

BOARD OF DIRECTORS MEETING (Open)

Date: 11 October 2017

Item Ref: 12ii

TITLE OF PAPER	Safeguarding Children, Quarter 1 Report, April – June 2017
TO BE PRESENTED BY	Liz Lightbown, Executive Director of Nursing, Professions and Care Standards
ACTION REQUIRED	Members to be informed of the progress made during Q1 2017 – 2018 regarding the safeguarding children agenda and associated work plans
OUTCOME	Members to be assured on all aspects of safeguarding children for the Trust and satisfied with the progress achieved during this reporting period
TIMETABLE FOR DECISION	October 2017 Meeting
LINKS TO OTHER KEY REPORTS / DECISIONS	<ul style="list-style-type: none"> ▫ Safety & Risk Strategy ▫ Care Quality Commission Fundamentals Standards 2015
LINKS TO OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES	<p>Strategic Objective: A1 Quality & Safety; A2 People</p> <ul style="list-style-type: none"> ▫ Board Assurance Framework ▫ Care Quality Commission Fundamental Standards ▫ NHS Litigation Authority ▫ NHS Outcomes Framework Domain 5
IMPLICATIONS FOR SERVICE DELIVERY & FINANCIAL IMPACT	If financial implications are identified during the delivery of this programme, individual business cases will be developed and put forward to the Board for consideration
CONSIDERATION OF LEGAL ISSUES	Legal Requirement to comply with The Children Act 1989 & 2004. Working together to safeguard children: a guide to interagency working to safeguard and promote the welfare of children (2015). Protection of Freedoms Act (2012), Care Act (2014), Health & Social Care Act 2008 (2015).
Author of Report	Giz Sangha
Designation	Deputy Chief Nurse / Interim Clinical Director Acute & In-patient Care
Date of Report	12 th Sept 2017

SUMMARY REPORT

Report to: BOARD OF DIRECTORS MEETING

Date: 11 October 2017

Subject: Safeguarding Children, Quarter 1 Report, April - June 2017

Presented by: Liz Lightbown, Executive Director of Nursing, Professions and Care Standards

Author: Giz Sangha, Deputy Chief Nurse / Interim Clinical Director Acute & In-Patient Care

1. Purpose

<i>For Approval</i>	<i>For a collective decision</i>	<i>To report progress</i>	<i>To seek input from</i>	<i>For information</i>	<i>Other (please state below)</i>
✓		✓			

2. Summary

In this quarter the safeguarding children training compliance for level 2 improved from 69% (Q4) to 75% & level 3 from 80% (Q4) to 84%. The Health Inclusion Team (HIT) completed safeguarding children supervision for 6 out of the 6 practitioners who required the supervision (100%); full compliance has been achieved (80% Q4).

Since March 2016 safeguarding children training progress is being monitored robustly in each quarter.

Subject	2015/2016 end of March	2016/2017 end of March	Q1 Apr – Jun 2017
Safeguarding children level 2	29.7%	69%	75%
Safeguarding Children level 3	41.3%	80%	84%

The safeguarding office has interim cover arrangements in place, overseen by the Deputy Chief Nurse. Substantial recruitment is taking place & a new safeguarding lead and advisor will be in place by the end of Quarter 3. The current performance reporting structure has been reviewed in collaboration with colleagues in the Local Authority (LA) and NHS Sheffield Clinical Commissioning Group (CCG).

The safeguarding children training programme is under review and a new programme, aligned with changes to reflect recent national guidance, will be implemented jointly with the Local Authority (LA) and NHS Sheffield Clinical Commissioning Group (CCG) colleagues.

Members are assured that the Trust has taken appropriate actions in relation to safeguarding children and is responding to issues identified through continued monitoring. Progress of action plans is monitored using the rag rated system (as agreed with city wide services). The completed actions (Dark Green) have been removed and outstanding actions attached as Appendix 1.

3. Next Steps

The Deputy Chief Nurse will facilitate and monitor implementation of this programme.

4. Required Actions

- Receive and approve this assurance report.
- Note the progress against the Safeguarding Children Action Plan.
- Note the forthcoming changes to the children's training programme.
- Note that safeguarding training for the Trust's Board of Directors will take place on 8th November 2017.
- Proactively promote ownership and responsibility of safeguarding Trust-wide.

5. Monitoring Arrangements

Quarterly verbal/written reports are provided to the:

- Safeguarding Children Steering Group.
- Service User Safety Group (SUSG).
- NHS Sheffield Clinical Commissioning Group (CCG).
- Quality Assurance Committee (QAC).
- Board of Directors (BoD).

6. Contact Details:

For further information, please contact:

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Safeguarding Children: Quarter 1 Report April - June 2017

Contents:

No	Item	Page
1	Introduction	5
2	Progress Summary of the Annual Plan	5
3	Performance	5
	<ul style="list-style-type: none"> • Education & Training • Attendance at Initial Child Protection Conferences • Key Performance Indicators • Audit Plan 2017/18 • Policy and Procedures • Queries and Case Advice • Transition to Adult Services • Supervision 	<ul style="list-style-type: none"> 5 6 6 6 6 6 7 7
	Appendix 1 – Outstanding Actions - Safeguarding Children Action Plan 17-18	8
	Appendix 2 – Key Performance Indicators	9

Abbreviations:

CCG - Clinical Commissioning Group
 CSE – Child Sexual Exploitation
 DCN - Deputy Chief Nurse
 DP - Designated Professional (Sheffield CCG)
 INSIGHT – SHSCFT electronic patient recording system.
 ICPC – Initial Child protection Conference
 LNS -Lead Nurse Safeguarding
 SASP - Sheffield Adult Safeguarding Partnership (the Safeguarding Adult Board)
 SCSG - Safeguarding Children Steering Group (SHSCFT)
 SHSCFT -Sheffield Health and Social Care Foundation Trust
 SSCB - Sheffield Safeguarding Children Board
 ST - Safeguarding Team
 SystemOne – electronic patient recording system predominantly used in primary care and specialist community settings

1. Introduction

This quarterly report aims to provide members with a retrospective overview of the progress of activities relating to safeguarding children within Sheffield Health and Social Care NHS Foundation Trust (SHSCFT), during the reporting period April – June 2017.

2. Progress Summary of the Annual Plan

The Safeguarding Team have supported the annual work plan in collaboration with Local Authority (LA) and Sheffield Clinical Commissioning Group (CCG) Colleagues. There are two actions points outstanding from Q4:

- i. National Independent Inquiry into Child Sexual Abuse - Preparation – Assurance tool. (Formerly the GODDARD INQUIRY). Training for executives is scheduled to take place on 8th Nov 2017.
- ii. SSCB 'Section 11 Audit': Service users are given the opportunity to feedback on interventions provided by workers, and this feedback is used to enhance service provision. Completion date is December 2017.

Objective Area	No of Actions	Red Not commenced	Amber In progress	Green On-going	Blue Complete
Safeguarding Children's Assurance	51	0	0	0	51(Q4 completed)
National Child Sexual Abuse Inquiry (formally Goddard)	29	0	0	1	28
SSCB Workforce Questionnaire Section 11	4	0	0	0	4
Section 11 (December 2016)	40	0	0	1	39
Totals	124	0	0	2	122

3.0 Performance

Education & Training

The Interim Safeguarding Leads (Nurse / Social Worker) continue to provide and deliver Mandatory Safeguarding Training which comprises safeguarding adults, domestic abuse, safeguarding children, child sexual exploitation and Prevent to all practitioners who have face-to-face contact with service users.

The Table below provides information on Core Mandatory (Trust Induction for new starters) and Mandatory Update Training. There has been a positive improvement in safeguarding children training compliance since the end of March 2016.

Safeguarding Children Performance as at 30 June 2017					
	No: Requiring	No: Achieved	No: NOT Achieved	Compliance	Compliance (+Expired in Previous 3 Months)
Safeguarding Children Level 2	1140	858	282	75%	75%
Safeguarding Children Level 3	1037	871	166	84%	84%

The training compliance data has been shared with Service / Clinical Directors and an action plan to address the deficits is being actively managed by the Training Department and Interim Lead Nurse / Social Worker in safeguarding.

Attendance at Initial Child Protection Conferences (ICPC)

Q1 - Attendance at Initial Child Protection Conferences (ICPC)				
Per conference (KPI)	Invited submitted	Participation	Attendance	Report
Q1 - 8 conferences had one participating SHSCT representative	9	90%	90%	90%
Q4 - 8 conferences had one participating SHSCT representative	11	73%	73%	73%
Q3 - 8 conferences had one participating SHSCT representative	10	80%	80%	70%

Key Performance Indicators (KPI)

The required quarterly KPI return was submitted to the Designated Nurse at NHS Sheffield CCG at the end of this quarter, with information on safeguarding children training compliance and is attached as Appendix 2.

Audit Plan 2017/18:

- Trust completion of the Every Child Matters forms and notification of SHSC involvement to the child's health visitor, October 2017. It should be noted this is already completed in Substance Misuse Services.
- Completion of the Multi Agency Confirmation form (MACf) required following contact with the Safeguarding Hub children and young people, October 2017.
- Re-audit of completion of children in the household information on Insight and SystemOne, date to be confirmed with the Sheffield CCG.

Safeguarding Children Policy and Procedures

There have been no changes to the safeguarding policy in this quarter.

Safeguarding Children Queries and Case Advice

Any queries received relating to children are directed to the Sheffield Safeguarding Hub which is part of the Sheffield Safeguarding Children Board. Professionals and members of the public can call 0114 273 4855 at any time and be put through to a social worker to discuss safeguarding concerns about a child or young person.

Transition to Adult Services

The Community Adult Mental Health (CMHT) to Adult Mental Health Transition Policy will be up-dated, in light of the recent city-wide transition task and finish group implications. This policy is not out-of-date, but will require a review in due course.

The Multi Agency Referral Form (MARF) has been replaced on the safeguarding children intranet page with the Multi Agency Confirmation form (MACf) in line with the launch of the multi-agency Safeguarding Hub Children and Young People (April 2017).

Safeguarding Children Supervision

The Health Inclusion Team (HIT) have received safeguarding children supervision for 6 out of the 6 practitioners who required the supervision (100%), full compliance has been achieved (80% Q4).

The Substance Misuse Service continues to receive regular safeguarding children supervision from the Sheffield Safeguarding Children Board (SSCB) Substance Misuse Worker.

Outstanding Actions - Safeguarding Children Action Plan 2017/18

Appendix 1

Red	= Work not commenced
Amber	= Work in progress
Light Green	= Action nearing completion
Dark Green	= Complete and evidence recorded

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
National Independent Inquiry into Child Sexual Abuse - Preparation – Assurance tool. (formerly the GODDARD INQUIRY)					
	1.4 Has the organisation received level 6 safeguarding executive leadership training as set out in the RCPCH Intercollegiate Document 2014?	March 2017	LNS	<p>A training pack has been developed by the LNS but requires delivery by the newly appointed lead professional for safeguarding in early 2017/18.</p> <p>Action required: Board secretary will plan a date for the training which will be delivered by the Lead Professional for Safeguarding and Deputy Chief Nurse.</p>	Light Green
Section 11 Audit (SSCB) December 2016					
5g Service users are given the opportunity to feedback on interventions provided by workers, and this feedback is used to enhance service provision.	Review the information that is currently collected via the collaborative are planning process and other mechanisms to ascertain whether it can be used to enhance service provision	Dec 2017	LNS	<p>Feedback is sought as part of the collaborative care planning process. There is no data available on its use in service provision.</p> <p>Action required: LNS to liaise with assistant clinical directors to establish what reviews of the process are completed and if/how this information is utilised in enhancing service provision.</p>	Amber

Sheffield Health and Social Care NHS Foundation Trust - Safeguarding Key Performance Indicators
SAFEGUARDING CHILDREN

Key Performance Indicators - Outcome Report for Quarter 1 (2017 - 2018)

RAG Rating Key - As Appropriate

Red <80%
Amber 80-90%
Green 91-100%
Not applicable

Key Performance Indicator Number 1 - TRAINING

Owner - Learning and Development

Number of staff trained at each level based on RCPCH requirements with compliance % RAG rated.

Staff trained at appropriate level	Measurement - Number trained	% Staff compliant	Trend from previous QT	Commentary /Rationale	Action plan
Level 1	All Staff	100%	N/A		
Level 2	843	74%	increase 5%		
Level 3	871	83%	Increase 3%		
Level 4	3	100%	NA		
Level 5					

Key Performance Indicator Number 2 - SAFEGUARDING SUPERVISION

Owner - Safeguarding Team

Number of staff supervised - Provide the number of staff that should be supervised per staff group on a quarterley basis. Provide a cumulative figure at quarter end. Based against how many should have been supervised as per model and % achieved as a RAG rating

Key Performance Indicator	Measurement - Number who require supervision	% achieved	Trend from previous QT	Commentary/Rationale	Action plan
Health Visitors				Specialist supervision specific to Drug / Alcohol Services provided via Mandy Craig	
School Nurses					
Community Midwives					
CASH staff dealing mainly with C&YP					
Emergency Department					
CAMHS staff Tier 2					
CAMHS staff : Tier 3 & 4					
Named professionals	3	100%			
LAACH Nurses					
Drug and Alcohol Services	26	100%			

Key Performance Indicator	Measurement	% achieved	Trend from previous QT	Commentary/Rationale	Action plan
Reason for examination & timing					
Physical abuse - same day					
Neglect - 10 working days					
Acute Sexual abuse - 24 hours					
Sexual abuse (1 week +) 10 working days					
Key Performance Indicator Number 4 - LAC - Completion of Health Assessments					
Owner - Named Nurse LAC and Designated Doctor LAC					
Completed within 28 days (20 working days) of becoming looked after or from previous HA					
Key Performance Indicator	Measurement - Total number undertaken	% achieved on time	Trend from previous QT	Commentary/Rationale	Action Plan
Initial health assessment					
RHA - Children < 5years					
RHA - Children > 5 years					
Key Performance Indicator Number 6 - Number of LAC Placed out of Area					
Key Performance Indicator	Measurement - Number LAC placed OOA and number of HA quality assured	% of number quality assured and achieved accepted quality	Trend from last QT	Commentary / Rationale	Guidance
Quality of LAC health assessments are quality assured and reported on for those children who are placed out of area					
Key Performance Indicator Number 5 - Transitions of vulnerable Children Receiving Universal Plus or Universal Partnership Plus					
Owner - Health Inclusion Team					
Number of children receiving a face to face handover.					
Key Performance Indicator	Measurement - Number of Children receiving UP or UP+ transitioning	% achieved face to face handover	Trend from previous QT	Commentary /Rationale	Action plan
Midwife to Health Visitor					
Health Visitor (HIT) to School Nurse	6	100%			

Key Performance Indicator Number 7 - Number of staff attending or participating in an Initial Case Conference					
Owner - Data obtained from LA Number of ICC's and participation.					
Key Performance Indicator	Measurement - number of ICC's Trust staff invited to	Participation % achieved	Trend from previous QT	Commentary/ Rationale	Guidance
Number of staff invited and attending or participating in an Initial Child Protection Conference	9	99%		1 conference no participation	
Key Performance Indicator Number 9 - Total Number of Hospital Inpatient Admissions - CAMHS Patients					
Owner - Paediatric and CAMHS Liaison <i>The number of hospital inpatient admissions caused by deliberate harm for children and young people aged 0-17years, including specific identification of children admitted following self harm</i>					
Key Performance Indicator	Measurement - Number of Patients	% admitted for self harm	Trend from previous QT	Commentary/ Rationale	Action plan
The number of hospital inpatient admissions caused by accidental or deliberate harm for children and young people aged 0-17years, including percentage of children admitted					
Key Performance Indicator Number 10 - Child Sexual Exploitation - KPIs.					
Owner - CSE Specialist Nurse <i>The number of young people referred into the CSE service receiving health assessments within 10 working days of referral and seen monthly while health plan active.</i>					
Key Performance Indicator	Measurement - number referred into the service	% achieved health assessment and on going interventions within timescales	Trend from previous QT	Commentary/Rationale	Action plan
The number of young people referred into the CSE service receiving health assessments.					
Number of young people receiving on going health interventions with an active health plan.					

Key Performance Indicator Number 11 - Safeguarding Significant Concerns					
Owner - Safeguarding Team					
Number of formal reviews the Trust is currently participating in and the % of actions/recommendations completed(RAG rated)					
Key Performance Indicator	Measurement - number of current reviews	% of SHSC recommendations on target or achieved	Trend from previous QT	Summary/Rationale	Action plan
Serious Case Reviews	0	100			
Other forms of reviews e.g Learning Lessons/DHR	0	100			
Key Performance Indicator Number 12 - Female Genital Mutialtion					
Owner - Head of Safeguarding					
Number of assesments undertaken and number of confirmed cases including the identified type of FGM.					
Key Performance Indicator	Number of identified cases of FGM	% reported to NHS Digital	Trend from previous QT	Summary / Rationale	Action plan
Number of cases of FGM (disclosed or informed of). Percentage reported to NHS Digital	0	0			
Key Performance Indicator Number 13 - Under 2 years NAI and Strategy meetings					
Owner - Named Doctor					
Number of children under 2 years admitted with suspected NAI and % who have pre-discharge strategy meeting (RAG rated)					
Key Performance Indicator	Number of under 2's admitted for suspected NAI	% who had a pre-discharge Strategy meeting	Trend from previous QT	Summary/ Rationale	Action plan
Number of children under 2 years admitted with suspected NAI and % who have pre-discharge strategy meeting					