

Title	Safeguarding Annual Report 2014/15		
Meeting	Board of Directors		
Date	29 July 2015		
Executive Summary			
<p>The 2014/15 Safeguarding Annual Report seeks to provide assurance to the Executive Board that the Trust are discharging their statutory safeguarding responsibilities appropriately as identified in Working Together (DH 2013), supporting the delivery of partnership working to improve the outcome for children, adults at risk and their families.</p> <p>STFT supports the view that children and young people must be valued and protected. It champions the rights of all children and young people not to be abused, neglected or exploited and have the right to be happy, healthy, safe and productive in their contribution to society.</p> <p>The team also represents the Trust as part of Safeguarding Adults arrangements within the Care Act 2014, working to promote the independence and dignity of ill or disabled and vulnerable adults. The aim is to ensure that people get the support they need to help them to continue to live in the way they want to.</p> <p>Health Professionals working directly with children must ensure that this ethos forms an integral part of all stages of the care they provide. This is important even when health professionals do not work directly with a child, but may be seeing their parent, carer or other significant adult.</p> <p>Assurance is provided that our patients are protected from harm wherever possible, however when safeguarding concerns have been identified they are acted upon in accordance with STFT Safeguarding Procedures and also Safeguarding Children Boards/Safeguarding Adults Board Procedural Frameworks.</p> <p><i>The Executive Board reviewed the report, noting the complex and wide ranging work undertaken across three council areas, and the role the Trust has as a member of the multi-agency safeguarding children and adult boards.</i></p>			
Recommendation			
The Board is asked to receive the Safeguarding Annual Report			
Report Authors	Christine Johnson/Lesley Schuster -Safeguarding Lead Nurses Kathryn Dimmick, Strategic Lead Safer Care		
Executive Director/ Sponsor	Dr Bob Brown, Director of Nursing and Patient Safety		
Purpose of paper	Information	X	Discussion
	Decision		Assurance
	Specific action		X
Implications	Staffing	None	
	Finance	None	

	Legal	None
	Public engagement	None
	Partnership	Yes
	Communication	Yes
	Equality & Diversity	None
	Clinical	Yes
	Patient Safety	Yes
Risk assessment and mitigation (include risk register reference if appropriate)		
Link to STFT Business Plan	Patient Safety	
Link to CQC outcome	Outcomes 2,7,14, 16	
Link to Board Assurance Framework	Patient Safety Workforce	
Link to Strategic Risk Register	Patient Safety	

South Tyneside NHS Foundation Trust

Safeguarding Annual Report

Covering the period: 1st April 2014- 31st March 2015

Executive Board Member: – Dr Bob Brown Director of Nursing and Patient Safety

Strategic Lead Safer Care: - Mrs Kathryn Dimmick

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1.0 Introduction

South Tyneside Foundation Trust Safeguarding Team delivers safeguarding services for all age groups across South Tyneside, Sunderland and Gateshead.

1.1 Safeguarding Children

“A child is not to be regarded as something to be shaped and trained to suit adults, but rather as someone whose soul was rich in perception and ideas, who should be observed and listened to within his or her own autonomous sphere”.

Dr. Janusk Korcsak 1912.

South Tyneside NHS Foundation Trust (STFT) has a legal duty under section 11 of the Children Act (2004) to make appropriate arrangements to safeguard and promote the welfare of children.

STFT supports the view that children and young people must be valued and protected. It champions the rights of all children and young people not to be abused, neglected or exploited and have the right to be happy, healthy, safe and productive in their contribution to society.

Health Professionals working directly with children must ensure that this ethos forms an integral part of all stages of the care they provide. This is important even when health professionals do not work directly with a child, but may be seeing their parent, carer or other significant adult.

Maternity services are represented by the Named Midwife who works collaboratively with the Lead Nurses to meet safeguarding requirements for STFT Maternity services when working with families, infants and the unborn.

1.2 Safeguarding Adults

There can be no secrets and no hiding place when it comes to exposing the abuse of vulnerable adults, who are those in need of community care services by reason of mental or other disability, age or illness; and /or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation”.

No Secrets DH 2000

The safeguarding team represents the Trust as part of Safeguarding Adults arrangements, (statutory from April 2015) working to promote the independence and dignity of ill or disabled and vulnerable adults. The aim is to ensure that people get the support they need to help them to continue to live in the way they want.

The Trust also provides a range of health services for the adult population across South Tyneside, Gateshead and Sunderland, working in partnership with the three Safeguarding Adult Social Care Services. STFT is represented within the multi-agency partnership arrangements of the Local Safeguarding Board.

It is acknowledged that the impact of the Care Act (2014) has resulted in an increase in demand upon our clinical services and the safeguarding team throughout 2014/15.

2.0 Governance Arrangements

The following arrangements are in place across South of Tyne and Wear.

1. Safeguarding Children Boards and Business Planning Groups which are attended by the Director of Nursing and Patient Safety and/or Strategic Lead Safer Care.
2. Sub groups and Task and Finish groups are predominantly supported by the Strategic Lead Safer Care / Lead Nurses Safeguarding / Advisers /Sexual Health Service Manager / Looked After Children Nurses.
3. Safeguarding Adults Boards / Business Planning Groups across the three localities are attended by the Director of Nursing and Patient Safety or Strategic Lead Safer Care.
4. Strategic Safeguarding Groups chaired by the respective CCG's Director of Nursing are attended by the Director of Nursing and Patient Safety or Strategic Lead Safer Care.
5. Safeguarding Assurance Group within STFT has senior representation from each division to provide leadership and risk management of safeguarding issues in order to provide assurance via the Choose Safer Care Sub-group to Trust Board level.

3.0 Service Activity

3.1 Summary of Progress against work/action plans:

The safeguarding team continues to work successfully to discharge their responsibilities as identified in Working Together (DH 2015), supporting the delivery of partnership working to improve the outcome for children, adults at risk and their families.

3.2 Contract Monitoring

Monthly commissioning data and quarterly dashboards are submitted to the 3 clinical commissioning groups (CCGs) to report safeguarding activity. Quality assurance is also provided to the CCGs and is discussed at the monthly Designated Safeguarding Professionals meeting.

In addition Quality Assurance is also provided to the Safeguarding Children Boards through the use of STNHSFT Datix reporting which commenced in June 2014. This

information is now presented on a quarterly basis to Sunderland and Gateshead through the Performance management sub groups.

4.0 Safeguarding Children

4.1 Safeguarding Children Activity

The following table identifies activity undertaken by the team in relation to safeguarding children:

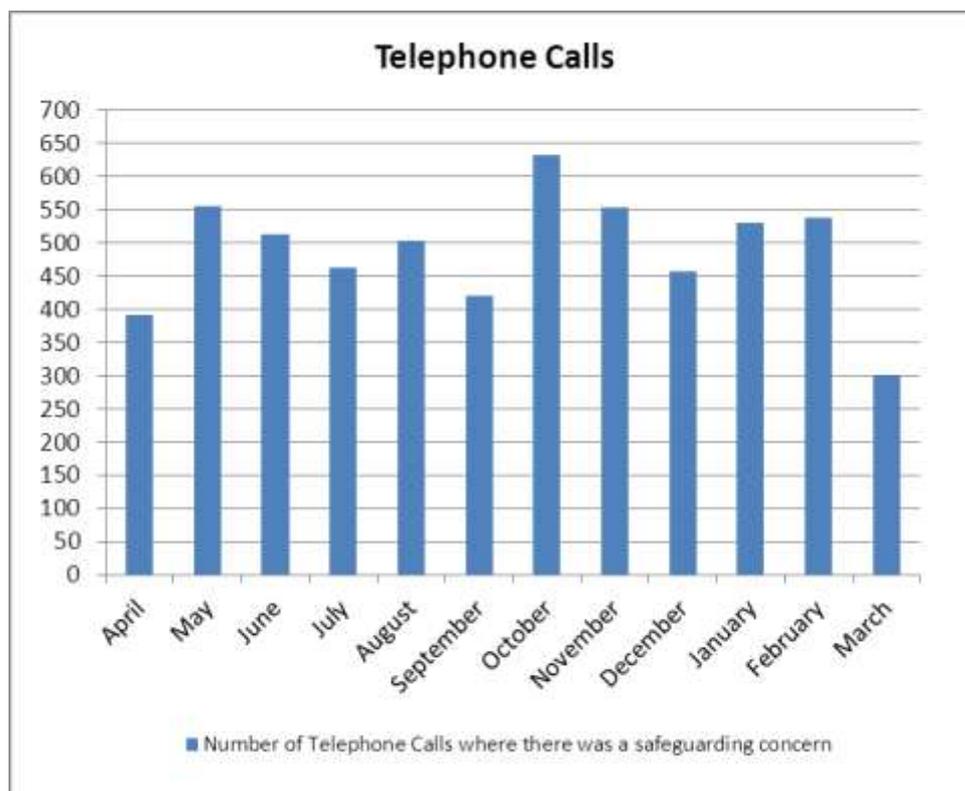
South Tyneside, Gateshead and Sunderland locality work	April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Number of Telephone Calls where there was a safeguarding concern	392	554	513	462	502	421	632	553	457	530	538	301	5855
Number of 1:1 supervision sessions	31	35	66	59	41	37	35	67	51	70	61	39	592
Number of group supervision sessions	1	5	7	6	1	2	1	1	1	2	4	2	33
Number of complex case meetings attended	24	44	28	45	29	25	34	43	47	39	45	15	418
Number of training sessions delivered	11	11	10	12	10	20	24	16	10	16	12	7	152
Number of MARAC reports prepared & meetings attended	139	89	176	119	120	111	125	117	171	174	142	129	1612
Number of MAPPA reports & meetings attended	9	5	15	7	7	8	11	12	10	19	11	8	120

It is acknowledged that activity was affected due to there being four Safeguarding Advisor vacancies and one Safeguarding Trainer vacancy, as well as short and long term sickness absence within the service in 2014/15.

On analysis of activity, telephone support contributes to a substantial activity factor within the team's workload, with the highest amount of calls being received during October 2014. The table above also represents the high proportion of time undertaken with MARAC report preparation and attendance at MARAC panels, again with the highest amount of activity occurring in June and December 2014 and January 2015.

4.2 Telephone Response

There have been in excess of 6000 telephone enquiries to the team via a single point of contact (SPOC) for the 3 localities. Calls to the team for advice and support are predominantly related to current or chronic safeguarding concerns, requiring guidance through the referral process or assistance to challenge Children’s services decision making.



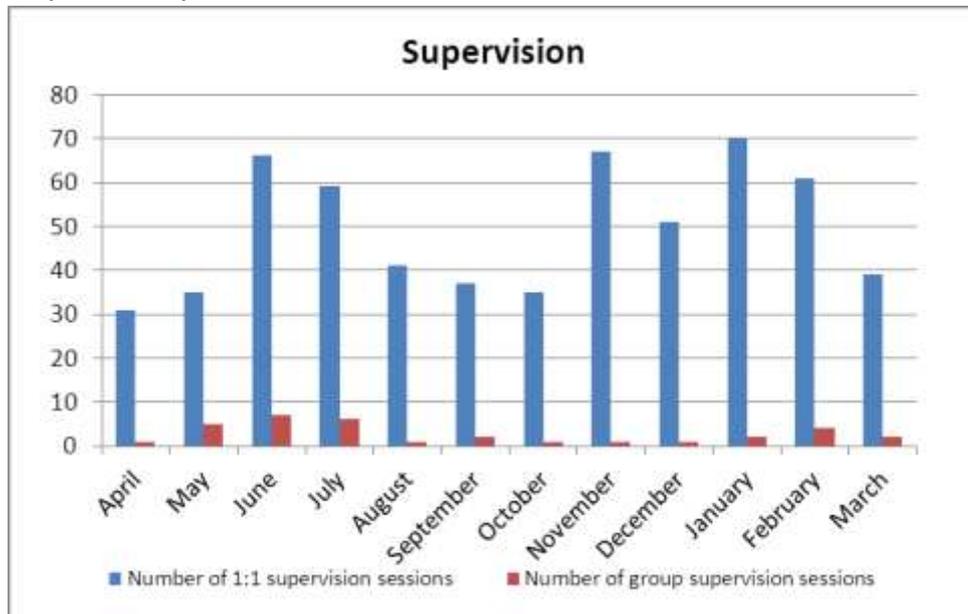
4.3 Safeguarding Supervision

Supervision is recognised as being fundamental for safe practice therefore the team supports this in the delivery of mandatory supervision to those staff who work predominantly with children, vulnerable young people and adult’s at risk; as well as offering ad-hoc supervision to all staff involved with at risk concerns. It is worthy of note that there has been a significant increase in advice and support provided to adult services with regard to safeguarding children concerns. The demand for supervision within the adult arena has also increased significantly since the introduction of an adult safeguarding adviser role into the team.

It is recognised that staff who work with children in need of protection and adults at risk may be subject to particular stresses and anxieties. Safeguarding children and safeguarding adult supervision is integral to providing an effective “think family” philosophy. Supervision has a number of functions, not least to ensure service delivery is of a high quality and is supporting good evidence based practice.

There are a number of models used across children and adult services; including:

- Planned face to face 1-1 supervision
- Group supervision – including a wide range of services including acute settings, Community CAMHS and therapy teams
- Ad-hoc requests
- Telephone supervision



4.4 Safeguarding Children Training

There has been on-going proactive involvement from the team in relation to the development and delivery of single and multi-agency level safeguarding training.

Clinical staff working to safeguard children and adults at risk can access local authority multi-agency training; as well as a comprehensive safeguarding training programme within the organisation.

Lead Nurses monitor compliance of safeguarding training at Level 1, 2 and 3 (children); reporting this through quarterly Dashboards and monthly Learning and Development Department data, with training compliance within divisions and individual services and raise concerns with respective managers when low compliance is identified.

The aspiration is to achieve a minimum of 95% compliance for level 1, and with 80% for levels 2 and 3.

Compliance as at March 2015 is as follows:

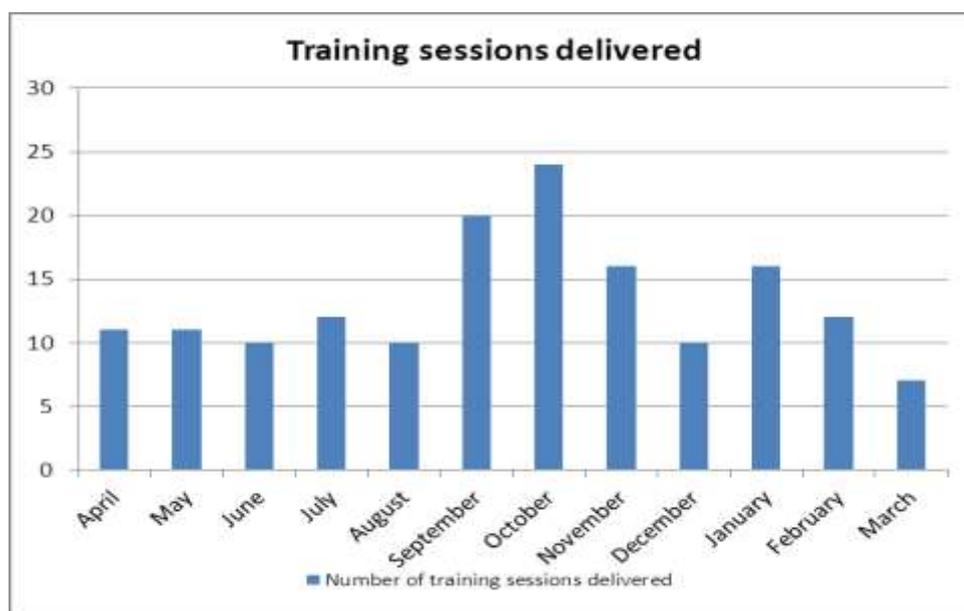
Level 1 = 76%

Level 2 = 49%

Level 3 = 48%

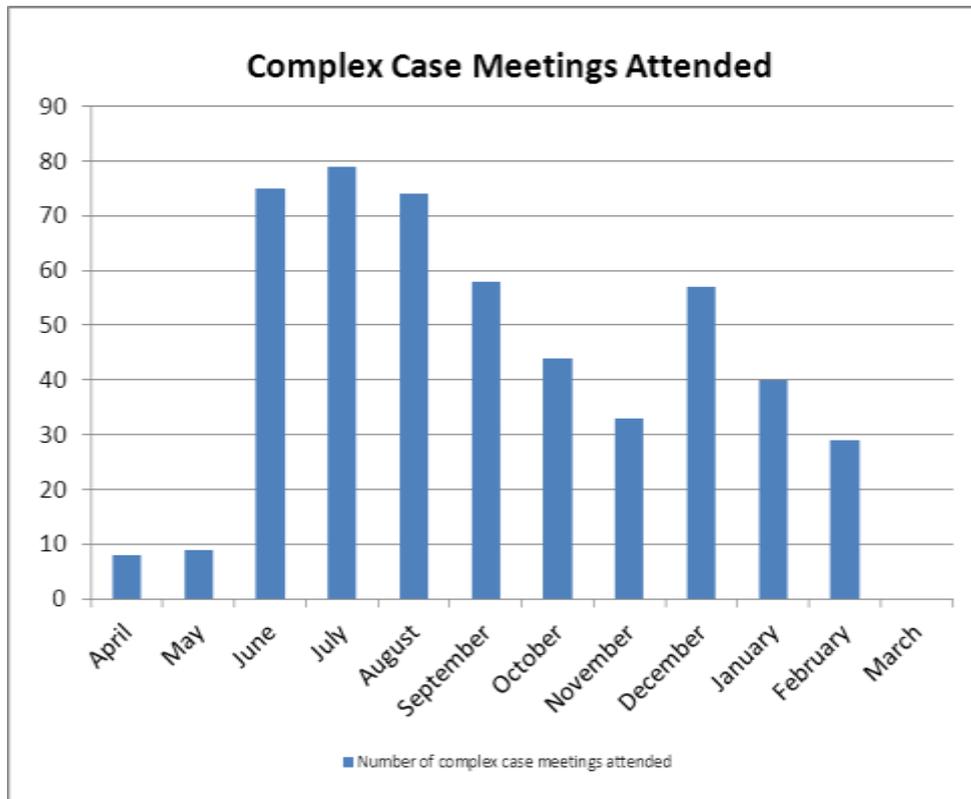
A range of methods are utilised to raise awareness of safeguarding training opportunities as follows:

- The safeguarding team continue to support and encourage attendance at training through the development of a desktop alert identifying the different levels for training for children and adults.
- The development of a learning matrix in relation to both children and adult safeguarding.
- Safeguarding trainer develops, delivers, and evaluates safeguarding training to STFT staff as required to meet local and national recommendations, including learning lessons from serious case reviews. All clinical team members have contributed to the training process.
- For those staff who require and access safeguarding supervision; training requirements are routinely discussed.
- The team have also developed a course specifically for STFT Adult Services e.g. Improving Access to Psychosocial Therapies (IAPT); who are required to undertake Level 3 Safeguarding Training.
- All training developed by the team is quality assured using a tool which has been developed based on the standards outlined in the Intercollegiate Guidance 2014 (RCCH).
- On the 1st April 2015, safeguarding Adult level 1 'Alerter' training will be incorporated into statutory/mandatory training and corporate induction to assist in the achievement of compliance within the Adult at Risk agenda.



4.5 Complex Meetings

The safeguarding team attends complex child protection, vulnerable adults, LADO and Allegation Management Meetings (cases involving STFT staff where safeguarding concerns have been identified which may implicate the level of care provided to adults and/ or children).



4.6 Multi Agency Risk Assessment Conference (MARAC)

The Multi Agency Risk Assessment Conference (MARAC) is based on a model developed by Co-ordinated Action Against Domestic Abuse (CAADA) following the analysis of risk factors associated with domestic homicides, serious assaults, child deaths and life threatening incidents involving children.

The main aim of the MARAC is to increase the safety, health and wellbeing of victims – adults and any children. In a MARAC panel, local agencies will meet to discuss the highest risk victims of domestic abuse in their area. Information about the risks faced by those victims, the actions required ensuring safety, and the provisions available locally are shared to create a multiagency risk management plan.

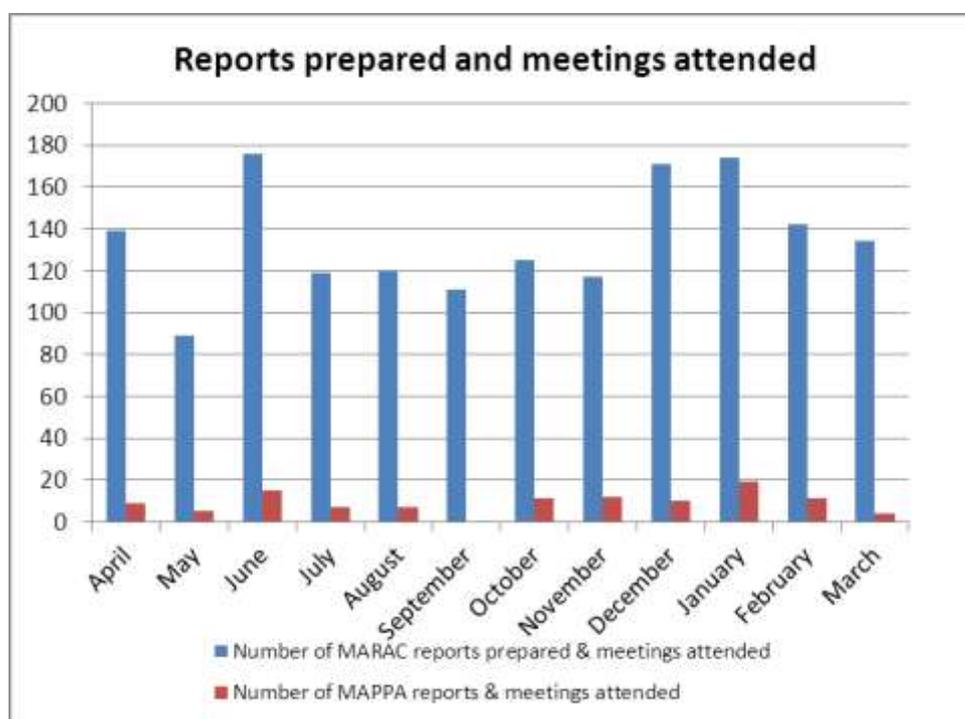
In 2014/15, there were 1,612 cases discussed in MARAC across the 3 localities, this is a 72.7% increase in the numbers of 2012/2013; 2013/2014.

	12/13	13/14	14/15	% increase 12/13-14/15
South Tyneside	211	376	457	116%
Gateshead	346	540	527	52.3%
Sunderland	376	645	628	67 %
Total SOTW	933	1561	1612	72.7 %

This increase highlights an unprecedented increase in demand particularly within South Tyneside locality which has impacted upon on the capacity of safeguarding admin and safeguarding advisors throughout 2014/15.

Referrals from health staff are encouraged by the safeguarding advisors who work to embed the use of 'routine enquiry and selective enquiry into clinical practice. The team have also noted an increase in adult referrals into MARAC; following raising awareness sessions delivered to STFT adult services personnel.

On analysis of the data, June, December and January generated the largest number of referrals, however there is a recognised link between school holidays and the Christmas period.



4.7 Multi Agency Public Protection Assessment (MAPPA)

Multi-Agency Public Protection Arrangements (MAPPA) were introduced by the Criminal Justice and Courts Services Act 2000 to address the need for the public to be protected from dangerous offenders. The legislation, which was implemented in April 2001, placed a statutory duty upon police and probation services (the Responsible Authority) to establish arrangements to assess and manage the risks posed by relevant sexual and violent offenders. The Criminal Justice Act (2003) contained within it places a statutory duty on health and other bodies to co-operate with MAPPA.

It is recognised that all staff working in STFT may through their work identify areas of risk relating to Multi Agency Public Protection and may be required to consider and manage the process of referring. If required, staff are supported through this process by Safeguarding Lead Nurses.

Supporting the safeguarding adult agenda, the Safeguarding Lead Nurses (Named Nurse) represent the organisation at the Level 2 / 3 MAPPA. Potentially Dangerous Persons (PDP) perpetrators are also considered.

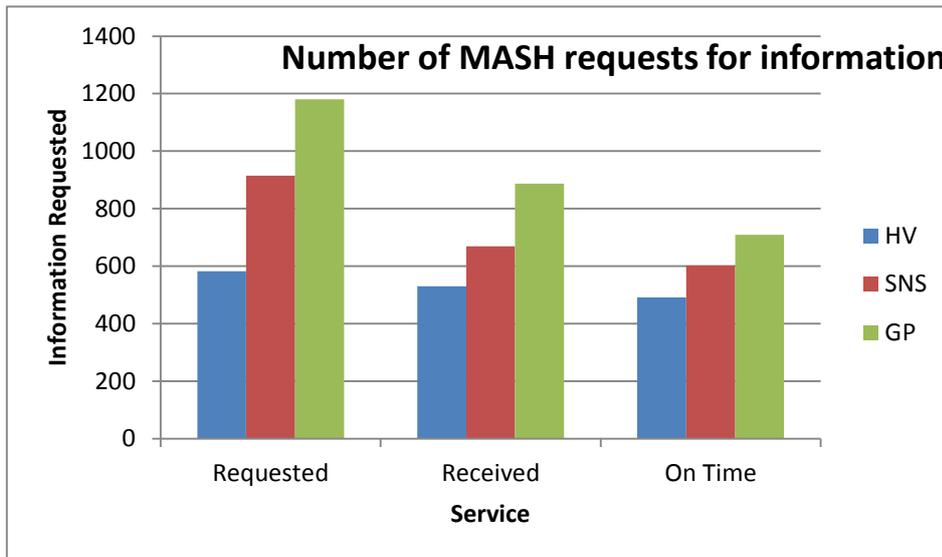
The MAPPA performance report for the Northumbria region has shown 100% reporting compliance of STFT in relation to the 124 cases that have been discussed.

4.8 Sunderland multi-agency safeguarding hub - MASH

The Sunderland MASH is a joint initiative between Sunderland City Council, Northumbria Police and the NHS to co-locate key members of staff in order to ensure a timely, response to safeguarding children concerns. STFT are commissioned by Public Health to provide 2 whole time equivalent Safeguarding Advisors and 1 whole time equivalent Administrator into the MASH.

The Safeguarding Advisors facilitate access to health agency/services information about a child and family in order to support shared decision making to improve outcomes for children where statutory intervention is required, or, where early intervention may be needed.

4.9 MASH activity



The Safeguarding advisors within the MASH also attend daily MASH discussions and strategy meetings. During 2014-2015 the MASH advisors attended 1703 meetings. The MASH advisors completed information sharing documentation to health professionals with regard to the outcome of these meetings within two working weeks.

A Kaizen event was held in 2014 facilitated by Sunderland CCG to review the working patterns of the current MASH model. The MASH continues to be under review across the Safeguarding Partnership and will face further changes during 2015.

4.10 Young Persons Nurse

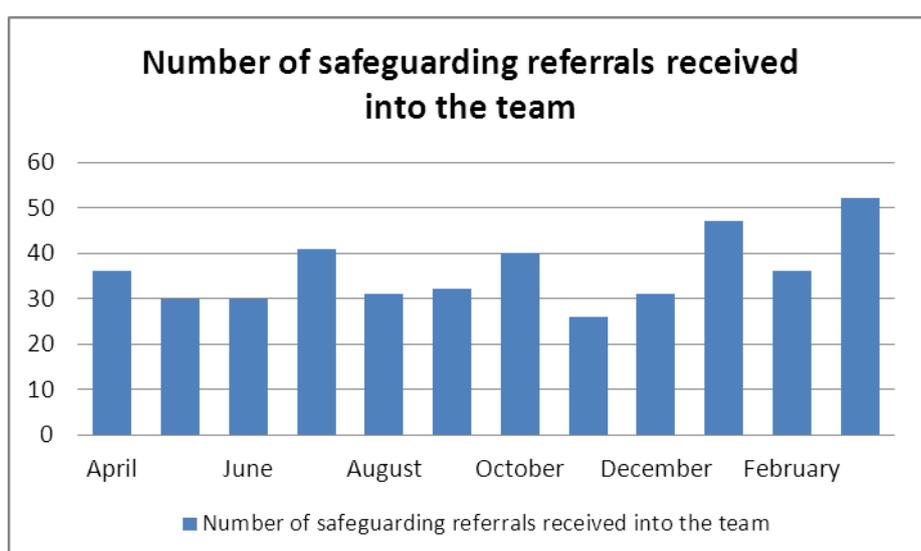
A Young Person's Nurse is commissioned by Public Health working as part of the Sunderland team, with the role working in partnership with the youth offending service to ensure that health needs of those clients are met. The Young Person Nurse currently undertakes health assessments on all children who access Sunderland Youth Offending Service and on receipt of referrals from Sunderland YDAP within 5 working days. Since June 2014 161 health assessments have been completed, this has led to 103 children being referred to specialist services to meet their health needs.

5.0 Safeguarding Adult Activity

5.1 Contracting Data:

The following table identifies activity undertaken by the team in relation to the safeguarding adults' agenda:

South Tyneside, Gateshead and Sunderland locality work	April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Number of safeguarding referrals received into the team.	36	30	30	41	31	32	40	26	31	47	36	52	432
Number of Face to Face contacts where there was a safeguarding concern.	18	21	32	51	45	58	43	41	56	83	24	29	501
Number of telephone contacts where there was a safeguarding concern.	177	111	194	197	185	264	281	213	221	244	322	220	2629
Number of 1:1 supervision sessions held.	6	0	8	7	5	8	9	16	19	21	14	12	125
Number of group supervision sessions held.	0	4	7	5	0	7	7	3	1	2	1	5	42
Number of complex meetings attended.	5	7	7	3	3	11	15	4	5	7	7	5	79



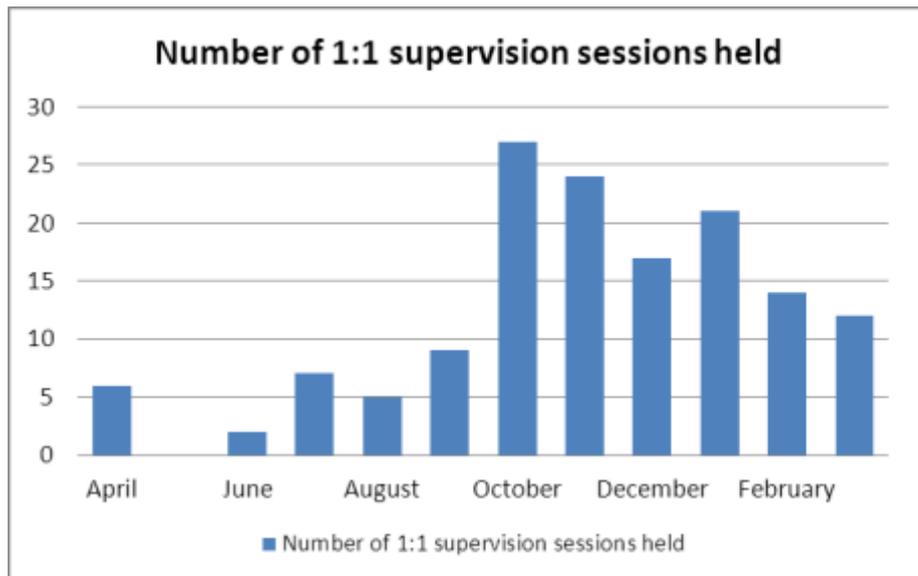
The Safeguarding Adults Advisor and Lead Nurses represent the team at staff meetings across the three localities, to discuss cases on a one-to-one, basis. This support to staff, enables timely and appropriate decision making in response to safeguarding adult concerns. Additionally, it informs the safeguarding practitioner of competencies and skills required to safeguard practitioners.



Safeguarding adult queries resulted in more than 2,000 calls being received by the service in 2014/15. As the role commenced in 2013, there is no baseline data to utilise as a comparative within this report.



Safeguarding supervision is also fundamental to ensure safe and effective practice for practitioners who work with adults at risk. The Safeguarding Adult Advisor supports this in the delivery of ad-hoc face-to-face, telephone and group supervision to those staff that work predominantly with adults at risk during delivery of their service. Demand for supervision within the adult arena has increased significantly since the introduction of the safeguarding adult adviser into the team.



5.2 Mental Capacity Assessment and Deprivation of Liberty

Following the decision in *R v Bournewood Community and Mental Health NHS Trust, (1999)*, later reconsidered at Strasbourg in *HL v UK (2004)*, it became necessary for the UK to introduce procedures for the protection of the thousands of mentally incapacitated people who were regularly deprived of their liberty in hospitals, care homes and in domiciliary settings. The MCA (2005) was amended by the Mental Health Act (2007) so as to provide a new statutory scheme for persons in hospitals or care homes/ domiciliary settings who were proven on a balance of probabilities to lack capacity.

5.3 Lack of capacity

Under the MCA (2005) lack of capacity is determined when a person lacks capacity in relation to a matter if he or she is unable to make a decision for himself or herself in relation to the matter because of impairment (permanent or temporary) of, or a disturbance in the functioning of, the mind or brain:

- Sections 1 and 2, MCA 2005.
- Persons who lack capacity may be subject to deprivation of liberty, but only by authorisation under Schedule A1 of the MCA 2005 or by order of the Court of Protection (section 4A).

5.4 Meaning of 'deprivation of liberty'

Everyone has the right to liberty and security of person. No one shall be deprived of his liberty save in the following cases and in accordance with a procedure prescribed by law:.....e) **the lawful detention** of persons for the prevention of the spreading of infectious diseases, **of persons of unsound mind**, alcoholics or drug addicts, or vagrants.'

5.5 Safeguards

Safeguards (as in the phrase Deprivation of Liberty Safeguards) are provided by Schedule A1 of the MCA 2005. They involve a rigorous procedure of assessment and authorisation, independent of the hospital or home.

5.6 Court of Protection

The Court of Protection may make a similar order authorising deprivation of liberty in a domestic setting (outside hospitals and care homes) in relation to personal welfare: see sections 4A and 16 of the MCA 2005. This will include a placement in a supported living arrangement.

There has been a significant amount of work within STFT during 2014/15, by the MCA/DoL's Assurance Matron Lead. Delivery of training and staff awareness sessions has been supported by the Safeguarding Adult Advisor.

The number of applications submitted by STFT in 2014/15 was 44, with 6 unknown if granted and 1 not granted.

6.0 PREVENT

PREVENT is part of the counter-terrorism strategy, CONTEST, its aim being to stop people becoming terrorists or supporting violent extremism.

The NHS has an important role to play (in conjunction with other agencies) to support the Prevent agenda. Health has been a key partner in delivering **PREVENT** for some time now, both nationally and locally with **WRAP** (*Workshop to Raise Awareness of Prevent*) sessions delivered by the Adult Safeguarding Advisor, Lead Nurse Safeguarding and Training & Development unit colleagues to single agency staff across the three localities.

6.1 PREVENT training - WRAP.

PREVENT training is placed within the safeguarding framework, hence the team are pro-active in delivering sessions to staff as part of the statutory / mandatory sessions and to individual teams, if requested.

PREVENT is highlighted in level 1, 2 & 3 safeguarding children training and within adult safeguarding awareness and Level 1 Alerter training. It is also delivered within Corporate Induction as a full 1 hour WRAP – (raising awareness of PREVENT) twice monthly.

During 2014/15, 430 STFT staff have received WRAP - PREVENT training; and, as a result, STFT practitioners have referred 3 cases of concern to the Protection of Vulnerable People Unit. This activity is reported in a monthly basis to NHS England by the safeguarding lead nurse.

STFT is recognised regionally, highlighted by the regional PREVENT coordinator for NHS England, as being a pro-active organisation in relation to PREVENT management.

The WRAP 3 training presentation developed by the STFT PREVENT WRAP facilitators has since been shared and adopted for use across North East and Cumbria health partners.

7.0 Quality Improvements

7.1 PERFORM

The safeguarding team participated with Price Waterhouse Cooper (PWC) in implementing the Perform improvement methodologies. The initial focus for the service related to the Multi Agency Risk Assessment Conference (MARAC) which relates to domestic abuse and the prevention of domestic homicides.

The daily huddle assisted the team to identify the resources from the safeguarding team and other STFT services for instance, health visiting and school nursing; required to appropriately respond to the MARAC standards. It has enabled aspects of the process to be standardised across the 3 localities.

7.2 Audit Activity - Safeguarding Supervision Audit

The principles of Safeguarding Children Supervision Policy and Procedures (2014) are that compliance applies to all staff across South Tyneside Foundation Trust in order that its effectiveness is monitored to ensure safe practice. This safeguarding supervision audit was required to determine the effectiveness of the safeguarding supervision policy (STFT 2011), compliance and any required amendments to the updated policy and procedures in 2014.

The results of the audit were mainly positive with evidence that staff understood the importance and value of supervision. In addition, it has assisted the team to understand the challenges encountered by staff achieving the process of safeguarding supervision effectively, with the updated policy amended in response to the audit findings.

7.3 CWILTED Audit

The protection of children who attend emergency departments with injuries has long been recognised as requiring improvement. Children First, the National Guidelines for the Protection and Welfare of Children, (1999) recognises the role of staff who work in these departments as being very important in the identification and protection of children who may present with a child protection concern.

The CWILTED initiative was introduced to help staff to assess and identify safeguarding concerns when children present to Accident and Emergency with injuries/trauma. When triaging the child, nursing staff will use CWILTED to get a

comprehensive account of the incident which will inform health professionals in making decisions about whether the incident raises safeguarding concerns. The Paediatric Assessment Tool CWILTED is a visual aid used extensively by the staff within the A&E Department.

CWILTED is a mnemonic for:

C =condition, area of pain/child protection

W=witness, who saw the incident if there was one

I=incident, mechanism caused the injury

L=location, address.

T=time accident occurred, first aid.

E=escort, who is accompanying.

D=is there a disability.

Any safeguarding concerns are directly referred to the Paediatric Consultant, with advice, if required from the Named Doctor, in accordance with Trust protocol and Local Safeguarding Children Board (LSCB) safeguarding procedures.

The audit results identify appropriate use of the CWILTED tool, with evidence of improvement of use over the past 6 months, however it is recognised that this requires further improvement throughout 2015.

7.4 Injuries and Bruising in non-mobile infants under the age of 1 year audit

A Serious Case Review (SCR) was undertaken in South Tyneside in 2013 when it became evident that agencies had failed to safeguard a child, (referred to as Child X). As a result of lessons learned a pathway was developed to improve the management of non-mobile babies under the age of one year who attend with bruising.

Monthly audits have been undertaken in 2014/15 to monitor adherence to a pathway for managing non mobile babies who attend the Children's Emergency Care Department (ECC) with evidence of bruising / injury to offer assurance to partner agencies that the lessons have been learned and that safeguarding practice has improved. Compliance levels are currently 80% with messages routinely reinforced to staff groups.

7.5 Midwifery / Health Visitor Pathway audit

The Midwifery / Health Visitor pathway was originally developed for Health Visiting teams. Health Visitors are responsible for undertaking antenatal contacts with pregnant women and their unborn child. Receipt of the antenatal vulnerability assessment form provides the Health Visitor the opportunity to appropriately manage vulnerabilities; and ensures early intervention can be provided to women and families if required.

The Midwifery/Health Visiting pathway was recognised as requiring improvement specifically in relation to vulnerable young pregnant clients who may benefit from the intense support of the Family Nurse Partnership (FNP) service and may not achieve this due to reduced service capacity. These clients are amongst those who will require early intervention from the generic health visiting services for multi-agency Early Help services therefore effective communication is crucial.

Following the findings of a national serious care regarding 'Baby Peter' during 2008, the subsequent Report of Lord Laming: Protection of Children in England (TSO 2009) identified that all records relating to a child must be evident within their own case notes. It has been determined through SCR investigations that whilst services do hold their own case files, crucial information is not available to other relevant health practitioners for instance Health Visitor or School Nurse. This practice was identified during a recent STFT SCR and therefore a recommendation from this was to complete an audit of maternity services records. The recommendations were predominantly for changes to current maternity services documentation and its storage. Throughout 2015 the Named Midwife and Lead Nurse Safeguarding will work to achieve changes to document templates to improve communication and information sharing across services and agencies; enable capture of multi-agency 'Early Work' referrals to evidence the effectiveness multi-agency partnership working.

7.6 Assurance of lessons learned from reviews of children and adults case

- Key areas of safeguarding service delivery will be audited to quality assure and inform service improvement requirements.
- Terms of reference for the weekly Paediatric MDT meeting have recently been reviewed as recommended within a local Serious Case Review. The effectiveness of the meeting will be identified in service delivery and improved communication across community, hospital, General Practitioners and the Local Authority Children's Services.
- An outstanding recommendation from a 2010 Serious Case Review was the development of a Child Protection database. Whilst there has been some progress at a strategic and operational level; and it is anticipated that a system will be available to the whole team during 2015/16.

Continuous quality improvement is an integral part of the safeguarding service delivery, with development and monitoring through audit demonstrating that we are listening to the feedback from staff and amending the service as a result.

7.7 Amendment to the Datixweb on line incident reporting system to include a safeguarding module.

Datixweb is now used for all safeguarding, children and adults alerts, child protection referrals or quality and patient safety concerns (previously known as risk

notifications), which are forwarded to the safeguarding team, with the principles within safeguarding of prevention. Information of quality concerns in care home's is met within the DATIX reporting of care quality and patient concerns; which are collated and reported monthly to the three locality CCG's to enable quality assurance work within care homes. Feedback from care homes regarding this data has been extremely positive.

The Datix will prompt the safeguarding team to ensure that communication is undertaken between practitioners and the safeguarding team in order that timely support, advice, and supervision is provided.

The level of support provided to depends upon the competency and skills of the referring practitioner. Those members of staff who are unfamiliar with the referral process are able to receive more intensive support from the safeguarding team.

7.8 Policy Updates

Safeguarding policies for children and adults are reviewed bi-annually with the following updated during 2014/15.

- Safeguarding Adult Guidance.
- Domestic Abuse Guidance for Trust staff.
- Safeguarding Children Supervision Policy.
- Safeguarding Adult Supervision Policy.
- STFT Safeguarding Training Strategy.

8.0 CQC / Ofsted Inspection

The Safeguarding Children, Vulnerable Adults Team and Looked After Children team actively support the CQC inspection process, within the 3 localities.

In August 2014, an unannounced CQC visit was undertaken in Gateshead. Recommendations for STFT were made in relation to Safeguarding Children and Looked After Children, themes included:

- Improvement of communication systems to ensure notification of planned and urgent care attendances of children are forwarded to community teams.
- use of service user involvement within LAC services,
- provision of assessment outcomes and relevant information into health plans
- Routine monitoring of Strength and Difficulty Questionnaires' (SDQ's).

9.0 Looked After Children (LAC) Service

9.1 Looked After Children NICE self-assessment

The assessment tool was completed by the 3 Looked After Children teams. LAC Nurses in 2014/15 whereby they continue to work on the action plan to ensure evidence based practise in places 'is adapted'.

9.2 LAC Activity

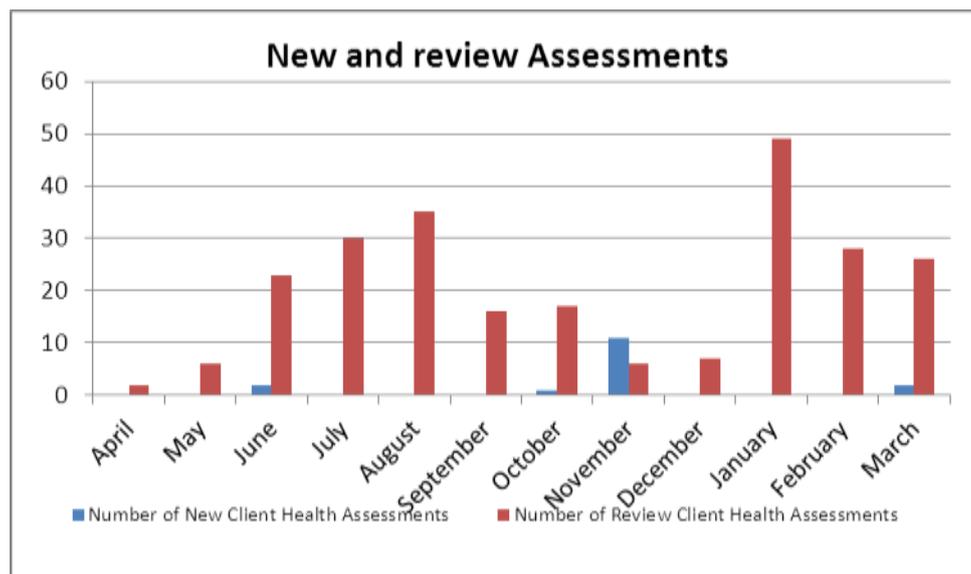
There has been a significant increase across the 3 localities with 1232 children classified as being in "Looked After Care". The table provides evidence in the following contracting performance data which will share the work completed in 2014/15 by the Looked After Children Teams.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Number of New Client Health Assessments	0	1	1	0	0	0	3	1	0	0	0	2	8
Number of Review Client Health Assessments	5	8	14	22	26	8	18	9	15	31	25	21	202
Number of out of area health assessments	0	4	5	11	14	6	7	1	1	10	18	12	89
Number of case meetings attended	23	13	16	20	17	44	24	17	15	18	26	49	282
Number of Clients Discussed at Case Meetings	97	54	56	53	60	91	96	82	94	67	60	85	895
Number of Telephone Calls to Clients Where Health Advice Was Given	8	1	0	4	2	3	2	3	5	3	2	2	35
Number of Telephone Calls to Other Professionals Where Health Advice Was Given	68	69	60	102	60	97	126	62	75	122	114	67	962
Number of Other LAC Contacts	8	15	7	9	34	25	45	19	18	9	20	6	215
Total Client Contacts (calculated field)	337	280	255	348	332	398	496	280	354	405	202	161	3848
Number of staff trained	15	1	8	8	0	41	0	23	0	0	28	19	143

Supervision sessions in a month	0	0	0	2	1	0	0	1	4	2	1	11	20
Number of staff supervised in a month	0	2	2	9	7	1	2	14	20	7	12	15	91
Total number of looked after children at month end	1177	1170	1166	1150	1154	1206	1173	1198	1197	1203	1232	1232	Average 1188 monthly

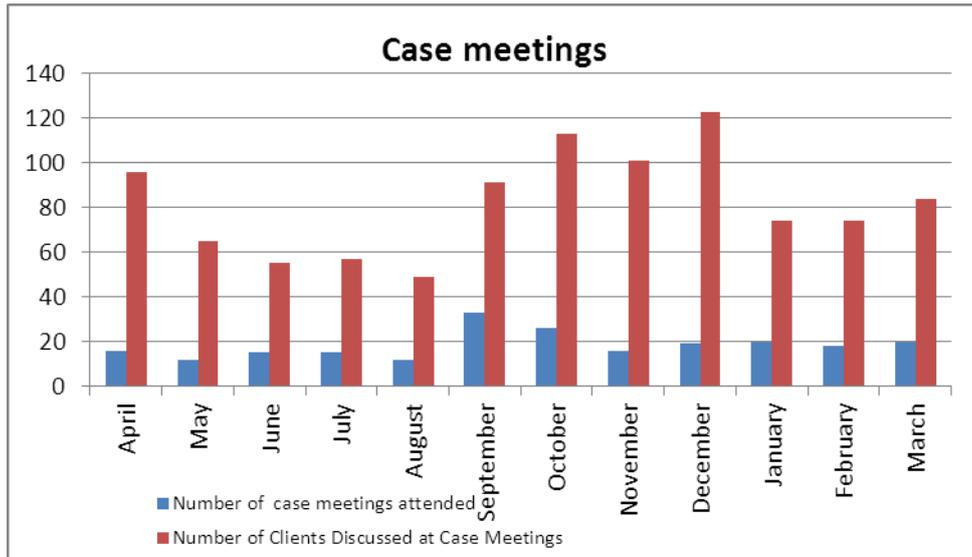
9.3 Health Assessments

The Designated Nurses for Looked After Children also have responsibility to complete review health assessments for children and young people living out of the area. They are supported in undertaking annual health assessments for children within the localities by the Health Visiting and School Nursing Teams in Gateshead and South Tyneside but not in Sunderland, although this is currently being considered by commissioners.



9.4 Complex Case Meetings

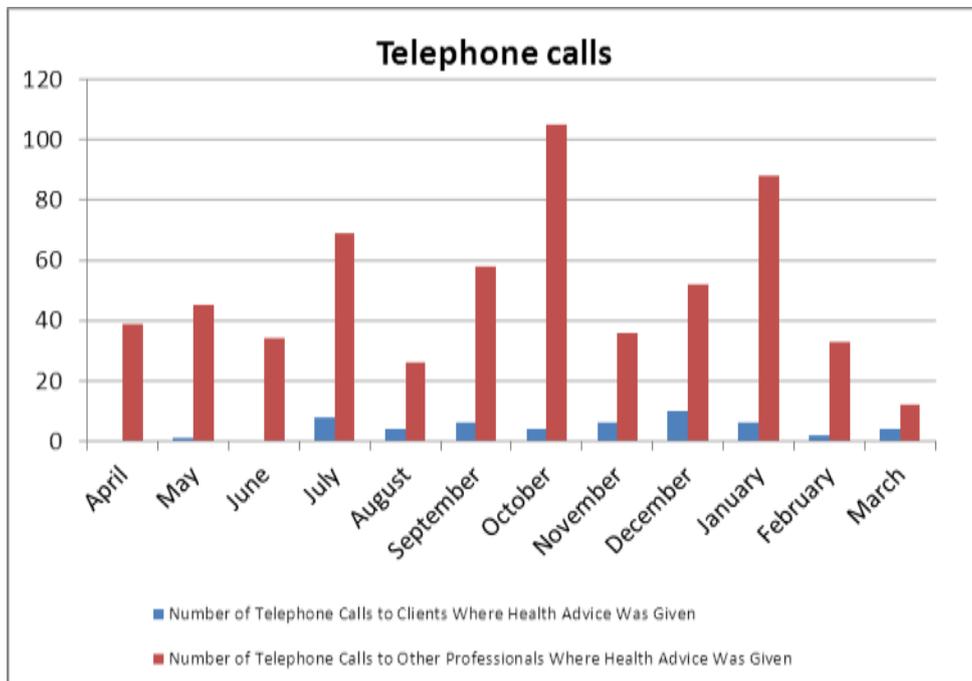
The LAC Designated Nurses attend complex case meetings. This information is shared with the health practitioners' involved in the delivery of the child's health care to support better outcomes for Looked After Children and Young People.

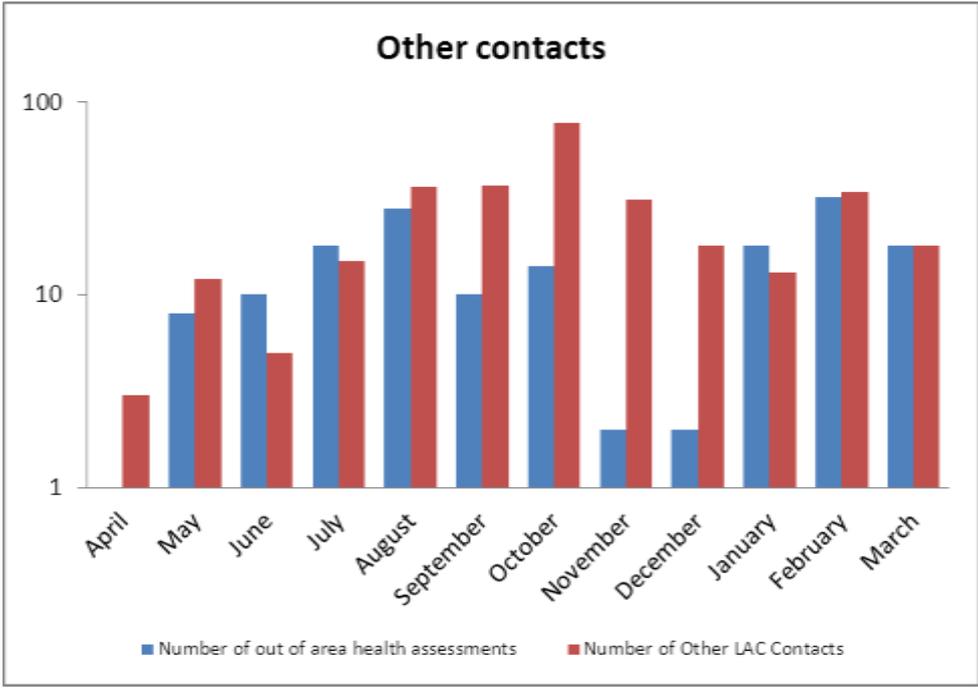


On analysis the greatest activity occurred in December 2014.

9.5 Telephone Response and contacts with other professionals

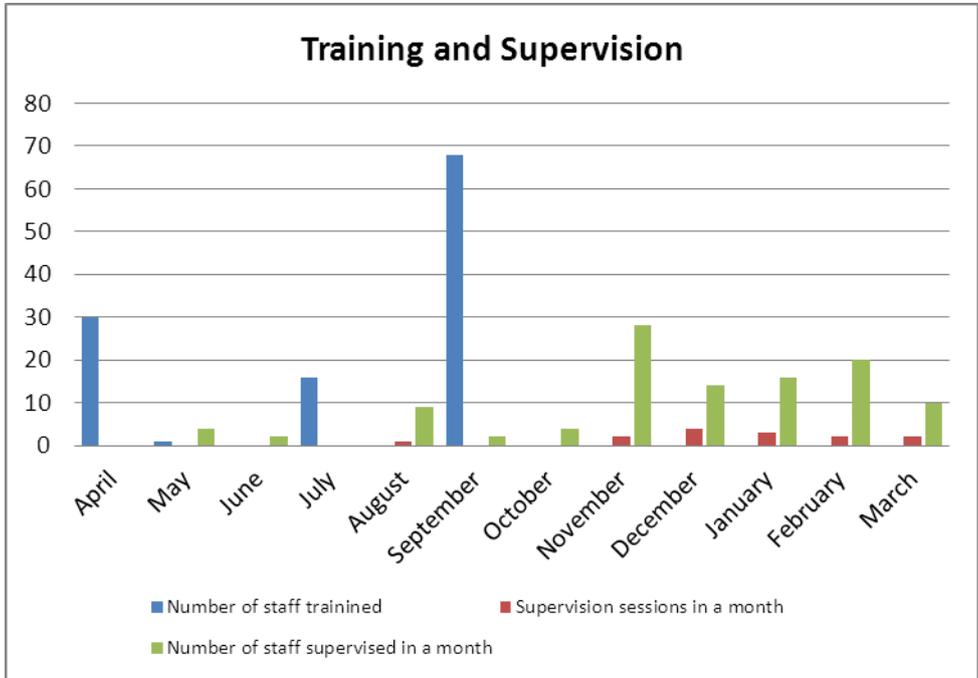
The LAC Designated Nurses provide advice and support to carers, of children in the Looked After System, liaising with Social Workers to ensure all children in LAC have health and social care interventions achieved in accordance with national legislation and local procedures. They also provide a significant amount of support and advice in discussions with professionals involved in a child's care.





9.6 Training and Supervision

The Looked after Children Team are actively involved in the delivery of training and supervision to all staff involved in supporting children who are in the Looked After System.



9.7 LAC Challenges

The 3 CCG,s recognise the additional pressure on the LAC team due to increased workloads which impacts upon the delivery of statutory requirements.

During 2014, South Tyneside Local Authority adopted a new IT system (Liquid logic) which has resulted in challenges on the team due to health information not being migrated over to the new system. This has impacted upon health assessments being incomplete due to up to date health information not being transferred in a timely manner. The Local Authority are aware of this issue and are currently resolving these with support from the Safeguarding Team.

In November 2014, Sunderland CCG advised STNHSFT the role of the Designated LAC Nurse would be transferred back to the CCG to support the increasing numbers of LAC children within Sunderland.

9.8 Looked After Children - Look Forward 2015/16

As previously identified, the 3 CCG's recognise that the LAC service requires further investment to enable the team to deliver the minimum standards as determined within key national policies and to support Local Authorities to meet their statutory requirements.

A health pathway for looked after children will support practitioners to better respond to the needs of these children, through providing clear directing to staff when working with children in LAC.

10.0 Safeguarding Team / LAC Service - Risks/challenges identified in 2014/ 15

- Throughout 2014/15, the number of serious case reviews for children and safeguarding adult reviews/domestic homicide reviews for adults has increased due to changes in guidance and legislation in determining cases that should now be considered. This has a significant impact upon resources available within the team to undertake reviews and embed the lessons learned across the organisation.
- In 2014, there were a number of vacancies within the safeguarding service which impacted upon support available for STFT personnel by the Safeguarding / LAC Team. The Safeguarding Trainer post was also vacant for 6 months which meant that Safeguarding Advisors had to undertake single agency training sessions until the post was recruited to. All vacant posts were successfully recruited to by the end of March 2015.
- It is recognised that working with three Local Authorities, each with individual multi-agency safeguarding procedures continues to be challenging for staff who work across localities and for the Safeguarding Teams. Additionally, the

2014 Care Act legislation has had an impact upon the number of safeguarding adult concerns raised requiring advice and support from the Safeguarding Team. It is anticipated that this will increase further due to Care Act becoming statute from 1st April 2015.

- Multi-agency training provision is reliant upon partners from all organisations assisting in the delivery of training sessions. Throughout 2014, the impact of reductions in training posts across partner agencies affected the Safeguarding Team as they are requested to assist in training delivery on a more frequent basis.
- The CQC Inspection undertaken in August 2014 in Gateshead identified the need to create additional admin capacity within the safeguarding service. A review of the whole safeguarding service was undertaken in February 2015 which will assist in addressing the admin shortfall. Following consultation with the 3 CCG,s and staff affected by the review, a revised safeguarding model will be implemented throughout 2015.
- It was recognised that there needs to be a single IT solution to support the Safeguarding Team who have, until recently had different systems across the 3 areas. In 2014, South Tyneside and Gateshead migrated to Health Solution Wales (HSW) with Sunderland due to transfer from a paper based system to HSW; in 2015/16.
- The revised Justice Review in 2014 has resulted in an increase in the number of staff who have been required to complete Court reports/statements and attend court for family and criminal cases. The timescale for completing these has also reduced which impacts upon resources and capacity within the team to support staff throughout the process.
- Multi-Agency Risk Assessment Conference activity led by Northumbria police continues to increase. Whilst it is acknowledged that STFT has a duty to cooperate as a partner agency to manage the risk of victims of domestic violence with children in the household, the impact upon the safeguarding team resources cannot be underestimated.

11.0 Serious Case Reviews / Internal Management Reviews / Domestic Homicide Reviews and Patient Safety Investigations.

Working Together (2015), requires reviews to be conducted, for cases which meet statutory requirements as well as cases which can provide valuable lessons about how organisations are working together to safeguard and promote the welfare of children.

Other types of review include:

1. Child death reviews on all child deaths up to the age of 18;
2. Review of a child protection incident which falls below the threshold for a SCR;
3. Review of practice through audit, across one or more agencies.

The following models are used to undertake reviews: consistent with

- Social Care Institute for Excellence's (SCIE's) Learning Together systems model
- Significant Incident Learning Process (SILP)
- Lessons Learnt Reviews.

Due to changes within the Working Together guidance this has impacted upon how Local Safeguarding Boards conduct reviews (DfE, 2013) whereby there has been an increase in the number of requests for individual reports to outline specific agency involvement and for cases where the Safeguarding Boards have identified that lessons can be learnt but do not reach the threshold for a SCR. Therefore, in addition to the statutory SCR processes, the safeguarding teams are also required to contribute to Individual Management Reviews.

In 2014/15 the safeguarding team have undertaken 13 serious case reviews for children (albeit some of those cases were initiated in 2013 but were delayed due to criminal investigations). In addition, they have undertaken 4 case reviews where cases have not met the threshold for serious case review and a vulnerable baby action plan which reviewed 5 cases of children under the age of 2 years. The team has also completed 1 Safeguarding Adult Review and 2 domestic homicide reviews.

Learning lessons from serious safeguarding incidents continues to be a requirement for all agencies, and, as such, South Tyneside NHS Foundation Trust (STFT) have been involved in the following reviews throughout 2014/15.

Pseudonyms are routinely used to ensure anonymity of individual cases.

Child / Adult Name	Area	Lead Nurse Author	Serious Case Review	Case Review	Serious Adult Review	Homicide Review
Child X (CT)	South Tyneside	CJ	√			
Edward (DW)	South Tyneside	CJ	√			
Child B	South Tyneside	CJ	√			
Vulnerable baby action plan (5 babies)	Sunderland	LS		√		
Young Person S (J)	Sunderland	LS		√		
Baby A&C	Sunderland	JC	√			
Young Person David	Sunderland	JC		√		
Baby Charlie	Sunderland	LS		√		
Baby Eve	Sunderland	LS	√			
Young Person Isobel	Sunderland	LS	√			
Young Person Kerry	Sunderland	LS	√			
Baby Lewis	Sunderland	LS	√			
Baby Penny	Sunderland	LS	√			
Baby Olivia	Sunderland	LS	√			
Baby Nicola	Sunderland	LS	√			
Baby Will and YP Zak	Sunderland	LS	√			
Child TY	Gateshead	JC	√			
ADULTS						
PC	Sunderland	JC	√			
YPS	Sunderland	LS	√			
Mr & Mrs Y	Sunderland	LS				√
EF	Sunderland	LS				√
DH	South Tyneside	JC/CJ			√	
MG	Gateshead	CJ				√
GF	South Tyneside	CJ				√

12.0 Safeguarding Team Look Forward – 2015/16:

1. The Safeguarding Team will continue to implement and embed actions and lessons learned from recommendations of SCR's (children and Adult) / Internal Management Reviews / DHR's and Trust patient safety investigations.
2. The Lead Nurse Safeguarding Children will continue to work alongside partner agencies in Sunderland to progress the health contribution into MASH service once a new model has been agreed.
3. The Lead Nurse's will need to review the working systems and processes across the three localities to ensure standardisation of Safeguarding practice
4. In 2015/16, pending agreement with Sunderland CCG, the team may be provided with 30k additional funding non recurrently to employ a practitioner to ensure that lessons learned from serious case reviews are embedded across services. This will provide valuable support to the team, given the number of cases specifically in Sunderland.
5. The Care Act 2014, to be launched on April 1st 2015, requires all those concerned in the care and support of, and the provision of, health and health-related needs of their local population. The Safeguarding team will therefore maintain strong and effective partnership working arrangements with partner agencies and work to implement the principles of the Care Act across the Trust.
6. Safeguarding policies for adults and children will be updated as required during 2015.
7. In response to the Savile enquiry and subsequent Lampard review the safeguarding team will assist in the development of practice guidance for VIP's, celebrities and media teams visiting the Trust and in the development of an organisation wide assurance action plan .
8. The safeguarding audit programme will continue to compare existing practice with best practice guidelines to continuously identify any areas for improvement

9. Safeguarding Lead Nurses and Advisors for both Children and Adult Services will continue to work with all services across the Trust in relation to safeguarding practice to improve patient safety within the organisation.
10. The Mental Capacity Act 2005 provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves. The Safeguarding Team will actively support the MCA / DoLs lead in facilitating training and supporting staff across the Trust to improve compliance with statutory compliance.
11. The Safeguarding Team will actively support the MCA / DoLs Assurance Matron Lead to raise awareness with Trust colleagues to increase applications for Deprivation of Liberty to Safeguard authorisations as appropriate.
12. Safeguarding training compliance is identified as a priority for 2015/16. The team will continue to work with Learning and Development colleagues and individual service leads to identify areas where compliance is low to support the achievement of acceptable levels as determined within the Safeguarding Training Strategy developed in February 2015.

13.0 Bibliography:

Legislative Framework (Children)

- Children Act (1989/2004)
- Working Together to Safeguard Children and Young People – roles and competencies for health care staff (2006/2013)
- Every Child Matters(2006)
- Safeguarding children and young people; roles and competences for health care staff- Intercollegiate document (2014)

Legislative Framework (Adults)

- No Secrets guidance (2000)
- Mental Capacity Act (2005) and deprivation of liberties
- Safeguarding Vulnerable Groups (2006)
- Safeguarding Adults: A framework of standards for good practice and outcomes in adult protection work (2005)
- Care Act (2014)