington SCRs are also monitored by the Quality and Assurance Subgroup of the Islington Safeguarding Children Board which is attended by the designated nurse. Currently there are no SCRs or SCR action plans on-going in Islington

Health services in Islington have had recent involvement in 2 SCRs undertaken by Islington Safeguarding Children Board. There was wide coverage of both cases in the media, the response to which was co-ordinated by the communications teams in NHS NCL, the relevant NHS Provider Trusts and the local authority. Summary details of the cases are given below:

### **8.2 Child A**

An SCR was commenced in 2009 for a 4 month old child who died as a result of injuries in the context of neonatal rickets. Following the criminal and family court cases in 2011 and 2012 respectively, the SCR panel was reconvened and new recommendations relating to Vitamin D deficiency and rickets were developed. The action plan that came out of this was completed in March 2013. This has included the development of vitamin D policies in relevant trusts and joint work by the Public Health department and Medicines Management to implement free Healthy Start vitamins for all pregnant women, breast feeding mothers and all children up to 4 years of age (funded by Islington CCG with effect from February 2013). Additionally UCLH have had a Royal College of Paediatrics and Child Health review of their resuscitation procedures in November 2012 which highlighted no safeguarding concerns. The SCR executive summary is published on the ISCB website.

### **8.3 Child B and Child C**

In February 2011, two siblings aged 10 years and 8 years were killed in Southwark whilst in the care of their father. The mother and both children were Islington residents and had received services from both the Whittington Hospital and Islington community health services. The SCR was completed in October 2011 and the criminal trial of the children's father was concluded in December 2011. The children's mother was consulted about the redacted SCR overview report and Executive summary and subsequently both reports were published on the ISCB website in March 2012.

One of the key actions for health was the development of a GP practice child safeguarding policy template which was completed and circulated to all GPs towards the end of 2012.

## **9. CHILD DEATH REVIEW PANEL**

9.1 2012-2013 has been the 4th year of the work of the Islington Child Death Overview Panel (ICDOP). The number of deaths in children and young people up to 18 years of age remains low. While the current year is not yet ended, there were 7 deaths as at the end of February 2013 compared to previous years in which there were between 14 and 19 deaths in the full 12 month period.

9.2 The work of the panel has continued to review the deaths and the care that children and families have received. Membership of the panel has been reviewed and there has been an increased commitment from the Public Health department.

The panel has made a number of case related recommendations and has sought assurance from agencies that recommendations and suggested changes have been implemented. The key objectives of the panel continue to include:

- Support of families in terms of their bereavement
- Provision of local information to the Department of Education which contributes to the annual national data compilation and statistical analysis.

9.3 Currently, the role of Designated Doctor for child deaths in Islington is being gradually transferred from Dr. Tony Wheeler (Consultant paediatrician- Whittington Health/Designated Dr. for Child protection Islington CCG) to Dr. Tracy Ellenbogen (Consultant paediatrician- Whittington Health). Dr. Wheeler continues to be a member of the ICDOP and in future will act as deputy to Dr. Ellenbogen.

9.4 With the recent publication of the new statutory guidance on Child Death reviews in "Working Together to Safeguard Children 2013", the Islington multiagency protocol for child deaths will be reviewed.

## **10 TRANSITIONAL ISSUES**

10.1 As part of the CCG authorisation process, it has been identified that Service Level Agreements (SLAs) need to be put in place with regards the following roles: designated doctor for child protection (0.4 WTE), the designated doctor for unexpected child deaths post (0.1 WTE) and the designated doctor and nurse for Children Looked After. All of these functions are currently undertaken by employees of Whittington Health. The Islington SLA has been rewritten, adapted and is awaiting sign-off.

10.2 Clarity is awaited regarding the delineation of the relationships and child safeguarding monitoring responsibilities between the local child protection professionals (in particular the designated professionals and the Named GP for Child Protection) and NHS England, Local Authority Public Health and the Commissioning Support Unit. This will be of particular importance in view of the commissioning changes with regards Independent contractors, Prison healthcare, Health Visiting, Family Nurse Partnership and School Health Services (see section 4.6.1)

- 10.3 The designated doctor and nurse for child protection have revised the NHS North Central London Child Safeguarding Policy for use in the Islington CCG from the 1<sup>st</sup> April 2013. The final draft of this policy was endorsed by the Islington CCG Child Protection Committee on the 14<sup>th</sup> March 2013 and highlighted in the first governing body meeting of the CCG on 3<sup>rd</sup> April 2013.
- 10.4 Arrangements for Lead Professional responsibility for responding to safeguarding allegations against independent contractors from the 1<sup>st</sup> April 2013 have been confirmed as being part of the handover from NCL Practitioner performance team to the Medical Directorate in NHS CB.

## **11. SUMMARY OF ACHIEVEMENTS/**

- 11.1 All Islington Islington Named and Designated child protection and safeguarding posts are currently filled with experienced staff.
- 11.2 Multi-Agency Safeguarding Hub (MASH) - This model, which was first piloted in North Devon, involves the co-location of a range of agencies, including police, who share information at the point of first contact, to inform decisions about safeguarding and risk to children. The model was subsequently endorsed by the Munro Review and there has been a strong commitment from the London Mayor for implementation in all London boroughs.
- Steady progress has been made with preparations for the MASH for Islington. The designated nurse is a member of the Islington MASH strategy group together with representatives from Whittington Health and Camden and Islington Foundation Trust. The draft Islington MASH Information Sharing Agreement (based on a model agreement developed by the Metropolitan police and NHS London) has been shared with Caldicott Guardians in Islington CCG, NHS NCL, Whittington Health and Camden and Islington Foundation Trust. The designated nurse has met with the Islington CCG Caldicott Guardian and the LBI MASH lead to discuss the MASH proposals and Information Sharing Agreement in preparation for the MASH “going-live” during the summer 2013.
- Whittington Health has appointed an additional Child protection adviser to facilitate rotational input to the MASH from their Child Protection team.
- 11.3 There was a positive outcome from the joint Ofsted/CQC inspection of Safeguarding and Looked after Children January/February 2012 and the health action plan has been implemented.
- 11.4 The NCL Child safeguarding metrics have been implemented and completed by all provider trusts – each of which is compliant with key structure measures.
- 11.5 The named GP for child protection role has been increased from 0.1 wte to 0.2 wte and has become embedded within Primary Care, the ISCB, and initiatives such as multiagency child safeguarding audits.
- 11.6 There has been robust preparation for CCG authorisation followed by a successful authorisation visit in September 2012.
- 11.7 The introduction of back-fill payments for Dentists, Optometrists and Pharmacists has had some impact upon their attendance at Child Protection training but to date there has been very limited progress in relation to optometrists.

11.8 The Islington CCG proposal for a new Child Protection committee for primary care (to mirror the committees in provider Trusts) has been met with some positive responses from key stake-holders with whom an initial meeting is planned for May 2013.

## **12 SUMMARY OF CURRENT RISKS AND CHALLENGES**

12.1 Uptake of child protection training in Whittington Health and Moorfields is below the required levels and is being closely monitored in the relevant Child Safeguarding committees.

12.2 Lack of GP training data for 2012-13 from Annual Contract review is being followed up in conjunction with Primary Care commissioners in NHS NCL/ NHS CB.

12.3 Unresolved transition issues identified on handover certificates for child safeguarding include:

- NCL Child Safeguarding metrics for Provider Trusts: clarity needed re the handover of NCL co-ordination and collation function to Commissioning Support Unit.
- Named GP for Child Protection – following the dissemination of the NHS CB interim guidance on safeguarding arrangements in September 2012, Islington CCG raised concerns about the potential change of role and lack of clarity re future resourcing for Named GPs for child protection. The NHS CB document “Safeguarding Vulnerable People in the Reformed NHS – Accountability and Assurance Framework – March 2013” acknowledges these issues and states that NHS England area *team Nurse Directors and Medical Directors will work with primary care commissioners and local CCG clinical leaders to develop effective arrangements for the employment and development of named GPs (and other primary care expertise) within the local area.* In the meantime, Islington CCG has agreed to continue to fund the post until funding from NHS CB is agreed.
- Child Protection training (levels 1 and 2) for independent contractors are currently provided as part of an SLA with Whittington Health. The Deputy Director of Nursing (NHS England) has been asked to clarify arrangements for hand-over of this part of the SLA from the Islington PCT to the NCB. N.B. The new NHS CB guidance 2013 indicates that the NHS CB (area teams) will be responsible for the co-ordinating and funding of safeguarding training for GPs and potentially other primary care professionals. This could be done in partnership with the Local Education and Training Board (LETB).
- Handover of arrangements for payment for GP reports to Child Protection conferences from NHS NCL are yet to be confirmed.
- The on-going responsibility for implementing the Islington CCG proposal for a Child Protection Committee for primary care needs to be agreed with the NCB (see section 5.8 for further details).

## **13 FUTURE OBJECTIVES FOR 2013/14**

The Child protection committee of Islington CCG has an annual work-plan for 2013/14 and particular priorities and objectives for the remainder of the year include:

- Review the CCG’s child protection and safeguarding reporting mechanisms in line with the NHS CB Safeguarding Vulnerable people in the reformed NHS - Accountability and Assurance Framework March 2013.
- Maintain the focus on child safeguarding arrangements and commissioning responsibilities within the Islington CCG supported by strong working relationships

particularly between designated professionals and Islington CCG lead GP for Children's services

- Child protection and safeguarding training: particular focus upon maximising and recording attendance by CCG staff and independent contractors. Consider additional Child protection training needs of CCG staff e.g. level 2 for all clinical staff and customised training for those with corporate responsibilities.
- Agree arrangements with leads in NHS CB (London office) for employment and development of Named GP.
- On-going oversight by CCG of quality of safeguarding arrangements in all health providers in Islington – in conjunction with relevant commissioner (if not CCG).
- Agree arrangements for networking with NHS England and Commissioning Support Unit (CSU) re shared and inter-dependent safeguarding responsibilities such as:
  - representation at ISCB
  - monitoring uptake of Child protection training by GPs and other independent contractors
  - monitoring /oversight of Serious incidents relating to children
  - Collation and scrutiny of quarterly Child safeguarding metrics submitted by provider Trusts
  - agreeing Information Sharing agreements re e.g Multi-Agency Safeguarding Hubs (MASH)
  - proposal for convening a Child Protection and Safeguarding Committee for independent contractors (as providers) in conjunction with NCB.
- Support GP engagement as providers with child protection and safeguarding through e.g. implementing actions from the audit of quality of GP reports to child protection case conferences and agreeing arrangements for GP engagement in multi-agency child protection audits.
- Implement and monitor the action plan arising from the Section 11 audit completed by Islington CCG in December 2012.
- Monitor the action plan in response to findings and recommendations of Ofsted/CQC Thematic Inspection of 'joint working between adult and children's services – parents with mental health or substance misuse problems'.
- Disseminate and implement revised "Working Together to Safeguard Children 2013" and associated guidance re serious case reviews and child death review processes. Review and amend local procedures and protocols to reflect this new guidance.
- Agree financial resource for ISCB from all health organisations (providers and commissioners) from 2013/14 onwards.
- Maintain/develop links with Public Health (in LA) to ensure e.g child safeguarding reflected in review of JSNA.
- Ensure monitoring of child safeguarding arrangements in Out of Hours (OOH) GP service and Walk-in centres as part of CCGs wider commissioning responsibilities for these services.
- Review/develop Islington CCG HR policies re Recruitment and Selection, and Disciplinary arrangements, and ensure these reflect appropriate safeguarding guidance (including local good practice guidance re Safer Recruitment and Managing safeguarding allegations against staff)
- Respond to the new requirements regarding disclosure and barring in line with the Protection of Freedoms Act 2012.



- CCG Membership of Quality Surveillance Groups – role to be clarified in updated guidance Autumn 2013

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