

**CITY & HACKNEY SAFEGUARDING CHILDREN BOARD**  
**Report to City of London and Executive Groups**

**Section 1 - General**

**Date of Meeting** September 2016

**Title of Report/Agenda Item** Section 11 Peer Review - June 2016  
The Neaman Practice – City of London

**Presenter** Rory McCallum

**Section 2 – Report Detail**

**Report is for:** Information

**Protective Marking:** None

**Are there any communication and/or media implications?** No

**Should the report be disseminated further?** No

**Introduction**

Section 11 of the Children Act 2004 places a statutory duty on key persons and bodies to make arrangements to ensure that in discharging its functions, they have regard to the need to safeguard and promote the welfare of children and that the services they contract out to others also have regard to that need.

Improving the way key people and bodies safeguard and promote the welfare of children is crucial to improving their outcomes.

As part of its statutory objective of ensuring the effectiveness of safeguarding arrangements, the City & Hackney Safeguarding Children Board (CHSCB) facilitates a Section 11 audit process that requires organisations to self-assess their performance against the Section 11 duties.

These audits are subject to scrutiny and oversight by the CHSCB. To further strengthen this oversight and provide additional support to partner agencies, the CHSCB introduced a Peer Challenge process for Section 11 audit returns. This Peer Challenge process will help partner agencies reflect on and improve safeguarding services for children and young people.

**The Neaman Practice** in the City of London agreed to participate in this process and this report sets out the findings of the team undertaking this work. Given the footprint of patients attending the Neaman Practice, it was agreed any findings relevant to other LSCB areas will be shared for improved learning and practice.

## **Format**

In line with the proposed process, sessions were conducted in the manner of a critical friend to challenge partners on their own self-assessment of strengths and areas for improvement (as detailed in audit submissions).

The sessions were conducted in an interactive manner and were flexible enough to allow document reviews and traditional 'interviews' with identified staff members.

The on-site work was undertaken on **14 June 2016**.

This report is not intended to be an in-depth analysis of the safeguarding arrangements in existence at HUHFT, but provides a focused examination of a number of areas.

## **Peer Review Team**

The Peer Review Team comprised:

- Jim Gamble – Independent Chair, CHSCB
- Mary Lee, Designated Nurse, City & Hackney CCG
- Rory McCallum – Senior Professional Advisor, CHSCB

## **Process**

The Peer Review Process included the following:

### **Review Preparation**

The Peer Review Team undertook a detailed analysis of the Neaman Practice's Section 11 audit return and the action plan submitted to the CHSCB as part of the 2014/15 Section 11 process. It also reviewed a draft submission completed by the Practice for the 2016-17 return, but yet to be formally submitted. The Neaman Practice was asked to submit its Safeguarding Children Policy.

Key Lines of Enquiry were developed by the review team and tested during the on-site session.

### **On-Site Session**

The Peer review team met with the following staff members during the on-site visit:

- Dr Chuan Chor MB ChB (Dundee) MSc.MRCGP DRCOG Reg.1992 – Safeguarding Children Lead
- Ms Sue Neville - Practice Manager

### **Background to the Neman Practice**

- The practice consists of doctors, 2 nursing staff and a practice team.
- The catchment area for the practice is EC1 (most of) and EC 2-4
- The practice population is approximately 2/3 COL residents and 1/3 Islington residents.
- The practice population profile is predominately older adults registered.
- Practice recognised and understood the Impact being that with less children, low volume may result in de-skilling in terms of a focus on children and young people.
- There is a practice safeguarding lead in place – Dr Chor
- There is a clear Safeguarding Children Policy in place aligned with CCG policy and linked with GP toolkit.

**Action:**

- 1. Practice staff know how to access the Safeguarding Children Policy. The Practice confirmed proposal to go through it with staff as a follow up in a staff meeting in near future.**

**Analysis**

- The Section 11 audit return and the accompanying action plan from the Neaman Practice were considered by the Peer Review Team to be an accurate and proportionate reflection on their safeguarding arrangements. A number of areas were identified where the inclusion of additional information in the return would strengthen the evidence of compliance and better reflect the context of how the standards had been met.
- The governance arrangements for safeguarding children and young people are appropriate in the Practice.
- There appropriate leadership for safeguarding children and young people by the safeguarding lead at the practice.
- The Practice was child focussed despite the low volume of children attending.
- There was an acknowledgement of by Dr Chor that there is professional curiosity with children and that the GPs in the surgery consider an “index of suspicion” when they have concerns.
- Dr Chor was clear that children about whom there were significant concerns would not leave the practice until relevant professionals had been engaged.

**Standard 2 – Agency Responsibility**

It was established that there is an official complaints process in place at the practice. Dr Chor explained that complaints are responded to with acknowledgement in 2 days and reply within 7 days.

Where complaints are raised, these are actively discussed within practice meetings where lessons learnt are disseminated to staff to improve practice. There is a weekly meeting in the Practice where complaints and any learning from clinical events are discussed.

The Neaman Practice does not commission any counselling services. The team explained a finding from the recent SCR in Hackney concerning the sexual abuse of children in a foster home and the counsellor not referring a disclosure made by an adult survivor of sexual abuse. There is a counsellor attached to practice who supervises students.

**Action:**

- 2. ML will make contact with counsellor to go through learning from SCR - FC and enable access to learning**

**Standard 3 – Accountability**

With regards to Standard 3.1 – this was an error. The Practice has a named lead (Dr Chor) who takes the lead on safeguarding service.

All GPs have been through training regarding child protection. Dr Chor explained his confidence in GPs being alert to concerns about children and young people and that there was a good understanding of signs and symptoms of abuse.

Dr Chor gave an example of a referral being made to Camden CSC when concerns were identified about development delay in a child who wasn't walking.

The Practice was alert to the City of London Notice the Signs Campaign and had access to the CCG newsletter.

**Action:**

- 3. The Practice to sign up directly to receive the CHSCB TUSK briefings as slightly buried in CCG newsletter**

**Standard 4 – Service Development and views of CYP**

The practice acknowledged there is limited feedback from children as service users given the population profile, but robustly applied the use of the families and friends tool.

Returns number approx. 230 per month with 95% of feedback being good. Individual doctors are marked and ranked nationally.

The Practice displays the results and comments from the tool in the waiting area of the practice promoting transparency and reassurance to patients.

**Standard 5 - Training**

IRIS project in place. Practice has received training re DV and are confident in making referrals. When discussing scenarios advised that if not sure would undertake a home visit either with or by HV.

The lead GP referred to use of the HARK. He recalled 2-3 referrals re children in DV situations linked to HARK system.



Appendix 1- Sample questions and HARK c

There was a clear understanding about routes of referrals to CSC, alongside GPs acknowledging that if required, home visiting would take place if required to establish context by either GPs themselves or for health visitors if under 5. This was acknowledged as good practice in light of lessons in Hackney concerning case reviews Child E and Child K.

**Action:**

- 4. The Practice noted they would like input from the Community Partnership Advisor re FGM and harmful practices. CPA to make contact**
- 5. The Practice offered their site as a venue for training and for multi-agency meetings and CP conferences – T&D Coordinator to pursue**

**Standard 6 – Safer Recruitment**

The Practice was not alert to the CHSCB minimum recruitment standards, but provided reassurance that effective processes were in place. Whistleblowing and escalation policies in place and understood.

The Practice has a chaperone policy and when testing a scenario about seeing young people on their own, the lead GP provided an appropriate response based on his professional experience. The Practice would welcome a specific briefing from the LADO to help develop knowledge in this area further.

**Action:**

- 6. CoL LADO to contact and arrange briefing session at Practice.**

## **Standard 7 – Inter-Agency Working**

With regards to engagement in CP Conferences - Sometimes when GP cannot attend case conference they phone the SW and give verbal information, this may not be captured as a stand alone report as the info will be in SW report but GP information will have been shared.

Mentioned that notification of children on a CPP was good but not always notification of removal. Staff know how to check and display good professional curiosity.

### **Action:**

**Share comments by Practice with CoL re notifications of removal of children from CP Plans to clarify process and practice in this regard.**

## **Standard 8 - Information sharing**

The Practice explained that when receiving requests from the City of London Children and Families Team, they are good at explaining the context of why information is being sought.

No concerns were expressed in line with the findings from recent CHSCB MACAs about the context of concerns not being shared with GPs.

### **Recommendations / Actions**

- **Practice staff know how to access the Safeguarding Children Policy. The Practice confirmed proposal to go through it with staff as a follow up in a staff meeting in near future.**
- **ML will make contact with counsellor to go through learning from SCR - FC and enable access to learning.**
- **The Practice to sign up directly to receive the CHSCB TUSK briefings as slightly buried in CCG newsletter.**
- **The Practice noted they would like input from the Community Partnership Advisor re FGM and harmful practices. CPA to make contact.**
- **The Practice offered their site as a venue for training and for multi-agency meetings and CP conferences – T&D Coordinator to pursue.**
- **CoL LADO to contact and arrange briefing session at Practice.**
- **Share comments by Practice with CoL re notifications of removal of children from CP Plans to clarify process and practice in this regard.**

### **Author(s):**

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