

Meeting title	Trust Executive Committee
Report title	Safeguarding Children Annual Report 2017 - 18
Meeting date	18th July 2018
Lead director	Charlotte Hall, Chief Nurse, Executive Lead for Safeguarding
Report author	Lead Named Nurse Safeguarding Children
FOI status	Disclosable or non-disclosable: Disclosable

Report summary	<p>This annual report provides a summary of key activities and delivery relating to Safeguarding Children during 2017/18.</p> <p>The Chief Nurse is the executive lead and represents the trust across the 3 boroughs (Sutton, Merton and Surrey) that the organisation serves.</p> <p>The Safeguarding Children team participates widely in partnership working and are active members of Multi-Agency Risk Assessment Conference (MARAC), Multi – Agency Sexual Exploitation (MASE), Risk Management Meeting (RMM) and Domestic Abuse Delivery Group (DADG). The Safeguarding Children team contribute to many Local Safeguarding Children’s Board subgroups, with the drive to ensure children in the boroughs are protected, safe and achieving.</p> <p>The key highlights during this reporting period are Safeguarding activity continues to increase with a high volume of referrals to Social Care. The Safeguarding Children Team are now based in a Hub jointly with Safeguarding Adults Team and other specialists, and the establishment of Children Outliers. These were noted by CQC as evidence of outstanding practice. However, CQC identified concerns around staffing and Safeguarding Training as areas of concern.</p> <p>A further highlight pertains to the Trust’s progress with Child Protection Information Sharing (CP IS), with 4 out of 6 departments</p>
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	<p>identified to have implemented the system.</p> <p>The number of children and young people attending suffering with self-harm, abuse or suicidal attempts has also increased, while the the number of children attending the trust having been assaulted has decreased by 11%.</p> <p>More staff are accessing Safeguarding Supervision and seeking ad-hoc advice from the Safeguarding team, predominately around neglect, physical abuse and child sexual exploitation.</p> <p>The compliance rate for safeguarding children training has reduced, due to new services joining the Trust. Measures are in place to address.</p>
Purpose	<p>The report is presented to assure the trust they are effectively discharging their safeguarding functions with due regard to the welfare of children.</p> <p>The annual report details key points and activities in relation to safeguarding children from 1st April 2017 to 31st March 2018.</p>
Recommendation	<p>The Trust Executive Committee is asked to note the Annual Report.</p>

Corporate objective links	<p>This report provides assurance to the Board that it is meeting its statutory responsibility to safeguard and promote the welfare of all children through safe and effective care, positive patient experience, responsive care, financial sustainability and working in partnership with other agencies.</p>
CQC standard	<p>CQC Outcome 7 (<i>Safe, effective, caring, responsive, well-led</i>)</p>
Identified risks and risk management actions	<p>Safeguarding Supervision: the number of staff requiring supervision is not being met due to capacity. More safeguarding supervisors are being identified with ongoing supervisors training planned. This area is on the risk register with an ongoing plan to meet needs.</p> <p>Child Protection Information Sharing (CP IS): The Trust has partially gone live with CP IS, and it is recognised that full implementation ie. consistent checking of children is yet to be achieved.</p> <p>Although this is on the corporate risk register, it has been downgraded. Mitigating measures are in place that include safeguarding enquiry during pre-assessment, Child Protection Alert on the system and role of Clinical Liaison Nurse to review children's attendances.</p>
Resource implications	<p>None</p>

Legal implications	Statutory guidance available: Making Arrangements to Safeguard and Promote the Welfare of Children under Section 11; Children Act 1989; 2004 and Working Together to Safeguard Children (2015).
Equality impact assessment	No

Report history	This is an Annual Report. Last Report covering 2016/17 was presented to TEC last year.
Considered by other committees	Children Safeguarding Committee
Appendices	Appendix 1 Update on Safeguarding Children Priorities 2017/18 Appendix 2 Safeguarding Children Clinical Audit Plan 2017/18 Appendix 3 Safeguarding Children Audit Plan 2018/19

1.0 Introduction

This annual report provides a summary of key activities and delivery relating to Safeguarding Children during the period April 1st, 2017 – March 31st, 2018.

The key highlights during this reporting period are Safeguarding activity continues to increase with high volume of referrals to Social Care. The Safeguarding Children Team now being based in a Hub jointly with Safeguarding Adults Team and other specialists, and the establishment of Children Outliers. These were noted by CQC inspection in January 2018 as evidence of *outstanding practice*. However, CQC identified concerns around staffing and Safeguarding Training as areas of concern. A further highlight pertains to the Trust partially going live with Child Protection Information Sharing (CP IS) Project.

2.0 Purpose

The report is presented to assure the Trust it is effectively discharging safeguarding functions for children. It also highlights areas where improvements are required for the Trust to better ensure that there are effective systems in place to safeguard children in the future.

This document presents the annual report for safeguarding children for 1st April 2017 to 31st March 2018 in line with 'Working Together to Safeguard Children' 2015 and the Children Act 2004. These set out the requirement for the Trust board to produce an annual report with an analysis of the effectiveness of local safeguarding arrangements.

3.0 Definitions

Safeguarding children: A child is an individual under the age of 18 years.

The Children Act (1989 & 2004) states that the welfare of the child is paramount and that all practitioners are required to protect children, prevent the impairment of health and development, and ensure they are provided with safe and effective care in order to fulfill their potential.

4.0 Background

The Safeguarding children team is led by the Lead Named Nurse for Safeguarding Children. The existing nurse left in the year and has been replaced. The post holder reports directly to the Associate Director of Nursing and Safeguarding with professional support from the Head of Nursing – Paediatrics and Neonatology and meets monthly with the Chief Nurse, who is the executive lead for both adult and children safeguarding.

A Safeguarding Planning Meeting has been set up, which convenes monthly. The meeting is attended by the Trust safeguarding professionals with focus on reviewing safeguarding activities in each area and forward planning for the Safeguarding Children Committee Meeting.

The Safeguarding Children Committee is held quarterly, is chaired by the chief nurse and attended by internal senior managers and CCGs and other key partners.

It is responsible for ensuring staff are made aware of new guidance, legislation and recommendations from national and local Serious Care Reviews.

The Trust has representation across all 3 local boroughs and is represented within Sutton Local Safeguarding Children Boards by the Chief Nurse, and within Surrey at the Health and Child Safeguarding Committee and Merton Local Safeguarding Children Board by the Named Nurse for Safeguarding Children.

5.0 Progress of Safeguarding Priorities 2017/18

There were 10 safeguarding priorities set out in the previous report. Some of the priorities related to Safeguarding Children moving to a 'Safeguarding Hub'; maintaining quality assurance in safeguarding function; improving trust compliance with training, as well as engaging with Local Safeguarding Children's Board and implementing the Child Protection Information Sharing Project. Of the 10 priorities, 6 have been achieved and 4 are registering amber (see Appendix 1).

6.0 Safeguarding Children Activity

6.1 Audits

The Safeguarding Children Committee continues to monitor and scrutinise progress against the Audit Plan 2017/18. Audits presented are outlined in Appendix 2. The audit plan for 2018/19 is detailed in Appendix 3. On a quarterly basis, there are 2 case note audits that are presented to the Safeguarding Children Committee for oversight and learning.

The following highlight key findings from DNA (Did Not Attend, now reverted to Was not Brought) audit:

- The audit showed non-compliance with the Trust's paediatric DNA policy;
- Previous audits showed similar findings, and, despite actions implemented, this has not improved;
- Concerns around documentation, there was a lack of documentation in clinical notes following first & second DNA; outpatient appointments were still subsequently offered;
- There was deficiency of communication of DNA to GP's; and
- The number of DNA's make it impossible to establish if there are any safeguarding issues.

The actions arising from this audit include an automated system to be set up that will generate DNA letters to GP, (except if child has Safeguarding Concerns, clinician should follow Trust Safeguarding Procedures) awareness raising around documentation and information sharing, training and a pro-forma to document decision-making following DNAs

A Task and Finish group is being developed to progress the above actions. Safeguarding training will include DNA (Was not Brought) to increase wider awareness across the Trust, including importance of documentation. The actions

have been included in the Safeguarding Children Committee Action Plan for monitoring.

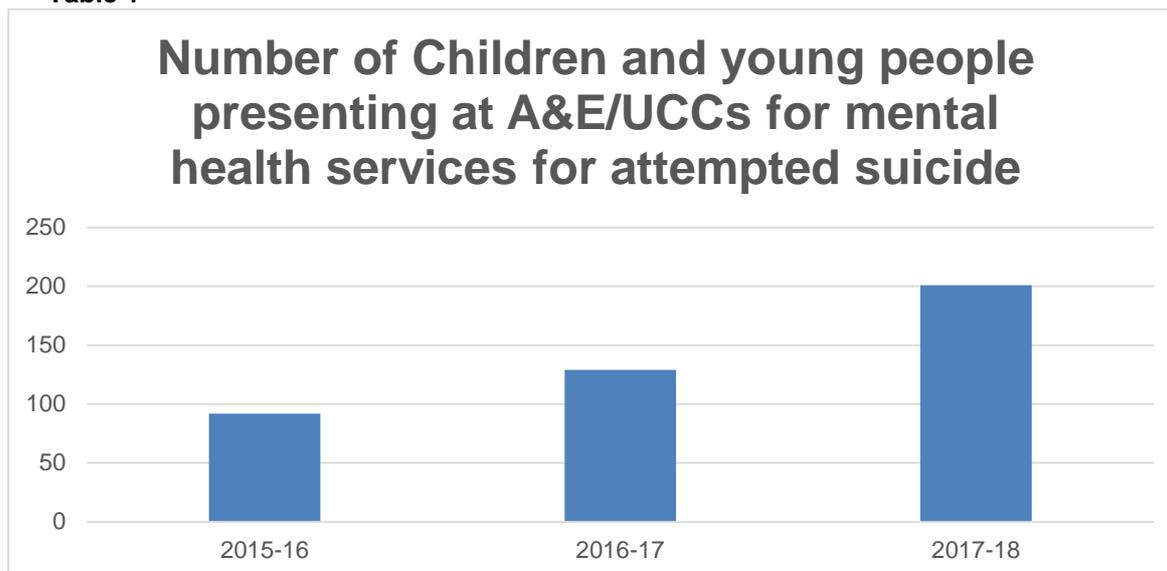
6.2 Serious Incidents

There have been no safeguarding serious incidents reported during this period.

6.3 Safeguarding Children Data

The charts below detail the overall activity in children safeguarding across the Trust.

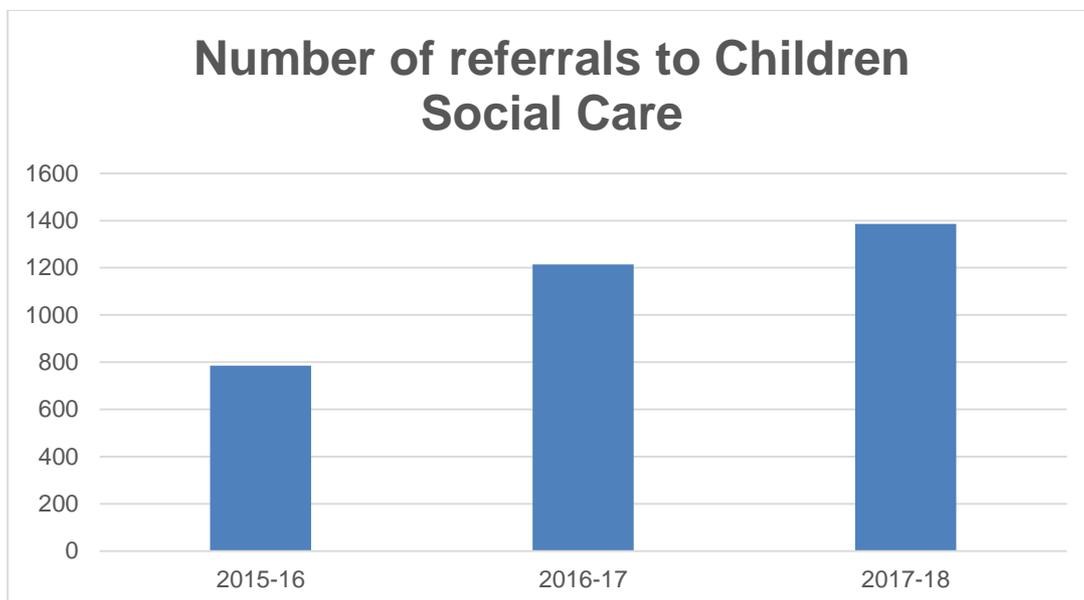
Table 1



There has been an increase across both sites of 64% of children presenting with mental health issues. The table above demonstrates an increase in the number of children presenting having attempted suicide. However, the highest rate of presentation is among those children who have self-harmed; 59% of the number of children who attended the Trust, attended Epsom Hospital. At Epsom Hospital, a large proportion of the children are admitted until they receive a CAMHS review and assessment.

Sutton has one of the highest incidences in London of young people who self-harm. Sutton Safeguarding Children's Board have developed a Multi-agency Self-Harm Protocol for all staff and volunteers working with children and young people in Sutton. However, at the time of reporting, the Protocol is under review. Further service available is the Sutton CAMHS Nurse for Self-harm to address the increasing incidence of self-harming in the borough.

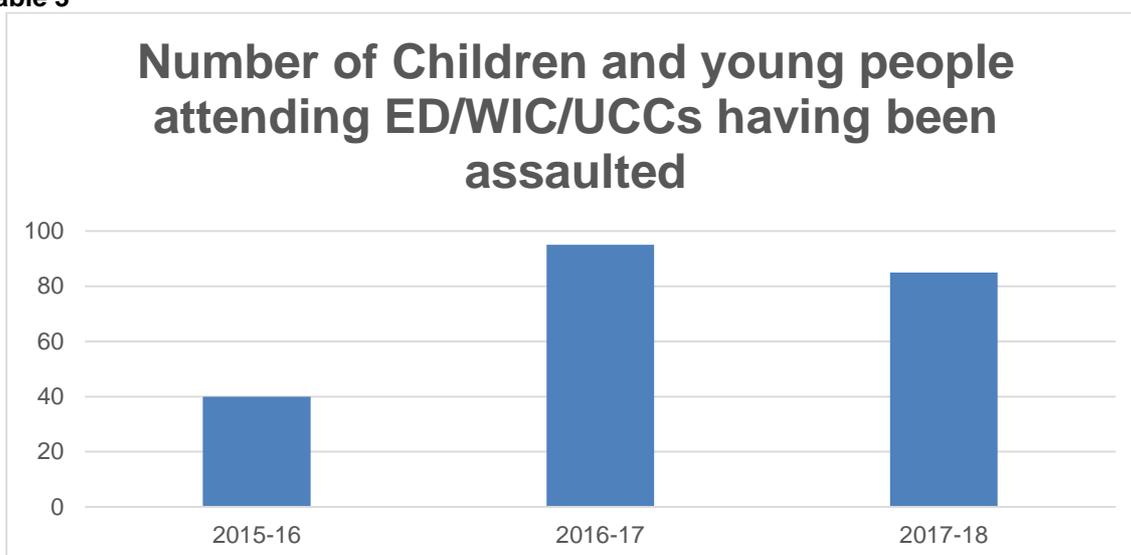
Table 2



Data from the Emergency Department safeguarding meetings, antenatal risk forums and other supervision records has demonstrated that there continues to be an increase in the number of children referred from the Trust to Children Social Care. This includes adults admitted who have caring responsibilities for children and children seen in the Emergency Department.

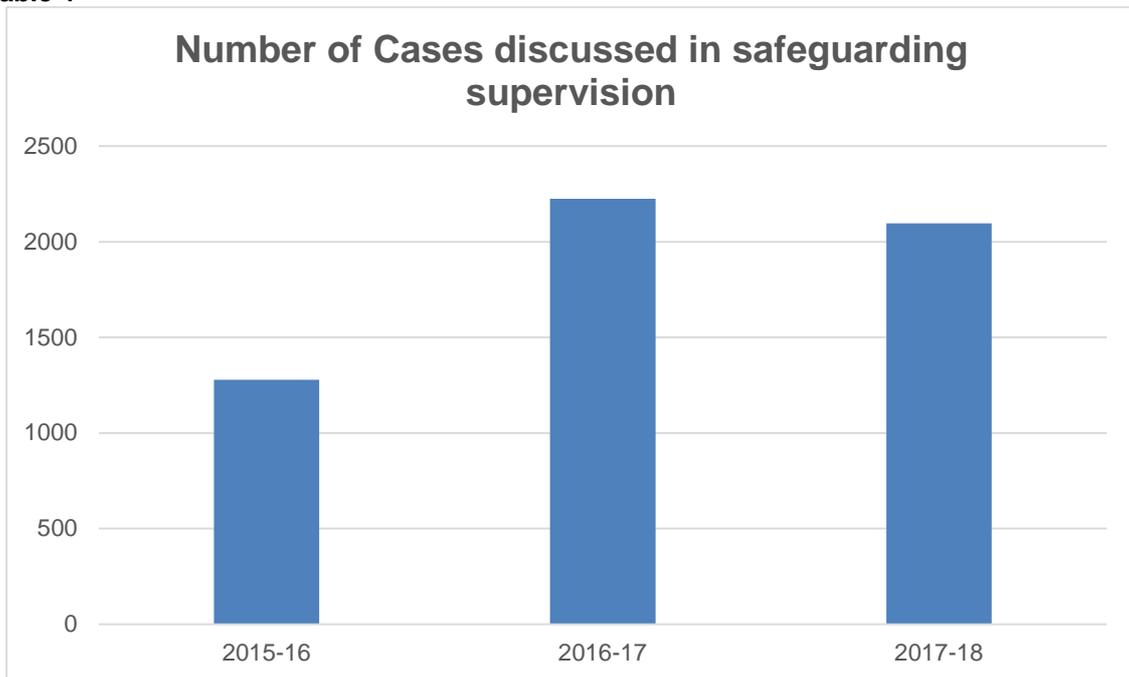
There has been an increase of 14% in referrals to Sutton, Surrey and Merton Multi-agency Safeguarding Hub (MASH) since the last reporting period. This increase in referrals may be due to greater emphasis being placed on the 'hidden' children during safeguarding children training across the Trust. These are children whose parents present with domestic abuse, alcohol and substance misuse and mental health crises. Moreover, the promotion of the Think Family principles in training, which recognises and promotes the importance of a whole-family approach of 'reaching out: think family' is also a contributory factor. The awareness raising of Domestic Abuse has further compounded the increase in referrals.

Table 3



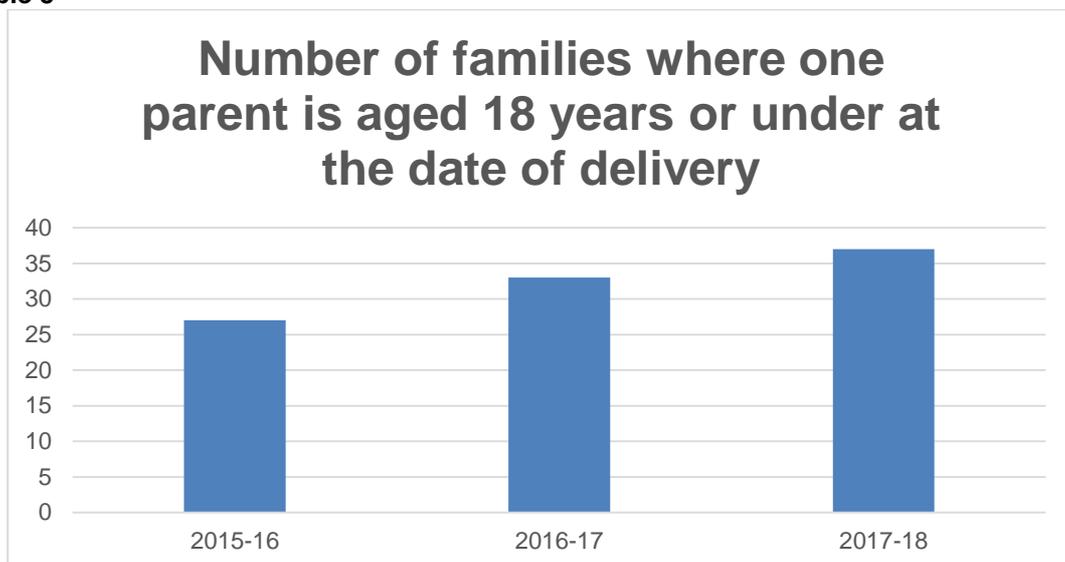
There has been a decrease of 11% in the number of children presenting to ED having been assaulted. The majority of assaults that present to ED are peer on peer assault occurring either in school or in the community.

Table 4



Safeguarding supervision is provided by the safeguarding team enabling staff to reflect on practice and plan interventions. Supervision is completed on a one to one basis, in groups and specialties across the Trust. During the reporting period 2017/18 there were 2,096 consultations. This is a 6% decrease from the previous year. The number from last year also appears higher than would be expected, in view of the number of supervisor at that point. However, the data does not account ad-hoc telephone advice and enquiries, which often relating to domestic abuse, neglect and physical abuse. Doctors Peer Reviews are also held across sites. An audit is scheduled to be completed of the effectiveness and impact of safeguarding supervision on practitioner's practice.

Table 5



The number of parents aged 18 and under has increased by 11%, with this rise being predominately in Epsom. Overall, Epsom comprises 46% of the total across Sutton, Merton, Surrey Croydon.

7.0 Assurance around safeguarding activity involving ESTH

ESTH has completed and published the safeguarding children declaration in line with 2009 guidance from the NHS Chief Executive. This detail the seven key requirements that are necessary to improve services to safeguard children.

During this reporting period, the Merton Local Safeguarding Children Board requested completion of Section 11 Audit which was submitted in July 2017. It also followed with a Challenge Event – discussion of the Trust Section 11 with the members of the LSCB. The overall outcome was positive. The challenge event recognised there had been further development within safeguarding; namely the Safeguarding Hub, which was acknowledged very positively. Areas requiring action are outlined within the Safeguarding Action Plan, for monitoring, and this includes the following:

- *Complete work reviewing and updating the Trust safeguarding policy and Procedures. Including Domestic Violence Policy and Safeguarding supervision Policy*
- *To provide briefing on the newly developed 'Safeguarding Hub'*
- *Summary on service improvement that has resulted on feedback from CYP
The action has been completed.*

Sutton Local Safeguarding Children Board also requested completion of Section 11 Audit. The audit was submitted in September 2017. The following were areas requiring further development:

- *Service Planning to incorporate a safeguarding component in all its service planning development;*
- *Service plans developed demonstrate engagement of children, young people and families, and their views shape the service development throughout the end to end process;*
- *To ensure most or all interview panel have accessed safer recruitment training and safer recruitment is considered by staff across the trust in terms of access to children; and*
- *Whistleblowing policy: The trust whistleblowing policy to be amended (child protection section) to incorporate contacting NSPCC 'Whistleblowing hotline' and include Child Exploitation*

All the actions above have been progressed and are registering amber. These are also being monitored at the Safeguarding Children Committee.

8.0 Partnership Working

8.1 Serious Case Reviews (SCRs)

During this reporting period, the Trust has not been requested to participate in any Serious Case Reviews with Sutton, Merton or Surrey Safeguarding Children Boards during the reporting period.

8.2 Child Death Overview Panel and Child Death Review

A Child Death Overview Panel (CDOP) undertakes an overview of all child deaths (under 18 years) in the LSCB area. The Trust has representation on the CDOP panels in Surrey, Sutton and Merton. The Trust has been represented at Rapid Response Meetings following an unexpected child death.

During the latter part of the reporting period, there have been some changes in legislation. Based on the 2016 Wood Review of Local Safeguarding, the Children and Social Work Act (CSWA, 2017) has significantly transformed elements of safeguarding. Under the new legislation, the national responsibility for reporting and data flow passed from the Department for Education (DfE) to the Department of Health (DH). Local authorities and clinical commissioning groups are named as 'child death review partners' and must make arrangements for the review of each death of a child normally resident in the local authority area. Formal collaboration between responsible partners for child death reviews will be undertaken at greater scale, enabling the formation of Child Death Overview Panels (CDOPs) covering larger populations. Within NHS trusts, a board-level leader, designated as patient safety director, will take responsibility for the learning from deaths agenda and have specific responsibility for the learning from child mortality processes.

NHS England has also been working on a revision of the Child Death Review (CDR) system that centres upon the updating of "Working Together to Safeguard Children". In October 2017, statutory guidance was published for all those involved in the new processes of Child Death Review (CDR). It has two main aims:

- to improve the experience of bereaved families and professionals involved in caring for children; and
- to ensure that information from the CDR process is systematically captured, to enable learning to prevent future deaths. To support this, NHS England is commissioning a National Child Mortality Database.

New legislation will require support to CDOPs at sector levels to ensure they meet the requirements of the revised statutory guidance. The new system requires a four-part Child Death Review process following the death of a child or young person. This will be undertaken through parties involved in the care of the child and will ensure effective bereavement support is identified and provided at an early stage.

8.3 Multi-Agency Risk Assessment Conference (MARAC)¹

The MARAC is a meeting where agencies share information on the highest risk domestic abuse cases. The risk of future harm to victims experiencing domestic abuse, and harm to children, are addressed and action plans are drawn up to manage those risks.

Sharing information allows professionals to understand the needs of people experiencing domestic violence and to provide the right help to reduce the risk of future domestic violence. The Trust provides representation to Merton, Sutton and Surrey MARACs on a monthly basis. The Trust provides information either by attendance or virtual attendance. Referrals to MARAC in Sutton, Merton and Surrey are submitted via an automated system.

8.4 Maternity Safeguarding Forum

The monthly maternity safeguarding forums continue to provide multi-professional information sharing regarding vulnerable women and their families. During this period, there has been regular attendance by representatives from Sutton, Surrey and Merton Children's Social Care and Community Health Services. The process for the forum has been reviewed and strengthened considering actions from a Serious Case Review, this includes amendments to ToR, the forum agenda and minutes including auditable information which will enable Maternity Service to provide a report to Sutton LSCB subgroup bi-annually; and escalation process to other agencies.

The maternity safeguarding holds a Multi-disciplinary referral meeting with Liaison Psychiatry for all new referrals to Maple and Magnolia clinic, and counselling and bereavement services for Sutton and Merton. This is an early intervention to ensure that all women have a plan prior to being discussed at the antenatal forum. This will be developed along with the South West London Perinatal mental health service.

9.0 Independent Domestic Violence Abuse Advisor (IDVA)

This is a service funded through the Mayor's Office for Policing and Crime (MOPAC), which enables better services to be provided to all victims of Domestic Abuse and access to services through Independent Domestic Violence Advisors (IDVAs) and other support works. The Trust has a dedicated IDVA worker for Sutton and Merton whose role includes sourcing safe/emergency accommodation, referrals to safeguarding and/or MARAC, accompanying service users to court, information provision around criminal justice system, signposting for legal advice including clients with no recourse to public funds, and emotional support.

There had been changes in IDVA workers, with the previous worker leaving and a new Advisor taking over, in November 2017, and needing to establish themselves in the Trust. The data below outlines the referrals to IDVA. Ad-hoc advice is also provided which is not inclusive of this data.

¹ <http://www.merton.gov.uk/community-living/communitysafety/safermertondomesticviolence/marac.htm>

Referrals to Independent Domestic Violence Abuse Advisor Sutton and Merton	
September 2016 – March 2017	November 2017– March 2018
44	45

10.0 Safeguarding Children Training

10.1 Training Data

The Trust provides Safeguarding Children training which meets the requirements set out in the Intercollegiate Document 2014². The aim is to ensure that staff are equipped with the knowledge and skills necessary to act on their concerns and fulfil their responsibilities in accordance with the London and Surrey Child Protection procedures.

Training is monitored via an effective database 'WIRED' detailing the uptake of all staff training. Training needs and provision are monitored quarterly via the Safeguarding Children Committee. The frequency of training is tracked to reflect an annual requirement.

As per the Intercollegiate Document 2014, all the Trust staff access Safeguarding Training levels according to their role requirements.

Further to the previous report in March 2017, data shows significant numbers of staff continue to be trained annually to the appropriate level; however, the Trust target of 95% has not been met. The status of safeguarding children training up to and including March 2018 against a training target of 95% is as follows:

Level 2 – 80% of eligible staff up to date;
 Level 3 – 84% of eligible staff up to date; and
 Level 4 – 100% of eligible staff up to date.

It is recognised that safeguarding training compliance has not been achieved. This is being monitored at the Safeguarding Children Committee. Areas of low compliance will be escalated to managers and to the Chief Nurse.

Training for bank and agency staff

NHS England's safeguarding children booklet and the Trust Safeguarding Children Booklet are given to all bank and agency staff. Volunteers will continue to receive bespoke safeguarding training.

² Safeguarding children and young people: Roles and responsibilities for health care staff. Intercollegiate Guidance Third Edition: March 2014

<http://www.ehcap.co.uk/content/sites/ehcap/uploads/NewsDocuments/199/Safeguarding-Children-Roles-and-Competencies-for-Healthcare-Staff--02-0----2.PDF>

Multi-agency training provided by Surrey, Sutton & Merton Safeguarding Children's Boards enhances the single agency training provided by the Trust. The Local Safeguarding Children Board training brochures are also disseminated to staff. The Safeguarding Children Committee members are tasked to encourage increase of attendance at internal and multi-agency training. The Multi-agency brochure is available on the intranet.

The Trust has a commitment to ensuring staff are compliant with Safeguarding Training and learning is embedded into practice. The Trust also has a dedicated Safeguarding Practice Educator. This role has demonstrated effectiveness both in offering flexibility and more bespoke training, and has further demonstrated formulation of learning to be applied in practice.

10.2 Midwifery

Level 3 Safeguarding Children update Training is incorporated into the Midwifery Mandatory Training programme. The focus of the training during 2017 - 18 was Perinatal Mental Health, FGM, Domestic Abuse and PREVENT. The training sessions have been well attended.

Chances4Children: during this period, the Trust received funding from Health Education England for the Chances4Children Project to deliver specific training. The project focused on upskilling Maternity, Emergency Department and Paediatric clinicians on perinatal mental health and safeguarding. The project ran for 6 months in the Trust and was well received. Following the project, a Chance4Children conference was held with over 70 delegates in attendance.

10.3 Domestic Violence

A specific training programme was implemented for frontline staff in ED, Medical GU and Maternity. This was intended to raise awareness of the guidance and pathways for referring victims to local support services, Independent Domestic Violence Advisor and to the multiagency risk assessment conference (MARAC). This training remains ongoing demonstration of effectiveness and outcomes for patients.

10.4 Female Genital Mutilation Training

In accordance with the message from Government and the NHS planning guidance on tackling FGM in the UK, the importance of health professionals to report any incidence of FGM to local safeguarding systems was highlighted³. The Trust continues to meet its mandatory obligations. Awareness of FGM is included as part of all levels of Safeguarding training. All level 3 sessions include a more detailed programme for the high-risk areas. The Named Midwife acts as the FGM lead across the Trust. During this reporting period, there was 4 cases of FGM identified and escalated, compared to previous year where 20 cases recorded.

10.5 Child Sexual Exploitation

Child sexual exploitation (CSE) is a crime with devastating and long-lasting consequences for its victims and their families. Childhoods and family life can be ruined, and this is compounded when victims, or those at risk of abuse, do not receive appropriate, immediate and on-going support. In the implementation of the government agenda, 'In Putting Children First' (2016), CSE is incorporated in all levels of Safeguarding Children training, and a CSE policy is accessible on the Trust intranet. The Trust CSE lead is the Specialist Nurse Safeguarding Children. The Trust also contributes and plays a vital role in the multi-agency forum for the management of CSE.

³

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/525390/FGM_safeguarding_report_A.pdf

11.0 Safeguarding Supervision

Safeguarding Supervision Policy and arrangements are in place to provide staff with supervision and support to promote safe and effective practice. The level of supervision provided is in accordance with the degree and nature of contact that staff have with children, young people, vulnerable adults and families.

A small team of trained safeguarding supervisors deliver a reflective model of safeguarding supervision and work is continuing to embed safeguarding supervision within the specialisms of Maternity, Medicine and Community Paediatric areas in accordance with the Trust Safeguarding Supervision Policy. Both EDs receive weekly group supervision open to any member of staff and this is well attended. Staff can access supervision on an ad-hoc basis.

It is recognised there are more staff requiring safeguarding supervision, and further safeguarding supervisors' training is planned.

12.0 Policies

National and Local Safeguarding Children policies and procedures are in place, and accessible to all staff via the Trust Intranet. The Trust is compliant with Sutton, Merton and Surrey statutory Safeguarding Children's Commissioning policy.

The Trust procedures are aligned to the London and Surrey Safeguarding Board Procedures, which are accessible electronically via the Trust Intranet and are regularly updated by the London and Surrey Safeguarding Children Boards. The Trust policies have been updated.

13.0 Risks

The previous report highlighted a risk in the withdrawn post of Paediatric Liaison Health Visitor to screen all children's attendance to ED across the Trust. With the Trust commitment in safeguarding and promoting the welfare of children, a Clinical Liaison Nurse has since been appointed to undertake this role across the Trust.

Child Protection - Information Sharing (CP-IS) is a nationwide system to enable child protection information to be shared securely between local authorities and other NHS Trusts across England. The project is led by NHS England. CP-IS focuses on children under 18 years of age who are subject to a Child Protection Plan or Children Looked After. The primary areas applying CP-IS in the Trust are Paediatrics EDs and other Emergency Departments, Maternity, unscheduled care services (such as, emergency Ophthalmology clinics). The CP IS has been added to the risk register, as the key departments are yet to fully implement the system. There are mitigating measures in place which include every child presenting in Emergency Departments, safeguarding enquiries are made, as well as children who are subject to Child Protection Plan from Sutton and Merton are flagged on the internal system.

Safeguarding Supervision development indicates a number of staff are continuing to be trained to be supervisors; however, due to capacity to meet needs, supervision continues to be raised as a risk and is flagged on the Trust risk

register. The following measures are in place: staff have access to ad-hoc supervision and there is flexibility in the safeguarding team for provision of supervision.

14.0 Child Protection Conference

The Trust is commissioned to attend and provide health information and medical advice at Initial Case Conferences, with follow-up as appropriate to individual cases. The national picture reflects our local problems with attendance at Initial Case Conference. The Trust Paediatricians attendance continues to be low at Initial Case Conferences. The most common reason for non-attendance is due to the doctors being unavailable at the scheduled time of the conference. There are also concerns about invitations not being received in a timely fashion.

A quarterly report is submitted to Merton CCG, and a quarterly meeting is also held. A 6-monthly report is provided to Sutton and Surrey CCGs, along with meetings held, at the same intervals, with the CCGs to review performance and discuss ongoing issues, such as commissioned capacity vs current demand. The Trust is continuing to work to address and is monitored by the Safeguarding Children Committee.

15.0 Child Protection Medicals

A Child Protection Medical (CP Medical) is carried out across the Trust sites, either through an appointment or via urgent requests, when a child is seriously ill or injured, and a joint decision has been agreed between Social Care, Police and Health that a Child Protection medical is required. During this reporting period, there were 138 CP Medicals that were completed across the Trust compared to 163 in the previous year. This is a reduction of 17%.

16.0 LADO (Local Authority Designated Officer)

The management of allegations against people who work with children, in connection with their employment or voluntary activity, who have: “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; and behaved towards a child or children in a way that indicates they may pose a risk of harm to children.”

Appropriate procedures are in place for managing allegations against staff. The Chief Nurse is the designated safeguarding lead to whom allegations or concerns are reported.

The Trust has escalated 6 LADO cases. 4 cases were referred to Sutton, 1 case to Merton and another to Surrey local authority. Appropriate actions were undertaken both to engage with LADO and to mitigate any potential risks.

17.0 Safer Recruitment

It is a requirement for all statutory and public organisations which employ staff or volunteers to work with children to adopt a consistent and thorough process of safe recruitment in order to ensure that those recruited are suitable. This includes

ensuring that safe recruitment and selection procedures are adopted which deter, reject or identify people who might abuse children or are otherwise unsuitable to work with them.

During this reporting period, it was identified that 98.3% of staff working with children have had DBS (Disclosure and Barring Service) check, indicating 1.7% are outstanding. Address of this issue is being escalated by the Chief Nurse.

18.0 Output

During this reporting period, there have been good outcomes worth noting:

In March 2018, there was a successful outcome from a Domestic Violence case which resulted from the hospital IDVA, and the established Safeguarding Hub contributed to the case.

16-year-old male was brought to ED with suicidal intent and history of chaotic home life. Previous contact to MASH in September 2017 (not from us). Subsequently, we sent in a robust referral based on his current attendance to ED. His case was then discussed in ED Weekly meeting with SW present. He had been awaiting contact from Children Social Care but no assessment had been made but then he attended ED and consequently he was allocated a Social Worker. It was noted in the meeting that this child had a complex history and was a confidential case in light of high risk from birth father. However, we felt the fact that he had had a SW allocated was a positive step

An adult attended ED in February following Domestic Violence incident and the Sister in Charge asked all the right questions and did a referral to Children Social Care and MARAC. Case was discussed at MARAC in March and she was offered support but sadly, later on, she withdrew her allegation. One positive aspect was that we reviewed the child and Mum's previous attendances, and this was shared with MARAC. The Sister in ED at Epsom had recently had her Safeguarding update which contributed strongly part in the Sister picking this up and providing such a robust safeguarding response.

19.0 Priorities for 2018-19

- Develop robust working arrangements for the integration of safeguarding practices across the Trust;
- For the Trust to be compliant with safeguarding training;
- For the Trust to be compliant with DBS check;
- To improve compliance with 'Was Not Brought'/ DNA policy;
- Child's 'voice' and experience is strengthened;
- To strengthen systems and processes in place for the management of CAMHS patients;
- Trust to maintain engagement and ensure agenda aligns with LSCBs and NHSE;
- That safeguarding supervision continues to develop and sustain;
- Ensure 'Was Not Brought' to Appointments/Absconding and Missing and Standard Operating Procedures are updated;
- That Child Protection Information Sharing (CP IS) is effectively implemented in all identified departments;
- Ensures Section 11 and related actions are completed timely;
- Continue to strengthen the internal safeguarding systems and processes;
- Continue to raise awareness of Child Sexual Exploitation (CSE) across the Trust, working in partnership with other agencies; and
- Local and National changes are acted upon, including implementing the changes required for the Children and Social Work Act 2017 and FGM Information System.

Appendix 1

Progress of Safeguarding Priorities 2017/18

Priorities	position	Rag
<ul style="list-style-type: none"> Bringing adult and Paediatric safeguarding management and working together under one manager in charge of both teams and situated in a trust safeguarding 'hub'. This will reduce duplication of work and overlap of referrals improving efficiency of the teams; 	The Safeguarding Children and Adults team, together with other specialists, are based in a 'Safeguarding Hub'. This has enabled better joint working and improved communication and support.	
<ul style="list-style-type: none"> Ongoing work on ensuring that the Trust's safeguarding arrangements are quality assured by completing scheduled audits and identifying areas where quality needs to be addressed; 	Safeguarding children audit programme is in place, and regularly reviewed and monitored at the Safeguarding Committee Meeting. Both single and multi-agency audit scheduled had been achieved.	
<ul style="list-style-type: none"> To continue to work across the Trust to improve the compliance rate for safeguarding children training; 	The training compliance across the trust has not been met. This has been compounded by new services moving into the Trust. Measures are in place to address.	
<ul style="list-style-type: none"> To continue to work with the Merton, Sutton and Surrey Safeguarding Children Boards in line with their local priorities, ensuring that these are reflected into the safeguarding arrangements and work plans for ESTH; 	The engagement with Merton LSCB has not been consistent. Good engagement with Sutton LSCB and Surrey Health and Child Safeguarding Committee. Active engagement with the Boards subgroups has also been well received. Section 11 for Merton and Sutton were completed with positive outcomes.	
<ul style="list-style-type: none"> To ensure that policies and procedures are updated in line with national and local guidelines; 	Safeguarding Children Policy, Training Strategy, Domestic Violence and Abuse policy, Domestic Abuse Workforce Policy, Safeguarding Supervision Policy and Child Protection have been completed. The Safeguarding Operation Procedure are in progress of completion.	
<ul style="list-style-type: none"> Continue to raise awareness of the management of Domestic Abuse across the Trust and increase awareness of the IDVA and MARAC services; 	The Trust has been proactive in promoting and raising awareness of Domestic violence. A number of activities have been undertaken, including participation in the 'Blooming Strong' campaign in November 2017 which was held in the Trust. The campaign was well received, and this will now be an annual event jointly facilitated with the Sutton MARAC Lead. In February 2018, a further DV awareness event was also held.	
<ul style="list-style-type: none"> To continue work with the Sutton, Merton and Surrey and NHS Digital to integrate the CP-IS project; 	The Trust is working towards full implementation of Child Protection Information Sharing (CP IS) project. There are 6 areas identified to implement the system, 2 out of the 6 departments are to yet to integrate the system into practice.	
<ul style="list-style-type: none"> To reflect CQC recommendation of Not Seen, Not Heard; namely, engaging children and young people in service delivery and evidence-based-outcome focus; 	There are various activities in progress in engaging children and young people in the Trust, which have resulted in changes in service: Paediatric ED configured following feedback from young people; Initiative – 'Tops and Pants' used for gathering views of CYP highlighting positives and negatives	

	<p>of being in hospital; Children and Young People feedback questionnaire; The Trust is exploring Children and Young People council – will include mapping out schools and ages of children – so that they can be consulted during service development; and Trust lowered age of volunteers to 16 to enable young people to gain work experience and obtain their views on services. Other specific work is also ongoing. This will continue to be monitored in the Safeguarding Committee.</p>	
<ul style="list-style-type: none"> To contribute and provide essential requirements pertaining to the organisation in relation to any inspection ie. Special Educational Needs and/ or Disabilities (SEND) and Joint Targeted Area Inspection (JTAI) on theme – Children Living with Neglect (May and December 2017); 	<p>The Trust contributed to SEND Inspection for Sutton and Merton, as well as participating in mock JTAI inspection on children living with domestic violence in Sutton.</p>	
<ul style="list-style-type: none"> To engage stakeholders ensuring identified risks are effectively managed and addressed timely. 	<p>It was identified information was not shared with partner agencies of babies under a month old. Immediately, a system was put in place to rectify the situation and is being monitored.</p> <p>Clinical Liaison Nurse has been appointed to address the gap in Paedatric Liaison function.</p>	

Safeguarding Children – Completed audit 2017/18

Total: 7

Audit Name	Recommendations/Actions	Outcome
DNA Re-audit	<ol style="list-style-type: none"> 1. Automated system to be set up that will generate DNA letters to GP (except if child has Safeguarding concerns, clinician should follow Trust Safeguarding Procedures); 2. Awareness raising around documentation and information sharing, this will include screen saver, cascade audit findings at various forums to clinicians; 3. Provide training to Divisional Service Manager on DNA policy to enable them to cascade to PPCs and new starters; and 4. Devise pro-forma to document decision making following DNAs 	<ol style="list-style-type: none"> 1. Task and Finish group is being developed to progress the actions; 2. DNA (Did Note attended – now reverted to ‘Was not brought’) will be included in safeguarding training to increase wider awareness and implications across the Trust, including importance of documentation; and 3. Recommendations/ actions are included in the Safeguarding Children Committee Work Plan for monitoring.
FGM Audit	<ol style="list-style-type: none"> 1. All women identified at booking should see consultant 2. All women should have Hep C screening 3. Ensure all staff familiar with relevant assessments and documentation 4. Training for completing risk assessment 5. Re- audit August 2018 	<ol style="list-style-type: none"> 1. Embedded in the FGM Pathway 2. Policy to be updated to include Hep C screening 3. To incorporate in training 4. Annual Risk assessment training undertaken. 5. Re-audit on plan for 2018/19 and update FGM policy
Section 11 – Merton (Multi -agency audit)	<p>The Challenge event: – further information below was requested</p> <ol style="list-style-type: none"> 1. To provide briefing on the newly developed ‘Safeguarding Hub’ 2. Summary on service improvement that has resulted on feedback from CPY 	<ol style="list-style-type: none"> 1. All actions completed; and 2. ESTH audit and participation in the ‘Challenge Event’ with Merton LSCB members went very well – outcome was good.
Section 11 – Sutton (Multi-agency audit)	<ol style="list-style-type: none"> 1. Safer Recruitment: To ensure most or all interview panel have accessed safer recruitment training and safer recruitment is considered by staff across the trust in terms of access to children. 	<ol style="list-style-type: none"> 1. At least 1 person to be on interview panel and have accessed Safer Recruitment training. 2. Results are good over 90% compliant with at least 1 member of trained staff sitting on an interview panel. 3. Quarterly reports to be generated to monitor and reported quarterly at SGCC Meeting.
	<ol style="list-style-type: none"> 2. Service Planning Service Planning to incorporate a safeguarding component in all its 	<p>Patient Experience/ CYP Steering Group are working on Strategy document that will incorporate</p>

	<p>service planning development. Lead Nurse to liaise with relevant Trust Lead for service planning to take forward the action.</p>	safeguarding
	<p>3. Service plans developed demonstrate engagement of children, young people and families, and their views shape the service development throughout the end to end process</p>	<p>The 2020 Trust programme is involving local schools and colleges and have included information in all of the maternity packs for this initial phase of engagement. The Trust is undertaking various activities including mapping exercise with schools to identify CYP to engage in service development. The Trust has lowered age range of volunteers (now age 16 yr. old) to enable young people to gain experience and contribute to service planning. Work with schools continues linked to 20/2030, 50 schools have been identified.</p>
	<p>4. Whistleblowing policy: The trust whistleblowing policy to be amended (child protection section) to incorporate contacting NSPCC 'Whistleblowing hotline' and include Child Exploitation</p>	<p>HR Business Manager will amend the Whistleblowing policy to incorporate NSPCC and CSE</p>
LSCB Merton – Multi-agency audit on Neglect	<p>1. Case notes audit: A list of 5 children was provided. Agencies were required to review 5 children's case notes using a specific tool provided.</p>	<p>From the 5 children's case notes reviewed – one child was identified to be at significant risk. The case progressed to Child Protection, subsequently the child became subject to Child Protection Plan.</p>
Domestic Violence in ED Dip Sample (continuous)	<ol style="list-style-type: none"> 1. Bitesize Training 2. Create and disseminate DV aide-memoir cards 3. Increase awareness for doctors in ED 4. Identify DV champions in high risk areas including Dr Champions 5. Increase awareness about DV and practitioner role 6. IDVA on Epsom Site 7. Keep DV as high profile 	<ol style="list-style-type: none"> 1. Monthly meetings with the ED PDN's and they have been provided with the bitesize training slides to deliver opportunistically. The message seems to be getting out as the referrals to IDVA have more than doubled this quarter. 2. Memoir cards have been created and disseminated at this training. 3. Training delivered to the ED doctors including the consultants on 2 dates 25th April and 2nd May with good attendance and have liaised to be included in the ED doctor induction sessions for future and ongoing training. 4. PDN's are identifying champions and regular meetings are to be introduced once identified. 5. 6 X 1-hour sessions were organised but due to work pressures and it not being mandatory uptake was very poor so this has been reassessed and

		alternative training in bitesize and a possible conference identified as a better way to increase awareness. 6. Ongoing 7. Ongoing
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Appendix 3

Audit plan for 2018/19

Safeguarding Children Audit Plan 2018/19 N=16 Updated 31/5/18

Not Started
In Progress
Complete
On Hold
Overdue

Audit Year	Audit Name	Source of Audit	Audit Lead	Planned Start Date	Completion Date	Status	Comments	Actions Added to Action Plan
EMERGENCY DEPARTMENT AUDITS								
2018/19	1. Re- Audit Information Sharing Audit in Emergency Department (GP Letters) (b/f 2017/18)	Re-audit	JK, PS, SD	Aug-18	Sept. 2018	Not Started	<p>07/3/18 - JK to allocate trainee. Previous results and audit registration form sent.</p> <p>11/5/18 - Sent audit report to MM including recommendations and actions.</p> <p>31/5/18 - Advised JK and PS that the audit</p>	

<p>2. Audit of children who attend ED but do not wait to be seen (b/f 2016/17)</p> <p>3. Information Sharing Audit ED Telephone referrals</p> <p>4. Safeguarding - Key Lines of Enquiries completion on CAS card</p>							needs to be started by August 2018 ready for presentation of results by December SGCC meeting.
		LS & IS	Sep-18	Dec. 2018	Not Started		04/1/18 - Policy needs to be reviewed by MM, audit in 6 months time.
		PP	Continuous (Quarterly)		Continuous		Quarterly updates to commence from March 18
	Complaint	LS	Aug-18	Sept. 2018	Not Started		31/5/18 - DIP sample required for 1 month. 25 sets of notes each site to be reported on by December SGCC meeting.

DOMESTIC ABUSE AUDITS

2018/19	<p>1. Re-audit of Domestic Violence in Maternity (b/f 2016/17)</p> <p>2. Domestic Violence (Paediatrics)</p>	Re-audit	LC & LB	Jan-18	Sept. 2018	To be presented	<p>02/03/18 - CP Update - We have almost completed the notes part of the audit but have had some issues with med recs sending us all the notes we requested. We are halfway through the staff audit section and will then start the patient audit section. Should be finished by the end of March then</p>
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	3. DV dip sample continue dip sample audit of ED and maternity records so that staff respond appropriately when coming into contact with people who experience DV and abuse.						we will put together. 18/5/18 - Excel analysis spread put together for data. Carolyn to confirm if ready to present at June SGCC meeting. 01/6/18 - Audit to be presented at June SGCC meeting
		SD, KO x2 Junior doctors	Oct-18		Dec. 2018	Not Started	27/2/18 - DV – PS and BP to identify junior doctor to support with the audit and progress the audit in Oct (will clarify further re: input required from junior doctors)
		LC & KG	Continuos (bi-annual)			Continuos	04/1/18 - KG to present 2 x quarters of results at March SGCC meeting 31/5/18 - Next set of results due at September SGCC meeting
STANDALONE AUDITS							
2017/18	Child Sexual Exploitation (CSE) - Are we following: (b/f 2016/17) 1. ED guidelines. 2. Medical GU		PP CSE Champion MJ	Jul-18	Sept. 2018	Not Started	5/3/18 - Update from MM -We have recently contributed to mock JTAI audit on DV, which I thought was going to be on CSE. I will discuss with my team, but we need to defer this one. I will update you in due course.

	guidelines						
2018/19	Audit of Information Sharing Documentation (to include Paeds, ED, Maternity, Neonatal)		PP & LC	Mar-19	March 2019	Not Started	04/1/17 - New audit. Audit tool to be created. 26/2/18 - PP, CP & MM to meet and discuss progression. 11/5/18 - MM to discuss with team and feedback
2018/19	Re-Audit of effectiveness of operational and supervision policies (bf 2016/17)	Re-audit	KG & LC	Sep-18	Dec. 2018	Not Started	04/01/18 - Policy currently under review to audit in 6 months time. 31/5/18 - Previous audit info sent to MM.
2018/19	Re-audit Impact of Training Audit (Incorporating NICE CG 89)	Re-audit	SD & KG	Sep-18	Dec. 2018	Not Started	
2017/18	DNA Re-audit	Re-audit	LM	Jan-18	Jun-18	presented	05/1/18 - Email sent to LM confirming presentation in March. 31/5/18 - Confirmed to present at SGCC Meeting June 2018

2017/18	Audit on the process and outcome of child protection medical done in Epsom Hospital referred from social service		PS	Oct-17		Sept. 2018	To be presented	23/2/18 - PS unable to present at the March SGCC meeting. Re-scheduled for June. 31/5/18 - Confirmed to present at SGCC Meeting June 2018 - not presented as unable to attend the meeting
MULTI AGENCY/NICE GUIDANCE AUDITS								
2018/19	NG76: Child Abuse and Neglect	NICE Guideline	SD, PP & KG	Oct 2018	March 2019		Not Started	New audit - originated from the NICE guidance
2018/19	Physical Abuse		PP	May-18	Jun-18		Started	Audit in progress
2018/19	Joint targeted Area Inspection (JTAI) - Domestic Violence		TBC	TBC	TBC		Not Started	Awaiting direction from Sutton LA
2018/19	LSCB Merton - Section 11		MM	Jun-18	Jul-18		In Progress	

