

## BOARD OF DIRECTORS MEETING (Open)

Date: 14 February 2018

Item Ref:

16iii

<b>TITLE OF PAPER</b>	Safeguarding Children Q2 Report, July – Sept 2017
<b>TO BE PRESENTED BY</b>	Liz Lightbown, Executive Director of Nursing, Professions and Care Standards
<b>ACTION REQUIRED</b>	Members to be informed of the progress made during Q2 2017-2018, regarding the Safeguarding Children agenda and associated work plans

<b>OUTCOME</b>	Members to be assured on all aspects of Safeguarding Children for the Trust and satisfied with the progress achieved during this reporting period
<b>TIMETABLE FOR DECISION</b>	February 2018 Meeting
<b>LINKS TO OTHER KEY REPORTS / DECISIONS</b>	Safety and Risk Strategy
<b>STRATEGIC AIM STRATEGIC OBJECTIVE BAF RISK NUMBER &amp; DESCRIPTION</b>	Strategic Aim: Quality & Safety Strategic Objectives: A1 02: Deliver safe care at all times  BAF Risk Number: N/A BAF Risk Description: N/A
<b>LINKS TO NHS CONSTITUTION &amp; OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC</b>	<ul style="list-style-type: none"> <li>▫ Care Quality Commission Fundamentals Standards 2015</li> <li>▫ NHS Litigation Authority</li> <li>▫ NHS Outcomes Framework Domain 5</li> </ul>
<b>IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT</b>	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
<b>CONSIDERATION OF LEGAL ISSUES</b>	Legal requirement to comply with The Children Act 1989 and 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)

<b>Author of Report</b>	Giz Sangha
<b>Designation</b>	Deputy Chief Nurse
<b>Date of Report</b>	12 January 2018

## SUMMARY REPORT

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**Report to:** BOARD OF DIRECTORS MEETING

**Date:** 14<sup>th</sup> February 2018

**Subject:** Safeguarding Children Q2 Report, July - Sept 2017

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

**Author:** Giz Sangha, Deputy Chief Nurse

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### 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 Q1 (75%) to 78% and Level 3 from 84% (Q1) to 87%.

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	Q2 July – Sept 2017
<b>Safeguarding Children Level 2</b>	<b>29.7%</b>	<b>69%</b>	<b>75%</b>	<b>78%</b>
<b>Safeguarding Children Level 3</b>	<b>41.3%</b>	<b>80%</b>	<b>84%</b>	<b>87%</b>

There are interim cover arrangements in place in the Safeguarding Office, overseen by the Deputy Chief Nurse. Substantial recruitment is taking place and a new Safeguarding Lead will be recruited in 2018/19. The Safeguarding Advisor is now in place following a redeployment application. The current performance reporting structure has been reviewed in collaboration with colleagues in the Local Authority (LA) and NHS Sheffield Clinical Commissioning Group (CCG).

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 continues to chair the Safeguarding Children Steering Group to monitor implementation of this programme.

### **4. Required Actions**

- Receive and approve this assurance report.
- Note the progress against the Safeguarding Children Action Plan.
- 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 2 Report July -Sept 2017

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### 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 July – September 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 previous reporting:

- i. National Independent Inquiry into Child Sexual Abuse - Preparation – Assurance tool. (Formerly the GODDARD INQUIRY). Training for the Chair and Non Executives has a revised scheduled date from 8<sup>th</sup> November 2017 to 24<sup>th</sup> January 2018.
- 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
<b>SSCB Workforce Questionnaire Section 11</b>	4	0	0	0	4
Section 11 (December 2016)	40	0	0	1	39
<b>Totals</b>	124	0	0	2	122

## 3. 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 continual improvement in safeguarding children training compliance since the end of March 2016. The number of staff requiring Safeguarding Training takes account of staffing attrition rates of starters and leavers.

Safeguarding Children Performance as at 30 Sept 2017					
	No: Requiring	No: Achieved	No: NOT Achieved	Compliance	Compliance (+Expired in Previous 3 Months)
Safeguarding Children Level 2	1045 - Q2	820	225	78%	78%
	1140 - Q1	858	282	75%	75%
Safeguarding Children Level 3	1013 – Q2	877	136	87%	87%
	1037 – Q1	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)				
Conference Attendance Key Performance Indicators (KPI) 2017/18	Invited	Attended	Written Reports Submitted	% Compliance
Q2	7	6	1	86%
Q1	9	8	1	89%
Conference Attendance Key Performance Indicators (KPI) 2016/17	Invited	Attended	Written Reports Submitted	% Compliance
Q4	11	8	0	73%
Q3	10	8	0	80%

### Key Performance Indicators (KPI)

The required quarterly conference 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 which 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 has been established on behalf 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. Where Trust staff have raised concerns / or been alerted to issues with children, the staff member remains in contact with the adult service user and works closely on joint case conference reviews for the young person / child with children's service lead.

## **Specific Safeguarding Children Supervision**

The Health Inclusion Team (HIT) completed Safeguarding Children supervision for 3 out of the 5 practitioners who required the supervision. There were two Safeguarding Advisors who job shared and one took part retirement and the two cancelled supervision sessions reflect the 60% compliance in Q2.

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

## **Safeguarding City-wide Links**

The Safeguarding Team attend external meetings as and when required relating to the following:

- Children's Conferences.
- Traveller Community.
- Health Inclusion Team.
- Multi-Agency Pregnancy Liaison and Assessment Group (MAPLAG).

Outstanding Actions - Safeguarding Children Action Plan 2017/18

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
<b>National Independent Inquiry into Child Sexual Abuse - Preparation – Assurance tool. ( formerly the GODDARD INQUIRY)</b>					
	1.4 Has the organisation received level 6 safeguarding executive leadership training as set out in the RCPCH Intercollegiate Document 2014?	March 2017	Safeguarding Lead	A training pack has been developed by the LNS but requires delivery by the newly appointed lead professional for safeguarding in early 2017/18.  Action required: Board secretary has agreed a date for the training which will be delivered by the Lead Professional for Safeguarding and Deputy Chief Nurse.	<b>Light Green</b>
<b>Section 11 Audit (SSCB) December 2016</b>					
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	Safeguarding Lead	Feedback is sought as part of the collaborative care planning process. There is no data available on its use in service provision.  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.	<b>Amber</b>



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

**Key Performance Indicators - Outcome Report for Quarter 2 (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	Training compliance reflects staff attrition rates	
Level 2	1045	78%	77%		
Level 3	1013	87%	85%		
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. Named professionals are Imelda Murphy, Diane Barker & Angela Whitley. Dr Helen Crimlisk will undertake training between Q3 / Q4	
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
<b>Reason for examination &amp; timing</b>					
Physical abuse - same day					
Neglect - 10 working days					
Acute Sexual abuse - 24 hours					
Sexual abuse (1 week +) 10 working days					
<b>Key Performance Indicator Number 4 - LAC - Completion of Health Assessments</b>					
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					
<b>Key Performance Indicator Number 6 - Number of LAC Placed out of Area</b>					
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					
<b>Key Performance Indicator Number 5 - Transitions of vulnerable Children Receiving Universal Plus or Universal Partnership Plus</b>					
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	5	60%		Not 100% as in Q1 due to staff retiring / cancelled two sessions. Small team	

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	7	100%	99%	6 conferences attended, 1 report only sent	
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	100			
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					