

Board of Directors Quality Committee

15 April 2015

Safeguarding the Welfare of Children Annual Report 2014 -2015

Status:	A paper for Information
History:	Quarterly Board Reports since 2006 and previous annual reports.

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Board of Directors Quality Committee

15 April 2015.

Subject	Safeguarding the welfare of children annual report
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Purpose of the report

- 1) To report to the Board on Trust performance and provide assurance that suitable systems and process are being used within the Trust to safeguard children. This paper provides the Board with an update on:
 - 2) any actions arising from the last year
 - 3) safeguarding children activity
 - 4) training compliance
 - 5) internal management reviews/serious case reviews/domestic homicide reviews
 - 6) allegations and complaints
 - 7) other relevant points for the Board to consider.

Key points

- Levels of identified vulnerability of children and families and activity remains high.
- Vacancies and some capacity issues were evident in 2014-15 in relation to the safeguarding nursing team. Recruitment to all vacant posts has been completed.
- The Trust has surpassed the set target of 80% safeguarding children training compliance; however, some shortfalls remain in some areas which is actively being addressed.
- The safeguarding team continually review the activity and quality of interventions through regular audits of systems, processes and outcomes. The Trust has participated in 2 Serious Case Reviews and 4 case reviews in the last year.
- There is a fast moving safeguarding children agenda with a continued focus on child protection nationally. Key areas for development and ongoing work are in relation to Female Genital Mutilation (FGM) and Child Sexual Exploitation (CSE), Prevent agenda.

Implications

- Vacancies within the team has had an impact on the abilities to provide formal child protection supervision within the required time frame.
- FGM and CSE agenda will be required to be taken forward with formal guidance and ongoing training. Additional training will be required for some staff groups above the current mandatory training requisite in order that they have the correct skills and knowledge.

Recommendations

The board is asked to consider the contents of this report and raise any issues of concern or outline any specific action they request.

Background

This report demonstrates to the Board the organisation's compliance with the statutory and mandatory requirements relating to the safeguarding of children and young people. All staff within the organisation have a responsibility for ensuring that the children and young people in our care are protected and safe, and to ensure that the safeguarding of children is an integral part of our governance systems. This report also demonstrates to the Care Quality Commission that the Trust is meeting its responsibilities under Section 11 Children Act.

1. Any actions arising from last year

Concern	Action taken/to be taken	Lead	Completion date
Vacancies and sickness within the safeguarding nursing team within the community directorate.	Active recruitment to the posts. Secondment and temporary staffing to address shortfall in the interim	Debbie Saunders	June 2014
Provision of safeguarding supervision to community practitioners.	Active recruitment to the posts. Secondment and temporary staffing to address shortfall in the interim	Debbie Saunders	April 2014
Training compliance figures in some directorates below required target.	Raised with departmental leads. Additional training dates provided and some bespoke sessions / e learning for individual teams	Service leads in conjunction with safeguarding team	Ongoing
Training for staff in identification and management of suspected CSE	E learning training package available. Incorporated in to core trust mandatory training	Debbie Saunders	Ongoing
Routine enquiry regarding domestic abuse	Plan in place to develop over coming months.	Debbie Saunders & Dr John criddle	Ongoing to 2015-16

2. Safeguarding children activity

The following section will provide an overview of the safeguarding activity within both acute and community services.

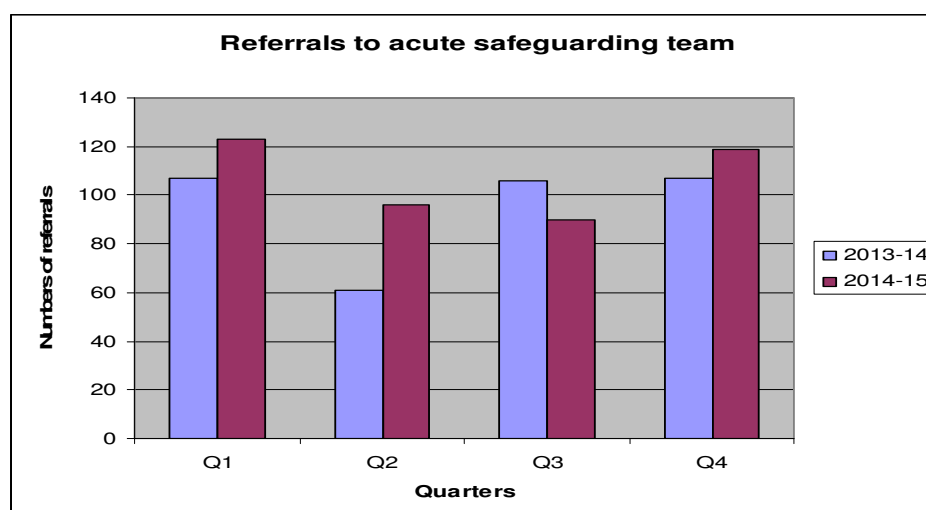
- 2.1 There are approximately 61,600 children and young people under the age of 19 years in Southwark and 59,389 children and young people in Lambeth. This equates to approximately 21% of the population for each borough. Of the total number of children in the local boroughs approximately 1.35% of the children have been deemed the most vulnerable. The following table outlines the current numbers of children subject to Child Protection (CP) Plans and Children Looked After (CLA).

	Lambeth	Southwark
No of CP Plan	345	316
No of CLA	543	504

These identified children will be required to be actively monitored by Health Visitors, School Nurses or health professional involved with the child and family. However, in addition to these identified vulnerable children, staff need to be vigilant about the potential identification of any safeguarding concerns at point of contact with any child.

2.2 Activity information

- 2.2.1 Full data is presented to the Safeguarding Children Assurance Board on a quarterly basis. This includes demographics of the children such as age and ethnicity. The following outlines a summary of the presentations to services in the last year.



The team is seeing a year on year rise in the number of referrals to the team; figures for 2014-15 show a 12.3% rise on 2013-14 and an overall rise of 35% in referrals when compared to activity in 2012-13. This significant increase is due to a combination of factors which include an increased recognition amongst practitioners as well as an increased level of vulnerability that children are presenting with.

2.2.2

Top five reasons for referrals to acute based team			
2014-15		2013-14	
Concerns regarding parenting abilities	61 (14.2%)	Concerns regarding parenting abilities	61 (16%)
DNA appointments	36 (8.4%)	Physical injuries	34 (8.9%)
Parental mental health	33 (7.7%)	Domestic abuse	31 (8%)
Physical injuries	31 (7.2%)	Deliberate overdose/ self harm/ alcohol	27 (8%)
Domestic abuse	23 (5.3%)	Mental health (child)	23 (6%)

Concerns regarding parenting abilities remain the main feature of why cases are referred to the safeguarding children team. This category encompasses concerns about possible neglect due to the parents' abilities and their actions or inactions; this reflects national trends in relation to referrals to Social Care whereby neglect is the main feature of cases that are referred to them.

The team has seen a 56% increase in the number of children referred to the team following non attendance at appointments when compared to 2013-14. Non attendance at appointments is often an early indicator of neglect and as such children not brought for appointments need to be followed up to ensure that their health needs are being addressed. This rise is attributed to increased awareness in relation to the DNA policy and the recognition that failure to attend appointments is an indicator of neglect. However, the amount of referrals received does not correlate with the actual numbers of children missing appointments and additional work needs to be undertaken with some clinical teams to raise the profile and awareness of this.

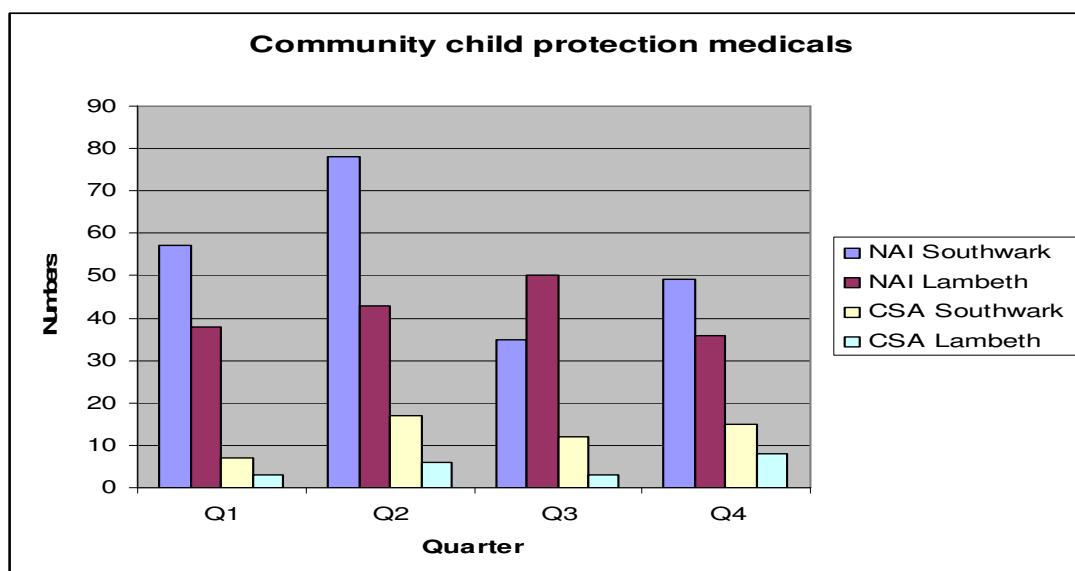
As a result of significant referrals from dentistry work is underway in developing the pathway and onward management for children that present with dental caries which often is an indicator of neglect.

2.2.3 In addition to the data collected above regarding children that present to the organisation, data is collected in terms of adult's presentations to the hospital for treatment that may have cause for concern in relation to any children in the family. These presentations include domestic abuse, substance misuse and assault. In the last year there have been 288 referrals to Social Care based on concerns about a parent's presentation and the impact that this can have on a child. Parental behaviours, life style and actions such as those highlighted above can have a detrimental impact on the safety and safeguarding of a child in the family. The figures demonstrate that adult emergency staff are recognising and appropriately responding to these presentations and potential concerns.

2.2.4 Over the past year there have been approximately 10% of the mothers within maternity services presenting with some safeguarding concerns: this includes teenage mothers; mothers with mental health issues; mothers affected by substance misuse and domestic violence. These figures on the whole are comparable with previous years. It is positive to note that the number of teenage pregnant women under the age of 18 years old has decreased over time. As such due to the fall in numbers of cases of the Teenphase midwifery

team the referral criteria for this team has now been extended to 20 years of age if there are identified vulnerabilities.

2.2.5 Community Paediatricians are required to undertake child protection medicals on children living in the community. The following table outlines the medical activity for the year in both Lambeth and Southwark.



The data shows that the total numbers of child protection medicals for suspected non accidental injury (NAI) is equal across the boroughs; however, there are variances in the distribution of these across the quarters. However, the Southwark based team are undertaking double the amount of examinations than the Lambeth based team in respect to examinations for child sexual abuse (CSA). Each of these medicals will require a follow up reports and a discussion or strategy meeting with Social Care to determine an appropriate plan for the child. When compared to 2013-14 child protection medical activity has increased by 35% in Southwark and 30% in Lambeth. The number of children subject to child protection plans in these two boroughs remains comparable with the previous year.

3. Training

	Yes/No	Renewal date
Current approved and implemented safeguarding training policy	Yes	September 2016

Safeguarding Training – year to date (17 March 2015)				
	National target	Total number to train	Achieved acute Achieved community	Overall Trust compliance
Level 2	80%	5529	4804	86.89%
Level 3	80%	2389	1977	82.75%

- 3.1 The Trust has maintained a training compliance level above the requisite 80% national target throughout the year. A final end of year position regarding training compliance will be available by 7 April 2015 and will be added to the Trust's safeguarding annual declaration. All directorates, apart from phlebotomy services and adult community services who have staff assigned to level 2 training have passed the target of 80%. A breakdown of the Level 3 compliance demonstrates that action is required in some directorates and teams to bring the compliance rates above the 80% target. However, positive progress has been made in addressing any shortfalls. Individuals and managers within these areas have been reminded that training needs to be completed as a priority. There is sufficient capacity in the number of training places available in order that compliance can be achieved.
- 3.2 In addition to the mandated core safeguarding training, staff in key areas of the organisation are now required to undertake additional training on Prevent and Child Sexual Exploitation (CSE) awareness. Prevent is part of the Government's counter-terrorism strategy CONTEST. Prevent focuses on all forms of terrorism and operates in a pre-criminal space, providing support and re-direction to vulnerable individuals at risk of being groomed in to terrorist activity before any crimes are committed. Radicalisation is comparable to other forms of exploitation; it is therefore a safeguarding issue staff working in the health sector must be aware of. A series of awareness sessions have been planned which identified staff groups need to be attending. To date 80 staff from children's services have undergone awareness training. Additional training will be taken forward in 2015-16.
- 3.3 There has been wide spread media reports in terms of Child Sexual Exploitation (CSE) during 2014. As such tackling CSE is a priority for the Local Safeguarding Children Board and staff need to be able to recognise CSE and be aware of what to do if they are concerned that a young person may be exploited. This subject has been included in the mandated core training provided by the organisation. In addition staff from key areas of the Trust are required to undertake a specific training in relation to this; to date 170 staff have completed an e-learning awareness training package developed by the Southwark Safeguarding Children Board. CSE awareness raising and response will continue to be a key objective of 2015-16.
- 3.4 Training targets and compliance do not demonstrate the effectiveness or the impact of training on a practitioner or on practice. Training is of little value if staff do not understand its relevance and do not apply theoretical knowledge and guidance that is discussed in training in to every day clinical practice. A survey monkey was undertaken to determine practitioners' perception of the merit of Level 2 training and to test some of their retention of knowledge in July 2014. The population of the study was primarily from adult services; this area was chosen in particular to determine if staff based in adult areas were considering the impact of adult presentation such as mental health/ substance misuse/ domestic abuse on a child that is in the family. In addition the focus was on determining staff responses to 16-18 year old patients who get admitted to inpatient adult areas of the Trust.

On the whole the majority of staff felt that the training that they had was relevant to them and that they rated that they has a good level of knowledge after training. However, this perceived level of knowledge by some respondents did not necessarily equate to some of the knowledge based

answers that were subsequently given. 50% of respondents thought that they would need guidance some of the time in managing cases; the training that is given is not to make staff “experts” in the subject. Child protection is a specialist area and staff need to have the skills about recognition and first line response and to be confident in seeking assistance from either the safeguarding team or their clinical leads. There were some gaps evident in terms of staff response to managing domestic abuse and also in managing vulnerabilities in 16-18 year olds. As a result of this changes have been made to the training content and materials and an enhanced section added to nursing and midwifery training in relation to domestic abuse.

4. Internal management reviews/serious case reviews/domestic homicide reviews

Case review	New this year
Serious case reviews (SCR)	2
Case reviews	4

4.1 The various reviews are being undertaken using by a range of methods: traditional internal management reviews (IMRs); Welsh model for SCR; concise learning reviews and by Root Cause Analysis (RCA). The SCR reports have not been published to date. Findings from the reviews are discussed at the Trust Safeguarding Assurance Board and governance committees. A number of the cases under review have included children who have looked after status (LAC). A Trust LAC work stream is in place to take forward some of the emerging findings from the reviews. Learning events have been planned to share to the findings with practitioners. Positive progress has been made in terms of progress with action plans from previous SCRs which are monitored by the Trust Safeguarding Assurance Committee.

4.2 The Trust has reviewed the notification it received last year from a member of the public that Jimmy Savile attended the Guy’s site in the early 1980’s, following the establishment of the national Savile Legacy Unit. In discussion with them we are undertaking additional actions and have reopened our investigation. The Board will be briefed fully once this is concluded. There remain no allegations of abuse.

5. Allegations, complaints and incidents

5.1 Allegations

Number of allegations against staff this year	Number of claims that have progressed to disciplinary investigation	Number that remain under review
7	5	1

The number of allegations raised against staff in relation to the safeguarding of children remains consistently low. This is in part due to the robust recruitment and operational procedures in place. Four of the alerts were raised in relation to concerns from staff’s personal circumstances and not from a professional capacity. Three cases have been reported to the Local Authority Designated Officer (LADO) in this period.

5.2 Complaints

5.2.1 There have been four complaints received in the last year which are related to the safeguarding of children. The main theme from the various complaints was in relation to perceived lack of communication and parental perception about unnecessary or inappropriate referrals to Social Care. On review it was determined that the referrals were appropriate and in line with the best interests of the child. One action following the complaint reviews was to re-launch the patient information leaflet regarding the process that is undertaken when referrals are made to Social Care to ensure that families have written information to inform them of the process and what to expect.

5.3 Incidents

5.3.1 Any issues in relation to untoward incidents or root cause analysis (RCA) related to the safeguarding of children are reported and monitored through the Trust's Safeguarding Children Assurance Committee on a quarterly basis. Datix reporting that has an element of safeguarding the welfare of children are copied to the Trust Named Nurse for safeguarding children. During the last year the main themes relating to the safeguarding of children are categorised as follows:

- Security issues i.e. care of child with mental health problems/ aggressive parents.
- Communication issues including the sharing of information.
- Documentation

5.3.2 It was identified through a case review that the knowledge of the chaperoning guidance was limited within some areas of children's services. A children's service wide memo has been circulated to remind staff of the key principles of the chaperoning guidance and where the guidance is located. This has also been raised at the paediatric clinical governance committee. Chaperoning will also be covered in the "quick guide safeguarding reference booklet" which is due to be launched in April 2015.

6. Other relevant points for the board to consider

6.1 Local authority feedback

6.1.1 The Trust has submitted an assessment of the Trust's position in relation to compliance with Section 11 Children Act to Southwark Safeguarding Children Board in March 2015. This outlines the Trust's governance arrangements in relation to the safeguarding of children. This assessment has been acknowledged to be thorough and comprehensive. An action plan from the Section 11 is incorporated in the work plan for 2015-16 which is attached in Appendix 2.

6.1.2 The Southwark MASH launched in September 2013 and since then the child protection team have been a full time member of the MASH team. A member of the Child Protection Team is expected to be at the Southwark MASH daily; however, due to capacity within the team there are occasions where they are only able to offer the hub a health representative for half of the day. One of the main obstacles to working efficiently and effectively at MASH has been difficulties in accessing the health data due to problems with IT servers; this

has been disruptive to the smooth running of the health teams input, however this has been resolved in early 2015.

- 6.1.3 Both the Lambeth and Southwark Safeguarding Children Boards are focusing on the issue of child sexual exploitation (CSE), Female Genital Mutilation (FGM) and Private Fostering. The safeguarding team will continue to actively work with the LSCBs to take forward the health response and input to these important agenda items.
- 6.1.4 As part of the work in relation to CSE a MASE (Multi agency sexual exploitation panel) is in operation in both Lambeth and Southwark. The MASE panel is a forum to facilitate the information sharing and management of young people who might be at risk of sexual exploitation, either through patterns of behaviours or activities which might identify them as being of risk. The remit and way the MASE panel functions has changed in the last year specifically due to the local and national drivers around sexually exploited children. Alongside of this operation process there are new 'Task and Intelligence' multiagency groups in both boroughs to share intelligence and other significant information regarding young people who are coming to the attention of agencies via other means i.e. missing from home, gang involvement, sexual assaults, with the aim of gathering and analysing information regarding people, places and premises which may be identified as 'hotspots' or individuals who may be perpetrators of these crimes. This process have gathered pace and significance with regard to identifying and supporting children who are risk of exploitation.
- 6.1.5 A revision of the membership of the Executive Safeguarding Children Boards has been undertaken. Janet Powell, Director of Nursing for Children has become a member of both Lambeth and Southwark Boards. This will provide appropriate senior representation to the boards.
- 6.1.6 Lambeth Local Authority has undergone a four week inspection in February/ March 2015. The inspection has a focus on the effectiveness of local authority services and arrangements to help and protect children, the experiences and progress of children looked after, including adoption and fostering. The framework also focuses on the arrangements for permanence for children who are looked after and the experiences and progress of care leavers. The leadership, management and governance judgement addresses the effectiveness of leaders and managers and the impact they have on the lives of children and young people and the quality of professional practice locally. The outcome of this inspection is awaited.
- 6.1.7 The Trust has historically had a hospital based Social Work team from Lambeth Children Social Care. A re-organisation has been undertaken of this service in December 2015 due to difficulties in maintaining a consistent social work team. As such the team based at the hospital has closed and the service has been relocated to the main referral and assessment team based at International House in Brixton. This will allow referrals to Social Care to be processed via a single point of entry with the aim of providing a more streamlined and effective service. The impact of this change is being monitored by the safeguarding leads.

6.2 Audits

The safeguarding team undertake regular audits of the Trust's child protection systems and processes. During 2014-15 the following audits have been completed.

Current audits	Lead	Expected completion
Multiagency audit in relation to Children with disabilities	Dr Jolobe, and Rachel Lanlokun	Completed July 2014 Report awaited from LSCB
Impact/effectiveness of safeguarding training	Debbie Saunders	Completed August 2014
Retrospective study of maternity safeguarding cases	Geraldine Joyce	Completed November 2014
Audit of practitioners perspective of safeguarding supervision	Debbie Saunders	Completed August 2014.
Audit of documentation of safeguarding concerns in maternity services	Debbie Saunders	Completed August 2014
Audit of safeguarding documentation in paediatric A&E department	Caroline McKenna	Completed August 2014
Dip sample of case conference and core group meeting attendance	Rachel Lanlokun	Completed August 2014
An evaluation of the effectiveness of Southwark's Child Protection Peer Review meetings	Dr Nkiru Asiegbunan	Completed August 2014
Multi agency audit of CSE (Southwark partners)	Helen Stewart and SSCB.	Completed January 2015
Recognition and documentation of risk factors for child abuse in children aged under 3 years with fractures in Paediatric ED.	Dr John Criddle and Dr Vanessa Impey	Completed February 2015

The full results of these audits have been presented to the Safeguarding Children Assurance Board over the past year. Any resultant action is then monitored to determine progress. Some of the areas for ongoing work include the following findings from the audits.

- Impact/effectiveness of safeguarding training:
 - Some gaps evident in terms of staff response to domestic abuse.
 - Some gaps evident in terms of staff in adult areas managing vulnerabilities in young people aged 16- 18 years of age.
- Audit of documentation of safeguarding concerns in maternity services:
 - Variability in terms of the robustness of documentation within maternity services.
 - Safeguarding midwifery Proforma not fully embedded in to practice.

- Sampling of attendance by universal staff at child protection case conferences:
 - Variability in terms of full attendance by School nurse at case conferences
- A multi agency audit of Child Sexual Exploitation (CSE)
 - Challenges of how to manage a case when family do not engage
 - Awareness and developing culture in interagency networks of identifying patterns of CSE.
- Recognition and documentation of risk Factors for child abuse in children aged under 3 years with fractures diagnosed in paediatric ED
 - lower than expected recording of enquiry about domestic violence

6.3 Workforce

- 6.3.1 Vacancies within the Lambeth based safeguarding nurse specialist team have all been recruited to during 2014. This recruitment has provided some stability to the team which has had vacancies intermittently since 2012. There have been some challenges in recruiting to the Named Nurse position covering Lambeth community. The initial recruitment process did not find a suitable candidate and the position was then filled by an Acting position for the last year. Recruitment to the substantive post has now been concluded on the 23 March 2015 and a new Named Nurse will take up post shortly. This team will therefore be at full compliment going forward.
- 6.3.2 The Acting Named position in Lambeth has had some impact on the Southwark based team as the Acting Named Nurse was released from a nurse specialist role in the Southwark based team. Measures to backfill be post by the release of the staff member were unsuccessful as there were no suitable candidates to fill the nurse specialist role. This will be resolved going forward
- 6.3.3 There has been some slight shortfall in terms of the timeliness of child protection supervision as per guidance; this has been due to the issues of vacancies and newly appointed staff requiring time to develop their safeguarding supervision skills. The uptake of supervision is continued to be monitored on a monthly basis.
- 6.3.4 The Health Visitor implementation plan is coming to fruition with the increase in numbers of newly qualified Health Visitors taking up post. A number of measures have been put in place to support these new staff in terms of mentoring, support and supervision. Locality meetings have been undertaken and meetings have taken place with team leaders and managers to ensure that a coordinated support is in place. An additional safeguarding nursing post has been established to address the additional need for additional capacity to provide child protection supervision to this cohort of staff.
- 6.3.5 Through the Health Visitor Implementation Plan it has been agreed to increase the Early Intervention Health Visitor (EIHV) resource in Lambeth as well as extending it to cover Southwark. EIHV are pivotal in providing early and ongoing support to targeted vulnerable families. Recruitment is underway regarding these posts and it is anticipated that staff will be in place in the next three months.

6.3.6 The Family Nurse Partnership service in Southwark has seen a change in funding provision for the programme in 2015 which has had an impact on the number of Family Nurse posts. The changes to funding will mean that the team will be able to offer a service provision to a maximum of 115 families. However, with the reduction in teenage pregnancies it is deemed that the current level of funding is meeting our local population's needs.

6.4 Achievements

6.4.1 Progress with the safeguarding children work plan for 2014-15 is outlined in Appendix 1. The achievements over the past year include:

- Revision of safeguarding children policy and procedures; these have been finalised and available to staff through the GTi policy pages. Key process points and details will be disseminated to staff through the development of a user friendly pocket size version which is being produced.
- Revision of safeguarding children training strategy and surpassing national target for 80% compliance with training uptake.
- Pathway in place between Midwifery and sexual health teams in relation to providing vulnerable mothers with contraceptive implants prior to discharge from hospital post delivery of their baby.
- Health representation on the Lambeth Marac team and improvement in information sharing in relation to vulnerable children affected by domestic abuse.
- Reach Domestic abuse service appointed a multi-lingual Domestic Abuse Advisor; member of staff fluent in Turkish, French and Arabic. This post is being funded by the Better Communities Business network Charity (BCBN), initially for one year.
- Recruitment to safeguarding nursing posts within the Lambeth community and acute based teams.
- Progress has been made in relation to the E Noting electronic recording system for the Trust and the safeguarding documentation requirements. The safeguarding Proforma has been produced in an electronic format for use in the new system. However, there are challenges in relation to the interface of E Noting with other systems within the Trust. It is outlined that ED will continue to use Symphony electronic system; whilst PICU and NICU are exploring differing options to E Noting. This poses a risk in terms of continuity of information flow and having information readily available in one system. This has been acknowledged by the E Noting Steering group and has been added to the Risk Register until a solution is obtained.
- Safeguarding newsletters have been produced by the safeguarding children team during 2014-15. These have proved beneficial in updating staff in key aspects of safeguarding children.

6.5 Routine monitoring

The team continue to monitor the following with no exceptions/concerns this year.

- Number of children and families discussed at multi agency risk assessment conferences (MARAC).
- Number of case conference attendance by practitioners and child protection specialists.
- Number of strategy meetings and discussions held with community Paediatricans.

6.6 Of interest

6.6.1 Kate Lampard was appointed to provide an independent overview and insight into safeguarding within the NHS following the Savile allegations. The Secretary of State asked her to produce a report on the themes and lessons as a whole to be drawn from her investigations. As part of this review Kate Lampard requested to visit a small number of hospitals in different parts of the country in order to better understand current NHS practice and policy connected to safeguarding within a NHS setting; how suspicions of abuse are handled; and the roles, access and privileges afforded to celebrities and volunteers. GSTT was requested to take part in the review and Kate Lampard visited for a two day period in April 2013 and met various members of the Trust Board and safeguarding team. This report was published in February 2015. The Trust has been highlighted as having a good model and well resourced safeguarding team. The full report can be found via the following link:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/407209/KL_lessons_learned_report_FINAL.pdf

A number of recommendations have emerged for NHS providers within this report. The issues and themes that were investigated included the following broad categories:

- hospital security and access arrangements
- NHS organisations' associations with celebrities, including the privileges and access accorded to them
- the role and management of volunteers in NHS hospitals
- safeguarding in hospital settings
- raising complaints and concerns
- fundraising and charity governance in the NHS
- Observance of due process and good governance.

A gap analysis is being undertaken to determine the Trust's responses to the various recommendations in the report and a full briefing will be provided to the Board once completed.

6.6.2 As from January 2015 the Disclosure and Barring Service (DBS) will be publishing referral numbers that are received from NHS Trusts to the DBS on their web pages. Data will be retrospectively published dating back to 1 April 2011. The Human Resource team and the Interim Associate Director of Workforce oversee any referrals to the DBS.

6.6.3 A national Child Protection Information Sharing Project is underway. The project proposes that local authority systems will send information about children who are subject to child protection plans or who have looked after child status to a secure central data store. It is expected that all local

authorities will provide this child protection data to the new NHS Spine service by 2015. The data will then be accessed safely by NHS systems via secure messaging, or via the NHS Summary Care Record application. A working group of core staff has been established to take forward this initiative within the organisation.

- 6.6.4 The CQC will be undertaking inspections of looked after and safeguarding services. The Children's Services Inspection team is undertaking a targeted review of how well local health services identify, help, protect and provide child-centred care and to ensure that children's health needs are effectively met. Inspectors will evaluate the quality and impact of local health arrangements for safeguarding children and improving health outcomes for children who are looked after. This includes mapping the child's journey at all stages – from pre-birth through to their transition to adulthood, and from the point of their entering to leaving care. The lines of enquiry have been informed by the new policy direction for vulnerable children and CQC's priorities, and they support a new framework and reporting arrangements centred on:
- The experiences and views of children and their families.
 - The quality and effectiveness of safeguarding arrangements in health.
 - The Quality of Health Services and outcomes for children who are Looked After.
 - Health leadership and assurance of local safeguarding and looked after children arrangements.
- 6.6.5 There is ongoing work being led by the FGM midwife and Named Midwife in relation to developing a pathway and referral tool for maternity services. The team are continuing to work closely with the Local Authorities of Lambeth and Southwark in developing this ongoing work.
- 6.6.6 New NICE guidance has been issued in relation to Domestic Abuse. The Trust has self assessed against the guidance and an action plan is in place. Promotional material has been sourced and work is underway in relation to roll out of routine enquiry regarding domestic abuse in acute paediatric services to come in line with community paediatric services. This work has been delayed in the latter part of 2014-15 but is planned to be taken forward in 2015-16.
- 6.6.7 Looked After Children have higher health needs than children and young people from comparable socio-economic backgrounds who are not looked after. As a result, many children and young people who are looked after experience significant health inequalities, and on leaving care experience poor health, educational and social outcomes. Meeting the health needs of LAC involves a complex inter-agency system, involving local authorities, CCGs, community and mental health providers and GPs, required to work together to meet the health needs of LAC. A review has been undertaken to review the health service provision for LAC.

A number of service developments are in place to improve the process and outcomes for LAC:

- There has been an increase in multi-disciplinary and multi-agency audits.
- A new combined consent form sharing health information and health

assessments and interventions has been agreed.

- Immunisations are being recorded more systematically and the immunisation history is being tracked.
- Care Leavers Health Care Summaries and Plans now include information about birth, family and health history, and as far as possible immunisation information.
- A number of multi-agency processes are in place for prevention and early identification of sexual exploitation of LAC and care leavers.

The review has identified the need for specific improvements to develop joined up systems and improve health professional and inter-professional working within agencies as well as across and between agencies. Key priorities identified include:

- Improving the quality and timeliness of health assessments and health plans and follow through of the action plans.
- Strengthening interagency administrative processes.
- Strengthening leadership and inter-agency governance and accountability processes with clear reporting expectations.

6.7 Other risks and challenges

There are no additional new risks identified.

7. 2015-16 Objectives

- 7.1 The Trust will continue to review and challenge its arrangements in order to support safe and consistent practice, adhere to its statutory duties and will respond positively and assertively to the changing guidance and national reviews. The key objectives for 2015-16 are set out in the Safeguarding Work Plan attached to this report in Appendix 2. The Trust's main priorities are to ensure that safeguarding arrangements are safely maintained and that the Trust continues to develop a competent and capable workforce in relation to recognising and appropriately responding to safeguarding concerns. The objectives outlined in the work plan will be added to as new guidance evolves.

8. Equality Impact Assessment

The recommendations that follow have been subject to a preliminary screening assessment for their relevance to the Trust's duties as set out in the Single Equality Scheme adopted by the Board. No adverse impact was identified. The potential for any adverse impact to arise during the implementation of the recommendations will be monitored and, if arising, will be addressed.

9. Recommendations

The Board of Directors is asked to:

- 1) Confirm the Executive Lead as the Chief Nurse.**
- 2) Approve the work plan for 2015-16.**
- 3) Note the information contained within the report and the actions being taken.**

Appendix 1: Safeguarding Children Work plan 2014-15.

RAG status



Complete



In progress.



Needs attention

A) Governance

Objective	Action needed to comply	Progress to Date	Who is responsible for implementation	When will it be achieved?	RAG status
Need to develop working model and process for managing cases of Child Sexual Exploitation	In conjunction with LSCB develop clear processes for management of children suffering from CSE	<ul style="list-style-type: none"> Working group established Awareness sessions being planned across the organisation Use of SSCB e learning package A&E Proforma being devised 	Named Professionals	May 2014	<p>Training and awareness raising undertaken.</p> <p>MASE panel attendance</p>
In line with HV implementation plan and proposed increase in HV numbers to determine sufficient capacity in safeguarding team to deliver supervision.	Scoping exercise to determine requirements and increase establishment accordingly	<p>Scoping exercise undertaken.</p> <p>Additional post recruited to February 2014</p>	Debbie Saunders/ Barbara Hills	March 2014	Additional post recruited to February 2014
Review service offered to Child I as part of SCR (Lambeth)	<p>SCIE methodology to be completed</p> <p>IMR to be written and approved.</p> <p>Findings from review to be disseminated once complete</p>	<p>SCIE report being drafted</p> <p>RCA undertaken from health</p>	Debbie Saunders/ Monica Henny/Ayanda Jobe	April 2014	RCA complete – awaiting final publication of report

Increase formal supervision for clinical nurse specialists in acute setting.	Group and individual sessions for speciality nurses	In place	Debbie Saunders	April 2014	
Need to recruit to the vacancies within the safeguarding nursing team	Recruit to positions as soon as possible	Named Nurse post advertised recruitment competed	Debbie Saunders	September 2014	
		Band 7 posts recruited to and commenced post	Rachel Lanlokun	November 2014	
Implement routine enquiry in relation to domestic abuse within ELCH	Need to develop training package and deliver to clinical staff	Initial meeting taken place. Information being sought from other acute centres	Debbie Saunders, Dipak Kanabar, Geraldine Joyce	November 2014 – extended to April 2015.	To carry forward 2015-16
Case review child	Concise review to be undertaken. IMR from community health services	Report written Feedback session provided for practitioners	Helen Stewart and Nkiru Asiegbanan	December 2014	
SCR Child J underway.	RCA to be completed to determine the health input to Child J and determine if there are any lessons	RCA written. Some amendments to be made. SCR panel in place which will collate reports and produce an overview report	Dr Lorek and Rachel Lanlokun	January 2015.	Report completed and submitted. Action plan being monitored – lessons to be cascaded

Case review Child J (Lewisham)	Chronology to be provided outlining involvement of GSTT health	Chronology completed and presented to Lewisham SCR panel	Debbie Saunders	December 2014	
SCR Child R Southwark	Chronology and IMR to be written to determine the health input to Child R and determine if there are any lessons	IMR completed. Overview report in process of being finalised. Local feedback sessions undertaken. Recommendations built in to LAC review	Helen Stewart and Nkiru Asiegbunan	February 2015	Complete
Following Savile reports need to review all recommendations for NHS Trusts and ensure Trust able to demonstrate compliance to the recommendations	Review of all NHS recommendations. Template of recommendations produced and being reviewed	Paper for the board of Directors to be prepared for April	Debbie Saunders	April 2015	

B) Information sharing

Objective	Action needed to comply	Progress to Date	Who is responsible for implementation	When will it be achieved?	RAG status
Develop safeguarding component of E Noting project	Appropriate alert system and documentation sections to be included in E Noting	Electronic format agreed. Ongoing discussion with e noting steering group re compatibility / cross reference with other systems i.e. Symphony/ PICU databases.	Debbie Saunders/ Dipak Kanabar	September 2014	Ongoing discussion Carry forward 2015-16
Enhance feedback mechanisms from service users	<ul style="list-style-type: none"> Have the "You said " "We did" posters in departments Revision of patient surveys & development of ELCH comments cards More user involvement with current patient groups Embed ECH resolution training. 		Children Services Head of Nursing	April 2014	
Interface with Child Protection Information Sharing IT (CPIS)	Need to determine operational procedures Interface with current IT applications	Initial meeting with DoH project team. Scoping exercise being undertaken.	Debbie Saunders and Dr John Criddle	June 2015	On track
Need to have information available to service users in relation to support re DV	Posters and leaflets to be available in all clinical areas across the Trust		Geraldine Joyce and Laura Stretch	September 2014	

C) Audit

Objective	Action needed to comply	Progress to Date	Who is responsible for implementation	When will it be achieved?	RAG status
Domestic Abuse Audit • Audit of routine enquiry re DV	Audit following training in 'routine inquiry' and disseminate findings	Audit complete	Helen Stewart/ Nkiru Asiegbunam	February 2014	
Retrospective study of maternity safeguarding cases	To determine quality referrals, process and timeliness of outcomes	Data collection underway	Geraldine Joyce	December 2014	
Monitoring case conference and core group attendance for HVs, SNs and therapists	Audit of RiO records Team to self report		Rachel Lanlokun	January 2014	To be repeated early 2015

D) Training

Objective	Action needed to comply	Progress to Date	Who is responsible for implementation	When will it be achieved?	RAG status
Revision of training strategy	Unified training strategy that combines acute and community	Draft revision undertaken – needs consultation and approval	Debbie Saunders/ Helen Stewart/ Gemma Griffiths	March 2014	Approved Sept 2014
Training compliance records need to demonstrate 80% compliance	Training programme in place. Accurate data reporting	Ongoing Monitored on monthly basis	Debbie Saunders Gemma Griffiths	Ongoing	

Need to provide bespoke training for Health Inclusion team who provide input at Barry House	Training provider to be identified	Initial discussion with Mary Mason	Debbie Saunders	September 2013	Will be done by NHS England. No longer action for GSTT
Survey to understand the impact of training on an individual practitioners practice	Survey to be undertaken at a set interval post training delivery	Survey monkey designed and sent to 450 staff end May 2014. Data analysis of responses to be undertaken	Debbie Saunders in conjunction with ET&D	July 2014.	
Community paediatricians to increase use of Makaton to use when communicating with disabled children	Education and training	Agreed in principle Team member following up	Dr Ayanda Jolobe	February 2014	2 sessions undertaken 19.09.14 and 05.12.14
Prevent agenda to be delivered to key children staff – school nurses, general paed, cp teams, PNP and A&E staff	Managers to release staff for training	Dates established for training – reminders to managers sent	Safeguarding leads and service managers	April 2014	On track – ongoing 2015-16
Staff across various parts of the organisation need to have awareness re CSE	Various training and promotional material to be implemented	Awareness included in GSTT in house training. E learning package available from SSCB and is being promoted – uptake monitored by SSCB.	Named professionals	March 2015	On track – ongoing 2015-16

E) Policy

Objective	Action needed to comply	Progress to Date	Who is responsible for implementation	When will it be achieved?	RAG status
Revision of Trust safeguarding policy and procedures	Procedures to be updated to reflect changes in national guidance and legislation	Complete. Revised document on Trust web site	Debbie Saunders	April 2014	
Pathway to be developed for children and young people presenting to A&E as victims of sexual assault	Pathway to be developed	Discussions with colleagues at KCH and Designated Drs community	John Criddle	October 2014	
Robust service delivery for the management of teenage alcohol related presentations	Embed the alcohol pathway in to clinical use		Dr John Criddle	May 2014	
Need to develop robust pathway for the management of children and young people who present to acute services as a result of CSA.	Child sexual abuse pathway		Dr John Criddle and team	May 2014	

** This work plan will be updated and added to depending on any changes in legislation and requirements of the organisation.*

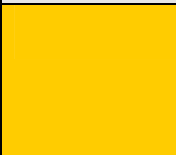



Appendix 2: Safeguarding Children Work plan 2015-16.

RAG status

 Complete

 In progress.

 Needs attention

Objective	Action needed for compliance	Progress to Date	Who is responsible for implementation	When will it be achieved?	RAG status
Implement routine enquiry in relation to domestic abuse within ELCH	Need to develop training package and deliver to clinical staff	Scoping exercise undertaken. Training provision and format being devised	Debbie Saunders, Dr John Criddle, Helen Fawbert	September 2015	
Develop safeguarding component of E Noting project	Appropriate alert system and documentation sections to be included in E Noting	Electronic format agreed. Ongoing discussion with e noting steering group re compatibility / cross reference with other systems	Debbie Saunders/ Dr John Jackman	August 2015	
Interface with Child Protection Information Sharing IT (CPIS)	Need to determine operational procedures & Interface with current IT applications	<ul style="list-style-type: none"> Initial meeting with DoH project team. Scoping exercise being undertaken. Site visit to Homerton Hospital 	Debbie Saunders and Dr John Criddle	August 2015	
Staff across various parts of the organisation need to have awareness re CSE	Various training and promotional material to be implemented	<ul style="list-style-type: none"> Awareness included in GSTT in house training. Promotion of SSCB E learning package – uptake monitored 	Named professionals	Ongoing	

		<ul style="list-style-type: none"> Covered in Safeguarding newsletter across organisation in February 2015 Cue cards due for launch July 2015 Membership of LSCB CSE working groups 			
LSCB / Children Social Care arrangements in Lambeth deemed inadequate by Ofsted in May 2015.	An Improvement Board has been established to have oversight and scrutiny of the changes required – functioning and revision of LSCB/ subgroups	Improvement Board in place – GSTT represented by Janet Powell DoN.	Janet Powell		
	Development of key performance indicators (applicable to both Lambeth and Southwark)	Health meeting convened and initial data set determined	Debbie Saunders Dr John Criddle, Barbara Hills, Named Professionals	August 2015	
	Need to ensure that practitioners understand Local Authority Thresholds	<ul style="list-style-type: none"> Cascade threshold documents to staff Documents to be available via intranet Threshold documents to be used as part of supervision To be covered in training 	Named Professionals	August 2015	
	Multi agency audits	<ul style="list-style-type: none"> Undertake audits as required and cascade any learning and improvement required 	Named Professionals	TBD	

Management of children that present with dental caries and impact of neglect on the child.	Training for dental teams. Pathway to be developed regarding onward referral i.e. for follow up with school nurse etc re education	Initial proposals being undertaken	Debbie Saunders, Samantha Salaver Jo Thorogood	July 2015	
Children and young people have opportunities to give feedback on safeguarding services and have evidence of this feedback.	Questionnaires to children and parents. Incorporate in to current user feedback mechanisms and have targeted approach to vulnerable families		Debbie Saunders Dr Ayanda Jolobe and Barbara Hills	August 2015	
Restrictive therapeutic holding policy to be devised	Policy to be written and approved and embedded in to practice	Draft policy written and waiting final comments	Debbie Saunders Emma Gadsby	August 2015	

Joint children and adult safeguarding actions

Objective	Action needed for compliance	Progress to Date	Who is responsible for implementation	When will it be achieved?	RAG status
Pocket reference guides regarding safeguarding children and adults to be produced	Publication of guides and distribution to staff members	Content agreed. With publishers and awaiting printing	Debbie Saunders/ Mala Karasu	June 2015	
Need for overarching Trust wide FGM strategy	Revision of current guidance	Task and finish group in place	Comfort Momoh/ Geraldine Joyce	August 2015	
Identified staff to have to have WRAP3 Prevent training and a programme of training to be agreed and provided to staff Prevent agenda to be delivered to key children workforce – school	<ul style="list-style-type: none"> • A strategy for Prevent training agreed and signed off • 3 staff trained in WRAP3 • A Prevent training 	<ul style="list-style-type: none"> • Wrap 3 training being provided since November 2014 • Regular training sessions and bespoke training now available to staff 	Mala Karasu/ Debbie Saunders/ Raja Ram	Ongoing	

nurses, general paed, cp teams, PNP and A&E staff	programme in place Managers to release staff for training	Database of uptake of training			
Following Savile reports need to review all recommendations for NHS Trusts and ensure Trust able to demonstrate compliance to the recommendations	Review of all NHS recommendations. Template of recommendations produced and being reviewed	Paper for the board of Directors / CCG to be prepared for April identifying current position and any gaps	Debbie Saunders	April 2015	
	Training for volunteers to be agreed and implemented	Training programme and dates identified.	Ying Butt	September 2015	
	3 yearly DBS checks for staff to be implemented as per policy	Recovery plan in place	Alison Hall	September 2015	
Where services are commissioned, agreements reflect the requirement between commissioners and providers to have regards to the need to safeguard and promote the well being of people who use the service. Invitations to tender, contracts and contracts monitoring should reflect this	<ul style="list-style-type: none"> To review all Schedule 12 agreements and include PREVENT and MCA and DoLS requirements To include specifications regarding Learning disability 	<ul style="list-style-type: none"> Schedule 12 includes requirements of commissioned services adhere to Trust safeguarding policy and procedures Prevent requirements to be included 	Safeguarding leads	As required for any commissioning process	

** This work plan will be updated and added to depending on any changes in legislation and requirements of the organisation.*