NHS
Kingston Hospital
NHS Foundation Trust

Safeguarding Children Annual Report 2017–2018

Trust Board	**Item: 16**
Date: 11 July 2018	**Enclosure: L**
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 NHS Foundation Trust (KHFT) during the year 1st April 2017 to 31st March 2018, and priority areas for 2018/19.	
For: Information ☒ **Assurance** ☒ **Discussion and input** ☐ **Decision/approval** ☐	
Sponsor (Executive Lead):	Sally Brittain, Director of Nursing and Quality
Author:	Kate Allen, Named Nurse Safeguarding Children Rebecca Edwards Safeguarding Midwife
Author Contact Details:	kate.allen@kingstonhospital.nhs.ukExtn; 3401
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:	Quality Improvement Committee – 13 June 2018 Safeguarding Children Committee – 9 May 2018 EMC – 27 June 2018
Recommendations: The Trust Board are asked to: • **Note** the annual report, the improvements made during 2017/18 and the priority areas for implementation during 2018/19 • **Approve** the annual safeguarding declaration	

NHS
Kingston Hospital
NHS Foundation Trust

Safeguarding Children Team

Annual Report

April 2017 – March 2018

Report prepared by

Kate Allen Named Nurse Safeguarding Children

Executive Summary

1. The Board is provided with the KHFT Safeguarding Children Annual Report, which outlines the breadth of activities which have taken place within the KHFT and with external partners during 2017/18 and outlines the area of priority action for 2018/19.

2. The CQC inspection of the KHFT during January 2016 identified no concerns in relation to the Trusts processes and procedures related to safeguarding children. This has been further endorsed by a Peer Review of Paediatric Acute Care Services for Children and Young People in January 2017.

3. All health providers are required to publish declarations locally on their websites to show that there are effective arrangements in place to safeguard children and adults at risk of abuse or neglect and to assure themselves, regulators and their commissioners that these are working. NHS Accountability and Assurance Framework (NHS Commissioning Service Board 2015).

   - KHFT meets statutory requirements in relation to Disclosure & Barring Service checks
   - Safeguarding Children 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. KHFT has previously declared compliance. Given the evidence provided within the Safeguarding Children Annual Report, the KHFT Board is recommended to approve the attached compliance statement.

5. The kHFT Board are asked to:

- **Note** the annual report, the improvements made during 2017/18 and the priority areas for implementation during 2017/18.
- **Approve** the annual safeguarding declaration

Safeguarding Children Declaration 2017/18

Kingston Hospital NHS Foundation Trust (KHFT) is committed to ensure that all patients including children and young are cared for in a safe, secure and caring environment. KHFT adheres to its statutory duties in line with Section 11 of the Children Act As a result a number of safeguarding arrangements are in place.

These arrangements include:

- KHFT regularly checks staff records to ensure that statutory requirements in relation to Disclosure & Barring Service (DBS) are maintained and updated as required. All relevant staff at the KHFTundergo a DBS check in line with KHFT Policy and current legislation.
- All KHFT Safeguarding Children policies and systems are up to. All safeguarding children policies/procedures and guidelines are reviewed at least every three years unless new national guidance is established. These include Safeguarding Children,Information Sharing, and Training.
- KHFT 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, KHFT has a system in place for flagging children where there are safeguarding concerns.
- KHFT has introduced the Child Protection Information Sharing system (CP-IS), which is a nationwide initiative that helps to identify vulnerable children in unscheduled care settings.
- 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. KHFT 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 KHFT 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 KHFT arrangements for safeguarding children
- All eligible KHFT staff undertake safeguarding training at a level relevant for their designation. KHFT 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. KHFT requires a compliance of 80% at each level of training (Level 1, 2, 3, and 4).
- 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
Consultant Paediatrician (CP Medicals)	4hrs per week
Named Nurse:	WTE 1.0
Liaison Health Visitor	WTE 0.6
Named Midwife:	WTE 1.0
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 Quality is the Executive Lead for Safeguarding Children and Young People who reports to the KHFT Board on Safeguarding Children and Young People 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 June 2017 and can be found on the Trust's website. The KHFT Board has robust audit programs 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 delegates these arrangements as appropriate.

1. Introduction

The purpose of this paper is to update the Kingston Hospital NHS Foundation Trust (KHFT) Board, Local Safeguarding Children's Board (LSCB) and the Clinical Commissioning Group (CCG) on the work of the Kingston Hospital Safeguarding Children and Young People 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 KHFT.

The report outlines the children's safeguarding activities during 2017-18 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 regardless of whether they work predominantly with adults or children. 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 safeguarding children team promotes a "ThinkFamily and listen to the Voice of the Child" approach and embeds this across the organisation to ensure staff are able to identify risk and protect vulnerable children and young people from harm.

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

2. The National Context

2.1 The Children and Social Work Act 2017

In January 2016 Alan Wood (CBE) was commissioned by HM Government to undertake a fundamental review of Local Safeguarding Children's Boards (LSCBs) including processes for Serious Case Reviews (SCRs) and Child Death Overview Panels (CDOP). The report and the Governments response were published in June 2016. In total the report made 34 recommendations – 19 with regard to LSCBs, 10 regarding SCRs and 5 in terms of CDOP.

In terms of LSCBs the fundamental change proposed:-

'To require the three key agencies, namely health, police and local authorities, in an area they determine, to design a multi-agency arrangements for protecting children, underpinned by a requirement to work together on the key strategic issues set out in this report'

Legislation to reform multi-agency safeguarding arrangements formed part of the Children and Social Work Act 2017. Department for Education documents outlining the timetables for key reforms will be in place by May 2018, with local authorities being required to have their new arrangements in place by September 2019. This legislation has no yet been formally enacted.

In the light of new statutory guidance from the Department for Education, Kingston and Richmond LSCBs formally joined on 1st April 2018 and now have joint main boards and some shared subgroups.

2.2 Child Sexual Exploitation (CSE)

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 Department for Education has updated its Working Together child safeguarding guidance to reflect the changes, and issued a new guide for practitioners on working with child sexual exploitation. The new definition:-

"Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator.

"The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology."

ACTIONS:

- KHFT Level 3 Safeguarding Children Training in March 2018 focused on On-line Safety and Risky behaviour and related to Child Sexual Exploitation.
- NHS England 'Child Sexual Exploitation advice for healthcare staff' A pocket guide to provide practical information to healthcare staff to safeguard children and young people was introduced in January 2017, and has been distributed with KHFT.

2.3 Criminal Exploitation of children and vulnerable adults: County Lines Guidance (HO July 2017)

County Lines is the police term for urban gangs supplying drugs to suburban areas and market and coastal towns using dedicated mobile phone lines or deal line. It involves gangs using children and vulnerable people to move drugs and money.

County lines is a major, cross-cutting issue involving drugs, violence, gangs safeguarding, criminals and sexual exploitation, modern slavery and missing persons. The county lines activity has a devastating impact on children and young people, vulnerable adults and local communities.

The key factor in most cases is some form of exchange ie carrying drugs in return for something, the given something may be money, drugs, status, protection or perceived friendship or affection. It is important to remember that receipt of something by a young person does not make them less of a victim.

2.4 Modern Day Slavery

Modern Slavery is the term used within the UK and is defined within the Modern Slavery Act 2015. The Act categorises offences of Slavery, Servitude and Forced or Compulsory Labour and Human Trafficking.

According to the Home Office (2016) Modern slavery is a serious and brutal crime in which people are treated as commodities and exploited for criminal gain. The true extent of modern slavery in the UK, is unknown. Modern slavery, in particular human trafficking, is an international problem and victims (who may be European or non-European nationals) may have entered the UK legally, on forged documentation or clandestinely, or they may be British citizens living in the UK.

These crimes include holding a person in a position of slavery , servitude forced or compulsory labour, or facilitating their travel with the intention of exploiting them soon after. Although human trafficking often involves an international cross-border element, it is also possible to be a victim of modern slavery within your own country.

It is possible to be a victim even if consent has been given to be moved.

Children cannot give consent to being exploited therefore the element of coercion or deception does not need to be present to prove an offence.

Modern Slavery Human Trafficking Unit (MSHTU) plays a central role in leading fight against serious and organised crime.

Types of Human trafficking

There are several broad categories of exploitation linked to human trafficking, including:

- Sexual exploitation
- Forced labour
- Domestic servitude
- Organ harvesting
- Child related crimes such as child sexual exploitation, forced begging, illegal drug cultivation, organised theft, related benefit frauds etc.
- Forced marriage and illegal adoption (if other constituent elements are present)

ACTION 2018/19:

- Human Trafficking presentation at KHFT Level 3 Safeguarding Children Training Seminar Oct 2018.
- Joint working with KHFT Adult Safeguarding Team to ensure all KHFT staff are able to recognise the signs that someone has been trafficked, and to be able to take the appropriate action to safeguarding adults and children.

2.5 Independent Inquiry into Child Sexual Abuse (IICSA)

The IICSA was set up to look review the ways in which organisations in England and Wales have failed to protect child from sexual abuse, and to make recommendation to ensure child are better protected in the future. The Independent Inquiry into Child Sexual Abuse was established as a statutory inquiry on 12 March 2015.

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.

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 (2016:p29) report increase in number of police recorded sexual offenses in 2014/15. This increase builds on an increase in 2013/14. There were 39,388 recorded sexual offences against children aged under 18 in 2014/15, The rate of sexual offences has increased significantly from 1.9 per 1,000 children under 18 in 2012/13 to 3.4 per 1,000 children aged under 18 in 2014/15.

This highlights a need for services to have the support to be in place following disclosure.

Information regarding the IICSA has been shared across KHFT, including details for anyone affected to contact the inquiry. Support networks for staff were also disseminated.

Designated Nurse for Safeguarding Children presented the IICSA to the Joint Adults and Children Safeguarding Committee.

ACTIONS:

- The Designated Nurse presentation and IICSA Records Risk Assessment – Best Practice Example to be shared with Information Governance Manager and Health Records.

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

For the third year 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 supported in by Kingston and Richmond LSCB and KHFT.

2.7 Domestic Violence and Abuse

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

2.7(a) NICE Guidelines Domestic Violence and Abuse Feb 2016

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

2.7(b) Disrespect NoBody CampaignJanuary 2017

The Disrespect NoBody campaign helps young people to:

- understand what a healthy relationship is.
- re-think their views of controlling behaviour, violence, abuse, sexual abuse and what consent means within their relationships

It aims to prevent the onset of domestic violence in adults by challenging attitudes and behaviours amongst young people that abuse in relationships is acceptable.

The campaign is targeted at 12 to 18 year old boys and girls and aims to prevent them from becoming perpetrators and victims of abusive relationships.

2.8 Private Fostering

Private fostering is when a child under the age of 16, or 18 if they are disabled, is cared for by someone who is not their parent or close relative, for a period of more than 28 days. A close relative is defined as step-parents, grandparents, siblings, uncles or aunt. Children who are private fostered have not been placed by the local authority, and the child or young person is not being looked after by an approved foster carer.

Children who are placed with a host family, whilst they have come to the UK to study are often privately fostered, and the agency/host family must inform the local authority of the arrangement. Children who are in residential school or hospital for longer than 14 days is considered to be private fostered.

The parental responsibility for the child or young person remains with the parent.

ACTION:-

- KHFT staff need to have an awareness of private fostering, and ensuring any child or young person, who attend KHFT and is believed to be privately fostered is identified to the local authority, and to be mindful if consent is required.
- Private fostering leaflets available in A&E, and on the Safeguarding Children website
- Short video on Private Fostering from the LSCB has been distributed, for showing in public areas of KHFT.

2.9 Child Abuse and Neglect Nice Guideline Oct 2017

The guideline covers recognising and responding to abuse and neglect in children and young people, up until their 18th birthday. It covers physical, sexual, emotional abuse and neglect. The guideline aims to help staff who comes into contact with children and young people to stop the signs of abuse and neglect, and know how to respond to concerns. The guideline is evidence based, and provides a reliable guide to what works and what is cost effective according to best evidence.

Clinical features of abuse and neglect (including physical injuries) are covered in the NICE guideline on Child Maltreatment.

ACTION:-

- Safeguarding Children Policy has been updated to reflect NICE guidelines.
- Guideline available on PIMS

3. Local Context

Kingston-upon-Thames is a borough in the South West of London with a population of 41,600 children according to the Children and Young People's Needs Assessment September 2016. Kingston is bordered by Richmond, Wandsworth, Sutton, Merton and Surrey, which makes up the main geographical areas for children who attend KHFT.

KHFT is a district general hospital which is approximately 12 miles from central London. The hospital service approximately 320,000 people in the local area. The hospital has approximately 520 beds and employs approximately 3000 staff. KHFT is located on one site in Kingston upon Thames.

The hospital provides a wide range of services, including emergency services, paediatrics and maternity.

The Safeguarding Children Team work predominantly with Kingston and Richmond Children's' Social Care (Achieving for Children), but also share information with other local authorities, predominantly Surrey, Wandsworth, Sutton and Merton.

The tables below illustrate the number of children requiring social care support between 2015/16 and 2016/17 in Kingston and Richmond.

	Average Number of Children Subject to a Child Protection Plan						**Average Number of Children Looked After**					
	Kingston			**Richmond**			**Kingston**			**Richmond***		
	15/16	16/17	17/18	15/16	16/17	17/18	15/16	16/17	17/18	15/16	16/17	17/18
Q1	156	136	124	-	122	116	123	111	124			
Q2	153	122	138	-	113	126	129	115	130			109
Q3	166	119	130	98	106	119	129	117	133			103
Q4	147	137	133	111	112	117	116	114	132			106

The number of children subject to a CP plan at the end of March 2018 in Kingston was 138; this is comparable with 137 at the end of March 2017. On average overall the numbers show a slight increase in the number of children subject to a child protection plan in 17/18.

In Richmond the number of children subject to a CP plan at the end of March 18 was 94, which is slightly lower than the 112 at the end of March 2017. However, on average overall there was also a slight increase in the number of children who are subject to a child protection plan.

The Children looked after numbers decreased slightly in 16/17 from the 15/16 figures, however this appears to have been a temporary dip, as the numbers have partially increased again in 17/18.

*Richmond have been sharing their Children looked after figures with KHFT since August 17.

3.1 Child Protection Information Sharing Project (CP-IS)

CP-IS is a nationwide system that enables child protection information to be shared securely between local authorities and NHS trusts across England.

This applies to the following NHS Healthcare organisations

- Local Authority Children's Services (Social Care)
- Emergency Departments (NHS Trusts)
- Minor Injury Units (NHS Trusts)
- Walk in Centres (CCG/Primary Care)
- Maternity Units (NHS Trusts) – unscheduled care
- GP Out of Hours only (CCGs/Primary Care)
- Paediatric Wards (NHS Trusts) – unscheduled care
- Ambulance Services (Ambulance Trusts)

The CP-IS program is an NHS sponsored nationwide initiative that helps to identify vulnerable children in unscheduled care settings.

If a child attends an emergency department, urgent care or maternity unit, the health care team is alerted that the child or unborn is subject to a child protection plan, or is a child who is looked after.

When the child or unborn attends, the health care team is able to access the contact details for the social care team.

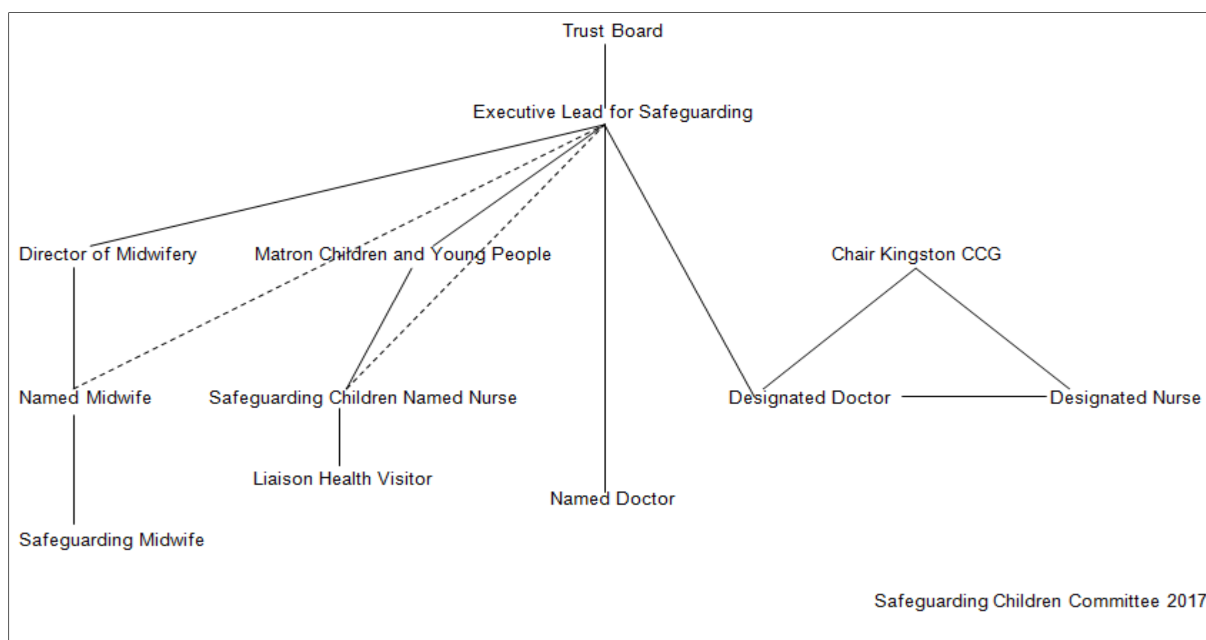
Both the NHS and Children's social care will be able to see details of previous attendances in health care settings.

A more complete picture of the child is available to professionals, thus enabling better care and early intervention of the child and the unborn who are at risk, and vulnerable.

CP-IS has been rolled out in KHFT during March 2018. Local procedures regarding children known to children's social care will continue to run in conjunction with CP-IS.

4. Safeguarding Children Team Structure

'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 KHFTof the professionals in post and their reporting lines demonstrating the required structures are in place.



The Director of Nursing and Quality is the executive lead for Safeguarding Children reporting to KHFT Board, and is a member of the LSCB. The Director of Nursing and Quality reports all aspects of Safeguarding Children and Young People to the Board.

The current KHFT Safeguarding Children team have been in post since November 2015 with the addition of a new Safeguarding Administrator in Nov. 2016. This has provided stability of the team, and the ongoing building on awareness and development of safeguarding children throughout KHFT.

KHFT Safeguarding Children Team Members
Sally Brittain – Director of Nursing & Quality – Executive Lead
Kate Allen - Named Nurse Safeguarding Children - 1 WTE
Dr Benila Ravindranathan - Named Doctor Safeguarding Children - 1WTE
Dr Augusto Palombi – Paediatric Consultant Lead CP Medicals - 4hrs per week
Anne Boatman - Paediatric Liaison Health Visitor - 0.6 WTE
Isabella Havelock-Hill - Safeguarding Team Co-ordinator - 1WTE
Lynnette Mills/Rebecca Edwards - Safeguarding Midwife - 1WTE

4.1 Safeguarding Children Committee

The activity of the Safeguarding Children Team is overseen by the Safeguarding Children's Committee (SCC). During 2017/18 the terms of reference of the Safeguarding Children's Committee were reviewed.

In September 2016 The Director of Midwifery was appointed chairperson external to the Safeguarding Children Team. The Safeguarding Children Team is now holding 2 joint meetings a year with the Adult Safeguarding Team. A further 4 meetings are held by the Safeguarding Children Team, following the end of each quarter.

This has strengthened the governance, and provided external challenge, and is working towards a closer alignment of adult and children services.

To ensure representation from all areas at Safeguarding Children Committee, deputies were identified, who will attend the meetings if the named representative is not able to attend.

4.1(a) Safeguarding Children Team membership:

- Chair – Head of Midwifery
- Deputy Chair – Named Nurse Safeguarding Children
- Minute taker - Safeguarding Children Team Administrator

Core Members

- Named Doctor Safeguarding Children
- Liaison Health Visitor
- Named/Safeguarding Midwife
- Associate Director of Safeguarding Achieving for Children
- Designated Doctor/Nurse Kingston CCG
- Deputy Director of Nursing
- Consultant Emergency Medicine
- Consultant Lead on CP medicals
- Matron Children & Young People
- Matron A&E with Lead for Safeguarding Children
- Matron Neonatal Units
- Adult Safeguarding Lead
- Sexual Health Specialist Nurse

Other Members

- Risk Manager
- HR Manager
- The group have the option to co-opt other professionals by invitation.

4.1(b) Duties / Objectives of the Safeguarding Children Committee

- To advise the Quality Improvement Committee and in turn the KHFT Board on how its statutory obligations in relation to safeguarding children are being met.
- Ensure that Safeguarding Children is incorporated into Clinical Governance throughout the KHFT and reports regularly to the Quality Improvement Committee.
- Ensure that Safeguarding Children policies, procedures and guidelines are reviewed in line with national/local standards / guidelines. To approve and sign off policies, procedures and guidelines in relation to Safeguarding Children. To provide the Quality Improvement Committee with policies for ratification following approval from the Safeguarding Children's Committee.
- To provide the Paediatric Service Line meeting with procedures and guidelines for ratification following approval from the Safeguarding Children's Committee.
- To ensure KHFT workforce have the appropriate knowledge, skills and competencies to fulfil their safeguarding responsibilities through a Children Safeguarding Training strategy and linked to KHFT training needs analysis.
- Ensure that lessons learned from national, regional and local safeguarding learning reviews are appraised ensuring that these inform and influence the local safeguarding agenda.
- To influence the culture within KHFT to ensure all staff are aware of the importance of safeguarding children.
- Ensure the workforce is able to identify and respond appropriately to concerns about a vulnerable child at risk when they are working with an adult.
- Review serious allegations (against staff- LADO procedures) and incidents, ensuring policy has been followed and learning is embedded within KHFT and shared with external agencies.
- Produce a list of annual priorities for safeguarding children and an action plan to address those priorities as part of an annual report. Progress on the action plan will be monitored by the Safeguarding Committee.
- To receive and review the Children Safeguarding Annual Report prior to presentation to the Quality Improvement Committee and the KHFT Board.
- In all safeguarding matters, promote a positive working partnership with external partner agencies through effective multi professional information sharing.
- Work closely with external agencies as appropriate, providing representation on the Local Safeguarding Children's Boards for Kingston upon Thames and Richmond.
- Ensure Safeguarding Children Supervision is available within KHFT which supports, assures and develops the knowledge, skills and values of staff who work with children and their families. The purpose is to improve the quality of their work to achieve agreed outcomes.
- Ensure Safeguarding Children Audits are carried out and learning embedded into practice.

5. Safeguarding Key Performance Indicators (KPI's)

The key headings include:

- Governance
- Activity
- Training

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

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

The Safeguarding Children's Committee reports quarterly into the Quality Improvement Committee (QIC). It also provides a report to commissioners through the Clinical Quality Review Group.

6. Care Records Service

KHFT uses the Care Record Service (CRS) an electronic record keeping system. Flags are used to identify children with Child Protection Plans from Kingston, Richmond, Wandsworth, Sutton, and Merton. Surrey elected not to share this information with the KHFT as it is not a statutory obligation. Kingston and more recently Richmond 'Children Looked After' (CLA) are 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 KHFT and can be shared with the relevant Children's Social Care or Children Looked After Team.

CP-IS introduction in March 2018 will identify children subject to a child protection plan, children who are looked after, and unborn children nationwide. The CP-IS flag will be adjacent to the current safeguarding flag.

7. Disclosure & Barring Service

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 KHFT Boards to take urgent action to ensure that children are safeguarded in their community. KHFT 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 KHFT Boards were required to ensure that: Their organisation meets statutory requirements in relation to Disclosure & Barring Service (DBS) checks. All relevant staff at the KHFT undergo a DBS check in line with KHFT Policy and current legislation. Staff engaged in 'regulated activity' with vulnerable patients undergo an enhanced DBS check with 3 year renewal.

Volunteers in clinical areas have DBS checks in line with KHFT 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.

8. Partnership working:

8.1 Kingston Local Safeguarding Children Board (LSCB):

Deborah Lightfoot was the Independent Chair of the LSCB, until she stepped down in December 2017; Chris Robson is the new Independent Chair. 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 role 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 Kingston and Richmond LSCB's and recognise their responsibilities as stipulated in Working Together 2015. The Boards meet 6 times per year; KHFT has been represented by the Director of Nursing and Quality or Named Nurse Safeguarding Children.

Legislation to reform multi-agency safeguarding arrangements formed part of the Children and Social Work Act 2017, including review of arrangements of LSCB's, Serious Case Reviews and Child Death Overview Panel. KHFT is working closely with the LSCB to decide how the local partners will operate together to improve the outcomes of children.

KHFT has worked closely with the LSCB, through active participation at LSCB Board Meetings, sub-groups, learning case reviews, audits and the provision of information and data as required.

8.2 MARAC Multi-Agency Risk Assessment Conference (MARAC)

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 KHFT. See Table 1. For full breakdown of figures See Appendix A Table 23.

The Safeguarding Midwife represents KHFT if an unborn child is discussed.

No Of Children/Unborn Discussed at Kingston MARAC

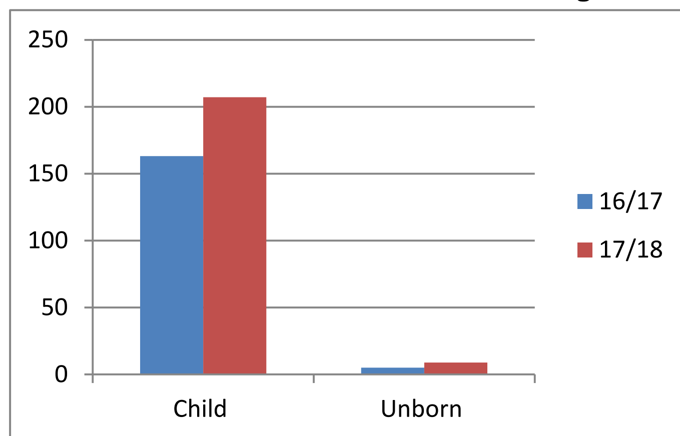


Table 1

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

9. Serious Case Reviews (SCR)

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.

Nationally 48 SCRs were published in 2017.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 KHFT from LCRs and SCRs have been completed.

KHFT has provided chronologies and participated with any Learning Case Reviews and Serious Case Reviews for children who have attended KHFT.

Any learning from learning case reviews and serious case reviews are embedded into practice, and disseminated through training.

10. Prevent

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.

- The Prevent agenda will continue to be implemented across Kingston Hospital led by Adult Safeguarding Team.

11. Section 11 Audit

Health Related organisations providing services in Kingston and Richmond were asked to undertake a Section 11 Audit for the LSCB. The Section 11 audits are a self-assessment undertaken by agencies to quality assure their processes in respect of tier statutory duty to safeguarding children as laid out in Section 11 of the Children Act 2004.

The audit is intended to help organisations critically reflect on the adequacy of their arrangements, to identify any gaps, and to take any remedial action. The audits also provide an overview for commissioning bodies and partners of local safeguarding arrangements.

KHFT completed the Section 11 audit in August 2017.

12. KHFT Safeguarding Children Team Activity

The tables in Appendix 1show detailed information on the KHFT Safeguarding Children Team activity.

The Paediatric Liaison Health Visitor works closely with Accident and Emergency (A&E) monitoring all children who have come into A&E to ensuring the appropriate referrals and information sharing forms have been completed and shared. A Psycho/social meeting has running since June 2016.

The Safeguarding Children team has continued to record all information sharing with multi-agency partners. The majority of the information sharing is with Kingston and Richmond, Surrey, Wandsworth and Merton. The introduction of the CP-IS system(see section 3.1) will improve information sharing in areas where KHFT are not in receipt of lists of children who are subject to a child protection plan.

Currently Kingston, Richmond, Wandsworth, Sutton and Merton provide a list of the children who are subject to a child protection plan. Additionally Kingston and Richmond provide lists of children who are looked after.

12.1 Overall Information Sharing Total by Year

The number of information sharing forms has continued to increase year on year, since 2014, as illustrated in Table 2.

Information Sharing Total by year

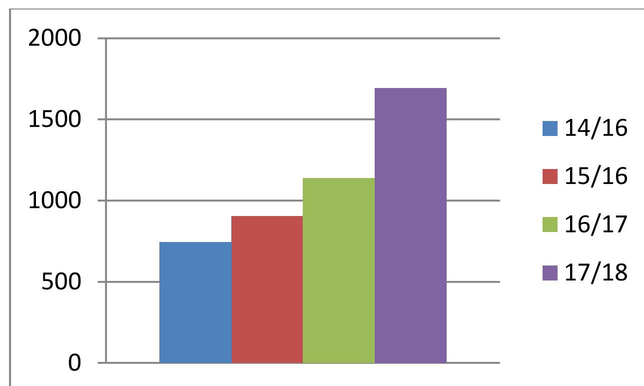


Table 2

Since 2016/17 the way that the total number of information sharing forms are broken down has been divided into area – Kingston, Richmond, Surrey, Wandsworth, Sutton/Merton and Other, as these have been identified as the predominant areas where information is shared.

On the safeguarding children database the specific area, not included in the list below, are recorded, however, for reporting the 'other' areas are grouped together. Please see Table 3, which shows the total number of information sharing forms by areas.

For a full breakdown of the safeguarding children team activity please see Appendix D

Total information sharing forms by areas

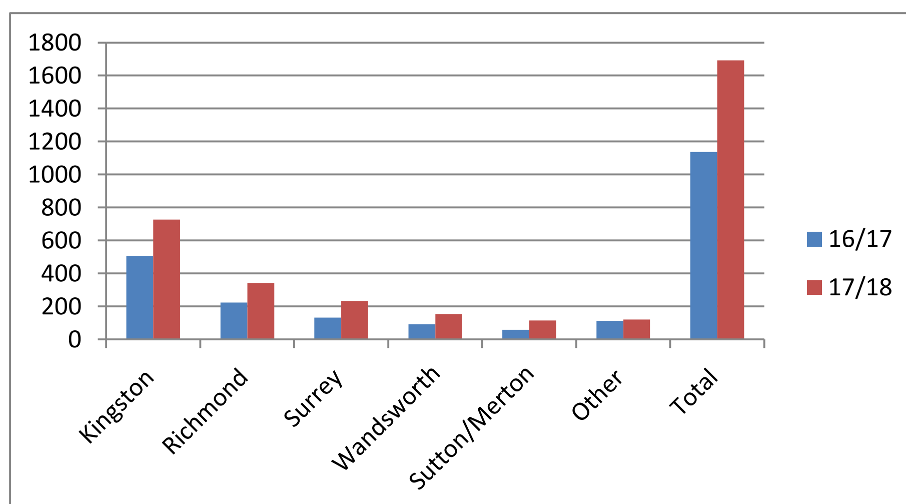


Table 3

Since Q2, 2017/18, in addition to reporting on the number of information sharing forms, the safeguarding children team have reported these figures against the overall number of children who attend A&E in KHFT. The % of information sharing forms since Q2, 17/18 of the overall number of children who have attended A&E is 6.11%. See table 4.

However, it must be noted, that currently the information sharing forms are not broken down by area of where the forms originated. Therefore, there will be a small % of children where forms have been completed in other areas of the hospital, for example the paediatric unit.

Total Number of children attending A&E and the total number of under 5s attending A&E. Number of information sharing forms as a % of the total.

Month & Year	Number of Total A&E Patients			Percentage of Under 5 of Total Attendance	Percentage of Under 18 of Total Attendance	No. of information sharing forms	No. of information sharing forms as an overall %
	Under the age of 5 years	Under the age of 18 years	All Attendances				
Q2	2935	6300	28972	10.12%	21.68%	447	7.1%
Q3	3977	7727	30259	13.15%	25.53%	404	5.23%
Q4	3269	6799	26424	12.38%	25.72%	408	6.0%
Total	**10181**	**20826**	**61855**	**11.88%**	**24.31%**	**1259**	**6.11%**

Table 4

It has continued to prove challenging to differentiate between referrals to social care and information sharing forms. The safeguarding children team, are supporting staff to ensure the correct information is recorded by staff.

12.2 Social Concerns and Known to Social Care

There has been a significant increase in the number of attendances with social concerns and children who are known to social care. The number of social concerns in Kingston increased by more than 50% in Q1; the increase remained in Q2; however reduced through the year. This was also reflected in Q1 for children who are known to social care. This increase continued through the year.

These increases, have played a part in the overall increase in information sharing, within 2017-18. See Appendix D.

12.3 DSH/Overdose, Mental Health Issues and Suicidal Idealisation

Children who are attending with mental health issues have continued to increase since 2015/16. See table 5. The CAMHS provision has extended the hours they are able to provide cover, and this was further increased on a temporary basis, over the winter period. There is a business case being prepared to support the maintenance of the increased provision, for extended hours until 10pm Monday to Friday, at all times.

It is noted that there has been a fall in the number of children attending A&E in Q2 over the last 3 years. See Appendix A, Table 23.

In 2016/17 mental health was subdivided into 2 categories; deliberate self-harm/overdose; and mental health issues. In 2017/18 it has been further divided to include suicide/suicidal idealisation. See table 5.

DSH/Overdose, Mental Health and Suicide/Idealisation

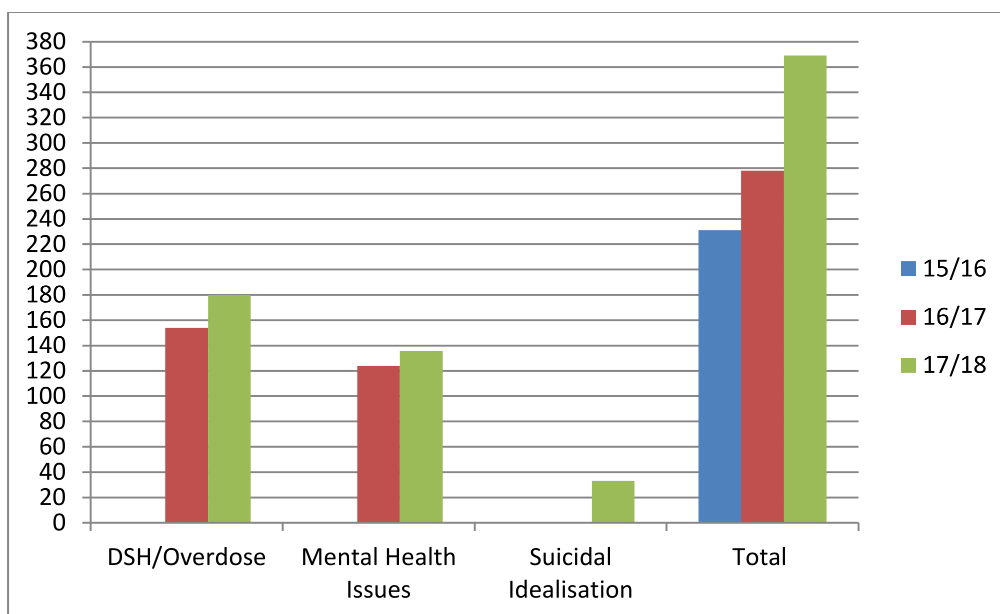


Table 5

Additionally it should be noted that of the 369 total numbers of attendances, 331 were by individual children and the additional 38 attendances were repeat attendances. For a complete breakdown of the figures please see Appendix A Table 22.

In the safeguarding children annual report 16/17 the young age of children attending A&E with mental health issues was highlighted. Table 6 shows the number of children attending with mental health issues by age. The very young age ranges (5-8 years) have not been included in the graph due to the low numbers, however there appears to be an overall trend of the age of the children attending becoming lower. See Appendix A, Table 21.

Overall Mental Health attendances by age

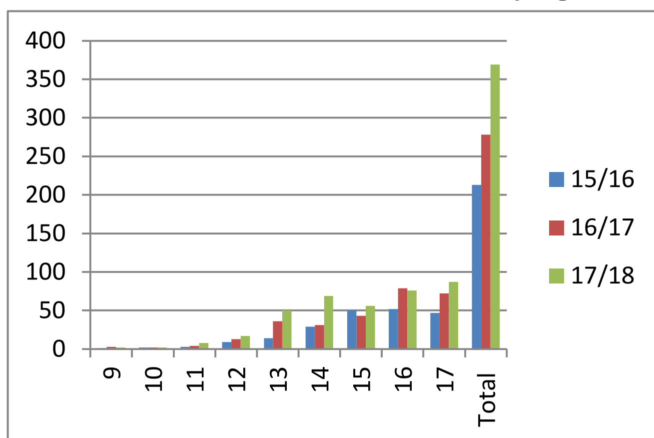


Table 6

The number of children attending A&E with mental health issues, who are 13 years or under, is relatively small, however the numbers have continued to rise over the last 3 years. The greatest increase is in the number of 13 year olds highlight in the 16/17 annual report, and has continued into 17/18, from 34 to 43.See appendix A, Table 21.

12.4 Accident and Emergency (A&E) Psychological/Social meeting

The psycho/social meeting discuss and review children who have attended A&E over a 2 week period, outcomes of referrals are feedback to staff. The aim is to ensure children who attend A&E receive appropriate referral and information sharing within the multi-agency team. The meeting additionally allows for professional challenge and safeguarding supervision.

In addition to the children discussed, there has been an increased awareness of the identification of children of the vulnerable adults who attend A&E. The Safeguarding Children Team having been working with Adult A&E staff and the KHFT Safeguarding Adult Lead to ensure this information is captured and shared effectively within the multiagency network. The Safeguarding Children Team continues to raise awareness with Adult A&E staff to share information of the children of vulnerable adults.

Number of children, young people and vulnerable adults with children discussed at Psycho/social meeting - see Table 7. For full breakdown of numbers see Appendix B, Table 24.

Number of cases discussed at Psycho/Social Meeting 17/18.

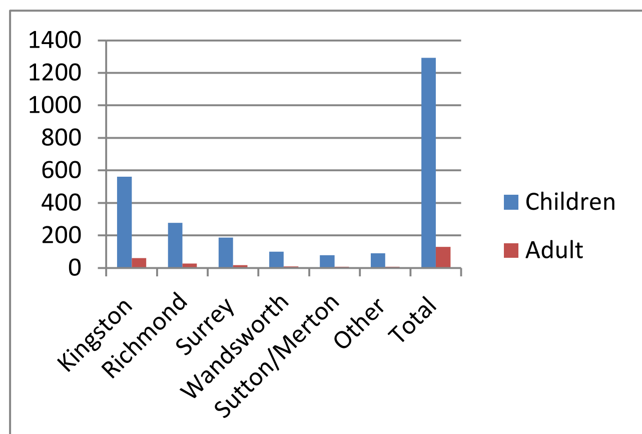


Table 7

13. Maternity Safeguarding Activity Annual Report

Rebecca Edwards Safeguarding Midwife

13.1 Bridge Team Structure

The structure of the team has changed as of 1/5/17.

Safeguarding Midwife	Band 7 1.0 WTE
Perinatal Mental Health Midwife	Band 7 1.0 WTE
Support Safeguarding Midwife	Band 6 0.4 WTE
Support Perinatal Mental Health Midwife	Band 6 0.4 WTE
Maternity Support Worker	Band 3 0.66 WTE

The Band 6 roles are secondments for 6 months initially with a view to extend up to 12-18 months. There will be a review of the roles after this time and the Band 6s will return to their substantive roles. If the roles have been successful another secondment will be advertised. This will spread the knowledge and experience within the maternity unit.

The Safeguarding Midwife is currently on Maternity Leave and her role is covered by a Job-share. The Perinatal Mental Health Midwife is also on Maternity leave and this role is being covered by the previous Perinatal Mental Health Support Midwife.

Bridge Team oversee the care of the vulnerable women having babies here at Kingston. The Safeguarding Midwives are involved with cases where there are safeguarding children's concerns and provide support for community and hospital clinic midwives. The Band 6 Supporting midwife assists in the clinical input and also looks after the 17year olds and under in the antenatal period and offers some postnatal care. Each of the three safeguarding midwives have a weekly clinic, and are therefore able to offer more continuity of care where appropriate. Plans of care are written with the women attending those clinics for the antenatal care and a labour/postnatal plan. Bridge team run a monthly multi professional Maternity Concerns Meeting to facilitate information sharing.

The Perinatal Mental Health Midwife and Band 6 support midwife support women with significant mental health concerns; plan their care and attend any professionals / safeguarding meetings. There is a monthly meeting with the Psych Liaison Team.

The Support Worker role is administration and assisting colleagues in the team with emotional support, providing access to charities as well as providing some postnatal care.

13.2 Training

Training for 2017-2018 focused on Domestic Abuse. This training was delivered by Victim Support with Safeguarding Midwife supporting, particularly focusing on how and when to ask about domestic violence and abuse, including how to document and ensure appropriate follow up and signposting to specialist services.

Training for 2018-2019 will be covering roles and responsibilities for sharing information and making referrals to Children's Social Care. Learning from the recent local Serious Case Review will also be included with a focus on Neglect. There will also be a brief reminder about roles and responsibilities regards FGM and mandatory reporting.

13.3 Maternity Concerns

There is improved engagement with the Maternity Concerns meeting. Health visitors from Merton now attend if there are enough cases to discuss. There has been increased Community Midwives attendance and participation in the meeting.

13.4 Bridge referrals and appointments 2017-2018

Referrals to Bridge team last 3 years

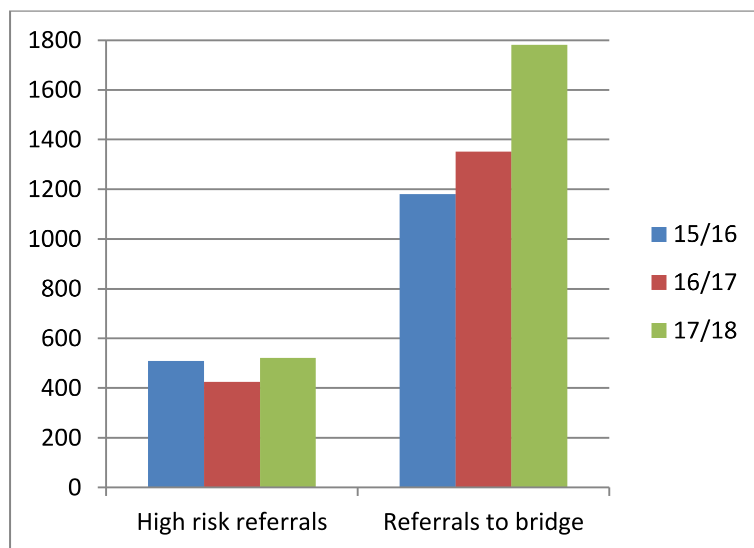


Table 8

Referrals to bridge team by quarter 2017-2018

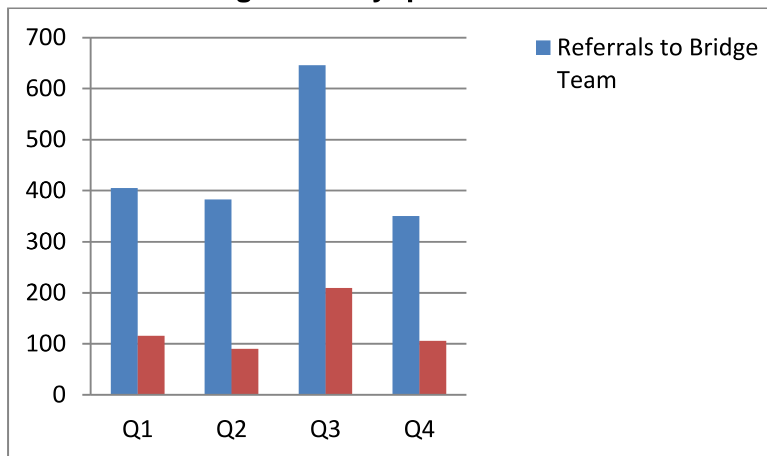


Table 9

The numbers of referrals to the team have increased this year, and the numbers assessed as high risk and therefore given Bridge team appointments have also increased, therefore increasing the workload.

This may be related to changes made to the risk assessment tool aimed at ensuring particular concerns are noted or it may also be because of increased awareness of Bridge team's role. Many of the referrals relate to historical mental health issues which would be classified as low risk and therefore would not be seen by Bridge team.

However, the proportion of referrals deemed high risk remains consistent with the previous year (29% referrals seen 2017-2018, 31% in 2016-2017) as the team continue to focus on the most vulnerable, and support the community and hospital midwives in looking after the others.

Bridge referrals for 2017 – 2018 Total = 1782

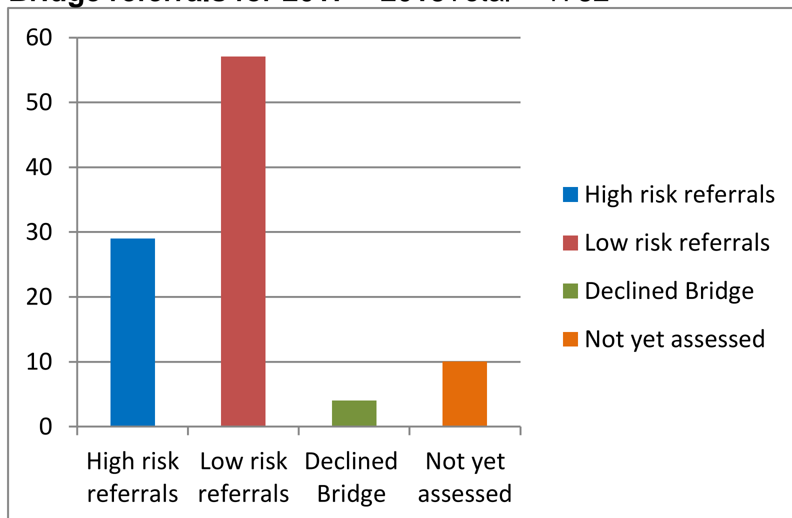


Table 10

Where women have declined Bridge team appointments, the team have supported the community midwives in their care as needed.

Bridge team appointments offered (including cancelled/changed) - total 1222

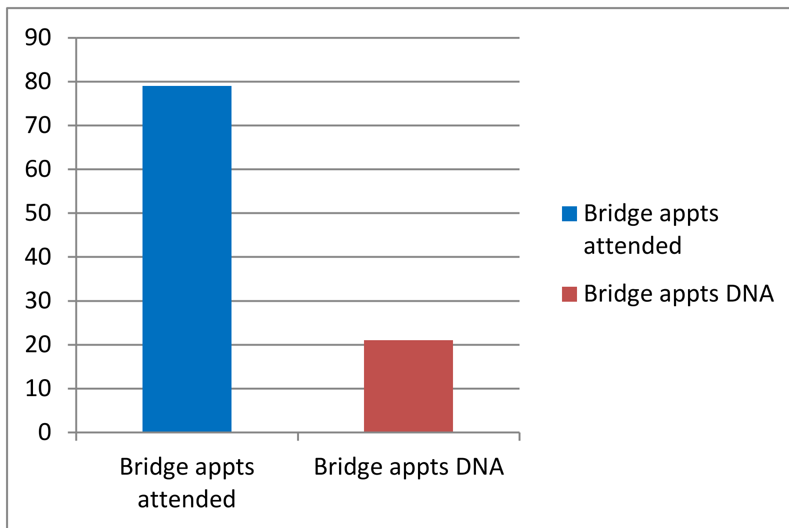


Table 11

Bridge team are responsible for following up those who DNA Bridge team appointments by phone and letter. Women frequently say they have not received appointments – reminders are now sent by text in order to try to improve attendance.

Proportion of referrals according to category 2017-2018

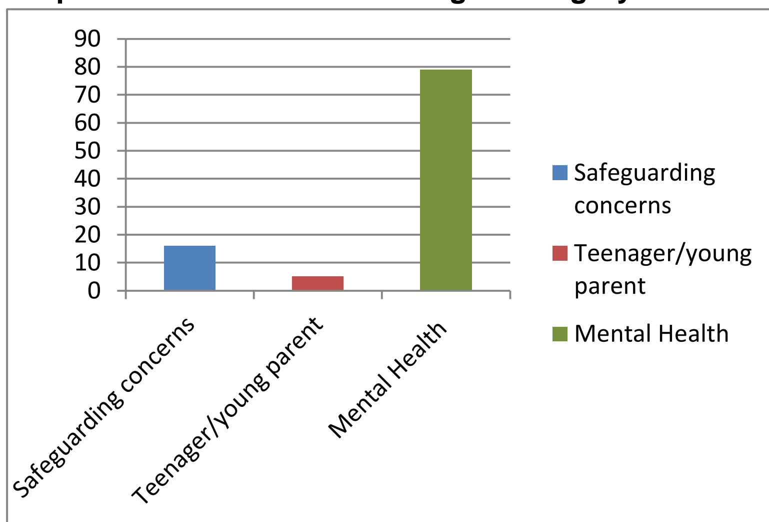


Table 12

13.5 Safeguarding activity 2017-2018

Main reason for referral to Bridge team (safeguarding) 2017-2018

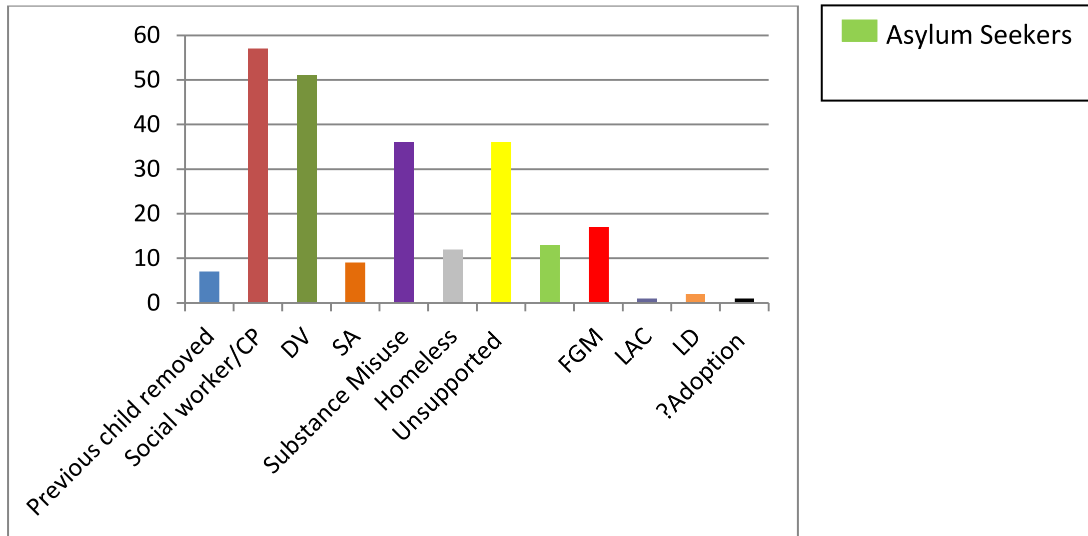


Table 13

Number of Deliveries at KHFT

Year	No of deliveries
2016/17	5608
2017/18	5347

Table 14

Safeguarding activity by quarter 2017-2018

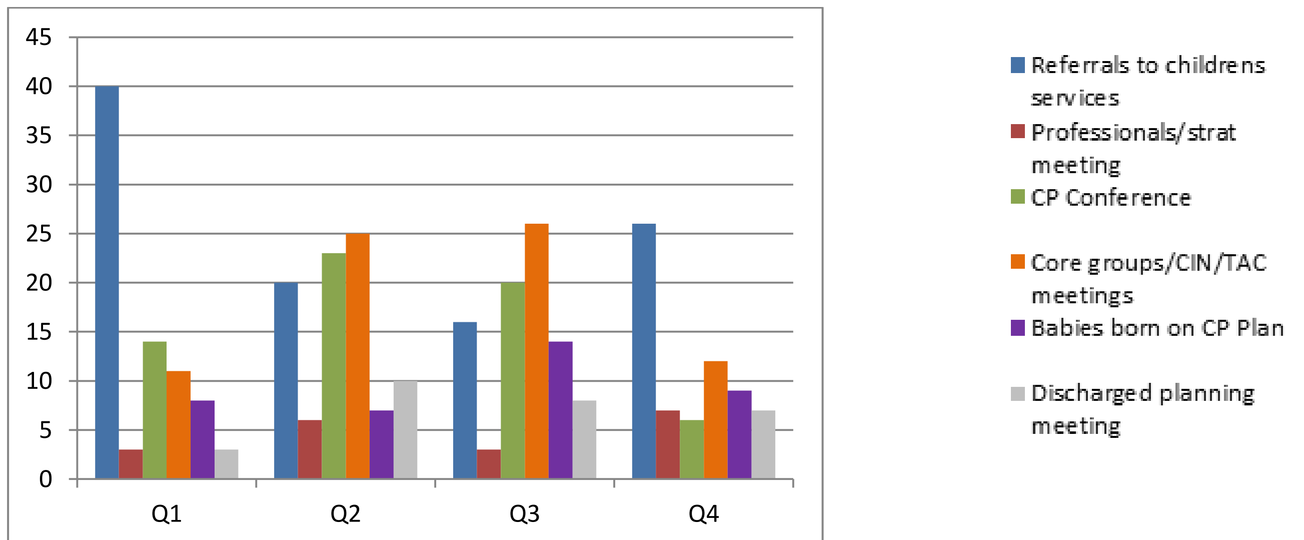


Table 15

13.6 Safeguarding activity last 3 years

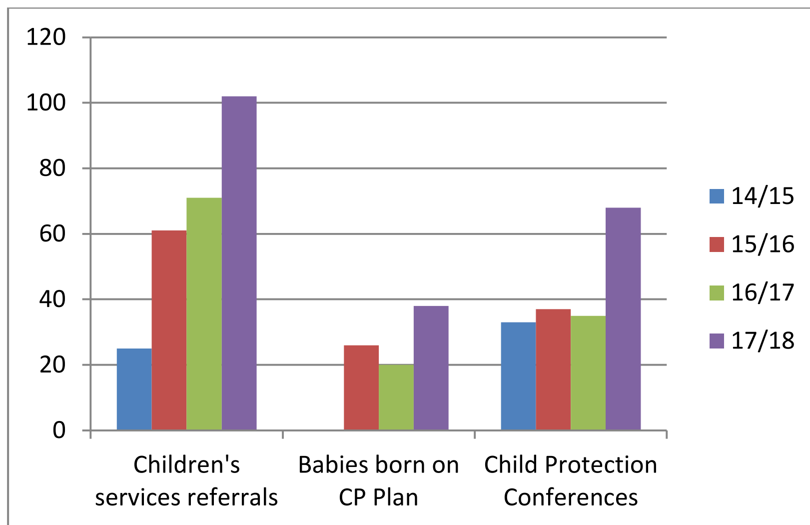


Table 16

Referrals to Children's Services have increased significantly in the last 2 years. One reason for this increase may be due to agencies now having one referral form for both those requiring family support (early help) as well as those meeting safeguarding threshold. In the past, separate referral processes were used. Families generally only have one referral to children's services, and intervention may be stepped up if warranted.

There have also been significant increases this year in the number of Child Protection conferences attended and the number of babies subsequently born subject to a CP plan.

14. Child Protection (CP) Medicals

The Safeguarding Children Team Administrator is a key person working alongside the safeguarding professionals in the KHFT to assist in the organisation of medical examinations and producing reports that are disseminated to relevant agencies. The number of CP medicals has continued to rise in 17/18.

CP Medicals - Overall Totals

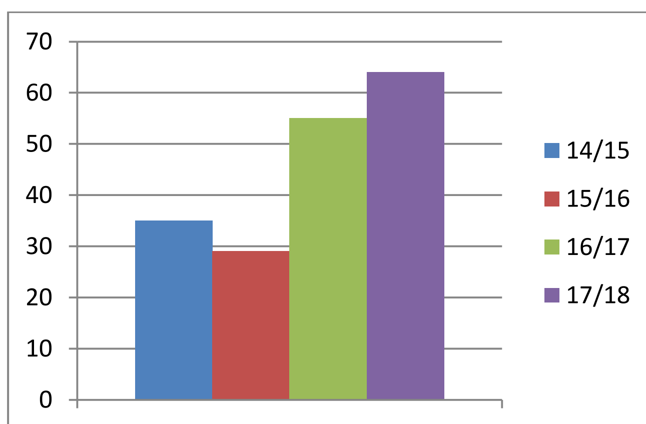


Table 17

From March 2017 a Consultant Paediatrician has been employed for specific sessions to completing the majority of the non-acute medicals. This has led to an increase in medicals being completed in a timely fashion, rather than in the acute setting.

Whilst the Consultant Paediatrician is able to complete some of the acute medicals, some continue to be completed by the Registrar on Call on the Paediatric Unit, with oversight over the attending Paediatric Consultant.

Child Protections medicals are audited by the Named Doctor to ensure quality and best practice is maintained. The Child Protection Medical Assessment pathway has been updated in conjunction with Achieving for Children, and has been presented

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.

The majority of CP medicals are requested by Children's Social Care, with the next largest category coming through A&E. See Table 18.

For full breakdown of figures see Appendix B, Table 25.

CP Medical by referral pathway

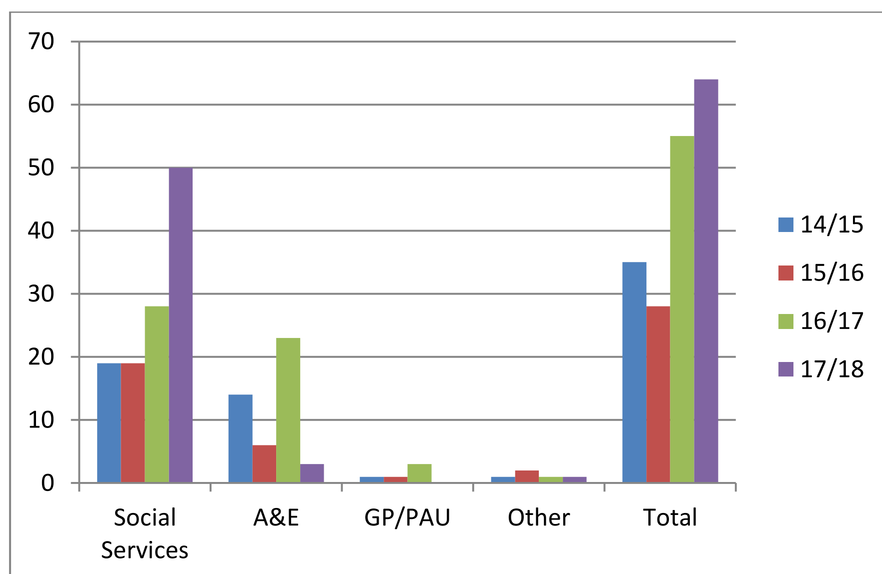


Table 18

15. Child Death Review Process

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. The process for reviewing child deaths is changing in response to the Wood Report and subsequent Children And Social Work Act 2017.

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

Overall there have been 16 child deaths in 2017/18. This number is in line with 2015/16, rather than the slightly higher figure in 2014/15and 2016/17.

Total Number of Expected/Unexpected Deaths by Area

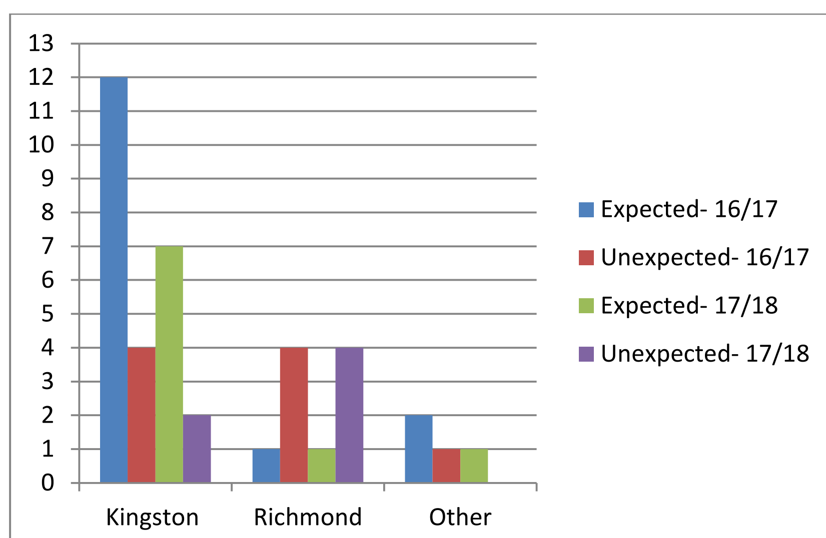


Table 19

In 2017-18, 9 child death reviews were undertaken for children who lived in the Royal Borough of Kingston. There were 7 expected and 2 unexpected deaths.

The unexpected deaths included unexpected complications in a preterm baby, and a hypoxic brain injury following cardiac arrest. The expected child deaths were extremely preterm babies with associated problems, with others having life limiting illnesses.

Richmond has a greater proportion of unexpected deaths and this correlates to some extent with fewer neonatal deaths of babies born at extremes of prematurity or with life-limiting conditions which are typically considered expected which comprise a number of Kingston's expected child deaths.

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.

16. Policies/Guidelines

All Kingston Hospital policies align with Pan London Child Protection Procedures and Working Together to Safeguard Children (2015). Working Together to Safeguard Children is being updated, and is due to be published in May 18.

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 2017-18:

- Flow chart for Acute and Non Acute Child Protection Medicals
- Flow chart for suspected Sexual Abuse or Assault Medicals
- Child Protection Medical Assessment Pathway Medicals
- Safeguarding Lines of Accountability
- Children attending A&E where there are Social Concern
- Children Who Were Not Brought/Did Not Attend Appointments
- Emergency Presentation of a Lone Parent for Admission
- Guideline for Attendance at a Child Protection Case Conference for Medical Personnel
- Guideline for Accessing Information for Children Subject to a Child Protection Plan, Children Looked After and Unborn babies
- Safeguarding Children Policy
- Safeguarding Children Supervision Policy

Policies, procedures and Guidelines will continue to be updated as required and in line with local and national policies and guidelines.

17. KHFT Safeguarding Children Training

17.1 Context

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.

Safeguarding training is delivered according to the needs of the role and responsibility of the individual staff member within KHFT See Table 20. See Appendix C Table 18 for full breakdown of figures.

Training figures are monitored by the Safeguarding Children Committee quarterly and back to the Executive Lead to ensure the KHFT has robust planning in place to ensure compliance with annual training requirements.

Level 3 Safeguarding Children Training within paediatric areas are collated by the Safeguarding Children team through a database held within the department.

Following a peer review of Paediatric Services at KHFT in Jan 16, the number of staff trained to level 3 Safeguarding Children in other areas of the hospital (non-paediatric areas, where children may be seen) was identified as a risk, as there was not a robust system in place to identify and record staff who require level 3 safeguarding children training.

The Safeguarding Children team have begun to collate figures available to them; however, for the numbers to be meaningful, the overall numbers of staff who need training in non-paediatric areas need to be identified.

The Safeguarding Children team have been working with the Assistant Director of Workforce on a matrix to identify staff across the whole of KHFT who require Safeguarding Children Training, and at what level. Once the matrix has been updated and the relevant level of Safeguarding Children training applied to individual roles, the Safeguarding Children team will receive meaningful figures for safeguarding children training across the whole organisation.

This will include individual reporting of all levels of safeguarding children training, in non-paediatric areas, as well as paediatric areas. This should be in place by autumn 2018.

Safeguarding Children Training levels

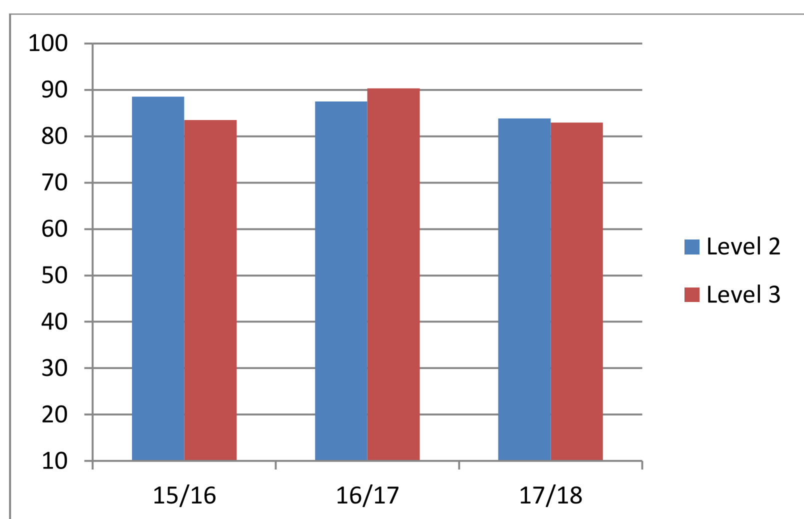


Table 20

KHFT has a target for mandatory training of 80%, however the Safeguarding Children Team strive towards achieving a 90% figure for Safeguarding Training as recommended by CQC See Appendix C, Table 27.

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

The Safeguarding Children Team are working with Kingston and Richmond LSCB to provide venues for LSCB Safeguarding Children Level 3 Training. This is an on-going commitment, and supports staff to access safeguarding children training on site.

In October 17 and March 18 Safeguarding Children Team facilitated Level 3 Safeguarding Training Seminar days. The programmes included sessions on Working with Families and Resistance (learning identified from a local serious case review); Neglect; Online Safety and Risky behaviour; Mental Capacity. Additionally there was a sort presentation from Achieving for Children on Signs of Safety, which is a method of assessing and working with families which is being introduced locally. In the March 18 session the new Chair of the LSCB Chris Robson, addressed the audience.

The evaluations from the sessions were very positive. Increasing the Safeguarding Children Level 3 training seminars to 2 days per year, has increased the capacity for staff to access training on site.

The Corporate induction programme has been updated, with staff receiving level 1 safeguarding children training prior to commencing at KHFT. Level 2 Safeguarding training is now part of the Corporate Induction on day 2, with a face to face session, followed up by completion of E-Learning Safeguarding Children Level 2 training from Health Education England.

Annual update Days are being rolled out, which also includes Level 2 Safeguarding training with a face to face session, followed up by completion of E-Learning Safeguarding Children Level 2 training from Health Education England.

17.2 Training for the Safeguarding Children Team

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 training have included:

- LSCB Child Sexual Abuse: Seen, Heard, Helped
- Learning from Child Deaths
- Harmful Practices – Forced Marriage and So Called Honour Bases Violence Awareness
- Kingston Hospital Nursing Conference
- Paediatric Study Day

18. Safeguarding Children Supervision

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.

Working Together (HM Government, 2013), identifies that the delivery of effective supervision and support is a key feature in working towards safeguarding children. This key piece of statutory guidance identifies that working to ensure children are protected from harm requires sound professional judgements to be made, given it is demanding work that can be distressing and stressful. All of those involved should have access to advice and support from the Safeguarding Children Team.

Effective professional safeguarding 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. Working Together (HM Government 2015).

Employers are responsible for ensuring that their staff 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.

Regular supervision sessions are to be attended by the named and designated professionals safeguarding professionals who will maintain a record of the meetings and topics discussed as part of continuing professional development.

Regular safeguarding children supervision sessions will be held for paediatric professionals who carry caseloads by the named nurse safeguarding children.

- Liaison nurses receive individual supervision from a named nurse/designated nurse at least every three months.
- The KHFT Named Doctor receive an individual supervision session at least every six months from the Designated Doctor. Group supervision sessions every six months with other medical professionals would also be beneficial.
- Additionally, Named and Designated professionals are expected to seek advice, consultation, and support from their line managers or peers whenever it is required to ensure continuing best practice.
- Safeguarding supervision will be provided to all staff who hold a case load on a 3 monthly basis
- Any KHFT members of staff may also request supervision; the terms of the supervision offered in these cases will be in accordance with best practice and will be explicitly agreed in line with each case individually.
- The Named Nurse Safeguarding Children will attend paediatric team meetings at regular intervals throughout the year to help staff, through the supervision process, who have been involved with safeguarding cases, along with helping them identify those children and families in need.
- Local weekly grand ward rounds act as supervision sessions, being multi professional, all aspects of the child's wellbeing can be discussed along with concerns, support and advice, from and for all grades of staff. These discussions also enable staff to learn how to identify those in need and the processes to follow.
- Fortnightly psycho/social meetings act as supervision sessions, being multi-professional; all aspects of the child's wellbeing can be discussed along with concerns, support and advice. These discussions also enable staff to learn how to identify those in need and the processes to follow.

- Midwives will receive regular safeguarding supervision organised by the named and safeguarding midwives.

Records of the meetings and topics discussed are kept as part of continuing professional development and for on-going patient care, support and planning.

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.

19. 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 KHFT 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.

KHFT is expecting a repeat inspection in April/May 2018.

20. Achievements 2017/18

- Introduction of Child Protection Information System.
- Redesign of corporate induction, increasing capacity for face to face safeguarding children training.
- Introduction on E-learning for level 2 safeguarding children training.
- Introduction Safeguarding Children Level 2 training on KHFT Trust Updates Days.
- 2 successful Level 3 Safeguarding Children Training Seminars.
- Increased awareness of the requirement of Level 3 Safeguarding Children training across KHFT in areas where children are seen, which are not predominantly paediatric areas.
- Continued close working relationship with multiagency partnerships.
- Introduction of a Safeguarding Children Website on the KHFT intranet.
- Improving data collection to support the process of quality assurance of safeguarding through KHFT safeguarding children committee, local health economy and the LSCB.
- Increased joint working between Adult and Children Teams in KHFT.

21. Priorities for 2018/19

- Introduction of new KHFT Corporate Induction programme including Safeguarding Children face to face training and E-learning packages
- Safeguarding Children Level 2 training to be part of Update Days for all KHFT staff.

- Continue to provide Safeguarding Children Level 3 training Seminars
- Migrate Safeguarding Children website onto KHFT new intranet.
- Monitor introduction and rollout of CP-IS across KHFT.
- Ensure KHFT maintains a focus on 'Think Child Voice & Family'
- Introduction of KHFT Safeguarding Children Twitter account, to raise awareness and support national campaigns, such as Safe Sleep week, End FGM, Child Sexual Exploitation, Child Safety Week
- Introduction of Safeguarding Awareness Week

22. Conclusion

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, and was supported by the Paediatric Peer Review in January 2017. The report demonstrates the breadth of safeguarding activity within the KHFT 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 2018-2019 to ensure the continued delivery of appropriate and up to date safeguarding activities.

The KHFT Board is asked to note the content of this report, the improvements made to date as and the priority areas for implementation during 2018-2019.

Appendix A

Children attending A&E with Mental Health Issues by Age

Age at attendance A&E	Number of children attending			No. of attendances including multiple attendances by same child		
	15/16	**16/17**	**17/18**	**15/16**	**16/17**	**17/18**
5	1	0		1	0	0
6	1	0			0	0
7	0	0		1	0	2
8	3	1		3	1	2
9	1	3		1	3	2
10	2	2		2	2	2
11	3	3		3	4	7
12	6	12		9	13	16
13	13	21		14	36	43
14	24	27		29	31	55
15	39	37		50	43	47
16	44	53		52	79	61
17	36	54		47	72	74
Total	**173**	**213**		**213**	**278**	**331**

Table 21

DSH/Overdose, Mental Health Issues and Suicidal Idealisation

	Q1	**Q2**	**Q3**	**Q4**	**Total**
2015/16	42	41	64	66	213
2016/17	63	51	66	98	278
2017/18	97	73	102	97	369

Table 22

No Of Children/Unborn Discussed at Kingston MARAC

Month	2015/16		2016/17		2017/18	
	Child	Unborn	Child	Unborn	Child	Unborn
Q1			40	1	54	2
Q2			39	1	52	2
Q3			44	2	58	2
Q4	47	1	40	1	43	3
Total			**163**	**5**	**207**	**9**

Table 23

Appendix B

Number of cases discussed at Psycho/Social Meeting

	Q1		Q2		Q3		Q4		Total	
Kingston	**16/17**	**17/18**	**16/17**	**17/18**	**16/17**	**17/18**	**16/17**	**17/18**	**16/17**	**17/18**
Children		150		117		115	115	179		561
Adults		13		13		16	7	18		60
Richmond										
Children		66		57		61	51	93		277
Adults		7		7		10	7	4		28
Surrey										
Children		38		39		54	35	56		187
Adults		2		5		5	5	5		17
Wandsworth										
Children		29		21		9	35	41		100
Adults		2		3		3	2	1		9
Sutton/ Merton										
Children		26		17		14	18	21		78
Adults		1		4		2	2	1		8
Other										
Children		17		12		29	13	32		90
Adults		1		0		3	1	4		8
Total										
Children		326		263		282		422		1293
Adults		26		32		39		33		130
Overall total		**352**		**295**		**321**		**455**		**1423**

Table 24

CP Medicals

CP Medicals	Q1	Q2	Q3	Q4	Total
					35
2015/16	6	6	7	10	29
2016/17	13	13	12	17	55
2017/18	20	8	19	17	64

Table 25

Child Deaths Expected/Unexpected

	Kingston		Richmond		Other		Total			
	16/17	17/18	16/17	17/18	16/17	17/18	14/15	15/16	16/17	17/18
Expected	12	7	1	2	2	1	22		15	10
Un-expected	4	2	4	4	1	0	9		9	6
Total	16	9	5	7	3	1	34	20	24	16

Table 26

Appendix C

Safeguarding Children training

Safeguarding Children Training Levels	**Q1**	**Q2**	**Q3**	**Q4**	**Total**
Level 1/2					
2015/16	85%	89%	91%	89%	88.5%
2016/17	88%	89%	86%	87%	87.5%
2017/18	85%	82%	81%	87%	87%
Level 3					
2015/16			76%	91%	83.5%
2016/17	95%	95%	87%	84%	90.3%
2017/18	86.8%	81.6%	79%	86%	83.35%

Table 27

Appendix D
Information Sharing forms by Area and Quarter

	Kingston								Richmond							
	Q1		Q2		Q3		Q4		Q1		Q2		Q3		Q4	
	16/17	17/18	16/17	17/18	16/17	17/18	16/17	17/18	16/17	17/18	16/17	17/18	16/17	17/18	16/17	17/18
Social Concerns	13	39	23	69	11	36	24	37	5	15	7	41	2	12	6	18
Known to Social Care	28	51	28	48	26	41	32	50	15	22	6	20	15	13	14	15
Subject to a CP Plan	7	4	4	2	8	2	3	1	4	1	1	0	4	0	4	1
Child Looked After	5	0	4	2	7	2	2	0	0	0	3	0	1	0	0	0
DSH/Overdose	16	15	15	17	12	16	15	25	15	5	6	11	10	7	12	19
Mental Health Issues	13	20	8	10	13	14	22	12	8	14	4	9	7	5	8	7
Suicide/ idealisation		6		3		7		4		4		2		6		3
Adult Attendance	12	16	26	16	7	17	10	20	3	8	12	11	4	10	7	4
Substance Misuse	2	0	2	7	2	1	1	7	1	4	1	0	1	0	0	3
Alcohol Misuse	3	12	9	6	3	4	4	2	4	5	2	1	8	7	4	2
Assault/Bullying	6	8	5	4	7	7	5	14	2	2	0	2	4	4	2	10
Punching/Kicking	7	7	2	3	2	2	8	1	0	0	1	0	0	0	1	1
Gun/Knife Crime	0	1	0	1	1	0	2	0	0	0	0	0	0	0	0	0
RTA	10	13	12	8	9	10	9	4	5	6	0	1	7	5	5	6
Non Acute Sexual Abuse	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Acute Sexual Abuse	1	1	0	1	0	1	1	0	0	0	0	0	0	0	2	0
Total	**123**	**193**	**138**	**197**	**108**	**160**	**138**	**177**	**62**	**86**	**43**	**98**	**63**	**69**	**65**	**89**
	Surrey								**Wandsworth**							
	Q1		**Q2**		**Q3**		**Q4**		**Q1**		**Q2**		**Q3**		**Q4**	
	16/17	**17/18**	**16/17**	**17/18**	**16/17**	**17/18**	**16/17**	**17/18**	**16/17**	**17/18**	**16/17**	**17/18**	**16/17**	**17/18**	**16/17**	**17/18**

Social Concerns	5	8	6	15	2	11	4	13	2	15	6	9	1	9	10	8
Known to Social Care	11	7	4	16	7	15	7	20	3	9	5	15	7	12	6	13
Subject to a CP Plan	0	1	0	2	0	0	1	0	1	0	2	0	5	0	3	2
Child Looked After	0	1	0	0	1	3	0	0	0	0	0	0	0	0	0	0
DSH/Overdose	1	9	4	5	1	13	8	4	3	3	2	3	3	0	1	2
Mental Health Issues	1	7	3	6	1	6	6	2	1	1	1	0	3	2	1	3
Suicide/ idealisation		2		0		8		2		1		0		0		0
Adult Attendance	1	3	3	4	4	6	4	5	1	6	3	3	3	4	1	1
Substance Misuse	0	4	2	2	1	2	0	1	1	0	0	0	1	0	0	1
Alcohol Misuse	5	5	1	3	3	2	4	1	0	0	0	0	3	3	0	1
Assault/Bullying	3	1	1	0	3	0	4	4	4	3	0	2	0	3	2	2
Punching/Kicking	3	2	1	1	0	0	1	0	0	4	2	2	1	1	0	0
Gun/Knife Crime	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0
RTA	5	2	4	3	1	5	4	2	1	3	1	2	2	0	0	4
Non Acute Sexual Abuse	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Acute Sexual Abuse	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Total	**35**	**52**	**29**	**57**	**25**	**71**	**44**	**54**	**17**	**54**	**22**	**36**	**29**	**34**	**24**	**38**

Table 29

	Sutton /Merton* Merton only figures in 16/17								Other							
	Q1		Q2		Q3		Q4		Q1		Q2		Q3		Q4	
	16/17	17/18	16/17	17/18	16/17	17/18	16/17	17/18	16/17	17/18	16/17	17/18	16/17	17/18	16/17	17/18
Social Concerns	1	12	2	11	1	16	5	7	1	3	2	5	1	3	3	4
Known to Social Care	3	13	2	7	2	7	5	7	4	9	3	9	5	7	4	3
Subject to a CP Plan	0	0	2	0	2	0	0	1	0	0	0	0	0	0	0	0
Child Looked After	1	0	0	0	1	0	0	0	0	0	1	1	0	0	0	1
DSH/Overdose	0	0	0	0	3	1	2	0	3	8	4	3	4	6	14	8
Mental Health Issues	0	0	0	2	2	3	2	0	2	1	4	1	7	7	7	4
Suicide/ idealisation		0		1		0		1		1		0		1		1
Adult Attendance	1	2	3	4	0	2	1	1	12	1	1	0	2	3	2	4
Substance Misuse	0	0	1	2	0	0	0	0	2	0	1	2	0	2	0	1
Alcohol Misuse	0	1	0	1	2	2	4	2	2	1	2	2	2	4	4	1
Assault/Bullying	3	1	0	0	4	0	0	0	1	2	1	2	2	1	1	2
Punching/Kicking	0	0	0	2	0	1	0	0	1	0	0	0	0	1	1	0
Gun/Knife Crime	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RTA	0	0	1	3	3	1	0	1	3	2	3	1	0	2	1	1
Non Acute Sexual Abuse	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Acute Sexual Abuse	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	**9**	**29**	**11**	**33**	**20**	**33**	**19**	**20**	**31**	**28**	**22**	**26**	**23**	**37**	**37**	**30**

Table 30

Total Number of information sharing forms by Quarter and Category

	Q1		Q2		Q3		Q4		Total	
	16/17	**17/18**	**16/17**	**17/18**	**16/17**	**17/18**	**16/17**	**17/18**	**16/17**	**17/18**
Social Concerns	27	93	46	149	18	87	52	87	143	**416**
Known to Social Care	64	111	48	115	62	95	68	108	242	**429**
Subject to a CP Plan	12	6	9	4	19	2	11	5	51	**17**
Child Looked After	6	1	8	3	10	5	2	1	26	**10**
DSH/Overdose	38	40	31	39	33	43	52	58	154	**180**
Mental Health Issues	25	43	20	28	33	37	46	28	124	**136**
Suicide/idealisation		14		6		22		11		**53**
Adult Attendance	30	36	48	38	20	42	25	35	123	**151**
Substance Misuse	6	8	7	13	5	5	1	13	19	**39**
Alcohol Misuse	14	24	14	13	21	22	20	9	69	**68**
Assault/Bullying	19	16	7	11	20	15	14	32	60	**74**
Punching/Kicking	11	13	6	8	3	5	11	2	31	**28**
Gun/Knife Crime	0	1	0	1	2	0	3	0	5	**2**
RTA	24	26	21	18	22	23	19	18	86	**85**
Non Acute Sexual Abuse	0	0	0	0	0	0	0	0	0	**0**
Acute Sexual Abuse	1	1	0	1	0	1	3	1	4	**4**
Total	**277**	433	**265**	447	**268**	404	**327**	408	**1137**	**1692**

Overall Total by Area

Area	Q1		Q2		Q3		Q4		Total	
	16/17	**17/18**	**16/17**	**17/18**	**16/17**	**17/18**	**16/17**	**17/18**	**16/17**	**17/18**
Kingston	123	193	138	197	108	160	138	177	**507**	**727**
Richmond	62	86	43	98	63	69	65	89	**233**	**342**
Surrey	35	52	29	57	25	71	44	54	**133**	**234**
Wandsworth	17	45	22	36	29	34	24	38	**92**	**153**
Sutton/Merton	9	29	11	33	20	33	19	20	**59**	**115**
Other	31	28	22	26	23	37	37	30	**113**	**121**
Total	**265**	**433**	**274**	**447**	**268**	**404**	**305**	**408**	**1137**	**1692**

Total Annual Safeguarding Figures by Area

	Kingston		Richmond		Surrey		Wandsworth		Sutton/Merton		Other		Total	
	16/17	**17/18**	**16/17**	**17/18**	**16/17**	**17/18**	**16/17**	**17/18**	**16/17**	**17/18**	**16/17**	**17/18**	**16/17**	**17/18**
Social Concerns	71	181	20	86	17	47	19	41	9	**46**	7	15	143	**416**
Known to Social Care	114	190	50	70	29	58	21	49	12	34	16	28	242	**429**
Subject to a CP Plan	22	9	13	2	1	3	11	2	4	1	0	0	51	**17**
Child Looked After	18	4	4	0	1	4	0	0	2	0	1	2	26	**10**
DSH/Overdose	58	73	43	42	14	31	9	8	5	1	25	25	154	**180**
Mental Health Issues	26	56	27	35	11	21	6	6	4	5	20	13	124	**136**
Suicide/idealisation		20		15		12		1		2		3		**53**
Adult Attendance	55	69	26	33	12	18	8	14	5	9	17	8	123	**151**
Substance Misuse	7	15	3	7	3	9	2	1	1	2	3	5	19	**39**
Alcohol Misuse	19	24	18	15	13	11	3	4	6	6	10	8	69	**68**
Assault/Bullying	23	33	8	18	11	5	6	10	7	1	5	7	60	**74**
Punching/Kicking	19	13	2	1	5	3	3	7	0	3	2	1	31	**28**
Gun/Knife Crime	3	2	0	0	2	0	0	0	0	0	0	0	5	**2**
RTA	40	35	17	18	14	12	4	9	4	5	7	6	86	**85**
Non Acute Sexual Abuse	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Acute Sexual Abuse	2	3	2	0	0	0	0	0	0	0	0	0	4	**4**
Total	**507**	**727**	**233**	**342**	**133**	**234**	**92**	**153**	**59**	**115**	**113**	**121**	**1137**	**1692**

Table 33