

Board of Directors Trust Quality & Performance Committee	 Guy's and St Thomas' NHS Foundation Trust
Safeguarding Children's Annual Report 2017 - 2018	11th April 2018

This paper is for:		Sponsor:	Dame Eileen Sills, DBE
Decision		Author:	Debbie Saunders, Head of Safeguarding Children Nursing team.
Discussion		Reviewed by:	Janet Powell, Director of Nursing, Evelina
Noting		CEO*	
Information	✓	ED*	✓
		Board Committee*	✓ Quality & Performance Committee
		TME*	
		Other*	

* *Specify*

1. Summary

- Activity remains constant with a high level of vulnerability and complexities of cases identified. This is across all areas including acute, community and midwifery. The referrals to the children's acute team have increased by 23.4% over the year. The team have continued to provide a responsive level of service but demand has increased.
- Safeguarding training remains a priority in order to develop a competent workforce in regards to identification and management of safeguarding concerns. The training has been reviewed and the team have developed a new e learning and simulation training. Training compliance has ranged between 79-84% over the year. There are a number of areas that are below the required training compliance rates; plans are in place to address shortfalls.
- The team have undertaken a significant number of case reviews in the last year. Where any gaps in practice have been identified measures have been put in place to address.
- The safeguarding of children maintains a busy agenda both at a national and local level; priority areas are "Getting child protection right"; Child exploitation and neglect.
- Positive progress has been undertaken by the team in taking forward the work plan from 2017-18. Some areas of the plan are slightly behind schedule due to capacity. The governance structures of the domestic abuse and FGM services has been undertaken and responsibility moved to the safeguarding children leads. Transformation work is underway in terms of developing improved systems and structures within the looked after children service to ensure that health assessments are done in line with statutory guidance.
- A number of changes have occurred in the last year in terms of the Local Authorities and following outcomes of Ofsted inspections. This has meant changes in ways of working.
- New ways of working have been developed following the challenges brought about by the Public Health funding changes. Remodelling and redesign of Health Visitor and School Nurse services has taken place in order to optimise the service provided.

2. Request to the Quality & Performance Committee

- Confirm the Executive lead as the Chief Nurse.
- Approve the work plan for 2018-19.
- Note the information contained within the report and the actions being taken.

3. Any actions arising from last year

Area of development	Progress and actions.	Lead	Completion date
Training compliance figures in some directorates below required target.	Highlighted to departmental leads. Additional training dates provided and some bespoke sessions / e learning for individual teams.	Service leads in conjunction with safeguarding team	Ongoing
Development of CP-IS.	Develop IT solution to enable access to CP-IS. Awaiting the upgrade of Symphony IT system.	Debbie Saunders / Dr John Criddle	Carried forward to 2018-19.
Safeguarding children policy and procedures to be updated.	Policy has been updated and awaiting ratification.	Debbie Saunders	Policy updated and requiring ratification.
Need to review the domestic abuse services within the Trust.	Options appraisal undertaken. Revision of domestic abuse governance arrangements undertaken.	Debbie Saunders	Complete November 2017

Increase staff awareness of chaperoning requirements.	Policy updated and communicated across clinical services.	Debbie Saunders/ Mala Karasu / Sarah Wilding	Complete August 2017.
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4. Activity for the year

4.1 Activity remains constant with a high level of vulnerability identified. The acute based team has been involved with 927 recorded cases over the past year; this is an increase of 23.4% of cases compared to the previous year. These figures do not include maternity and the Emergency Department which are outlined separately. The team have been seeing a year on year increase in activity. Please see table below.

	Q1	Q2	Q3	Q4	Total for year
2013-14	105	60	104	104	373
2014-15	122	97	84	119	422
2015-16	109	117	135	136	497
2016-17	161	170	195	225	751
2017-18	194	244	230	259	927

This increase in referrals is multi-faceted. Reasons includes a greater awareness of staff in recognising vulnerabilities through training; societal changes and increased deprivation; changes to early help and available support leading to a greater unmet needs of children and families; increase in prevalence of child mental health and a rapid period of expansion and growth within ELCH services. All cases referred to the

safeguarding team do not result in a referral to children’s Social Care but require some intervention, advice and case management in order to formulate appropriate plans.

Top five reasons for referrals to acute based team			
2017-18		2016-17	
Concerns regarding parenting abilities/ care issues	185 (19.9%)	Concerns regarding parenting abilities	116 (15.4%)
DNA appointments	109 (11.7%)	DNA appointments	101 (13.4%)
Deliberate self-harm/ overdose/ alcohol related & other mental health	93 (10%)	Aggressive parent/ Domestic abuse	100 (13.3%)
Aggressive parent/ Domestic abuse	70 (7.5%)	Physical injuries	78 (10.3%)
Physical injuries	63 (6.7%)	Deliberate self-harm/ overdose/ alcohol related & other mental health	78 (10.3%)

4.2 Concerns regarding parenting ability and neglect remains a main feature of why cases are referred to the children’s safeguarding team. Areas of notes in terms of activity include:

- The team have seen a notable increase in the numbers of children with concerns about perplexing symptoms or Fabricated and or Induced Illnesses. This is in part due to some of the speciality areas seen within ELCH i.e. allergy, gastroenterology and rheumatology. These cases are invariably complex and need significant time to manage and respond appropriately.

- Increase in the number of young people presenting with mental health issues. These require joint working between the children's safeguarding team and the Child and Adolescent Mental Health Services (CAMHS).
- There is an increase in the number of children and young people seen that have been involved in incidents of violence.
- Families with no recourse to public funds and poor and inadequate housing remain a challenge.
- High level of domestic abuse evident in cases that are seen in both acute and community settings.

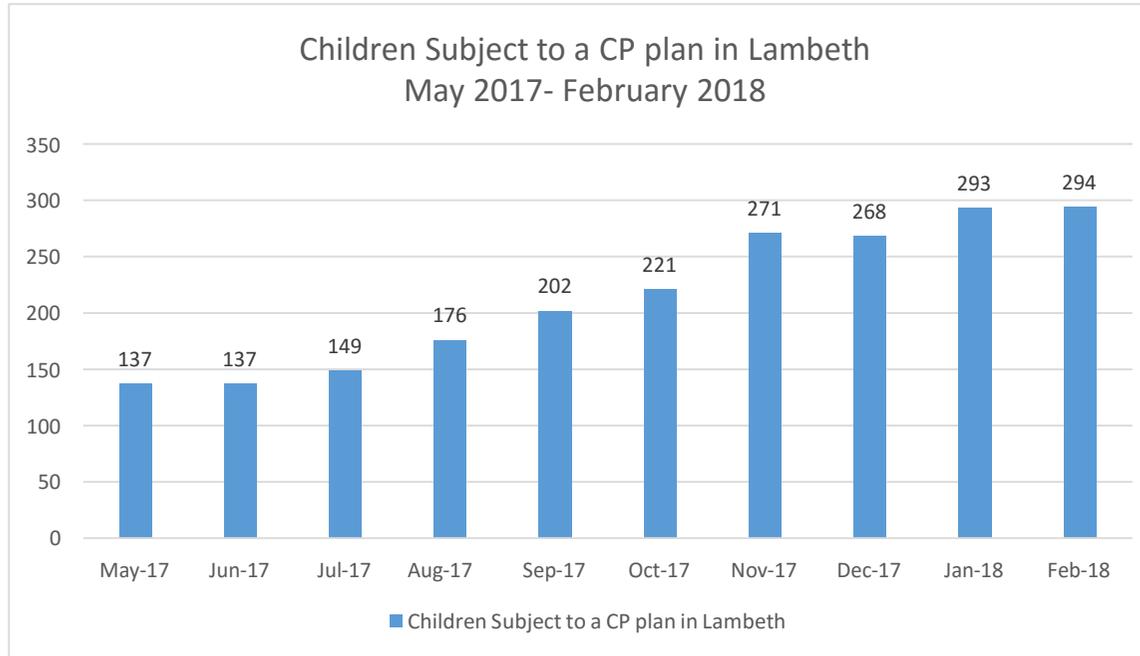
4.3 Safeguarding concerns in maternity services are varied: this includes teenage mothers; mothers with mental health issues; mothers affected by substance misuse and domestic abuse. These figures on the whole are comparable with previous years. It is positive to note that the number of teenage pregnant women under the age of 18 years old has decreased over time. As such due to the fall in numbers of cases in the Chestnut midwifery team (for teenagers and young people) the referral criteria for this team has now been extended to 20 years of age if there are identified vulnerabilities.

4.4 The Children's Emergency Department made 266 referrals to Children's Social Care due to concerns about a child's welfare. These figures show a 24.3% increase on the previous year. Additionally 347 referrals regarding adults' presentations to the hospital for treatment that may have cause for concern in relation to any children in the family were made; these presentations include domestic abuse, substance misuse and assault. These figures are comparable with the previous year. 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.

4.5 Currently there are 294 children in Lambeth and 340 children in Southwark who are the subject to a child protection plan. The numbers in Lambeth have changed significantly over the year; Southwark figures are comparable with the previous year. In addition there are approximately 480-500 children per borough who

have the status of Looked after Child. Health Visitors and School Nurses are required to monitor and provide an enhanced service offer to these group of vulnerable children and young people.

- 4.6 Concerns were highlighted in May 2017 about the reducing numbers of children subject to a child protection plan in Lambeth. This fell from 297 children in March 2016 to 138 by May 2017. This was noted to be out of line with comparable boroughs. Children's Social Care was challenged in terms of this trend as there were concerns by partner agencies that this direction was not appropriate based on cases that staff were seeing and managing. A review was undertaken by Children's Social Care in to the reasons for the decline. The review found that there were significant concerns in terms of decision making and a lack of consistency in terms of application of thresholds by Children's Social Care. Since this review has been undertaken the numbers of children subject to a child protection plan has risen each month; these figures are deemed to be more appropriate in terms of the local borough demographics and more in line with statistical neighbours.



4.7 Safeguarding medical activity (community) for the year.

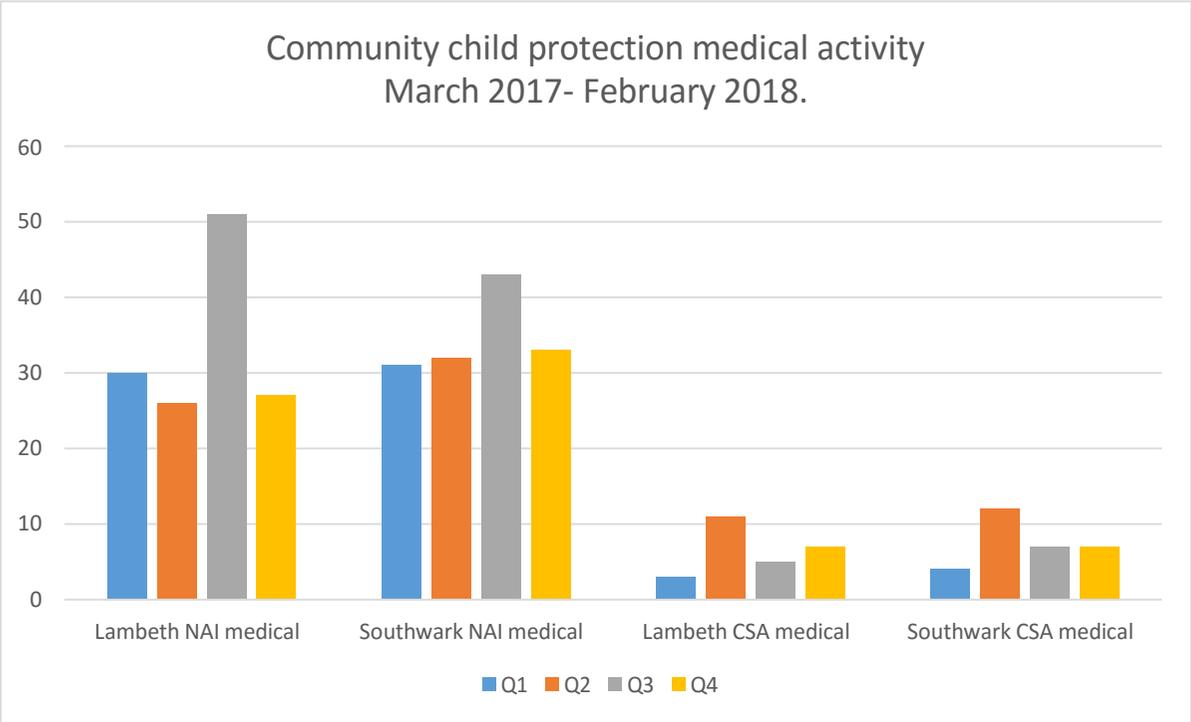
	NAI 2017-18	NAI 2016-17	NAI 2015-16	CSA 2017-18	CSA 2016-17	CSA 2015-16
Lambeth	134	129	200	26	16	33
Southwark	139	256	187	30	33	32

NAI= Non accidental injury

CSA= Child sexual abuse

Overall Southwark has seen a marked reduction in the number of medicals regarding suspected non-accidental injury when compared to 2016-17. The reasons for this are not clear as Southwark has not seen a drop in the number of children on child protection plans. Additionally the medical team have seen a fluctuation over the year in terms of the number of requests for child protection medicals. The fluctuation is more marked

over the year in Lambeth and correlates with some of the concerns outlined above in terms of the decision making in terms of the number of children identified as requiring a child protection plan.



5. Safeguarding children training

5.1 The Trust has a training strategy in place; this will be renewed going forward in 2018-19. The Trust has maintained its position in demonstrating compliance above the 80% set national training target for the year with a slight drop below 80% at the end of March 2018. The compliance position at the end of March 2018 is outlined below. A final end of year position regarding training compliance will be available by 10 April 2018 and will be added to the Trust’s safeguarding annual declaration.

Safeguarding training: year to date (end March 2018)				
	Target	Total number to train	Numbers compliant	Overall Trust compliance
Level 2	80%	6400	5420	84.69%
Level 3	80%	2670	2135	79.96%

5.2 However, some directorates and specialities are currently below the expected compliance rate of 80% for Level 3 training. Active work has been undertaken to raise compliance in these areas and some progress has been made.

March 2018	Staff Count	Compliance on WIRED	
Acute medicine	231	154	66.67%
▪ ED Medical staff	48	34	70.83%
▪ ED Nursing staff	116	71	61.21%
Audiology	21	14	66.67%
Anaesthetic Consultants	27	14	51.85%
Paediatric ED	43	29	67.44%

5.3 It is recognised that a number of those reported as non-compliant may have undertaken training in other organisations. If staff have evidence that they have undertaken training in another organisation then this can be accepted as evidence of compliance and the records can be updated accordingly. This has the benefit of not asking staff to redo training unnecessarily that they have already undertaken. This message has been communicated to teams and staff so that training records can be updated. The Emergency Department have a large number of new starters. A plan is in place to provide some additional training for the department in order to assist in addressing the compliance. This will be continued to be monitored monthly.

5.4 Training content is reviewed throughout the year to incorporate any changes in legislation and guidance. In addition training is updated to reflect findings from national and local Serious Case Reviews and audit findings. Changes have been made to the delivery of training during 2017-18 to reflect various learning styles of practitioners. Different modes of training are available: this includes face to face classroom sessions, e learning and simulation training.

- The team launched a new Level 2 e learning package for safeguarding children training in September 2017.
- Simulation sessions for Nursing and Midwifery Level 2 induction started in October 2017. The simulation sessions have proven to add an additional richness to child protection training. The team are exploring if some of the elements from this training can be incorporated in to Level 3 and wider Trust training.

5.5 The Counter Terrorism and Security Act 2015 placed a statutory duty on all health Trusts to provide appropriate training in PREVENT for health staff. PREVENT is part of the national counter-terrorism strategy CONTEST and is about diverting vulnerable adults and young people away from being radicalised and engaging in terrorist activity through a multi-agency response. There have two levels of PREVENT training provided in the Trust: PREVENT Basic Awareness training and Raising Awareness of PREVENT (WRAP) training. Staff are profiled depending on their role. The training compliance for children’s services is outlined below.

	Staff Count	No Staff compliant	% Compliance
Level 1 Evelina	406	349	85.96%
Level 2 Evelina	1675	1211	72.3%

6. Learning and Improving

- 6.1 The Trust has been required to participate in a number of reviews in the last year; this includes Serious Case Reviews (SCRs), Domestic Homicide Review (DHR), case reviews and audits. SCRs are undertaken when a child dies (including death by suspected suicide), and abuse or neglect is known or suspected to be a factor in their death. The SCRs have been undertaken for a number of different Local Safeguarding Children Boards. Case reviews are undertaken when there may be concerns about interagency working but the case does not meet the threshold for a SCR.
- 6.2 SCRs are undertaken by a number of different methodologies depending on the requirements and practice of the various LSCBs. This can include individual organisations that had provided services to the child or family undertaking a comprehensive chronology of all the involvement that the agency had; compiling an Internal Management Review (IMR); undertaking a Root Cause analysis (RCA) and or holding practitioner events whereby staff that were all involved in a case meet to share their views on what happened and why. In addition it is usual that a senior member of staff from individual organisations would attend SCR panel meetings over a 6 month period to review information and contribute to the overall analysis and final report that will be produced and published.

Reviews undertaken 2017-18	Numbers
Serious Case Reviews (SCR)	3
Domestic Homicide Review	1
Local case reviews	3

There are a number of SCRs that are continuing from previous quarters. The full details of the reviews are discussed at the Trust's Vulnerable Persons Assurance committee which also monitors progress with any actions resulting from the findings and recommendations. Once the reviews are complete and the reports published then the learning from the various case reviews is incorporated in to the Trust's internal safeguarding training provision. In addition learning is cascaded via various forums and briefings.

- 6.3 Domestic abuse and parental substance misuse featured within some of the case reviews undertaken. A recommendation was made in regards to enabling practitioners to have the confidence and abilities to

appropriately manage any concerns that they identify in relation to possible domestic abuse and or parental substance abuse. The safeguarding training provision has been reviewed to ensure that this was enhanced in terms of domestic abuse. The scenario which is incorporated in to the new simulation training session for nursing and midwifery induction training is based around a domestic abuse situation. This scenario will allow facilitators to incorporate and discuss some of the key learning identified from the reviews. Work has also been undertaken with adult ED staff to have a more “Think Family” approach and to enable practitioners to consider the impact of a parent’s presentation in regards to either domestic abuse or substance misuse on a child in the family. Discussions have been held with Health Visitor Managers in terms of the introduction of routine enquiry regarding parental substance misuse, home safety to include storage of drugs and accessibility to children.

6.4 As part of partnership working with colleagues through the Local Safeguarding Children Boards the Trust is required to participate in a number of multi agency audits. In addition to multi agency audits the safeguarding team undertake regular audits of the Trust’s child protection systems and processes. During 2017-18 the following audits have been completed:

- FGM audit of cases under 18 years of age (community)
- Discharge planning and information sharing regarding children with mental health concerns
- Safeguarding supervision
- MARAC
- Multi-agency audit into Child Sexual Exploitation and Missing Children (Southwark)
- Strategy meetings (Southwark)
- Neglect (Lambeth)
- Child Sexual Exploitation (Lambeth).

The results of the audits are presented at the Safeguarding Children Operational committee who is responsible for the monitoring of any actions that have arisen as part of the audit results.

7. **Workforce**

7.1 Safeguarding team

- 7.1.1 The safeguarding nursing team has had a relatively stable workforce over the past year. There have been some changes in personnel within the team over the year. One new community safeguarding nurse commenced employment in July 2017. A new part time (job share) safeguarding midwifery practitioner commenced employment within the team in March 2018.
- 7.1.2 There is one current vacancy within the acute team from March 2018; a new post holder is due to commence employment at the end of April 2018. The Named Midwife for safeguarding children is due to retire in April 2018; recruitment to the post has been undertaken and a new post holder is due to commence employment subject to pre-employment checks being completed.
- 7.1.3 The Looked after Children (LAC) nursing team has not been at full establishment over the year; this has been due to vacancies and also sickness. A new Designated Nurse for Looked after Children (LAC) in Lambeth commenced employment in June 2017. Recruitment is underway for a LAC nurse specialist for the team. Some interim measures have been put in place to support the service delivery.
- 7.1.4 The Named Doctor function is a statutory role. The Named Doctor for acute services has stepped down from this position during 2017. Cover for this role has been provided on an interim basis by one of the safeguarding doctors in the Trust with support from the community safeguarding Named and Designated Doctors. The safeguarding doctor will take up the position of the Named Doctor on a substantive basis from April 2018.
- 7.1.5 A new specialist practitioner for FGM has been appointed who will be responsible for the clinical aspect of FGM in maternity services.
- 7.1.6 The safeguarding team have continued to provide a responsive service provision in regards to the safeguarding of children and vulnerable mothers. The team are available to provide consultation and advice to practitioners. Formal and informal supervision is available to provide support and also challenge to

practitioners who are managing a vulnerable caseload. As part of the review of Health Visiting and School Nursing services and looking at redesign and remodelling the safeguarding supervision process and models of supervision has been undertaken to determine that the model and approach is fit for purpose and meets the needs of the service and practitioners. As a result of this review the frequency of mandated safeguarding supervision for Health Visitors has been changed; this has changed to 3 monthly as opposed to the previous guidance of 3-4 monthly. The uptake of supervision is monitored monthly as part of local Key Performance Indicators (KPIs); uptake of supervision is currently over 95% for Health Visitors and 100% compliance for School Nurses.

- 7.1.7 The safeguarding nursing team continue to adapt the service delivery in light of service need. Safeguarding supervisors are now available to attend case conferences with practitioners to provide support, oversight and challenge to cases. This was not something that routinely happened prior to 2016. In addition the safeguarding supervisors are now also available to undertake more direct family contact with practitioners and undertake home visits and assessments with Health Visitors and School Nurses who may need additional support and guidance.

7.2 Allegations management

- 7.2.1 During the year there have been eight allegations that have been raised against a staff member of the organisation; 5 of these relates to concerns from the staff member's personal life and not their professional capacity. 3 allegations were raised in regards to work related concerns; these were found to be unsubstantiated.
- 7.2.2 The safeguarding children and adult leads have continued to meet with the HR workforce lead bimonthly to review any notifications of concerns. The format of these meetings will change going forward in 2018-19 and will include the HR Senior HR advisors who provide direct case management advice to managers.

8. Partnership working

8.1 Local Safeguarding Children Boards

8.1.1 The Trust continues to be an active member of the Local Safeguarding Children Boards (LSCBs). This is through membership and work of the Boards and the sub committees. The Board seeks how to test effectiveness of multi agency arrangements and find ways of improving the child’s journey in key local priority areas. Key priority areas include a focus on “Getting child protection right”; Child exploitation and Neglect. The safeguarding team continue to work proactively with the LSCBs to take forward the health response and input to these important agenda items. Some of the Trust’s progress with these priorities is outlined below.

Getting child protection right	Child exploitation	Neglect
<ul style="list-style-type: none"> • Changes to child protection training. This includes “Think family” training provided for staff in A&E. • Visibility & accessibility of safeguarding team. Advice & consultation daily. CP rota in place. • Safeguarding supervision reviewed. Formal & informal supervision in place. • Supervisors working closely with practitioner and can undertake home visits in complex cases. • Education and cascading of Social Care thresholds. • Quality assurance of social care referrals. • Escalation of cases of concerns. • Attendance at case conferences by HV & SN monitored as part of KPIs. 	<p><u>Domestic abuse</u></p> <ul style="list-style-type: none"> • Trust has 2 Domestic abuse services, Reach based in A&E and Mozaic for maternity services. Ultimate aim for one overarching service for the trust. Governance moved to safeguarding children. • Routine enquiry re DV in place in community services. Also implemented in paediatric A&E. • Policy under review. <p><u>FGM</u></p> <ul style="list-style-type: none"> • FGM service review in 2017. Governance of FGM moved from maternity to safeguarding children lead. • FGM policy & local pathway being updated. <p><u>Radicalisation</u></p>	<ul style="list-style-type: none"> • Management of children that are not brought for hospital / clinic appointments. Proactive following up of families. • Pathways being established with dentistry in relation to children with dental caries. Interface with HV/ SN for follow up. • Ongoing staff training & supervision • Ongoing work with staff in terms of managing faltering growth. • National Child Measurement Programme – Obesity • Targeted work with vulnerable families through Early Intervention Health Visitors, Child Development Workers. • Review and re-scoping of liaison health visiting role to provide health promotion and early intervention in a hospital setting.

<p>Attendance consistently over 88% for the past 6 months.</p> <ul style="list-style-type: none"> • Auditing practice and learning from findings. This includes both single agency & multi-agency audits. Single agency audits include CAMHs pathways/ management of DNAs. • CP medicals / attendance at strategy discussions increased. 	<ul style="list-style-type: none"> • Prevent training in place. To date 1083 staff from children services trained re Prevent. (65.92%). <p><u>Youth Violence</u></p> <ul style="list-style-type: none"> • Oasis project based in A&E provides 1:1 support for young people from Lambeth & Southwark who present with injuries/ concerns due to violence or aggression. 	
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8.2 Lambeth Children Social Care / Ofsted inspection

8.2.1 The London Borough of Lambeth underwent an inspection of Services for children in need of help and protection, children looked after and care leavers and a review of the effectiveness of the Local Safeguarding Children Board in February 2015. Overall the report gave an inadequate rating. As a result of the findings of the inspection an Improvement Board was established to take forward the various recommendations during 2015-17. A transformational project commenced in Lambeth Children’s Social Care to ensure the quality assurance of Social Work provision. This work included the redesign of the structures in Children’s Social Care; having clear standards and expectations; promote quality social work and clear and useful performance information. This resulted in a period of change and transition. There has been a focus on improving the “front door” of Children’s Social Care and ensuring that there is a consistent, quality approach to referrals and assessment. This period required our staff to be very vigilant of their cases and ensuring that there was appropriate challenge and escalation as required.

8.2.2 Progress has been made in terms of the transformation work that has been undertaken.

- More stable Social Care work force in place with permanent leadership and management teams. This had aided with relationship building with partners and also consistency in approach.

- Strengthening the establishment of clear practice standards across all service areas, including the quality and timeliness of assessments. However, some variation in practice remains.
- Improved decision making in terms of case management. The numbers of children made subject to child protection plans has increased appropriately.
- Working with partner agencies to embed sound multi agency approaches to safeguarding those that are vulnerable and in need. There have been ongoing joint meetings and learning events with Children's Social Care managers, and particularly the "front door" teams which appeared to have an effect on joint working. As such the numbers of referrals for discussions, strategy meetings and medicals has increased appropriately.

8.2.3 A repeat Ofsted inspection was undertaken in February 2018; the outcome of this is not published to date.

8.3 Lambeth Young People at Risk Strategy

8.3.1 This is a 2 year strategy with the purpose that agencies work together so that there is one overarching framework for commissioning and delivering services to prevent and support children and young people at risk. This includes child sexual exploitation (CSE); missing from home, care or education; serious youth violence (SYV); involvement with gangs; involvement with 'county lines' and radicalisation.

8.3.2 It is recognised that there is evidence of significant and complex need within the borough. Whilst the needs of some children and young people are being addressed, this is not necessarily consistent and across the multi-agency partnership. Despite everyone's recognition of the priorities of these groups of young people, too often differing agency priorities and perspectives create fragmented, partial and crisis driven responses rather than those that are joined up, evidence based and effective. There is a lack of analysis of local knowledge about what is happening to young people. Effort has often been focussed on a single issue of concern when in reality children and young people's lives and needs are much more connected.

8.3.3 The focus of this strategy is how agencies should work together to:

- Prevent children and young people becoming at risk with a strong public health informed focus on prevention and early intervention
- Identify those who may be at risk
- Help and protect those who are at risk, and helping those affected to be supported in recovering
- Disrupt and pursue those who may be posing a risk to children and young people.

8.3.4 Senior leaders' commitment is sought from all partners in Lambeth to give priority to preventing, identifying, helping and protecting children and young people who may be at risk, and to disrupting and pursuing those who may be posing a risk to children and young people. There is an expectation that all agencies will take a proactive multi agency approach, across the continuum of need for these vulnerable children and young people.

8.4 Southwark Ofsted Inspection

8.4.1 An Ofsted Inspection of services for children in need of help and protection, children looked after and care leavers and a review of the effectiveness of the Local Safeguarding Children Board was undertaken in March 2017 in the borough of Southwark. The findings of the review concluded that children's services in Southwark are "good". However, Children Looked After and achieving permanence required improvement.

8.4.2 The report highlighted a number of positives including:

- Leaders and managers understand the strengths and areas for development of their service well. The local authority continually strives to improve, developing innovative services which are informed by children's participation and involvement.
- There are strong early help services for older children, helping families and children to improve their lives and preventing the need for subsequent statutory social work involvement.

- Particular strengths in identifying and protecting young women at risk of FGM, honour-based violence, bullying or sexual exploitation through gang associations. Women who have experienced earlier multiple removals of their children through care proceedings are helped to change radically the subsequent direction of their lives through a highly successful, award-winning project called 'Pause'.

8.4.3 Areas for development included:

- Missed opportunities to involve all relevant partners in child protection strategy discussions.
- High-quality management oversight is not yet consistently good across all parts of the service.
- Early adoption permanence planning is strong, but there are delays in achieving permanence for too many children in long-term fostering arrangements. The quality of management oversight for children in care is not sufficiently challenging to improve outcomes for all children. This is further inhibited by many children in care having too many changes of social worker.
- The quality of work is too variable for children looked after. While outcomes for most children looked after are good, they are less positive for a significant minority of children. Children's physical health needs are not always assessed quickly enough, and the quality of health assessments is not consistently strong. The learning and health needs of children who are looked after outside the local authority area are not always sufficiently considered when their placements change. For many of the large number of children living in other local authority areas, education and health services are secured only after they have moved into their new placements. Children living at a distance are also more likely than others to experience delays in having their care plans reviewed or their health needs assessed.

8.4.4 A number of the recommendation were made following the review. An action plan was devised to address any health related actions and positive progress has been made.

- A new generic referral form has been devised and is now in use in adult areas of the Trust. This form is to be used for cases where there are concerns about the parent's presentation and implications for the safeguarding of their children. This revised form has increased the quality of the information being

submitted to Children's Social Care. The form negates the need for different forms for differing local authorities.

- The pathway for strategy meeting notifications has been reviewed. Invites from Children's Social Care are now sent to a generic email and then triaged in regards to suitable attendance.
- Ongoing training for staff in terms of understanding and application of Social Care thresholds.
- The LAC health team have seen improvements in the quality of health assessments with most assessments being rated good. Peer review of reports is established and in place.
- The LAC health team have worked with Children's Social Care to identify and remove barriers to achieving quality health assessments and improving timeliness of those carried out for children placed outside the borough boundaries.
- A new Access to Resources Panel has been established which will promote a multi-agency overview of looked after children with the highest need. The Designated Doctor contributes clinical health input to this panel.
- There is a newly established Health Management Group formed with the local authority to provide joint strategic oversight regarding the health outcomes of looked after children. The Lac health team have been involved in joint audit activity. There are new pathways developed for looked after children on remand or in secure accommodation.

9. The safeguarding children agenda

The safeguarding agenda is busy at both a national and local level. There is a significantly growing children's safeguarding agenda, including Child Sexual Exploitation, Gang Violence, Knife Crime, substance misuse, Domestic abuse, the PREVENT agenda, Looked after Children, trafficking, Modern Day Slavery, asylum seekers and increased lack of social inclusion all of which affect children and young people. The safeguarding team will keep abreast of any changes as they emerge and update both the Vulnerable Person Committee and the Board of Directors of any changes that will have an impact on safeguarding requirements and practice.

9.1 An internal Local Service Review of Safeguarding Children and Looked after Children (LAC) services

9.1.1 This review has commenced but is behind the anticipated schedule. This is due to an unexpected and significant investigation which has taken priority. The purpose of this is to review the performance of the delivery of service and to determine the operational, performance and service model changes required to address either a known concern and moreover to ensure the existing services can meet the future local needs of these services. The review will consider local need, current and future capacity requirements to meet the need and the factors impacting on these. The reviews will be conducted separately due to their different functions and delivery. An overview panel has been established to monitor the progress of the review and to provide adequate support and challenge.

- The initial focus of the review has been on some process and systems issues within the LAC service. This is being supported by colleagues from the Transformation team. Diagnostic work has already been completed in terms of LAC pathways and processes and work is underway to progress the areas for development identified.
- The Named Doctor role and structure has been agreed. The Named Doctor for acute services will be a 4PA role. Support to this role will be with additional 3PAs; this will be one PA for each of the acute children's services directorates and one PA covering non-children services directorates.

9.2 Section 11 audit

9.2.1 As part of a Section 11 audit organisations who provide services to children are asked by the LSCB to self-assess the extent to which they meet the safeguarding requirements and standards as set out in Section 11 of the Children Act 2004. At an organisational level the key criteria are in regards to the following domains:

- Senior management commitment to the importance of safeguarding and promoting children's welfare
- A clear statement of the agency's responsibilities towards children is available for all staff

- A clear line of accountability within the organisation for work on safeguarding and promoting the welfare of children
- Service development takes account of the need to safeguard and promote welfare and is informed, where appropriate, by the views of children and families
- Staff training on safeguarding and promoting the welfare of children for all staff working with or, depending on the agency’s primary functions, in contact with children and families
- Safer recruitment
- Effective inter-agency working to safeguard and promote the welfare of children
- Information sharing.

The Trust prepared and submitted a S11 audit to Lambeth LSCB in October 2017. Members from the Trust were then required to attend a “challenge panel” to discuss the key findings of the audit. The audit established that the Trust was able to demonstrate that it was meeting the statutory requirements.

9.3 Trust’s Internal Audit Team audit

9.3.1 The Trust’s Internal Audit Team also conducted a separate Section 11 audit. This audit focused predominantly on safeguarding arrangements within the hospital setting. A report was issued on the 9 November 2017. The conclusion was that there was substantial assurance in terms of the safeguarding children arrangements. However, there were some areas that need to be actioned. An action plan is in place to take forward the recommendations identified in both of the audits.

Recommendations	Actions needed to be undertaken	RAG rating and progress
Not all staff are able to apply social care thresholds appropriately. This leads to inappropriate referrals.	Educate staff in terms of threshold and application to practice.	Ongoing through training

Need to ensure that referral forms to children social care are of optimal quality. This leads to poor quality or incomplete referrals. Need to increase the quality.	Continue to educate staff in terms of completing forms and what information needs to be in place.	Ongoing through training. New generic ED referral form devised.
Safeguarding children policy and procedures have passed their due revision date.	Agree new policy date and revise documents.	Revised – awaiting ratification
Safeguarding nursing structure on the intranet site is out of date and needs to be updated.	Update the intranet site with the new hierarchy.	Complete
Training in ED below expected target. New starters in ED to complete level 3 training.	Training action plan to be in place for ED staff.	Action plan in place with ED
Referrals to safeguarding team via various routes. Standard template to be used when received by team in order for logging purposes.	Template log to be utilised in practice.	Complete
Current spreadsheet for recording referrals is not effective.	To explore with IT is different options are available for data capture.	In discussions
Need to ensure that full information about parents who present to ED and are seen by PLN is readily available to staff in order to appropriately risk assess.	Explore PLN attending psychosocial meetings to share information about cases. PLN to write in client's case records about their intervention.	

9.4 Looked after children

9.4.1 Strategically, the health and well-being of looked after children remains a national and local priority. A LAC subgroup has been established which reports to the Vulnerable Person Committee via the Safeguarding Children Operational Committee. The LAC team sits within the Community Paediatric Child Health Service

and is commissioned by the CCG to provide statutory health services to children looked after. The service specification includes:

- Delivery of initial and review health assessments
- Ensuring immunizations, dental and developmental checks are up to date
- Delivery of teaching and training to foster carers, social workers and GSTT staff
- Completion of adoption medical reports, and assessments of prospective adopter and foster carer (AH) health as it relates to parenting
- Provision of advice to adoption and fostering panels
- Provision of an enhanced health service to care leavers.

9.4.2 There have been some challenges to performance across the year. These challenges are multi-faceted and include: systems and process issues; IT issues; administrative issues including tracking of health assessments; interface between health and the Local Authority which includes timeliness and quality of information shared. These issues have adversely affected some service delivery.

9.4.3 Key Performance Indicators have been devised for monitoring key aspects of the LAC health requirements and performance: these include timeliness of referrals for assessments; turnaround time for reports; uptake of immunisations. The success of reaching these targets lies not solely with health and the Local Authority have a pivotal role in ensuring that they can be reached. These indicators are monitored as part of the safeguarding and LAC operational groups and directorate performance management reviews.

9.4.4 The Lambeth and Southwark LAC team have been working together to align processes and functions. The two teams are in differing stages of organisational development work. The overall aim to have similar service delivery and equity across both sites. Continued transformation work is planned going forward in 2018-19. Progress is being made in terms of service improvement.

- Greater percentage of children being seen within 20 working days of referral for Initial Health Assessments
- Development of a health needs tracking system by the Nurse Specialist for LAC in Southwark
- The Band 5 administrative post in Southwark is currently filled by a GSTT Management Scheme trainee. This has been beneficial for development of real-time monitoring systems; building confidence in service delivery and a working knowledge of gaps and evolving need
- Maintaining statutory performance despite engaging in turnaround work
- Producing an overall assessment of health need and safeguarding vulnerability for all LAC
- CCG commitment to appropriate levels of staffing with a significant recurring uplift granted.
- Embedding clinical supervision and monitoring quality of assessment.

9.4.5 Looked after children challenges.

- The caseload is almost exclusively composed of children and young people who have experienced significant abuse and neglect. There is a likely psychological impact on staff resilience and possible effects on staff working ability
- Administrative staff turnaround has delayed embedding of good practice
- Systems issues in terms of a lack of Carenotes navigability and availability of routine reporting.

9.5 Female Genital Mutilation

9.5.1 A NMC notification has resulted in a Trust investigation and review of the FGM service including practice and governance arrangement during 2017. Recommendations and actions from this review are being monitored by the Vulnerable Persons Committee. A further independent external review will be undertaken to provide additional scrutiny. From October 2017 the referral process has been revised to ensure no referrals are accepted unless they are from a GP, and that any girls aged under 19 years of age who are not within the maternity service are re-directed to an approved paediatric service. The governance of the FGM service has

been transferred to the Children's Safeguarding leads from maternity services. A new governance framework has been established which includes the overarching requirement of ensuring that: Lines of accountability and assurance processes are in place; Systems, policies and processes are in place; Focus on outcomes is evident and Engagement of professionals and people is evident.

- 9.5.2 A quarterly paper is presented to the Trust Vulnerable Person Committee in regards to performance against work stream milestones and deliverables along with activity and Key Performance Indicators.
- 9.5.3 The Trust FGM policy and pathways have been revised and updated. These are due formal ratification.
- 9.5.4 From September 2014, it became mandatory to collate and submit basic anonymised details about the number of patients treated who have had FGM to the Department of Health every month. The Trust has collated and submitted data as required.
- 9.5.5 The Trust has been working with NHS England to implement the FGM-IS (Indication System), a new system supporting safeguarding against FGM which systematically shares information about immediate family history and potential risk of FGM with those healthcare professionals who come into contact with a girl as she grows up. From 1 March 2018, all newborn girls at GSTT who have a family history of FGM will have an FGM-IS (Indication System) indicator added to their record on the SCRa part of the NHS Spine for girls under the age of 18 years.

9.6 Domestic abuse

- 9.6.1 Domestic abuse is prevalent in society and is a feature in a significant proportion of safeguarding cases. The focus of domestic abuse has changed with new areas of concern emerging. This includes a need to respond across to Child Sexual Exploitation (CSE), an increased awareness of the impact of gangs on associated girls and women, the complexity of intergenerational violence and abuse, and the rise in online abuse. All of this highlights the need to take a highly-focused, integrated approach to tackling domestic abuse. Appropriate safeguards need to be put in place to support the victim and any children in the family. Victims need be able

to access specialist support quickly, appropriately, fairly and easily. Specialist domestic abuse services are highly valued by victims who have experienced violence, and are considered to be very effective in providing non-judgmental support to increase safety.

9.6.2 The Trust has two separate distinct Domestic Abuse services; Reach based in acute medicine and Mozaic services who provide a service predominantly to women services. Each of these services has had directorate reporting and governance arrangements. This can lead to no group collective in regards to strategic direction, policy development and ensuring that the Trust’s services and provision are in line with national guidance, NICE guidance etc. A review of the Trust’s Domestic Abuse services has been undertaken to ensure that the model and approach is optimal and that the governance arrangements are clear. An options appraisal was undertaken to determine the service direction. The agreement has been made that Reach and Mozaic will continue to provide the current services and model as is currently in place at present with the ultimate aim of a merged trust wide service in the future.

9.6.3 The governance of the Trust domestic abuse arrangements has moved to the Head of Nursing for Safeguarding Children. This will include policy development; ensuring that practice is in line with NICE guidance; training strategy and monitoring of Key Performance Indicators. A governance framework has been determined which includes accountability, reporting and monitoring of outcomes. A quarterly paper will be presented to the Trust Vulnerable Person Committee in regards to performance against work stream milestones and deliverables along with activity and Key Performance Indicators.

9.6.4 Domestic abuse activity (Reach and Mozaic)

	REACH					MOZAIC			
	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4
Number of total referrals	34	37	28	21		54	47	41	44

Number of referrals that have children in family	25	22	20	14		16	15	17	13
Total number of children in families	32	31	20	18		27	22	24	19
Initial engagement from victim	34 (100%)	37 (100%)	28 (100%)	21 (100%)		45 (83.3%)	39 (82.9%)	33 (80%)	40 (90.9%)
Follow up post discharge / ongoing work	26 (76.4%)	34 (91.8%)	25 (89%)	19 (90.4%)		40 (74%)	37 (78.7%)	23 (56.1%)	32 (72.7%)
Number of referrals to MARAC	1	2	0	1		1	4	1	0

9.6.5 MARAC (Multi agency risk assessment conference) is a risk management meeting where professionals share information on high risk cases of domestic violence and abuse and put in place a risk management plan. This has been held monthly in Lambeth and Southwark; however, the frequency of this has increased to twice a month in Southwark from early 2018 due to the number of cases of concern. Health is represented at the MARAC meetings by one of the community safeguarding children specialists. This is to share information on clients and also to be part of the risk assessment and safety plan.

	Southwark					Lambeth			
	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4
Total number of cases discussed at MARAC	126	147	115	143		94	112	96	113
No of families	58	88	69	92		55	66	46	72
Total number of children	103	119	104	153		110	116	81	144

9.6.6 A Trust MARAC information sharing pathway is in place; this provides guidance for School Nurses and Health Visitors regarding actions to undertake once they receive information from the MARAC discussion that has

taken place. Actions include a requirement to make contact with the victim and to see children (under the age of 5 years) in the family within a given timeframe. School nurses are required to see a school age child if they are subject to a child protection plan, child in need plan, looked after children status or have a significant health need. This contact is to provide advice and support to the victim and children and assess the wellbeing of the child due to the impact of domestic abuse.

- 9.6.7 The timeliness and follow through of MARAC notifications is monitored as part of the safeguarding KPIs. An audit has been completed reviewing the adherence to the pathway. There are some identified issues in terms of the timeliness of follow up with MARAC notifications. The audit has demonstrated some mixed results across services. The pathway is more embedded within school nursing service as opposed to health visiting service. Contact and actions have not always been undertaken within the agreed timeframe. In addition following notification of concerns cases have not always appropriately assigned to the correct case load management of universal partnership. This could have implications for caseload management and ensuring a targeted service above the universal health visiting offer. The KPI results and the audit findings have been shared with the Nurse Managers who are addressing the gaps identified.

9.7 Public Health funding changes

- 9.7.1 School Nurses and Health Visitors are specialist nurses who are at the forefront of providing the Healthy Child Programme to children and young people. These nurses work at the interface between families and core health, social care and education services to support vulnerable children and young people. A large part of their role is in relation to safeguarding to ensure that children are safe and able to reach their potential. Following changes to the Public Health Grant in 2015, Lambeth and Southwark Local Authority Commissioners significantly reduced contract funding for Health Visiting and School Nursing. There are further disinvestments planned.

9.7.2 As a result a significant amount of work has been undertaken to remodel and redesign service provision in order to mitigate risk. The following processes have been put in place to monitor safety and mitigate risk.

- A detailed programme of service redesign and staff/ caseload modelling has been developed by the directorate. The HV service is moving to full corporate working in teams, whilst maintaining a named HV link for all GP practices, to ensure robust communication between the HV service and colleagues in primary care. Without moving to this new way of working, vacant caseloads would increase leading to a risk of vulnerable children and families being potentially more at risk of being lost to follow up.
- The focus continues to be the universal delivery of the 5 mandated elements of the Healthy Child Programme- which includes Antenatal health contact and health promotion visits, New Birth review at 10-14 days, the 6-8 week assessment, 1 year assessment, 2-2 ½ year assessment. The service also includes screening, promotion of social and emotional wellbeing, support for parenting, and effective promotion of health and behaviour change.
- Families are assessed for their level of need, and allocated to either a ‘universal’, ‘universal plus’ or ‘universal partnership plus’ caseload depending on their needs. Families in the universal plus and universal partnership plus caseloads have a higher degree of health, emotional and social needs and require more intensive support and service than universal families in order to reach their potential and meet the safeguarding children elements of our core offer. Universal plus and universal partnership plus equate to approximately 3% of the total caseloads of HVs. Data cleansing has been undertaken to ensure that families are appropriately allocated.
- Targeted work with vulnerable families and children with specific needs to ensure appropriate structures in place so children do not miss out on vital health checks. The health visiting service continues to be supported by the early Intervention Health Visiting (EIHV) and Family Nurse Partnership (FNP) programmes. These two programmes support the most vulnerable families within the continuum of need.

- A strong commitment is in place to support staff managing vulnerable caseloads. The safeguarding supervision process has been reviewed and refocused to ensure that this is optimal. This is particularly important for those children who do not meet the local authority threshold for support for social care and for those families on the universal plus caseloads. Uptake of supervision and progress of supervision actions is continuously monitored as part of monthly Key Performance Indicators.
- Practitioners are supported in attending case conferences, which is prioritised. Safeguarding supervisors also offer to undertake home visits to support practitioners with complex or difficult cases.
- A safeguarding task and finish group has continued during 2017-18. Part of the remit of this group has been to ensure standardisation of practice between teams to avoid variations of practice. A number of outcomes have been achieved: caseload management document; health pathway post MARAC; CSE template; supervision template.

9.7.3 Safeguarding Key Performance Indicators have been collated for the year to assist in determining any adverse impact on service provision following the changes in public health funding and staffing. No significant variations have been noted to date. Some process issues have been identified in terms of response timeliness of response to Marac notifications and KPIs below expected response time. This has been escalated to Nurse Managers who have put actions in place to address. The KPIs will be reviewed and adjusted in 2018-19.

9.8 Child Protection Information Sharing System (CP-IS)

9.8.1 Previous reports have highlighted that plans for the introduction of a new national system called Child Protection Information System (CP-IS). CP-IS is being set up across the country for children at risk and is designed to share information for children that are subject of a Child Protection Plan (CPP), Looked after Children (LAC). This new national system is being put in place following findings in national Serious Case Reviews which highlighted concerns about lack of access to vital information within services about children

known to be at risk. The aim will be that lists from all Local Authorities across England will submit to a national database that is then accessible to staff when these children and young people present to health services. This is a mandated requirement for organisations to be complying with.

9.8.2 There are different methods of accessing CP-IS. The most effective system is felt to be an integrated system through current IT systems as opposed to having a separate system which creates another layer and process. The new version of Symphony will have the functionality for CP-IS. It had been initially anticipated that the Trust would have a Symphony upgrade in September 2016. This is now anticipated for June 2018. As an interim measure and to mitigate risk the Trust still receives weekly lists of children subject to a child protection plan in Lambeth, Southwark and Wansdworth and an alert is generated and flagged on Symphony to alert practitioners about the plan. Lambeth and Southwark Local Authorities are now CP-IS ready.

9.9 Policy development

- The Trust safeguarding children policy and procedures have been revised. These are awaiting formal ratification.
- The Trust FGM policy and pathways have been revised. These are awaiting formal ratification.
- The Trust chaperoning policy has been updated and ratified. This is available to staff through the Trust intranet policy site.
- The safeguarding quick reference guides have been reviewed and additional material is being added. A revised version will be finalised and procured.

9.10 Emergency department pathways

9.10.1 A review of the process and procedures that is required in regards to children that attend the Emergency Department and subsequent notification process to the community Health Visitor and or School Nurse is underway. Following the Laming report (2003) there was a requirement to notify Health Visitors and School Nurses of all attendances to the Emergency Department. This involves a significant amount of information to be communicated. The process is being revised to make it smarter and more efficient in terms of electronic

transfer of information and also in terms of RAG rating those that need attention and action. The process needs to be made “lean” in its approach.

9.11 Quality of referrals to social care

9.11.1 Concerns have been raised that the quality of referrals received to children social care have not always been optimal; in particular concerns were raised in regards to the quality of referrals from adult areas where parents are seen and concerns get raised about children in the family. Referrals did not necessarily quantify what the concerns regarding the children were. Details of the children were often missing as parents do not necessarily want to disclose information leading to scanty or incomplete referrals. Staff have also reported difficulties in terms of different referral forms being required for different local authorities leading to confusion for staff. A new trust generic referral form has been devised for use in adult ED and the admissions wards. Training has also been provided to staff in terms of what makes a good referral. This has had an impact on improving the quality of referrals. This has been well received by staff and most local authorities. However, there are a minority of local authorities that still request their own form to be completed. This is being addressed.

10. National issues

10.1 Changes to Working Together to Safeguard Children

10.1.1 Significant changes to local multi-agency arrangements have recently been established through the Children and Social Work 2017. The Act creates new duties for police, health and the local authority to make arrangements locally to safeguard and promote the welfare of children in their area. Following the passage of the Act in April 2017, the Government has worked to revise the statutory guidance “Working Together to Safeguard Children”, and draft the regulations required to commence the legislation. “Working Together to Safeguard Children” is the statutory guidance which helps all agencies to know what the law outlines in relation to the safeguarding of children and what must be done in order to provide a coordinated approach to

safeguarding and promoting the welfare of children. The public consultation on these draft documents ran from 25 October 2017 to 31 December 2017.

10.1.2 The proposed changes to the guidance included:

- The core requirements in Working Together to Safeguard Children in Chapter 1: Assessing need and providing help and Chapter 2: Organisational responsibilities have not changed. There are some minor changes in a number of areas to improve clarity.
- Chapter 3: Multi-agency safeguarding arrangements. This details the replacement of Local Children Safeguarding Boards (LCSBs) with local safeguarding partners with the purpose of creating new flexible local safeguarding arrangements led by three safeguarding partners namely local authorities, chief officers of police, and clinical commissioning groups. It places a duty on those partners to make arrangements to work together and with any relevant agencies for the purpose of safeguarding and promoting the welfare of children in their area. Safeguarding partners can choose specific agencies which they believe to be relevant to the work of safeguarding and promoting the welfare of children in their area. All agencies need to cooperate in the local safeguarding arrangements, although the duty to make local arrangements rests with the three safeguarding partners. Local arrangements can cover two or more local authorities, and safeguarding partners can join and collaborate on their arrangements, providing this has been agreed by the relevant safeguarding partners. A single local authority area must not be covered by two separate safeguarding partnerships. The local safeguarding partners must ensure there is independent scrutiny of the effectiveness of the arrangements. It will be a local decision how best to implement a robust system of independent scrutiny.
- Chapter 4: Learning from serious cases. This covers the establishment of a new national Child Safeguarding Practice Review Panel. The Panel will commission and publish reviews of serious child safeguarding cases. The Safeguarding Partners are also required to identify and arrange for the review of serious child safeguarding cases which they think raise issues of importance in relation to their area

and provides guidance on their relationship with the Child Safeguarding Practice Review Panel. Local child safeguarding practice reviews may be taken for cases that do not meet the criteria for a national Safeguarding Practice Review.

- Chapter 5: Child death reviews. This covers the transfer of responsibility for child death reviews from the Local Safeguarding Children Boards to new Child Death Review Partners. This will give clinical commissioning groups and local authorities joint responsibility for child death reviews, and enable a wider geographical footprint for these partnerships in order for them to gain a better understanding of the causes of child deaths. The changes to this area are wide ranging and involve a separate consultation. The consultation proposes a new approach which will require a shift from the current established processes.

10.1.3 The Government has published its response to the consultation in February 2018. The responses received to the consultation were deemed to be generally favourable of the proposed changes.

- Many respondents felt that the guidance would benefit from greater emphasis on an appropriate level of seniority and expertise for safeguarding partner representatives. Therefore it is planned to revisit the drafting of Chapter 3 to ensure that the guidance sets out clearly the appropriate levels of seniority for those representing their agencies as part of multi-agency partnership arrangements.
- Certain specific functions for safeguarding partners to undertake i.e. multi-agency training were recommended as necessary for inclusion in statutory guidance. This will be reviewed.
- In view of feedback it is now proposed to specify that safeguarding partners should issue a threshold document.
- The consultation demonstrated some confusion around the nature of relevant agencies, including their legal status in respect of local arrangements, opportunities for dispute resolution and contributions to funding. Therefore the guidance will be further revised to provide greater clarity to ensure that the responsibilities of relevant agencies are explained as clearly as possible, including their duty to engage with published arrangements.

- There was a broad consensus from respondents that the guidance should contain more detail regarding the independent scrutiny of safeguarding arrangements; as well as any potential interaction the independent scrutiny may have with the national inspectorates for each safeguarding partner. Government will examine the suggestion to set out in greater detail the specific functions of independent scrutiny and also work with the relevant inspectorates – Ofsted, the Care Quality Commission (CQC) and HM Inspectorate of Constabulary to clarify specific responsibilities for each element of the regulatory environment.
- There were a large number of requests from respondents to edit Chapter 5, and remove any overlap with the Child Death Review Statutory Guidance. There were also requests to shorten the Child Death Review Statutory Guidance and adjust the tone of the document, as some respondents felt it was too ‘medical’ for the intended audience. It is therefore proposed to edit both Chapter 5 and the Child Death Review Statutory Guidance to ensure the guidance is well suited to the demands of multi-agency working.

10.1.4 The Government will review the guidance in accordance with the findings of this consultation. As the regulations are subject to the affirmative Parliamentary procedure, the statutory instruments will be debated and voted on by both Houses of Parliament in the Spring. An updated version of ‘Working Together to Safeguard Children’ will then be published, and the new safeguarding arrangements will come into effect. Local areas will have twelve months from the date of commencement to develop and publish their arrangements, and a further three months to implement them in full. Any implications for the Trust’s working will be reviewed through the Vulnerable Person Committee and communicated to the Board of Directors.

11. Achievements

Significant progress has been made against the work plan for 2017-18. A full summary of the work undertaken is included in Appendix 2. Any actions not completed during 2017-18 will be carried forward to the current year work plan.

- Maintained a responsive and comprehensive service provision.
- Development of new e learning and simulation safeguarding children training. This has provided an added

richness to training.

- Maintaining training compliance above 80% for the year with a slight decrease in March 2018.
- Improvement of pathways and processes to enhance the safeguarding of children work.
 - Policy development including chaperoning policy; safeguarding children policy and procedures; FGM policy and pathways.
 - Development of a new generic social care referral form that is used in adult areas of the Trust.
 - Caseload management document.
- Safeguarding newsletters have been produced by the safeguarding children team during 2017-18. These have proved beneficial in updating staff in key aspects of safeguarding children.
- Close working relationships with CAMHs teams and undertaking joint safeguarding and mental health assessments.
- Revised governance structures and arrangements for domestic abuse and FGM services.

12. Assurance Statement

- 12.1 The Quality and Performance Committee is to be assured that over the last year the Trust has adhered to its statutory duties in line with Section 11 of the Children Act. The safeguarding the welfare of children is a priority of the Trust. Systems and structures are in place to support staff through the early recognition, responding to and reporting concerns of children at risk. This includes having a dedicated safeguarding team, policies and procedures and training in place. The Trust meets its statutory requirements in relation to pre-employment clearance of staff, including enhanced Criminal Records Bureau checks. Compliance is monitored centrally.
- 12.2 There is a robust governance process for reporting and reviewing of all safeguarding concerns through safeguarding operational groups. The Vulnerable Persons Assurance Committee leads and supports all safeguarding activity and ensures that the Trust executes its statutory duties in relation to safeguarding children and adults. This Committee receives quarterly reports from the individual safeguarding children and adult's operational groups responsible for ensuring that the safeguarding statutory duties are adhered to by all clinical services.

- 12.3 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 2018-19 are set out in the Safeguarding Work Plan attached to this report in Appendix 2.
- 12.4 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.