Kingston Hospital NHS
NHS Foundation Trust

Safeguarding Children Annual Report 2015 –2016

Trust Board	**Item: 14b**
Date: 27th July 2016	**Enclosure: J2**
Purpose of the Report: The purpose of this annual report is to inform members of the Trust Board of the Safeguarding Children activities within Kingston Hospital during the year 1st April 2015 to 31st March 2016, and priority areas for 2016/17.	
For: Information ☒ Assurance ☐ Discussion and input ☐ Decision/approval ☒	
Sponsor (Executive Lead):	Duncan Burton, Director of Nursing and Patient Experience
Author:	Kate Allen, Named Nurse Safeguarding Children
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Risk Implications – Link to Assurance Framework or Corporate Risk Register:	Compliance with statutory requirements for safeguarding children
Legal / Regulatory / Reputation Implications:	Reputational, Regulatory - CQC Risk Profile Compliance with Care Act 2014.
Link to Relevant CQC Domain: **Safe ☒ Effective ☐ Caring ☐ Responsive ☒ Well Led ☒**	
Link to Relevant Corporate Objective:	To comply with Care Quality commission requirements to maintain license to practice
Document Previously Considered By:	Executive Management Committee 20th July 2017
Recommendations: The Trust Board are asked to: a) **Note** the annual report, the improvements made during 2015/16 and the priority areas for implementation during 2016/17 b) **Approve** the annual safeguarding declaration	

Executive Summary

1. The Board is provided with the Trusts Safeguarding Children Annual Report, which outlines the breadth of activities which have taken place within the Trust and with external partners during 2015/16 and outlines the area of priority action for 2016/17

2. The CQC inspection of the Trust during January 2016 identified no concerns in relation to the Trusts processes and procedures related to safeguarding children.

3. Annually Trust Boards have been required to publish declarations locally on their websites showing that the minimum requirements to safeguard children were being met, helping to support 'Standards for Better Health' (DH 2004, updated 2006). As a minimum Trust Boards are required to declare that:

    - Their organisation meets statutory requirements in relation to Disclosure & Barring Service checks
    - Child protection policies and systems are up to date and robust, including a process for following up children who miss outpatient appointments and a system for flagging children or whom there are safeguarding concerns
    - All eligible staff have undertaken and are up to date with safeguarding training
    - Designated and/or named professionals are clear about their role and have sufficient time and support to undertake it;
    - There is a Board level executive director lead for safeguarding, the board reviews safeguarding across the organisation at least once a year and has robust audit programmes to assure it that safeguarding systems and processes are working.

4. The Trust declared compliance in 2015. Given the evidence provided within the Annual Safeguarding Children Annual Report. The Trust Board is recommended to declare the attached compliance statement.

5. The Trust Board are asked to:

- **Note** the annual report, the improvements made during 2015/16 and the priority areas for implementation during 2016/17
- **Approve** the annual safeguarding declaration

Safeguarding Children Declaration 2016/17:

Kingston Hospital NHS Foundation Trust is committed to ensure that all patients including children are cared for in a safe, secure and caring environment. As a result a number of safeguarding arrangements are in place.

These include:

- Kingston Hospital regularly checks staff records to ensure that statutory requirements in relation to Disclosure & Barring Service are maintained and updated as required. All relevant staff at the Trust undergo a DBS check in line with Trust Policy and current legislation.
- All KHFT Safeguarding Children policies and systems are up to date and robust being reviewed on a regular basis. All safeguarding children policies are reviewed at least every three years unless new national guidance is established. These include Information Sharing, Safeguarding Children, and Training.
- The Trust has a process in place for following up vulnerable children who miss outpatient appointments within any specialty to ensure their care and ultimately their health is not affected in anyway. In addition, the Trust has a system in place for flagging children where there are safeguarding concerns.
- The Royal Borough of Kingston was inspected by Ofsted in 2015 in regard to safeguarding children in need of help and protection and looked after children. The Trust was one of the services inspected as part of this. A 'Good' rating was received.
- KHFT safeguarding children practices were inspected by the Care Quality Commission in January 2016, as part of its overall inspection of the Trust. The CQC summary of safeguarding practice included; 'There were robust policies and procedures in place to ensure staff were supported to recognise, report and action concerns associated with the protection of vulnerable adults and children. Staff throughout the trust were aware of their responsibilities to protect vulnerable adults and children; the majority of staff were conversant in being able to describe and identify the various forms of abuse, as well the process for raising concerns.'' There were no concerns raised in relation to the Trusts arrangements for safeguarding children
- All eligible staff undertake safeguarding training at a level relevant for their designation. The Trust has a robust training policy in place with regard to delivering training which is aligned to the 'Intercollegiate Document: *Safeguarding Children and Young People: roles and competencies for health care staff* (RCPCH 2014). Training uptake is reviewed quarterly and monitored as a key performance indicator. The Trust requires a compliance of 80% at each level of training (Level 1, 2, 3, and 4); an action plan is in place to ensure this target is achieved.
- KHFT has named professionals who lead on issues in relation to safeguarding children. They are clear about their role, have sufficient time and receive relevant support, and training, to undertake their roles, which includes close contact with other social and health care organisations.

  The roles are broken down by discipline as follows:

Safeguarding Lead	**Time Allocated**
Named Doctor:	1 PA
Named Nurse:	WTE 1.0
Liaison Health Visitor	WTE 0.6
Named Midwife:	As part of role
Safeguarding Midwife:	WTE 1.0
Administration support WTE	WTE 1.0
Access to Safeguarding Designated Nurse:	0.5 PA fortnightly
Access to Safeguarding Designated Doctor:	2 PA

- The Director of Nursing and Patient Experience is the Executive Lead for Safeguarding Children who reports to the Trust Board on Safeguarding Children issues.

- KHFT Board takes the issue of safeguarding extremely seriously and receives an annual report on safeguarding children. The last Annual Report was presented in July 2016 and can be found on the Trust's website. The Trust Board has robust audit programmes in place to assure it that safeguarding systems and processes are working.
- The Executive Lead is a member of the Local Safeguarding Children Board which meets every three months and discusses these arrangements as appropriate.

Kingston Hospital NHS
NHS Foundation Trust

Safeguarding Children

Annual Report

April 2015 – March 2016

Report prepared by:
Kate Allen Named Nurse Safeguarding Child

1. Introduction

1.1 The purpose of this paper is to update the Trust Board, Local Safeguarding Children's Board and the Clinical Commissioning Group on the work of the Kingston Hospital Safeguarding Children and Young Peoples team, so that both Boards and Commissioners can be assured that processes and procedures remain in place to ensure the safety and welfare of children and young people at Kingston Hospital NHS Foundation Trust (KHFT).

The report outlines the children's safeguarding activities during 2015-16 in ensuring that a robust safeguarding framework is in place for all children and young people who are treated at KHFT.

All hospital staff have a statutory responsibility to safeguard and protect children and families who access our care. Safeguarding and promoting the welfare of children is defined as

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes
  (Working Together to Safeguard Children March 2015)

The report summarises the progress made on the Safeguarding Action Plan. It also outlines both child protection activity and training figures.

2. The National Context

NHS Accountability and Assurance Framework (NHS Commissioning Service Board 2013) Updated June 2015 following consultation in early 2015. 1

2.1 This document describes the roles and responsibilities of NHS England, Clinical Commissioning Groups, NHS providers and various other bodies in the health system.

The purpose of this document is to set out clearly the safeguarding roles, duties and responsibilities of all organisations commissioning NHS health and social care. It has been refreshed in partnership with colleagues from across the health and social care system, the Department of Health (DH) and the Department for Education (DfE), particularly recognising that the new responsibilities set out in the Care Act 2014 that came into force on 1st April 2015.

The framework aims to:

- Identify and clarify how relationships between health and other systems work at both strategic and operational levels to safeguard children, young people and adults at risk of abuse or neglect.

- Clearly set out the legal framework for safeguarding as it relates to the various NHS organisations in order to support them in discharging their statutory requirements to safeguard children and adults.

- Promote empowerment and autonomy for adults, including those who lack capacity for a particular decision as embodied in the Mental Capacity Act 2005 (MCA), implementing an approach which appropriately balances this with safeguarding.

- Outline principles, attitudes, expectations and ways of working that recognise that safeguarding is everybody's business and that the safety and well-being of those in vulnerable circumstances is at the forefront of our business.

- Set out how the health system operates, how it will be held to account both locally and nationally and make clear the arrangements and processes to be undertaken to provide assurance to the NHS England Board with regard to the effectiveness of safeguarding arrangements across the system; and

- Outline how professional leadership and expertise will be developed and retained in the NHS, including the key role of Designated and Named Professionals for Safeguarding Children and Designated Adult Safeguarding Managers.

Fundamentally, it remains the responsibility of every NHS funded organisation and each individual healthcare professional working in the NHS to ensure that the principles and duties of safeguarding adults and children are holistically, consistently and conscientiously applied, with the well-being of those adults and children at the heart of what we do. [2]

Independent Inquiry into Child Sexual Abuse (Goddard Inquiry)

2.2 During the last year child abuse has continued to be high profile in the public eye. In March 2015 the Goddard Inquiry was established to investigate the extent to which institutions have failed to protect children from sexual abuse.

The Independent Inquiry into Child Sexual Abuse will investigate whether public bodies and other non-state institutions have taken seriously their duty of care to protect children from sexual abuse in England and Wales. [2]

The Independent Inquiry is set within a background of high profile cases, where systematic failures have been implicated in the facilitation of sexual abuse. In the Saville scandal, hospital staff were implicated in the facilitation of abuse. Other high profile individuals, such as celebrities, politicians and doctors who were previously trusted individuals, have been convicted of multiple counts of sexual abuse against children.

The NSPCC Report *How Safe are our Children* (2015:p6) cite a 39% increase in number of police recorded sexual offenses in 2013/14. This increase in reporting sexual abuse may be partially accounted for media focusing on the issue, which increases willingness for abuse to be reported. However, for services, this highlights a need for support to be in place following disclosure.

It is expected that this trend in the increasing reporting will continue into 2016/17.

DfE Child protection campaign: Together, we can tackle child abuse

2.3 The Department for Education are running a Child protection campaign: Together, we can tackle child abuse.

If you think a child is being abused or you think their safety is at risk, then it is important to tell someone. You don't have to be absolutely certain about whether a child is being abused; if you have a feeling that something's not right, talk to your local children's social care team who can look into it.

This campaign was targeted in Kingston in April-June 2016. This could lead to an increase in the number of referral into statutory and voluntary services.[3,4]

Domestic Violence and Abuse

2.4 In December 2015 the Home Office published Controlling *or Coercive Behaviour in an Intimate or Family Relationship Statutory Guidance Framework* December 2015. From the 29th December 2015 a new offence of coercive and controlling behaviour became law. The police are expected to recognise, record and investigate offences under section 76 of the Serious Crime Act 2015.

The new offence closes a gap in the law around patterns of controlling or coercive behaviour in an ongoing relationship between intimate partners or family members. The offence carries a maximum sentence of 5 years' imprisonment, a fine or both. [5]

NICE Guidelines Domestic Violence and Abuse Feb 2016

2.4.1 The quality standard covers domestic violence and abuse in adults and young people aged 16 years and over. It covers adults and young people who are experiencing (or have experienced) domestic violence or abuse, as well as adults and young people perpetrating domestic violence or abuse. It also covers children and young people under 16 years who are affected by domestic violence or abuse that is not directly perpetrated against them. This includes those taken into care.

The term 'domestic violence and abuse' is used to mean any incident or pattern of incidents of controlling behaviour, coercive behaviour or threatening behaviour, violence or abuse between those aged 16 or over who are family members or who are, or have been, intimate partners. This includes psychological, physical, sexual, financial and emotional abuse. It also includes 'honour'-based violence and forced marriage. [6]

25% of women and 16% of men are affected by domestic violence in their adult life. Therefore a significant number of our clients and work colleagues will be victim of domestic violence. It is also noted that 33% of domestic violence homicides happened on work place grounds. [7]

The Local Safeguarding Children Board (LSCB) introduced See the Adult, See the Child in February 2015. Research shows that where children are being cared for by adults at risk, ie domestic violence, substance misuse, mental health problems etc the children are at a higher risk of harm within their families. Kingston Hospital has a duty not only to safeguard the adults, but also to identify and report when children may be at risk of harm.

The Independent Domestic Abuse Advocate from Victim Support is working with Safeguarding Teams at Kingston Hospital to enable Victim support to be on site at KHFT one day a week. This will help to ensure victims of domestic violence and abuse have access to timely support, and there is an effective pathway in place to enable appropriate referrals from KHFT.

2.4.2 ACTIONS for 2016-17:

- Update local guidelines to ensure they are compliant with National guidelines as part of 2016-17 Work plan
- Raise awareness of Domestic Abuse and Violence, and recognition of relationship violence in 16-17 year old children across KHFT
- Support 16 Days of Action campaign against domestic violence (27 November 2016)

- Continue to raise staff awareness of the need to consider the safety of the children of adults who attend Kingston Hospital, ensuring these children are safeguarded appropriately.
- Work with electronic record keeping systems to assist staff in recognizing children at risk of abuse as a result of vulnerabilities of the adults who care for them.

Female Genital Mutilation (FGM)

2.5 FGM is illegal and is child abuse. The Government is committed to preventing and ending this practice which can cause serious harm to women and girls' health throughout their lifetimes.

There are no medical reasons to carry out FGM. It can cause long term damage to health, including not only physical pain, but also psychological issues.

Healthcare professionals play a fundamental role in helping prevent FGM and supporting women and girls who have had FGM. Central to this is an increased awareness of, and open discussion about FGM to ensure that girls who may be at risk of this procedure are supported with early, effective identification and safeguarding. For those who have already had FGM they should be able to access the services and care that they need

Mandatory reporting of known cases of Female Genital Mutilation (FGM) on girls under 18 to the police was introduced from October 2015. This gives health and social care professionals, teachers and the police information on their responsibilities under the female genital mutilation (FGM) mandatory reporting duty. 8

Kingston and Richmond LSCB Female Genital Mutilation: Prevention Guidelines were introduced in February 2016. 9

FGM training is available to staff through the Local Safeguarding Children's Board. FGM training has been delivered internally to Midwifery Staff and a previous KHFT Level 3 Safeguarding Seminar. Information regarding FGM will be included in the updated Mandatory Training Booklet.

Kingston Hospital Safeguarding Team supported FGM Prevention Week 8–12 February 2016, through the hospital wide message bulletins.

2.5.1 ACTIONS for 2016-17

- Continue to raise awareness of FGM in KHFT
- Ensure staff are aware of their individual responsibility under Mandatory Reporting of known cases of FGM.
- Ensure local guidelines continue to be compliant with National Guidelines.

Child Sexual Exploitation (CSE)

2.6 The Jay report (2014) relating to CSE in Rotherham, Department of Health Working Group report (2014), and Medical Colleges Report (2014), highlight the role of health services and their recommendations are clear regarding the specific responsibilities of health services and staff and the importance of a multi-agency approach to the problem.

The Pan London CSE operating Protocol was updated in March 2015. 10

Child Sexual Exploitation (CSE) protocol was launched by Kingston and Richmond LSCB in January 2016.

Child sexual exploitation is when children and young people receive something (such as food, accommodation, drugs, alcohol, cigarettes, affection, gifts, or money) as a result of performing, and/or others performing on them, sexual activities. Child sexual exploitation can occur through the use of the internet or on mobile phones. In all cases, those exploiting the child or young person have power over them because of their age, gender, intellect, physical strength and/or resources. For victims, the pain of their ordeal and fear that they will not be believed means they are too often scared to come forward. 11, 12

The CSE Awareness Day was on 18 March 2016, and was supported by Kingston Hospital.

2.6.2 ACTIONS for 2016-17:

- Increase staff awareness of CSE and use of the Kingston and Richmond LSCB CSE Referral form.
- Staff to understand their organisations policies and procedures regarding CSE and to ensure they follow them where they think that a child may be at risk of or being exploited

3. Local Context

Serious Case Reviews (SCR)

3.1 Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 sets out the functions of LSCBs, including when to undertake reviews of serious cases in specified circumstances.

Kingston and Richmond LSCB have identified three cases since 2014 that met the criteria for a Serious Case Review (SCR) and agreed the commissioning arrangements to be led by the LSCB as laid out in HM Government "Working Together to Safeguard Children" 2014.

KHFT has co-operated in the undertaking of the SCR's locally. Nationally 53 SCRs were published in 2015.Learning from SCRs both nationally and locally are embedded into practice through the identification of themes and trends. Implications for policy and practice are monitored by the KHFT Safeguarding Team to ensure local policies and procedures reflect national guidelines. All actions identified for the Trust from SCRs have been completed.

November 2015 - Kingston – Family A

3.2.1 Death of a 4-year-old girl and two 3-year-old twin boys who were smothered by their birth mother on 22 April 2014. The mother was given a hospital order in November 2014 after admitting manslaughter by diminished responsibility.

Background**:** Children P, Q and R all had spinal muscular atrophy type 2 (SMA2), a life limiting condition which causes severe muscle weakness. Due to the children's complex health needs many different health agencies were involved with the family. 13

Key issues**:** the parents' opposition to some medical interventions due to concern about the pain it may cause their children; the mother's low mood; staff commitment and the complexity of the case resulting in working outside professional boundaries; a focus on the possibility of using legal interventions rather than considering the wider child protection process.

Learning: parents should be offered counselling and information when their child is diagnosed with a disability and LSCBs should ensure that there is senior management involvement to consider the impact on the safety of the children in cases when the full care package isn't taken up over a prolonged period. 14

June 2015 - Kingston - Child B

3.2.1 Suicide of a 15-year-old South Korean boy in July 2014. Child B jumped from the top floor of an indoor shopping centre and died in hospital.

Background: Child B moved to the UK aged 6 to live with his father and older brother; contact with their mother was sporadic. Child B was made the subject of a child protection plan, when 10-years-old, for physical and emotional abuse and was briefly looked after. From 2012 the family was receiving support after the father had an accident at work and they became homeless. On the day he killed himself Child B spoke of wanting to take his own life.

Learning: Child B's voice and experience were not present in any reviews; limited exploration of the impact of mother's absence; and copy and pasting of old information into new reports. Ensuring professionals have the appropriate skills to assess mental health. 15

November 2015

3.2.3 This SCR has not been published due to risks particular in relation to e-safety. Learning has however been shared with the NSPCC, the Department for Education and the National SCR Panel and learning can be used locally through training.

This learning and improvement case review was triggered by the significant harm caused, through a sexual assault when aged 13, in return for cannabis, whilst was missing from foster care in December 2014. The Case review considers a 19 month period leading up to the assault:

Children in need of social care intervention and support

3.3 Children who attend Kingston Hospital come from a wide geographical area. The Safeguarding Children Team work predominantly with Kingston and Richmond Children's' Social Care as well other local authorities including Sutton, Merton, Surrey, and Wandsworth.

The tables below illustrate the number of children requiring social care support between August 2012-March 2015 in Kingston and Richmond.

3.3.1 Kingston Social Care

	Aug 2012	**June 2013**	**June 2014**	**March 2015**	**March 2016**
Child in Need	1047	721	578	636	Not available
LAC	139	117	117	119	Not available
Child Protection	118	110	118	147	142 37 (OLA*)

*OLA – Out of local area.

Data is taken from the Kingston LSCB.

3.3.2 Richmond Social Care

	11/12	12/13	13/14	March 2015	March 2016
Child in Need		188	184	210 (provisional)	
LAC		85	84	98	
Child Protection	46	69	96	115	111 8 (OLA)

The number of children in Richmond who are subject to a child protection plan has increased year on year; this is reflected in the National picture. Whilst in Kingston, the numbers of children subject to a child protection plan had remained static, in the last year (2015) there has been an increase.

Nationally the number of children who were the subject of a child protection plan at 31 March 2015 continues to follow the upward trend of recent years. There were 49,700 children subject of a child protection plan at 31 March 2015, compared with 39,100 six years ago when the children in need census began.

This trend appears to be replicated in Kingston and Richmond. [16, 17]

The increase in children subject to a Child Protection Plan in Kingston is slightly higher than Kingston's statistical neighbours, however Kingston is slightly lower that the London and England levels. Richmond has a lower number of children subject to a child protection plan than the national average.

Care Records Service

3.4 Kingston Hospital uses the Care Record Service (CRS) an electronic record keeping system. Flags are used to identify children with Child Protection Plans from Kingston, Richmond, Sutton, and Merton. Surrey elected not to share this information with the Trust as it is not a statutory obligation. Kingston 'Children Looked After' (CLA) are also identified through the flagging system.

The Flag alerts the user in any department to the child's status. Information regarding a child's attendance at Kingston hospital and can be shared with the relevant Children's Social Care or Children Looked After Team.

3.4.1 ACTION:

- Liaise with Richmond to enable Richmond Children Looked After to be flagged
- Approach Surrey Social Care regarding sharing of Child Protection lists.
- Work towards the implementation of CP-IS by 2018

Child Protection Information Sharing Project (CP-IS)

3.5 CP-IS is a national system that connects Children's Social Care IT systems with those used by the NHS in unscheduled care settings.

CP-IS gives health professionals across the country the ability to see whether a child has a child protection plan (CPP), a pre-birth child protection plan, or is a child looked after (CLA), regardless of the local authority where that plan was created or updated.

In turn, local authorities can see where, when and how often a child in their care has made an unscheduled visit to the NHS through emergency departments, minor injury units and other settings anywhere is England.

CP-IS features within the NHS 2015/16 Standard Contract (section 32.8 of Service Conditions) [19] which is mandated by NHS England for use by commissioners for all contracts for healthcare services other than primary care.

The CP-IS team is engaging with all trusts, Clinical Commissioning Groups (CCGs) and Local Safeguarding Children's Boards (LSCBs) to discuss CP-IS and its implementation by 2018.

With CP-IS, medical staff can see from a flag on their screen if a child they are treating is subject to a child protection plan, or is being looked after by the local authority and whether and when a child has been seen in other unscheduled care settings.

Providing instant access to this information means vulnerable children can be identified far sooner. Care workers can step in earlier to give children and families the help and support they need to improve a situation or start to repair the damage. [20]

3.5.1 ACTION:

- Kingston Hospital NHS Trust has action plan in place working towards implementing CP-IS prior to 2018.

4. Safeguarding Children Team Structure

4.1 'Working Together' document states that all health organisations providing services for children should identify a Named Doctor and a Named Nurse (and a Named Midwife if the organisation provides maternity services) for safeguarding. The document also outlines the need for a person with a strategic role in relation to safeguarding and promoting the welfare of children within their organisation to be a member of the LSCB. The diagram below informs the Trust of the professionals in post and their reporting lines demonstrating the required structures are in place.

Duncan Burton Director of Nursing and Patient Experience is the executive lead for Safeguarding reporting to KHFT Board, and is a member of the LSCB. The Director of Nursing and Patient Experience reports all aspects of Safeguarding Children and Young People to the Board and is a Member of the Local Safeguarding Children's Board (LSCB).

In November 2015 there has been a re-structure of the Safeguarding Children's Team following a CQC review in July 2014 which recommended that the role of Named Nurse and Paediatric Liaison Health Visitor should be split into separate roles. To ensure compliance with national guidance the Named Nurse Safeguarding Children became a full time role, and the Paediatric Liaison Role a 0.6 Whole time equivalent.

In 2015 a new Named Doctor Safeguarding Children, Named Nurse Safeguarding Children and Safeguarding Children Team Co-Ordinator joined Kingston Hospital. The previous Named Nurse retired and has returned to the Safeguarding Children Team as the Paediatric Liaison Health Visitor.

New Team Structure

Kate Allen - Named Nurse Safeguarding Children - 1 WTE
Benila Ravindranathan - Named Doctor Safeguarding Children - 1WTE
Anne Boatman - Paediatric Liaison Health Visitor - 0.6 WTE
Shalishah Goulbourne - Safeguarding Team Co-ordinator - 1WTE
Rebecca Wilbond - Safeguarding Midwife - 1WTE

Safeguarding Key Performance Indicators (KPI's)

4.2 The key headings include:

- Governance
- Activity
- Training

The Trust is compliant with governance requirements which include professionals in post, attendance at meetings and appropriate updating of policies and guidelines. Safeguarding Children activity is also monitored quarterly from data captured electronically.

The KPI's are monitored through the Safeguarding Children's Team Committee.

The Safeguarding Children's Committee (SCC) meets monthly (10 meetings occurred during 2014-15) and attendance includes Kingston Hospitals' safeguarding team, representation from children's social care and CCG designate nurse/doctor.

The Safeguarding Children's Committee reports into the Clinical Quality Improvement Committee (CQIC) quarterly.

Disclosure & Barring Service

4.3 The Care Quality Commission published a report of their review of arrangements in the NHS for safeguarding children on July 16th 2009. The report was accompanied by a letter from David Nicholson, NHS Chief Executive asking NHS Trust Boards to take urgent action to ensure that children are safeguarded in their community.Trust Boards were required to publish declarations locally on their websites showing that the minimum requirements to safeguard children were being met, helping to support 'Standards for Better Health' (DH 2004, updated 2006).

As a minimum Trust Boards were required to ensure that: Their organisation meets statutory requirements in relation to Disclosure & Barring Service (DBS) checks. A recent review has taken place by the Director of Workforce to strengthen the process for checking staff records to ensure statutory requirements in relation to DBS are maintained. All relevant staff at the Trust undergo a DBS check in line with Trust Policy and current legislation. Staff engaged in 'regulated activity' with vulnerable patients undergo an enhanced DBS check. In line with the Lampard Review DBS checking is moving on a rolling programme from 5 year to 3 year renewal.

Volunteers in clinical areas have DBS checks in line with Trust Policy. The check is evidenced by volunteers showing us the check in person, documenting the certification number and expiry date. We also require volunteers to renew their DBS checks every 3 years.

Safeguarding Children Team Activity

4.4 The activity of the Safeguarding Children Team is overseen by the Safeguarding Children's Committee (SCC) which meets monthly except in August and December. Members includes:-

- Kingston Hospitals' safeguarding team
- Children's Social Care
- CCG Designate Nurse and Doctor.
- Representative form Paediatric Accident and Emergency
- Consultant in Emergency Medicine and Paediatric Emergency Medicine
- Safeguarding Midwife

The Safeguarding Children's Committee reports into the Clinical Quality Improvement Committee (CQIC) quarterly and the Clinical Quality Review Meeting. See appendix B for details of the committees.

Safeguarding Children Team Activity

4.4.1 The tables in appendix A show detailed information on the child protection activity during the year 2015-2016.

In summary, the number of referrals made to children's services showed a reduction on the previous years dropping from 35 (2014-15) to 20. The number of referrals will continue to be monitored by the Safeguarding Children's Team in conjunction with Children's Social Care. The Paediatric Liaison Health Visitor works closely with Accident and Emergency (A&E) monitoring all children who have come into A and E and ensuring the appropriate referrals and information sharing has been completed. The Safeguarding Children Team are additionally raising awareness with Adult A&E to ensure all vulnerable adults who have children are identified. Appropriate referral and/or information regarding the children is shared with the other agencies as appropriate.

In 2014/15 year the Safeguarding Children team started recording all information shared with safeguarding services, these accounted for 709 in total in 2014/15, and 672 in 2015/16.

There has been a significant increase in the number of children attending Kingston Hospital who are known to Children's Social Care from 178 in 2014 to 315 in 2015-16. Some of this increase could be explained by the increase in children in Kingston who are subject to a child protection plan.

The top ages of children/young people being referred to safeguarding services have been the 14-17 year age group followed by <2 year olds.

The activity figures for 2014-2015 show that the trend in adolescent's attending A&E with:-

	2014-15			**2015-16**		
	Kingston/ Richmond	**Other Areas**	**Total**	**Kingston/Richmond**	**Other Areas**	**Total**
Deliberate Self Harm	69	41	**110**	55	74	**129**
Mental Health	31	15	**46**	48	8	**56**
Alcohol and Substance misuse	52	39	**91**	49	35	**91**

The in the number of young people attending with mental health issues and DSH have shown a slight increase from 2014-15. Adolescents attending with substance and alcohol misuse has remained static.

These young people have been referred on to support services.

A new category was introduced in 2013-2014 following recommendations from a serious case review where young people attending A&E following hitting out at either a person or an object in anger. The figure has remained static at 40 in 2015-16.

The Safeguarding Children Team Administrator is a key person working alongside the safeguarding professionals in the Trust to assist in the organisation of medical examinations and producing reports that are disseminated to relevant agencies.

Any children attending the hospital with suspected non acute sexual abuse (where there is no forensic evidence available) continue to be transferred to St Georges Hospital for care following interviews with the police and children's services; any acute sexual abuse cases attend the specialist Haven units in London referred through the police.

4.4.1.1 ACTION:

- Monitor number of referrals to Social Care
- Continue to monitor A and E attendances to identify trends and vulnerabilities.
- Number of repeat attendances will be included in the 2016-17 figures.
- Set up a psycho/social meeting to review Accident and Emergency attendances to provide quality assurance and ensuring good practice.

Partnership working:

Kingston Local Safeguarding Children Board (LSCB):

4.5 Working under the direction of an Independent Chair, Deborah Lightfoot, Kingston and Richmond Local Safeguarding Children Board's (LSCB) role is to ensure that relevant agencies and professionals work together to protect the borough's children from abuse, harm and neglect. The LSCB develops, monitors and reviews child protection and child safety policies, procedures and practice within Kingston. It also co-ordinates and provides inter-agency training for staff across the borough who work with children and families.

The LSCB's job is to have an overview of how effectively children are safeguarded and identify improvements where necessary. For this reason, the LSCB is an independent body that can check on the work of all organisations working with children and families.

KHFT and the Safeguarding Children's Team are committed to being active members of both local LSCB's and recognise their responsibilities as stipulated in Working Together 2015. The full Boards meet 6 times per year, some jointly with Richmond LSCB. KHFT has been represented by the Director of Nursing and Patient Experience or Named Nurse Safeguarding Children.

Sub groups, as listed above have been attended by a safeguarding children team.

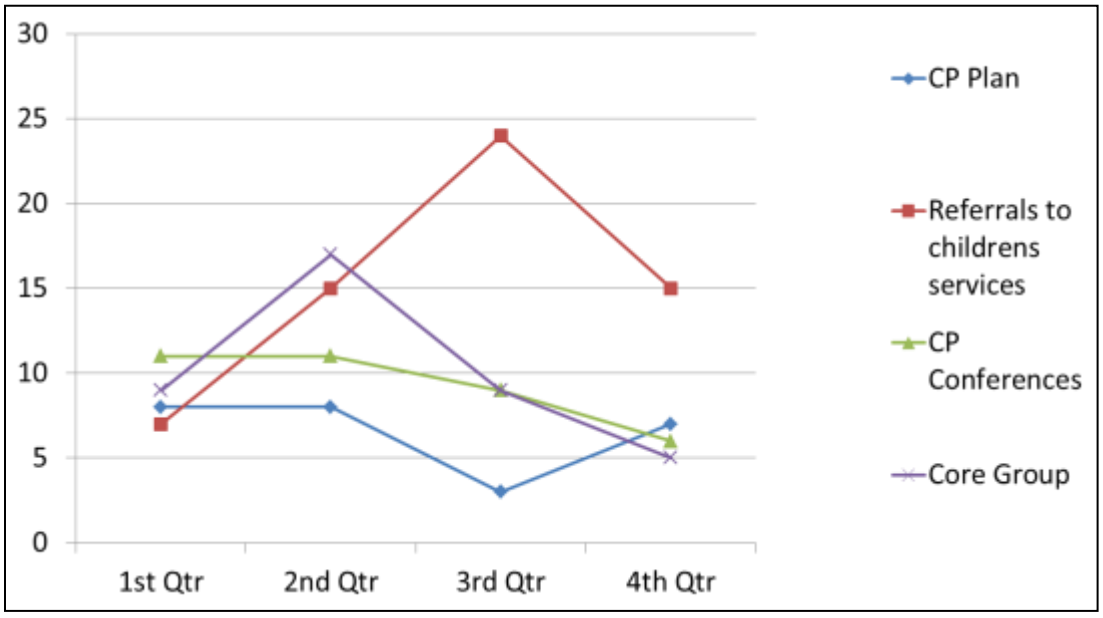
Bridge Team (Specialist Midwives)

4.5.1 Bridge Team are a team of midwives and support worker looking after the most vulnerable expectant women in pregnancy and immediate postnatal period. Each of the midwives has an area of specialism to provide the most appropriate care. Women are seen in the antenatal period in dedicated clinics and plans of care written in conjunction with the woman. The plans allow continuity of care contact details for all the professionals involved

The Team consists of
Safeguarding Midwife 1.0 WTE
Perinatal Mental Health Midwife 1.0 WTE
Support Midwife (caring for under 18s) 0.77 WTE
Support Worker 0.67 WTE

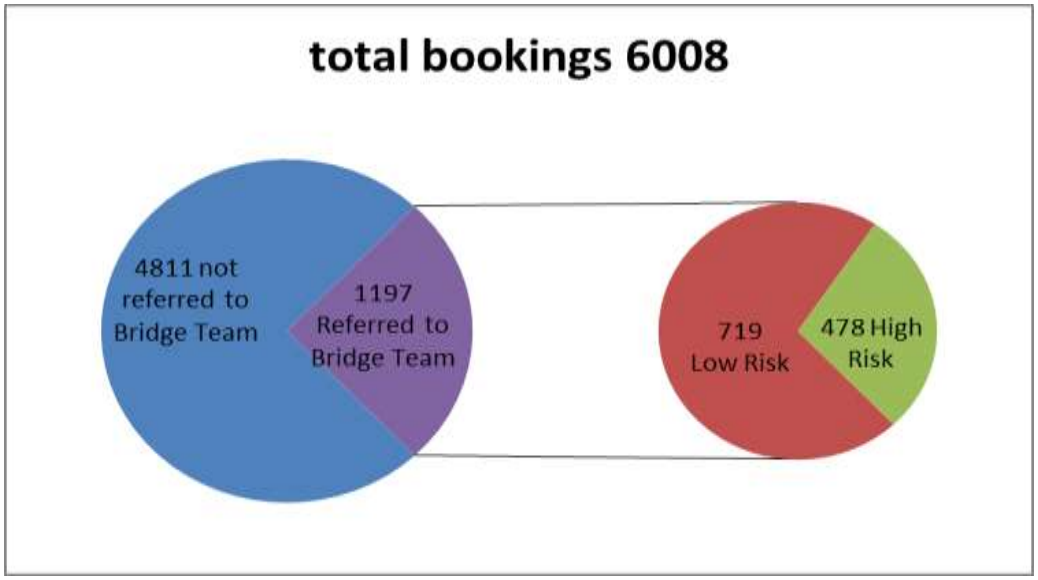
Bridge Overview Report of Activity 2015-2016

Rebecca Wilbond



There were more babies born on a CP Plan this last year than previous years, unfortunately the number born has not been recorded previously so unable to provide further comparative figures. The number of referrals to social services has also increased significantly, in 2014-2015 the total recorded figure is just 25, and in the 3rd quarter of 2015-2016 there were nearly that many referrals.

Women referred to Bridge Team 2015-2016



In 2014-2015 the figures were 1059 referrals made to Bridge Team and 37% were high risk, for 2015-2016 40% were high risk

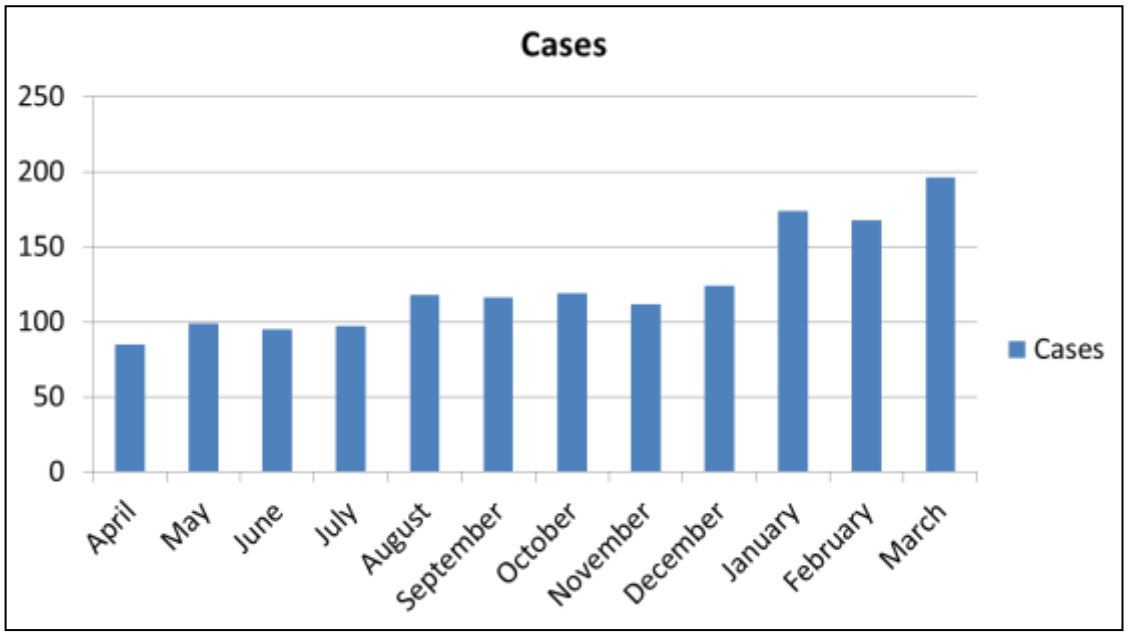
Maternity Concerns

Maternity Concerns meetings are held on a monthly basis to ensure that respective agencies are alerted where prospective mothers (and subsequently their babies) may be considered to be at risk. Members include;

- Safeguarding Midwife
- Specialist Midwife for Mental Health
- Community Midwives
- Social Worker from the Borough (Kingston/Richmond)
- Named Nurses from Kingston Hospital
- Named Nurse Your Healthcare Kingston/Specialist Safeguarding Advisor HRCH
- Kingston Wellbeing (Drug and Alcohol)

Minutes are also distributed to Named Nurses for other boroughs (Sutton/Merton/Surrey/Central Surrey Health), Independent Domestic Violence Advisor.

Number of cases discussed by month 2015-2016



Again for 2015-2016 there has been an increase in the number of cases discussed, some of these cases are mainly for information sharing around mental health concerns.

Training

Midwives attend mandatory focus training days annually which includes safeguarding children updates (level 3); they also attend training sessions provided by the LSCB (level 3). The maternity unit is now training all its midwives to Level 3 as is recommended in the Intercollegiate Document 2014, the Practice Development and Safeguarding Midwives take the lead; the topic for 2014-2015 was Female Genital Mutilation (FGM) and will change annually. The topic for 2015-2016 was about mental health and how poor mental health in pregnancy can impact on the baby. Part of the training was organised by Southbank University, for those Midwives, Neonatal Staff and Community MSWs the training was provided by the Bridge Team keeping the same theme.

Challenges for 2015-2016

Increasing workload and demands on clinic space have been challenges within 2015/16. Home visits are undertaken for repeat DNAs currently regular home visits would be difficult within existing team capacity.

(MARAC Multi-Agency Risk Assessment Conference)

4.5.2 MARAC is a monthly risk management meeting where professionals share information on high risk cases of domestic violence and abuse and put in place a risk management plan. All agencies are signed up to an information sharing protocol. The aim of MARAC is to:-

- Share information to increase the safety, health and well-being of victims/survivors, adults and their children
- Determine whether the alleged perpetrator poses a significant risk to any particular individual or to the general community

- Construct jointly and implement a risk management plan that provides professional support to all those at risk and that reduces the risk of harm
- Reduce repeat victimisation
- Improve agency accountability, and
- Improve support for staff involved in high-risk domestic abuse cases

Since December 2015 the Safeguarding Children's Team started to provide Multi-Agency Risk Assessment Conference (MARAC) with information regarding children/carers who have attended Kingston Hospital.

The Safeguarding Midwife represents the trust if an unborn child is identified.

No Of Children Discussed at MARAC 2015-2016

Month	**Kingston**	
	No of Children Discussed	No of Unborn Children discussed
2015		
December	19	0
2016		
January	17	0
February	20	0
March	10	1

Previous figures for 2014-15 are not available

The Multi-Agency Sexual Exploitation (MASE) panel is currently attended by the Sexual Health Intervention Specialist Nurse (Wolverton).

Child Death Review Process

4.5.3 Government legislation (Children Act 2004 section 11) required every local authority to review the circumstances of all child deaths of 0-18 years (excluding stillbirths). The aim is to increase understanding of why children die.

Following the unexpected death of a child in Kingston, a rapid response process is triggered and a meeting is normally held within 3 days to collect information from the various agencies involved with the family and plan bereavement support. Further regular two monthly meetings are held locally to collate information for the Child Death Overview Panel (CDOP).

A Kingston Hospital child bereavement group meets quarterly to ensure the Trust meets the obligations of the child death process whilst communicating with the family in a sensitive manner. The Trust now has a family support worker for both maternity and paediatrics who are available to support families during their early bereavement period.

In 2015-2016, 9 child death reviews were undertaken for children who lived in the Royal Borough of Kingston. There were 5 expected and 4 unexpected deaths.

The unexpected deaths included a child with a life limiting heart complaint, a child born at 33 weeks, a child who died abroad, a child with undiagnosed restrictive cardiomyopathy. The expected child deaths were extremely preterm babies with associated problems, with others having life limiting illnesses.

Overall during 2015-16 the Trust recorded a total of 21 child deaths of which 13 were expected and 8 unexpected.

This is a decrease on the number of recorded child deaths recorded during 2014-2015 when the Trust recorded a total of 35 child deaths of which 22 were expected and 13 unexpected.

Rise in perinatal mortality in 2014/15:

Kingston Hospital Maternity unit saw an increase in the perinatal mortality rate (PMR) in 2014/15. This also resulted in a CQC maternity outlier alert in June 2015 and a comprehensive review and report has been produced.

The review has detailed a decrease in the 2015/16 data. Historically the unit has had far lower PMR compared to national averages, whereas the levels are now closer to UK averages.

It is important that we strive to ensure the numbers to continue fall to observed numbers (or lower) seen in the past. The unit continues to monitor performance closely.

Action plans from the previous audit (Jan- Aug 15) have been updated to include the areas highlighted for improvement within this report. (Perinatal review 2015-16)

Joint working through the CDOP, local child death meetings and bereavement group ensure that the Trusts professionals continue to learn and strive for best practice when faced with such sensitive issues. After a child death staff are offered support and debriefing sessions take place as appropriate.

5. Policies/Guidelines:

5.1 All Kingston Hospital policies align with Pan London Child Protection Procedures and Working Together to Safeguard Children (2015).

The following Safeguarding Policies and Guidelines have been reviewed in 2014-2015:

- Private Fostering Protocol 2015
- SPA (RBK & LBR) Protocol incorporating MASH Protocol
- Information sharing advice for safeguarding practitioners
- Working Together to Safeguard Children 2015
- What to do if you are worried a Child is being abused
- FGM - Safeguarding Children at risk of FGM
- See the Adult, See the Child

5.2 ACTION:

- Policies and guidelines will continue to be updated as required and according to the Safeguarding Team work plan

6. Organisation Safeguarding Children Training:

Context

6.1 The Safeguarding Children and Young people: intercollegiate document (2014) states that 'all staff who come into contact with children and young people have a responsibility to safeguard and promote their welfare and should know what to do if they have concerns about safeguarding issues, including child protection. This responsibility also applies to staff working primarily with adults who have dependent children that may be at risk because of their parent/carers health or behaviour. To fulfil these responsibilities, it is the duty of healthcare organisations to ensure that all health staff has access to appropriate safeguarding training,

learning opportunities, and support to facilitate their understanding of the clinical aspects of child welfare and information sharing'.

The emphasis within this version continues to be upon the importance of maximising flexible learning opportunities to acquire and maintain knowledge and skills, drawing upon lessons from research, case studies, critical incident reviews and analysis, and serious case reviews. The framework will be reviewed again in 2017.

Safeguarding training is delivered according to the needs of the role and responsibility of the individual staff member within KHFT.

See Appendix C

The compliance figures for levels 1/2/3 for have been increased from 80% for 2014-2015 to 90% in 2015-16 financial year. Training figures are monitored by the Safeguarding Children Committee quarterly and fed back to the Executive Lead to ensure the Trust has robust planning in place to ensure compliance with annual training requirements.

Currently Level 1 and 2 training levels are collated by Business Information and reported to the Safeguarding Team quarterly. Level 3 safeguarding children training is collated on a database held by the safeguarding children's team. Practice Development Facilitators and LSCB feedback numbers of staff who have attended Safeguarding Children training.

Overall the compliance figure at the end of the financial year was 91%.

Safeguarding Children Team is represented at the Mandatory Training Group and the LSCB Learning and Development Sub-group.

Training for the Safeguarding Team

6.2 The Safeguarding Children's team need to ensure they have the skills, knowledge, attitudes and values to provide the specialist knowledge and leadership in order to fulfil their specialist roles effectively.

The Safeguarding Children's Team have attended:-

- Kingston Hospital Level 3 Conference
- Safeguarding Summit NHS England
- Survivors Speak Out – Honour Based Violence
- LSCB 'Mini' Conference focusing on missing children and Child Sexual Exploitation.
- Mental Health Awareness Safeguarding Training – Understanding Street Gangs (Girls in Gangs).

6.2.1 ACTION:

- Safeguarding Children team to work with Business Information and Human Resources to enable levels of safeguarding training to be reported in a more effective and meaningful manner.
- To work with Human Resources to review and ensure Job Roles have the correct level of safeguarding training assigned.
- Complete a review of the Safeguarding Training needs
- Work with the LSCB to ensure staff are able to access suitable training, either in-house at Kingston Hospital or through the multi-agency training.

- Safeguarding Children team to continue to access training, to increase confidence and competence.

7. Supervision:

Context

7.1 The National Service Framework (NSF) for Children, Young People and Maternity Services (DH, 2004) Standard 5, identifies high quality safeguarding children supervision as the cornerstone of effective safeguarding of children and young people, and should be seen to operate at all levels within the organisation.

Accessing safeguarding children supervision contributes to meeting outcomes of Care Quality Commission Standard 7

Effective professional supervision can play a critical role in ensuring a clear focus on a child's welfare. Supervision should support professionals to reflect critically on the impact of their decisions on the child and their family.

Employers are responsible for ensuring that their staffs are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role. Working Together to Safeguard Children 2015

Compliance

7.2 Specialist Nurses (Diabetes, Epilepsy, Paediatric Outreach Nurses, Perinatal mental health teams) receive Safeguarding Supervision on a 3 monthly basis. The Safeguarding Team maintain a database to record supervision, which enables the team to monitor compliance, and target specific practitioners/teams are required. Additionally staff access ad-hoc supervision.

Safeguarding supervision is accessed for the Safeguarding Children and Midwifery Team through the Designated Nurse and Doctor on a 3 monthly basis.

Safeguarding Team, Specialist Midwife is running group Safeguarding Supervision Sessions in Maternity.

7.2.1 ACTION:

- Ensure Children's Safeguarding Supervision is available to all staff that comes into contact with Children throughout KHFT.

8. PREVENT

8.1 Basic Prevent training (an element of the Government's counter-terrorism strategy) is incorporated into the level 1 and 2 Safeguarding Children's training. The Prevent National Government Strategy – Reducing risk of radicalization and terrorism states that health sector is involved in Objectives 2 and 3:-

2. Prevent is part of existing safeguarding responsibilities for the health sector, not an additional job.

3. Healthcare workers have the opportunity to refer vulnerable individuals for support in a pre-criminal space.

Given the very high numbers of people who come into contact with health professionals in this country, the health sector is a critical partner in *Prevent*. There are clearly many opportunities for doctors, nurses and other staff to help protect people from radicalisation. The key challenge is to ensure that healthcare workers can identify the signs that someone is vulnerable to radicalisation, interpret those signs correctly and access the relevant support.

8.2 ACTION:

- The Prevent agenda will continue to be implemented across Kingston Hospital led by Adult Safeguarding Team.
- Train the trainer day to be organized for staff to enable delivery of training within local areas of the hospital.

The Kingston Hospital Adult Safeguarding report contains further detail on the trusts approach to Prevent.

9. Care Quality Commission (CQC) Inspection:

KHFT safeguarding children practices were inspected by the Care Quality Commission in January 2016, as part of its overall inspection of the Trust. The CQC summary of safeguarding practice included;

‘’There were robust policies and procedures in place to ensure staff were supported to recognise, report and action concerns associated with the protection of vulnerable adults and children.’’

‘’Staff throughout the trust were aware of their responsibilities to protect vulnerable adults and children; the majority of staff were conversant in being able to describe and identify the various forms of abuse, as well the process for raising concerns.’’

There were no concerns raised in relation to the Trusts arrangements for safeguarding children.

10. Priorities and aims for 2016-2017:

- Ensue that Safeguarding Children continues to be a high priority in KHFT
- Continue to ensure that staff ‘See the Adult, See the Child
- Ensure Policy/Procedures/Guidelines are updated in line with local and national guidelines
- Continue to raise awareness of domestic violence and abuse particularly for 16-17 year old relationships.
- Update training strategy and increase safeguarding training opportunities, whilst embedding learning from serious case reviews into practice
- Continue to improve data collection
- Identify and complete Safeguarding Children Audits
- Safeguarding team to continue to develop their own learning and development
- Introduction of a Psycho/Social Meeting in Accident and Emergency

11 Conclusion:

11.1 Kingston Hospital NHS Foundation Trust provides high quality services which ensure children are safe. The CQC inspection of our services in 2016 provides further assurance of this. The report demonstrates the breadth of safeguarding activity within the Trust and its partner agencies. In line with other health and social care organisations, the key recommendations arising from national (and other local) publications will be implemented during 2016-2017 to ensure the continued delivery of appropriate and up to date safeguarding activities.

The Trust Board is asked to **note** the content of this report, the improvements made to date as and the priority areas for implementation during 2016-2017.

References

Home Office *Controlling or Coercive Behaviour in an Intimate or Family Relationship Statutory Guidance Framework* December 2015

NICE Guidelines *Domestic violence and abuse* Feb 2016

NSPCC *Serious Case Reviews*

LSCB Kingston and Richmond 2015-16 Annual Reports

Sonja Jütte, Holly Bentley, Dan Tallis, et al 2015 *How safe are our children? The most comprehensive overview of child protection in the UK* NSPCC

Your Kingston Your Health Joint Strategic Needs Assessment 2015

Children and Young People's Needs Assessment Kingston upon Thames Sept 2015

HM Government Working Together to Safeguard Children 2015

NHS Accountability and Assurance Framework (NHS Commissioning Service Board 2013

The Safeguarding Children and Young people: intercollegiate document (2014)

Footnotes:

1 https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability-assurance-framework.pdf

2 https://www.iicsa.org.uk/sites/default/files/inquiry-opening-statement.pdf

3 gov.uk/reportchildabuse

4 http://dfe.brayleino.co.uk/

5 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/482528/Controlling_or_coercive_behaviour_-_statutory_guidance.pdf

6 https://www.nice.org.uk/guidance/qs116/chapter/Introduction

7 http://www.nhsemployers.org/news/2014/11/16-days-of-awareness-campaign-agaisnt-domestic-violence

8 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/525405/FGM_mandatory_reporting_map_A.pdf

9 http://kingstonandrichmondlscb.org.uk/news-resources/policies-and-procedures-87/female-genital-mutilation-policy-203.php

10 http://content.met.police.uk/Article/The-London-Child-Sexual-Exploitation-Operating-Protocol-March-2015/1400022286691/tellsomebody

11 http://kingstonandrichmondlscb.org.uk/media/upload/fck/file/CSE/CSE%20Strategy%20%20LSCB%20K&R%2020_1_2016.pdf

12 http://kingstonandrichmondlscb.org.uk/media/upload/fck/file/Policies%20and%20Procedures/CSE%20Referral%20Form%202016.docx

13 http://www.togetherforshortlives.org.uk/assets/0000/7089/Directory_of_LLC_v1.3.pdf

14 http://library.nspcc.org.uk/HeritageScripts/Hapi.dll/search2?searchTerm0=C5795&_ga=1.195344108.1756286439.1447248071

15 https://library.nspcc.org.uk/HeritageScripts/Hapi.dll/search2?searchTerm0=C5637&_ga=1.207419987.1756286439.1447248071

16 http://www.kingstonandrichmondlscb.org.uk/about-richmond-lscb/annual-report-42.php

17 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/469737/SFR41-2015_Text.pdf

18 https://www.gov.uk/government/collections/statistics-children-in-need

19 NHS 2015/16 Standard Contract (section 32.8 of Service Conditions)

20 http://systems.hscic.gov.uk/cpis/needed/trustfacts.pdf

Appendix A: Safeguarding Children Team Activity

1 .1 Information sharing KHT and Children's Services

	REFERRALS		**INFORMATION SHARING**	
	from A&E, wards & Safeguarding team		From A&E, wards & Safeguarding team	
BOROUGH	2014/1515	2015/16	2014/15	2015-2016
Kingston	19	5	351	345
Richmond	9	1	123	107
Surrey	1	1	91	45
Wandsworth	3	1	43	60
Merton	1	2	38	26
Others	2	3	63	89
Totals	**35***	**13**	**709**	**672**

Referrals as a result of child attendances	13
Referrals as a result of adult attendances (parents of 28 children)	7
Total number of referrals to Children's Services (all boroughs)	**20**

ACTION

- To work with all areas to ensure Safeguarding Referrals are shared with the Safeguarding Children's Team.

1.2 Child Protection Medicals

During working hours with Safeguarding Team Administrator deals with initial queries and advice over the phone from Social Worker and other professionals as required when a booking for a child protection is requested. The Safeguarding Team Administrator liaises with the on call Paediatrician. The Paediatrician receives the communication from the Social Worker and discusses the concern, a decision on when, where and who will be seeing the child All queries/notifications are undertaken with discussion with the Social Worker and arrangements made accordingly for the child to be seen in a timely manner. Outside of working hours Social Worker liaises directly with the Paediatrician.

1.2.1 Child protection medical

Initiated by -	**2014/15**	**2015/16**
Social Services	19	19
A&E	14	6
GP	1	1
Other	1	2
TOTAL	**35**	**28**

1.2.2 Child protection Medicals

Month	2014/15	2015/16
April	4	2
May	4	1
June	6	3
July	4	2
August	0	2
September	2	2
October	4	2
November	6	3
December	2	2
January	1	4
February	2	3
March	0	2

1.3 Sexual Abuse referrals

	2014/15		2015/16	
	Acute	Non acute	Acute	Non Acute
Haven	2		5	
SGH		1		1
TOTAL	**2**	**1**	**5**	**1**

1.4 Hospital attendances logged by Safeguarding Children Team:

	2014/15	2015/16
Social Concerns	218	131
Children attending who were known to Social Services	178	315
Children attending following RTA	121	93
Children attending with deliberate self-harm (overdose/cutting/poisoning)	110	129
Concerns re adults (parents of children)	92	106
Concerns with mental health	46	56
Children attending following alcohol / substance misuse	91	91
Children subject to a CP Plan	80	64
Children attending as a result of bullying / assault	50	50
Children attending for hitting out / punching	42	40
Looked after Children	14	26
Children attending following acute sexual abuse	2	5
Children attending following non-acute sexual abuse	1	1
Children attending as a result of gun / knife crime	1	0
TOTAL	**1046**	**1200**

Appendix B:

Meeting Schedule

Kingston Hospital Meetings	**Frequency**		**Local Children Safeguarding Board Meetings**	**Frequency**
Safeguarding Children Safeguarding Committee	Monthly		LSCB Safeguarding Board Meeting Kingston	Quarterly
Maternity Concerns	Monthly		LSCB Safeguarding Board Meeting Joint Kingston/Richmond	6 monthly
MARAC (not attended – information sharing sent)	Monthly		Joint Learning and Development Sub-Group Meeting	Quarterly
Clinical Quality Improvement Committee	Quarterly		Policy and Procedures subgroup	Annually and virtual
Children and Young Person Board	Quarterly		Serious Case Review Subgroup Meeting	Bi-Monthly
Paediatric and Perinatal Bereavement Group	Quarterly		Quality Assurance Subgroup	Bi Monthly
Paediatric and NNU Service Line Performance Meeting	Bi-Monthly			
Clinical Quality Review Meeting	Quarterly			
Mandatory Training Group	Quarterly			
Clinical Governance Meeting	Monthly			
Local Case Discussion of Child Deaths	Quarterly			
Other				
Health Economy Meeting	Quarterly			
Child Death Rapid Response Meeting	As required			
Strategy Meeting/Discharge Planning/Professionals meetings	As required			
Named Nurse/Named Doctor and Designated Forums	Quarterly			

Appendix C:

The Safeguarding Children and Young people: intercollegiate document (2014) document states the requirements for training for staff in its underpinning principles as follows:

Eligibility for Level 1 - Level 1: All staff including non-clinical managers and staff working in healthcare settings.

Level 1: over a three year period staff should receive refresher training equivalent to a minimum of 2 hours

Eligibility for Level 2 – Minimum level required for non-clinical and clinical staff who have some degree of contact with children and young people and/or parents/carers.

Level 2: over a three year period professionals should receive refresher training equivalent to a minimum of 3-4 hours.

Eligibility for Level 3 – Clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns

Level 3: over a three year period professionals should receive refresher training equivalent to a minimum of 12-16 hours

Eligibility for Level 4 - specialist roles - named professionals. Staff groups
This includes named doctors, named nurses, named health visitors, named midwives (in organisations delivering maternity services), named health professionals in ambulance organisations and named GPs for Organisations commissioning Primary Care.

Level 4: Named professionals should attend a minimum of 24 hours education over a three year period