

BOARD OF DIRECTORS MEETING (Open)

Date: 11th April 2018

Item Ref: 14 iii

TITLE OF PAPER	Safeguarding Children Q3 Report, October – December 2017
TO BE PRESENTED BY	Liz Lightbown, Executive Director of Nursing, Professions and Care Standards
ACTION REQUIRED	Members are informed of the progress made during Q3 against the Safeguarding Children agenda and work plan.
OUTCOME	Members are assured of progress against the Work Plan for Quarter 3.
TIMETABLE FOR DECISION	April 2018 Meeting
LINKS TO OTHER KEY REPORTS / DECISIONS	Risk Management Strategy
STRATEGIC AIM STRATEGIC OBJECTIVE BAF RISK NUMBER & DESCRIPTION	Strategic Aim: Quality & Safety Strategic Objectives: A1 02: Deliver safe care at all times BAF Risk Number: N/A BAF Risk Description: N/A
LINKS TO NHS CONSTITUTION & OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	<ul style="list-style-type: none"> • Care Quality Commission's Fundamental Standards • Care Quality Commission's Enforcement Policy
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	<p>Failure to comply with CQC Regulatory Standards & relevant Children's legislation could negatively affect care delivery and require additional funding to address.</p> <p>Non-compliance could affect the Trust's registration conditions with the CQC and NHS Improvement (segmentation rating).</p>
CONSIDERATION OF LEGAL ISSUES	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)

Author of Report	Giz Sangha
Designation	Deputy Chief Nurse
Date of Report	21 st February 2018

SUMMARY REPORT

Report to: BOARD OF DIRECTORS MEETING

Date: 11th April 2018

Subject: Safeguarding Children Q3 Report, October - December 2017

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

Author: Giz Sangha, Deputy Chief Nurse

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>
		✓		✓	Assurance

2. Summary

During each reporting quarter in 2017/18 the Safeguarding Children training compliance for levels 2 & 3 has continued to improve, currently at 83% and 89% respectively.

Subject	2015/2016 end of March	2016/2017 end of March	Q1 Apr – Jun 2017	Q2 July – Sept 2017	Q3 Oct – Dec 2017
Safeguarding Children Level 2	29.7%	69%	75%	78%	83%
Safeguarding Children Level 3	41.3%	80%	84%	87%	89%

There are interim cover arrangements in place in the Safeguarding Office, overseen by the Deputy Chief Nurse. Substantial recruitment has commenced and interviews for a new Safeguarding Lead will be held on the 19th March 2018.

Section 11 Quality Assurance Single Agency Meetings

Local Safeguarding Children Boards have a responsibility to ensure that Board partner agencies are meeting the requirements of Section 11 (of the Children Act 2004).

Following submission of the Trust Section 11 self-assessment to the Sheffield Safeguarding Children Board (SSCB) and to allow for further scrutiny of these responses, the Chief Nurse and Deputy Chief attended a Quality Assurance and Challenge Meeting with the Sheffield Safeguarding Children Board Chair on 16 October 2017 this was conducted as a face to face interview.

This meeting enabled the SSCB to scrutinise each section 11 submissions and consider progress in relation to safeguarding issues pertinent to the Trust: Serious Case Reviews (SCR) / Learning Lesson Review Action Plans; Performance Data; Single and Multi-agency Audit Findings; and other SSCB action plans applicable to this Trust.

A Summary Report and Action Plan is being populated with responsible person's names, progress to date and expected completion dates. Updates in relation to the progress of actions will be requested by SSCB in future months.

The Chief Nurse and Deputy Chief Nurse attended the Sheffield Safeguarding Children Board (SSCB) Development Day on the 12th January 2018. This was to develop and agree a citywide priority work plan for the Children Safeguarding Board. The main theme for this Trust is working on a task / finish group to improve transition plans for children moving to adult services.

To take forward this action the SHSC Safeguarding Team has enlisted the help and support of the Safeguarding Partnership Board Manager (Children and Adults) who is taking forward a project to look at issues related to "Parental Mental ill Health".

The Local Authority (LA) Children's & Adults Board Members are aware that there are a significant number of parents with mental ill health and would like to know what systems, support and partnership working practices are in place to ensure that both children and parents are protected and supported. This will enable development of a more joined up approach & further strengthen safeguarding practices across the city.

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 for information and approval, 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).
- KPI data to NHS Sheffield Clinical Commissioning Group (CCG).
- Quality Assurance Committee (QAC).
- Board of Directors (BoD).

6. Contact Details

Giz Sangha
Deputy Chief Nurse
Giz.sangha@shsc.nhs.uk
0114 271 6705

Safeguarding Children Q3 Report, October - December 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 October – December 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 is one action outstanding from previous reporting:

- i. 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 was December 2017.

It is recognised that all partner agencies need to improve and devise systems to capture service user feedback. The new task & finish group looking at Parents with Mental ill Health Will have service user / lived experience representatives to advice and support taking forward this work looking at improving feedback methods.

The Substance Misuse Services have in place a Safeguarding Children Development Worker who specifically oversees safeguarding supervision for staff, advises on case work, monitors conference attendance, attends multidisciplinary complex case reviews, offers advice to all clinicians, monitors service user feedback and undertakes independent audits for assurance. She is well integrated into these services and is integral to taking forward the adults work plans and has joined the new task & finish group.

To note: The action point that was outstanding in Q2 reporting relating to "Training for the Chair and Non Executives" was completed on the 24th January 2018 by the Deputy Chief Nurse

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
National Child Sexual Abuse Inquiry (formally Goddard)	29	0	0	1	29
SSCB Workforce Questionnaire Section 11	4	0	0	0	4
Section 11 (December 2017)	40	0	0	1	39
Totals	124	0	0	2	123

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.

Information on Core Mandatory (Trust Induction for new starters) and Mandatory Update Training is provided to Clinical Directors and Senior Operational Managers (SOM's). There has been a positive continual improvement in safeguarding children training compliance. The number of staff requiring Safeguarding Training takes account of staffing attrition rates of starters and leavers.

Attendance at Initial Child Protection Conferences (ICPC) in Q3

Trust	Invited	Participation	Attendance	Report
SHSC	10	80%	70%	76%
Per conference (KPI)	conferences where at least one SHSCT representative was invited	8 conferences had at least one participating SHSCT representative	7 conferences were attended by at least one representative	6 conferences received at least one report
SHSC	9	7 Representatives participated in a conference they were invited to (78%)	7 attended a conference	6 sent a report
Per individual Worker				

Data Revealing the Breakdown per Professional Role:

Further work is being undertaken with the Clinical Commissioning Group (CCG) to enable professional identification of staff to enable the safeguarding team to liaise with Senior Operational Managers (SOM's) to improve conference / report submission compliance.

Child Death Oversight Panel (CDOP)

The Trust is involved in reviewing 1 Child Case:

Child - (name letter to be confirmed) Child Death Overview Panel (CDOP) / Children's Safeguarding Board Lessons Learned Review has commenced. The incident occurred on the 25th April 2017 relating to a 16 year old child who sadly died after stepping in front of a train.

Key Performance Indicators (KPI)

The required quarterly conference data was received from the Designated Nurse at NHS Sheffield CCG for this quarter. The required Trust KPI for Q3 was submitted to CCG on 7th February 2018 (due date was 31st Jan 2018), attached as Appendix 2

Audit Plan 2017/18

Currently the following forms can be found on the Trust Intranet, IMST are progressing to ensure these are available on insight under the safeguarding tab. This work has been delayed due to other priorities and an updated completion date has not been confirmed.

- The "Every Child Matters Forms" to notify health visitors of SHSC involvement in parents care can be found on the Intranet.
- The Multi Agency Confirmation form (MACf) following contact with the Safeguarding Hub children and young people, can be found on the Trust Intranet.

- 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 5 out of the 5 practitioners who required the supervision, reflecting 100% compliance in Q3.

The Substance Misuse Service continues to receive regular Safeguarding Children supervision from the Sheffield Safeguarding Children Board (SSCB) Substance Misuse Worker, reflecting 100% compliance.

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).
- Substance Misuse Services

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
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 care 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.	Amber

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

Key Performance Indicators - Outcome Report for Quarter 3 (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	83%	78%		
Level 3	1013	89%	87%		
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	5	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	10	80%	100%	7 conferences attended, 6 conferences received at least one report.	

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		CDOP in place for one case dated 25 Apr 2017	

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		Historical related to Primary Care Services	

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					