East London
NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS: Part 1

25 July 2019

Title	Safeguarding Annual Report 2018/19
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Purpose of the Report:

This report is to provide assurance to the Trust Board on current status of the safeguarding provision across the Trust against statutory requirements.

Summary of Key Issues:

The Trust is meeting all of its statutory safeguarding requirements. The safeguarding training compliance is a significant challenge that cooperate safeguarding and localities continue to work in partnership to promote high quality training experiences that impact on compliance

In 2019 there have been there have been changes to both the children and adult intercollegiate documents. The Trust has incorporated these changes into the 3 year plan and will be monitored through the internal governance processes.

In August 2017, the Trust commissioned an independent review to examine the Trust systems, processes and structures for Safeguarding Adults and Safeguarding Children in the context of changes of the Trust services, and how it is meeting its statutory responsibilities around safeguarding as outlined in the Care Act 2014 for adults, and the relevant legislation pertaining to safeguarding children. The report however outlined five themes and recommendations which focus on:

1. Specialist safeguarding adult and children expertise and capacity including administrative support functions
2. Systems and processes for managing and administration of safeguarding information for adults
3. Mental Capacity and Deprivation of Liberty Safeguards
4. Trust Policy and practice to incorporate the principles of Making Safeguarding Personal; and 'Think Family' approaches
5. Partnership working.

There has been significant investment in the safeguarding team both in relation to administration and safeguarding professionals. This is enabling the Trust to meet the identified deficits and provide locality based specialist safeguarding support to frontline staff.

This report has been reviewed and discussed at the Quality Assurance Committee on 1 July 2019. In addition, the Trust Board has received safeguarding training relevant to their Board responsibilities at a Board Development Session on 27 June 2019.

Strategic priorities this paper supports (Please check box including brief statement)

Improved experience of care	☒	
Improved staff experience	☒	
Improved value	☒	
Improved population health outcomes	☒	

Committees/Meetings where this item has been considered:

Date	Committee/Meeting
July 2019	Quality Assurance Committee

Implications:

Equality Analysis	This report impacts on all service users including vulnerable adults, those who are parents or who are in contact with children, children whose parents are service users or who have contact with service users and children who are service users themselves and their siblings
Risk and Assurance	There is no current risk as all statutory requirements are being met. Proposal set out in this report will strengthen assurance processes.
Service User/Carer/Staff	The nature of safeguarding work entails ongoing assessment of risk in day to day clinical work. The Trust safeguarding professional will continue to provide support, advice and training for staff to carry out their role in safeguarding adults and children as confidently and as effectively as possible and to sustain and develop robust assurance systems around safeguarding practice.
Financial	There has been investment in the corporate safeguarding team in 2019.
Quality	There is no current risk to quality

Supporting Documents and Research material

a. Safeguarding Adults: Roles and competences for health care staff – Intercollegiate Document.
b. External Safeguarding review

Glossary

Abbreviation	**In full**
WRAP	Workshop to Raise Awareness of Prevent
SAR	Safeguarding Adults Learning Reviews
SAB	Safeguarding Adults Board
LeDeR	Learning Disabilities Mortality Review
SCRs	Serious Case Reviews
LAC	Looked After Children
IHA	Initial Health Assessment
RHA	Review Health Assessment
LADO	Local Authority Designated Officer

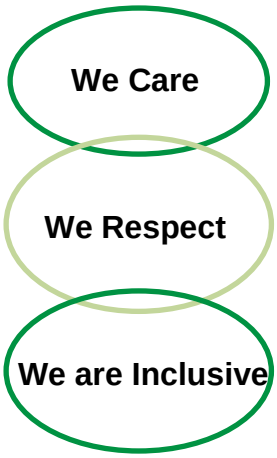
2018/19 Safeguarding Adults and Children Annual Report

1.0 Introduction

The annual report summarises safeguarding work undertaken across the Trust and demonstrates to the Trust Board and external agencies how ELFT discharges its statutory duties and responsibilities in line with 'Working Together to Safeguarding Children' 2018, and the 'Care Act' 2014.

The report outlines safeguarding activity across the Trust and highlights the achievements, challenges and priorities during the year. This is in accordance with the Safeguarding Vulnerable People in the NHS: Accountability and Assurance Framework (NHSE, 2015). The framework provides an assurance that service users and their families are effectively protected.

All safeguarding work across the Trust is underpinned by our Trust values:



Everyone is entitled to the highest quality care.

Everyone should be treated with kindness and respect.

Everyone should have access to our services when they need them, and we actively seek suggestions from all on how we can improve.

Staff are supported to work in partnership, and to respond proportionately and appropriately to safeguarding concerns for children, young people and adults at risk who access services across East London Foundation Trust in accordance with:

- Section 11 of the Children Act (1989, 2004).
- Care Act 2014 and Department of Health Care and Support Statutory Guidance issues under the Care Act 2014 (October 2014).

1.1 Key Information

The Trust operates from City and Hackney, Newham, Tower Hamlets, Richmond, Luton, Central Bedford and Bedford Boroughs and employs over 5700 permanent staff across these boroughs. The mixed demographic profile of the Trust results in a range of Adult and Children safeguarding issues that require an individual response based on local partnership procedures.

2.0 Governance and Accountability Arrangements

2.1 The Chief Nurse is the Executive Director for safeguarding who provides leadership in overseeing and steering safeguarding arrangements. The

Director of Nursing has operational responsibility for the safeguarding children and adult functions. They are supported by the Safeguarding teams, who have direct links into corporate and service directorate governance arrangements.

2.2 The Chief Nurse and Director of Nursing have delegated responsibilities for safeguarding leadership, ensuring that the Trust safeguarding plan is aligned to the safeguarding children and adults board local priorities.

2.3 The Associate Directors of Safeguarding and Domestic Abuse (Adults and Children) provide strategic leadership and co-ordination of safeguarding responsibilities.

2.4 Named professionals for safeguarding are allocated to each borough. (Appendix 1 and 2).

3.0 Quality Assurance

3.1 All health providers are required to have 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 (Safeguarding Vulnerable People in the NHS – Accountability Framework 2015). These arrangements include:

- Safe recruitment practices and arrangements for dealing with allegations against people who work with children or vulnerable children as appropriate.
- A suite of safeguarding policies including a chaperoning policy.
- Effective training of all staff commensurate with their role and in accordance with the intercollegiate competences for Safeguarding children and adults.
- Effective supervision arrangements for staff working with children / families or adults at risk of abuse or neglect.
- Effective arrangements for engaging and working in partnership with other agencies.
- Identification of named safeguarding professionals
- Developing an organisational culture where all staff are aware of their personal responsibility to report concerns and to ensure that poor practice is identified and tackled.

4.0 Assurance Framework

4.1 The Trust has an internal assurance process. This includes a bi- monthly Safeguarding Committee which reports to the Quality Committee. The Safeguarding Committee has a performance and quality assurance role and monitors the annual work plan. (Appendix 3)

4.2 Each directorate has a lead manager representative at the Safeguarding Committee to ensure that safeguarding priorities are embedded at an operational level and feeds back to their local quality assurance group. Each service directorate considers safeguarding children and adults regularly at their Directorate Management Team meetings.

4.3 In recognition of the safeguarding complexities in relation to social care delegated responsibilities, Luton and Bedfordshire hold an internal monthly Safeguarding Assurance Group, to monitor activity across safeguarding adults and children. The group is attended by senior managers from CAMHS, Adult Mental Health and Addictions services as well as the safeguarding children and adults named professionals.

5.0 Partnership Working

5.1 The Trust is committed to working in collaboration with all partners seeking to protect adults and children at risk from harm caused by abuse or neglect, regardless of their circumstances. As part of these arrangements the Trust is represented at 7 Safeguarding Children and Adult Boards covering the local authority areas where ELFT has a presence. The Local safeguarding boards look at areas of concern for their local populations. Our services work in partnership to address these identified areas. The safeguarding boards also have an assurance function that ELFT reports into.

5.2 Operational Directors or their representatives supported by the Associate Directors for Safeguarding attend the local Adult / Children Safeguarding Board meetings and contribute to the strategic development and objective setting with regard to local accountability and assurance. Any actions and deliverables are reported at the Trust's Safeguarding Committee.

5.3 The Associate Directors and Safeguarding Named Professionals are proactive on the local Safeguarding Board subgroups ensuring the Trust is linked in at all levels to multiagency developments and assurance. Named Professionals contribute to multi- agency and single agency audits in their local boroughs of operation.

6.0 Safeguarding Training Compliance

6.1 The Trust has a safeguarding training plan and is committed to ensuring that all staff receive appropriate safeguarding training. The training plan ensures that the Trust meets its legal requirements expected of a public provider of healthcare.

6.2 All ELFT employees are mapped to appropriate levels of training as required for their role and responsibilities in line with the intercollegiate documents.

6.3 The training plan incorporates safeguarding children, adults and Prevent training. The aim of high quality training is to improve practice and service provision.

6.4 Following the publication of the Safeguarding Adult Intercollegiate document 2018 the number of staff requiring level 3 trained has increased significantly. Staff are required to be fully compliant by 2021.This had a significant impact on our compliance rate compared to the previous year however we recognise that effective safeguarding requires an adequately trained workforce, and there is a plan in place to work towards compliance within the given timeframe.

6.5 The recent published Intercollegiate document (2019) for children will also have a significant impact on the safeguarding level 3 training compliance especially for the Adult mental health workforce.

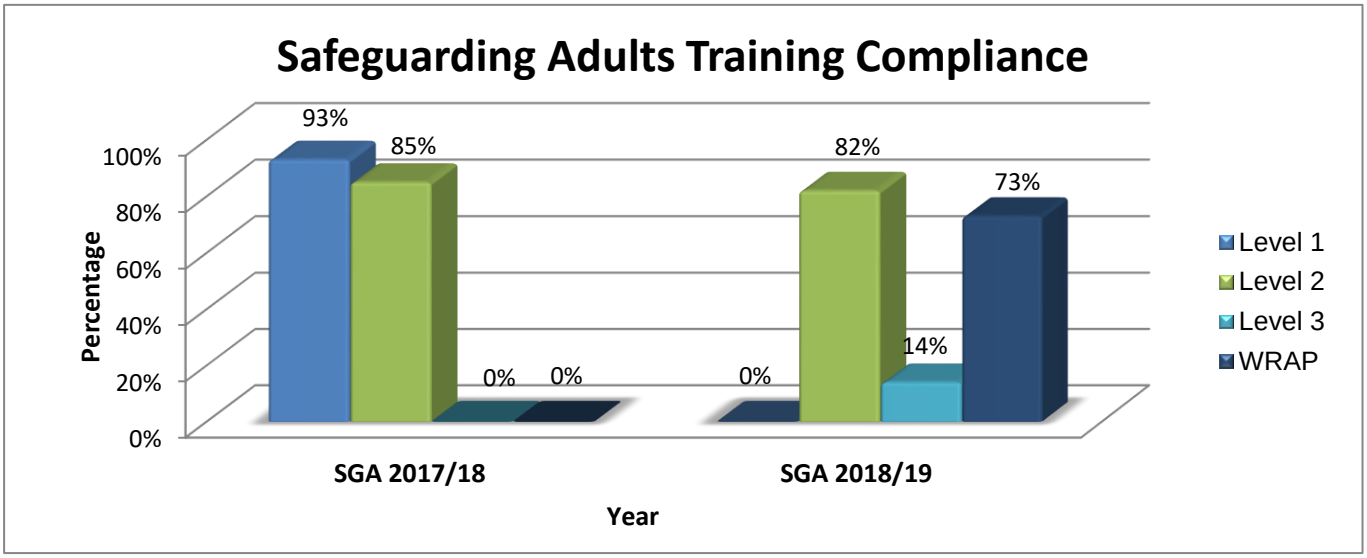
6.6 The Trust compliance with WRAP (Workshop to Raise Awareness of Prevent) training has significantly improved in the course of the year. This is due to implementation of a robust training strategy in collaboration with the Training and Development team to ensure accessibility of on- line and face to face training sessions.

6.7 In order to address the declining numbers of level 3 training compliance for safeguarding children, the safeguarding team delivered large multi – agency training events across various localities in London and have future plans for similar events in Luton and Bedfordshire. The expected outcome is that the Safeguarding Children Level 3 training compliance will be significantly improved.

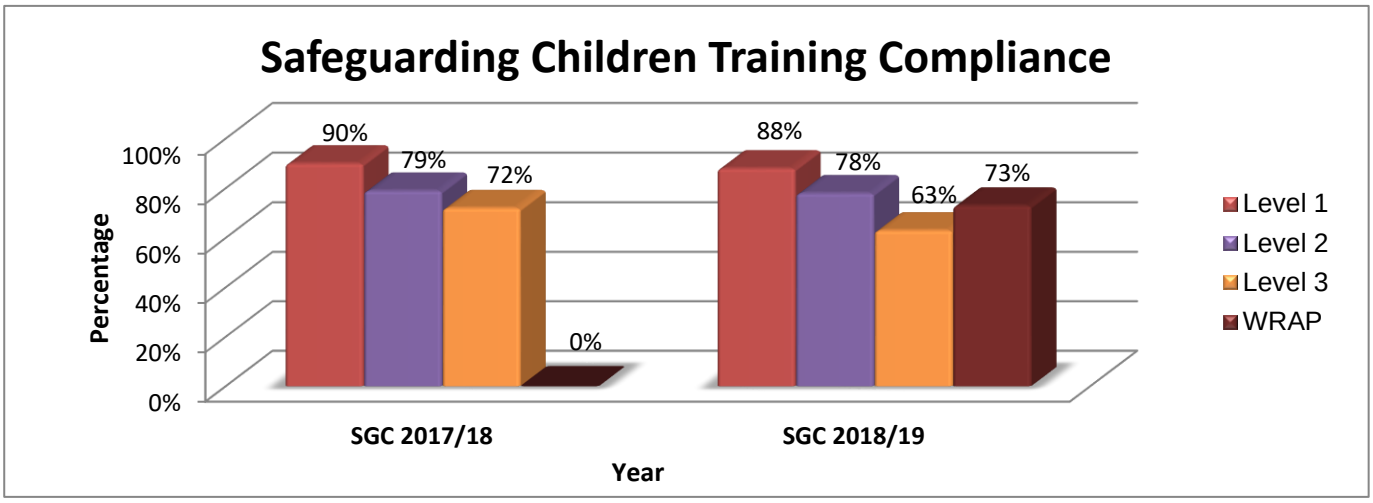
6.8 The local authorities also provide multi-agency training and ELFT staff are able to access this training.

6.9 To further improve training compliance and support the Trust 'Think Family' ethos, the safeguarding team organised and delivered a 'Think Family' Conference for all staff and external partners

Safeguarding Training Compliance 2018/19



* Please note that all staff are now required to complete Safeguarding Adults level 2 therefore compliance at Level 1 is no longer required hence the 0% compliance.



7.0 PREVENT Duty

7.1 Radicalisation is comparable to other forms of exploitation, such as grooming and child sexual exploitation. The threat of radicalisation of vulnerable people as one of the additional categories of safeguarding arising from the Care Act Legislation and has required the Trust to develop protocols and training for effective ways of dealing with this complex situation where people are at risk of harm.

7.2 The Trust remains responsive to the counter terrorism strategy and recognise that ELFT staff have a duty under the Counter Terrorism and Security Act (2015), to have due regard to the need to prevent people being drawn into terrorism and to act positively to report concerns.

7.3 The counter terrorism strategy has four key components:

- Pursue - disrupt terrorist activity and stop attacks.
- Prevent - stop people becoming or supporting violent extremist, and build safer/stronger communities. This is part of the strategy that is most relevant to the NHS.
- Protect - strengthening the UK infrastructure to stop or increase resilience to any possible attacks.
- Prepare - should an attack occur then ensure prompt response, and lessen the impact of the attack.

7.4 All staff are required to complete basic prevent training. Staff mapped at level 3 Safeguarding Adult and Children training are required to complete WRAP training.

8.0 Domestic Abuse

8.1 Domestic Violence and Abuse is the abuse of someone within an intimate or family relationship. This is a shared safeguarding responsibility across both Adults and Children's Safeguarding services. The Trust's "Think Family" approach ensures there is a shared vision for an integrated safeguarding

approach to improve outcomes for adults, children and families at risk.

8.2 There continues to be Trust representation at the local Multi Agency Risk Assessment Conference meetings (MARAC), which is the forum of organisations that manage high risk cases of domestic abuse, stalking and so called 'honour'-based violence.

8.3 There is Trust representation at domestic homicide reviews and learning from these events is shared within the directorates and across the Trust.

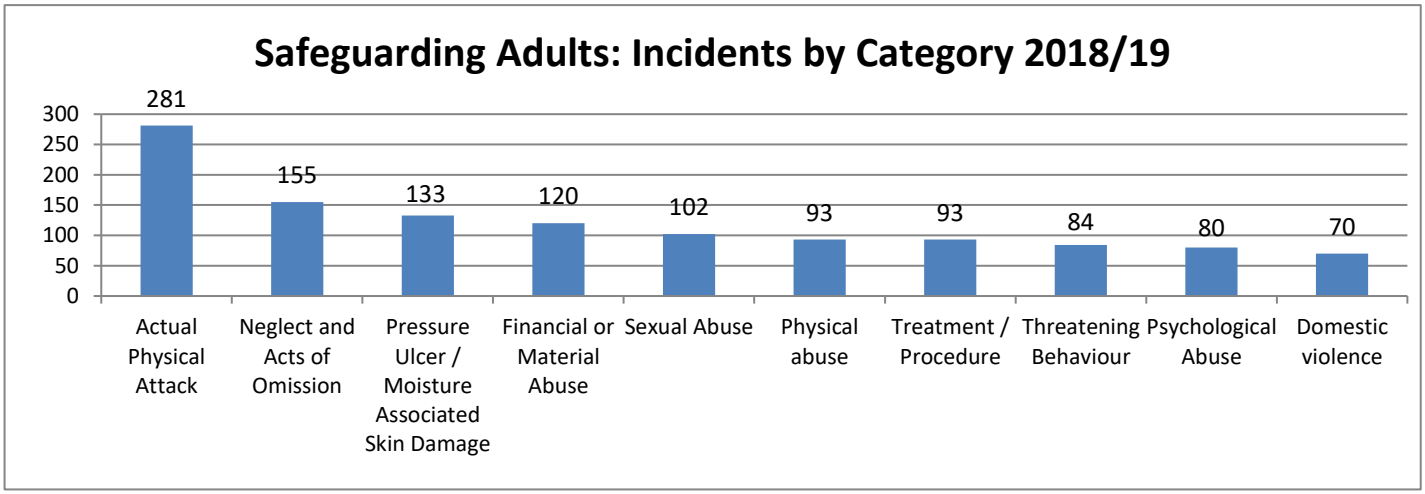
9.0 Safeguarding Adults Incident Reporting Data

9.1 All patient safety incidents are reported on the Datix incident reporting system and are monitored, assessed and screened for cases where abuse or neglect or poor care are indicated. This process supports staff in their decision making to consider and identify safeguarding concerns. The information gathered from Datix incident reporting is monitored by the Safeguarding Team and Directorates to ensure appropriate safeguards are in place.

9.2 Staff are supported in completing and submitting safeguarding adult concern (Section 42) forms. There are varying local arrangements across the Trust due to commissioning agreement in Boroughs.

9.3 Due to the commissioning arrangements in Bedfordshire and Luton there is a significantly higher demand for Trust staff to complete Section 42 enquiries. The named professionals in Bedfordshire and Luton support the teams to complete the enquiry.

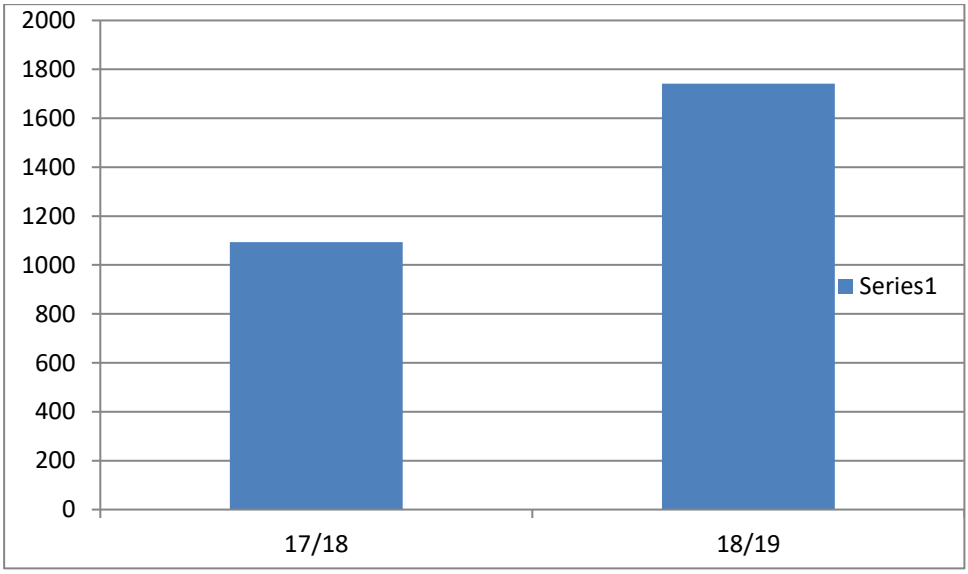
9.4 Table A: DATIX reported incidents (2018-19).



A total of 1741 incidents were identified and reported by staff as incident with safeguarding adult implication

DATIX Table A - Adult Safeguarding Reporting		
	17/18	**18/19**
Bedford Mental Health	167	311
City and Hackney Mental Health	106	112
Community Health Services*	298	458
Forensic Services	152	326
Luton Mental Health	118	185
Newham Mental Health	123	150
Specialist Services and CHN Children's Services	15	38
Tower Hamlet Mental Health	117	161
Total	**1093**	**1741**

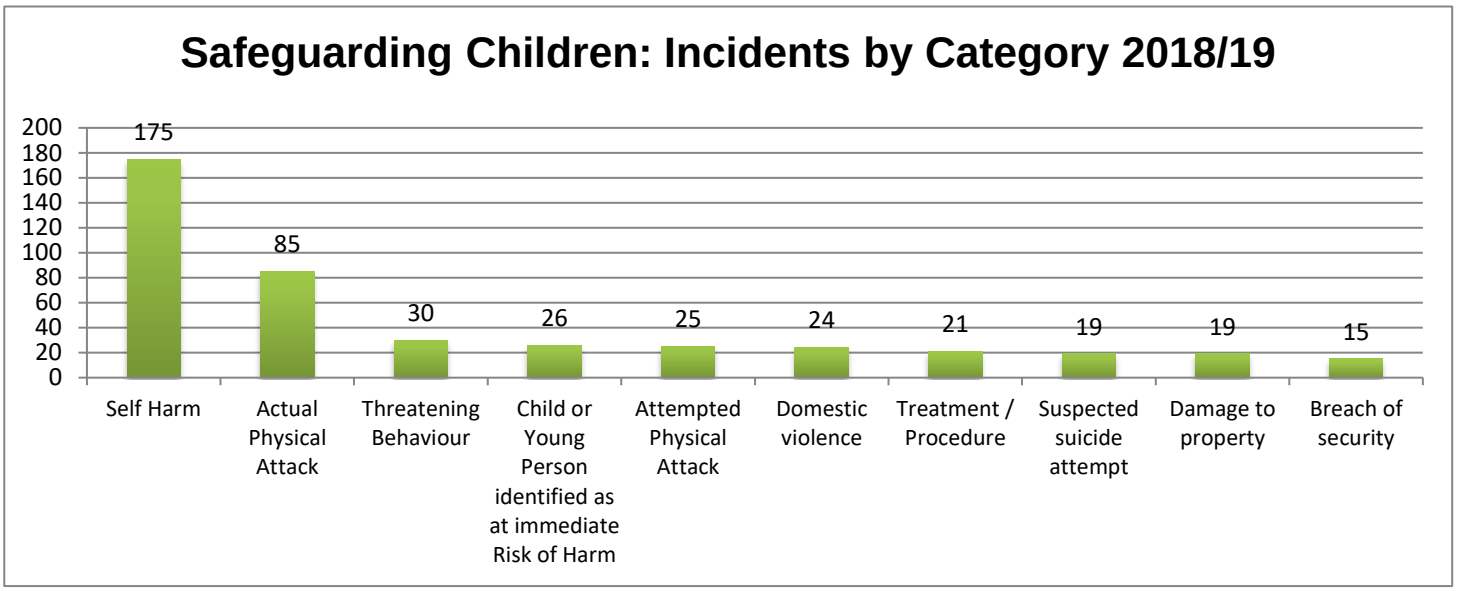
DATIX Table B- Adult Safeguarding Reporting



A number of factors have contributed into the increase in Datix reporting including:

- Increased and targeted Safeguarding training has been more effective in raising awareness for staff to report issues;
- High numbers of people use community health services and staff have frequent contact with the patients due to the nature of the care and treatment they require for example pressure ulcer care. Patients present with a range of complex health and social care needs which may explain the high number of safeguarding concerns that are raised.

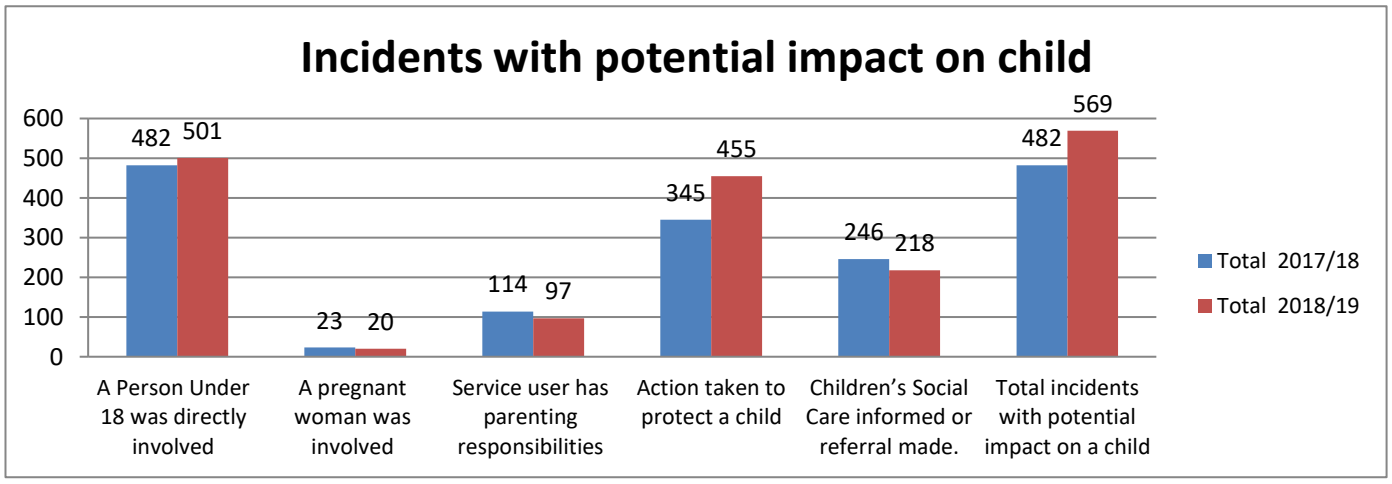
10.0 Safeguarding Children Incident Reporting Data

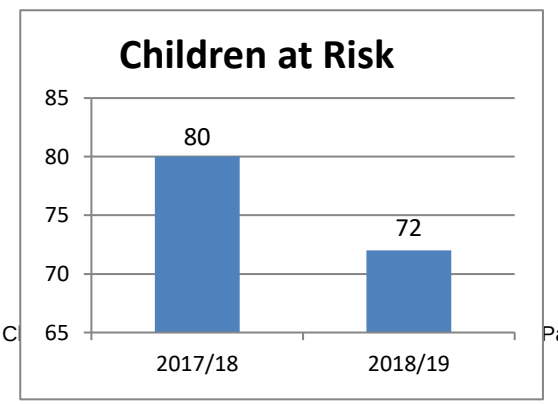


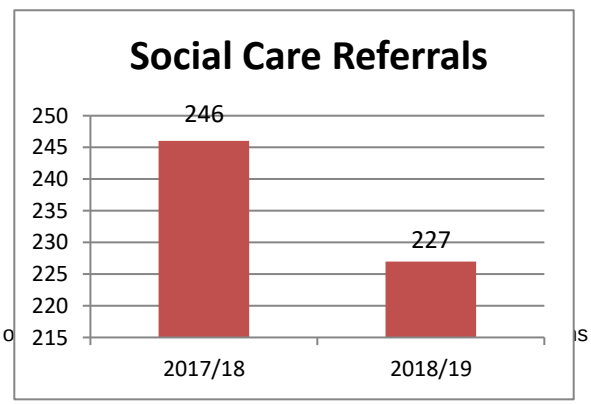
During the year a total of 569 (compared to 482 in 2017/18) ticked one or more of the safeguarding children fields. The data is shown in Table 1.

10.1 Of the 569 incidents which showed that a child could have been affected 72 indicated that children were at risk prompting referrals to Children Social Care which informs us that there is a requirement for multi-agency assessment.

10.2 Coborn and Galaxy in-patient adolescent units have the highest number (328 compared to 198 in 2017/18) of Datix incident reporting of cases due to the high level of vulnerability and behavioural difficulties that the service users present with. The reported incidents ranges between self-harm, violence and aggression towards others and the environment.







11.0 Safeguarding Adults Learning Reviews (SAR)

11.1 A SAR is commissioned by the Safeguarding Adults Board when an adult dies as a result of known or suspected abuse or neglect, and there are concerns that partners agencies could have worked more effectively to protect the adult. Safeguarding Adult Board (SAB) must also arrange a SAR if an adult with care and support needs, in its area has not died, but the SAB knows or suspects that the adult has experiences serious abuse or neglect.

11.2 During 2018/19 2 SARs were published. 6 SARs were completed and await publication, 5 SARs are in progress. All of which involved ELFT services.

12.0 Serious Case Reviews (SCRs)

12.1 A Serious Case Review takes place after a child dies or is seriously injured and abuse or neglect is thought to be involved. It focuses on lessons that can help prevent similar incidents from happening in the future. The local Safeguarding Children Boards (LSCBs) follow statutory guidance when conducting a SCR and partner agencies are required to participate if involved. The overall interagency SCR report is commissioned by the LSCB and authored by a professional independent of the agencies involved in the SCR, and is usually published in the public domain. It may contain further recommendations for the Trust. Individual agency IMRs inform the SCR but these are not published.

12.2 ELFT is represented by a member of the safeguarding team on each of the Local Safeguarding Children Board's standing SCR committees to ensure appropriate involvement by the Trust.

12.3 Over the past year ELFT has participated in nine SCR's for children known to our services. This represents a 90% increase compared to 2017/18. The safeguarding children team contributed to ten Learning Review (LR) cases.

12.4 The Safeguarding Committee receives bi–monthly updates on all SCRs and LRs. Action plans are monitored at this meetings and Directorates report back on the progress of the action plans. The final reports are published by the respective local Safeguarding Children Boards or NSPPC and are available on their websites once complete.

12.5 The theme for our LSCBs in 2018-19 sadly remains youth violence, adolescent self-harm and child criminal exploitation which have involved CAMHS services across the Trust.

12.6 The safeguarding team have supported learning lessons events following the publication of SCR for child C and Y with a particular focus on child criminal exploitation and teenage suicide.

13.0 The Learning Disabilities Mortality Review

13.1 Following the 'Confidential Inquiry into premature deaths of people with learning disabilities' (CIPOLD), NHS England launched the Learning

Disabilities Mortality Review (LeDeR) Programme in conjunction with Bristol University. Subsequent to the publication of the NHS Long Term Plan, the LeDeR programme will continue, with the intention of embedding reviews of deaths of people who have learning disabilities into everyday practice.

13.2 Key findings from the Annual Review paper issued in May 2018 included the acknowledgment that people who have a learning disability die up to nearly 30 years earlier than those in the general population. The reviews within scope of the report demonstrated that people were still dying from causes amenable to good quality care. The most widely reported causes of deaths included Sepsis, Aspiration Pneumonia, Bowel Obstruction, poorly controlled Epilepsy and late diagnosed cancers. The next annual review will be published in May 2019, and is likely to include a greater element of learning from deaths and changes in practice since the introduction of the LeDeR Programme.

13.3 The Trust now has a standard pathway to report any death of a person who has a learning disability, and LeDeR notifications are made through the Assurance Team from a Datix report. The deaths are discussed within the monthly Learning from Deaths meeting, and work is moving forward to establish a repository for completed reviews within Datix, and then a process for sharing the learning, not only for Learning Disability Services but also all services within the Trust.

14.0 Making Safeguarding Personal

14.1 The Care Act (2014) defines safeguarding adults as protecting an adult's right to live in safety, free from abuse and neglect. Making Safeguarding Personal (MSP) aims to make safeguarding person-centred and outcomes focussed, and moves away from process driven approaches to safeguarding.

14.2 ELFT emphasise the importance of enlisting the views of service users in the safeguarding adults' agenda, with a focus on the individual's views, wishes, feelings and beliefs. The service user views and wishes are critical to a person-centred system. This includes taking into account the choices that a person may wish to make about their support, and where they are the subject of a safeguarding enquiry, to be better involved in the process. MSP is a priority for our SAB and CCG partners. We would be working alongside our partners to focus on MSP and audit staff documentation to ensure MSP is embedded in their practice over 2019/20.

15.0 The Voice of the Child

15.1 Children's views are integral to evidence-informed clinical practice. Respecting a child's experiences is also fundamental to the values of effective safeguarding process for children and young people. In order to improve the outcomes for children, and ensure their individual needs are taken into consideration, anyone working with children, young people and their families or carers should see and speak to the child or young person; listen to what they say; take their views seriously; and work with them collaboratively when deciding how to support their needs. This is rooted in legislation and good practice (Working Together to Safeguard Children 2018).

15.2 The Children Act 2004 places a duty on local authorities to ascertain the child's wishes and feelings and take them into consideration when making decisions during child protection process, as far as is reasonable, practicable and consistent with child's welfare. These duties complement requirements relating to the wishes and feelings of children who are, or may be, looked after including those who are provided with accommodation under Section 20 of the Children Act 1989 and children taken into police protection.

16.0 Safeguarding Supervision

16.1 Effective supervision has a significant function in maintaining the focus on the child (HM Government, 2015: 25) and is therefore integral to providing an effective person/child centred service. Supervision enables staff to see "the whole picture" by "thinking family" and to recognise the impact that parental and family behaviours have on children and young people and vulnerable adults.

16.2 The Trust recognizes the importance of clinical supervision as essential to professional development and helps the supervisee develop confidence in decision making. A variety of models of clinical and safeguarding supervision are used to reflect the broad range of professionals working within the Trust and the levels of risk within their patient or client group.

16.3 The safeguarding team provides group, one to one and adhoc supervision including telephone advice to staff across the Trust to ensure effective support and guidance is available to staff appropriate to their roles.

16.4 Senior clinical staff in CAMHS contributes to a monthly Complex Case Forum with clinicians and colleagues from Social Care and other agencies. The forum allows for the regular discussion around specific themes relating to safeguarding children e.g. Teenage Mental Health and other complex cases where safeguarding concerns arise or exist.

16.5 The quality and effectiveness of safeguarding children supervision is audited twice yearly and monitored by the Trust Safeguarding Committee to ensure improved practice.

17.0 Looked After Children

17.1 Looked After Children (LAC) often enter the care system with a worse level of health than their peers, in part due to the combined effects of the impact of poverty, poor parenting, abuse and neglect. These young people often enter care from chaotic home situations and/or through the criminal justice system.

17.2 The total number of children looked after by Newham as of 31st March 2019 were 379 (Source: Azeus reporting LBN). Of these children, around 40% continue to live in Newham; this is a 3% increase from last year and 53% live outside of the Borough and so care is provided by the host Local Authority where they live. The placement of LAC outside of the borough can have implications for the ELFT LAC health team in terms of resources, capacity and ensuring the continuity of high quality health care. Where possible, ELFT

health team will undertake outreach to the child or young person.

17.3 The Community Looked After Children (LAC) team is responsible for assessing and ensuring that the health needs of all the looked after children and young people from Newham, whether they still live in the Borough or they have moved out of the area, are met. In addition, the team is also responsible for assessing the health needs of children from other authorities who are placed in Newham and ensuring these are addressed, if requested to do so. Addressing their mental health needs is also complex as their experience of pre arrival in the UK may have significant impact on their emotional wellbeing. The LAC health service has updated their health assessment forms to include an assessment of their life before arrival, including their journey to the UK.

17.4 Newham LAC demographic information:

Newham LAC population is reflective of the national picture in relation to the age and gender distribution. Brief summary:

- There were 380 looked after children on 31.03.2019. This is a 6% decrease from 2017.2018.
- There were 231 children entered into care during this period.
- 254 children left care during this period.
- 56 looked after children have a disability on 31.03.2019. 37% of these children and young people are female and 63% of these children and young people are male.

17.5 **Age, Gender & Ethnicity of Newham LAC population as of 31st March 2019**

Age	**Total**	**%**
<None>	0	0.0%
Under 1	18	4.74%
1 to 4	35	9.21%
5 to 9	39	10.26%
10 to 15	156	41.05%
16 to 18	132	34.74%
Total number of Children Looked After	**380**	
Total Male	209	55.0%
Total Female	171	45.0%
Percentage of LAC from BAME background		94.2%

(Data provided by London Borough of Newham)

17.6 Newham LAC Legal Status as of 31st March 2019:

Out of 380 Looked After Children in Newham, 181 (48%) is in care under a full care order (followed by 118 (31%) in care under section 20 (voluntary agreement)

17.7 Statutory Health Requirements

It is a statutory requirement that children and young people who are looked after are offered and ideally receive a health assessment at specified points during their time in care to identify health needs promptly so that the appropriate care and treatment can be arranged.

• An Initial Health Assessment (IHA) should be undertaken within 4 weeks of a child entering care and statutory guidance states that this assessment should be completed by a doctor.

• A review health assessment (RHA) should be completed annually for over 5 year olds and every 6 months for children under 5 years. These assessments can be completed by a suitably trained health professional.

17.8 Initial Health Assessments

76% of Initial health assessments were completed in the 20 working days' time frame. This is an 8% improvement from the last financial year. These breaches were largely due to delays in Social Workers completing notifications and consents (known as Coram BAAF forms) and sending these to the ELFT LAC health team in a timely manner.

Number of IHA offered appointment within 20 working days	Q1	Q2	Q3	Q4	**Total**
	60%	68%	81%	95%	76%

17.9 Review Health Assessments

99% of under 5's Review Health Assessments (RHA) were completed in the set time frame, an improvement of 5% from last year, and 83% of over 5's were completed in the set time frame. This is also an improvement by 6% from last year. 85% in total was achieved in the set time frame, again an improvement of 5%. The national average is 88%. The overall achievement for delivery of RHA undertaken by the LAC nurses should be recognised as a good achievement given the transiency of this vulnerable group and the tendency of the older LAC to refuse assessment. As with initial health assessments, children looked after out of area are disadvantaged in terms of receiving a timely review health assessment. 55 Children were seen by an external health provider.

Number of review assessment < 5 undertaken within 6 months	Q1	Q2	Q3	Q4	**Total**
	94%	100%	100%	100%	**99%**
Number of review assessments > 5 undertaken within 12 months of previous RHA	Q1	Q2	Q3	Q4	**Total**
	92%	76%	81%	83%	**83%**
Total number of RHA undertaken in 2018/2019 within set time scale	Q1	Q2	Q3	Q4	**Total**
	92%	81%	83%	86%	**85%**

17.10 LAC Governance and reporting arrangements

- The LAC health and safeguarding teams attend commissioner-provider meetings with Newham CCG at the Newham Joint Health Sub Group, every 2 months.
- The Lead Nurse for LAC attends Newham Corporate Parenting Board and participates in the Corporate Parenting Board Operational Group. Health updates are presented when required.
- The Lead nurse for LAC attends the Clinical Governance Specialist Children's services meeting every month.
- KPI data is reported monthly to the CCG.
- The clinical team undertakes quarterly essential audits in record keeping and infection control.
- The Lead nurse for LAC attends the Safeguarding Children Committee, every 2 months and reports progress and challenges at the committee.

17.11 Challenges/ Risks

- Not always being notified in a timely manner 'children brought into care' therefore impacting on 20 working days turnaround time.
- Having to cancel a number of initial health assessments due to not receiving correct paperwork in time
- Ascertaining LAC dates for reviews

18.0 Workforce

18.1 Statutory guidance requires the Trust to have robust arrangements for safe recruitment practices including identity and DBS checks for all new and existing every three years. At the end of the financial year the percentage of staff with a valid Disclosure and Barring Scheme (DBS) check was 98%.

19.0 Key Achievements

19.1 The Trust made a significant investment into the safeguarding team in 2018/19 to strengthen the safeguarding adult workforce to meet the widening

requirements of the role and responsibilities in the Corporate Safeguarding Adult service. There was also investments into performance and management of data which will hope to streamline reporting and release named professionals for safeguarding to focus on supporting frontline safeguarding practice. We are in the process of recruiting and embedding these changes into the team

19.2 In order to improve staff awareness in regards to the Think Family approach the safeguarding team organised a conference to support staff and educate on the benefits of the whole systems approach on safeguarding. The conference covered a range of subject's including Female Genital Mutilation, Modern Slavery, Domestic Abuse, Prevent and County Lines. Staff reported that the conference provided an opportunity to discuss case work from a Think Family perspective.

20.0 Allegations

20.1 Statutory guidance requires the Trust to have Clear policies for dealing with allegations against people who work with children and Adults at risk. The trust Policy for allegations against staff was reviewed and updated in 2018 and is available on the Intranet. When children and young people make an allegation against a member of staff at work that has a child protection component this has to be referred to a Local Authority Designated Officer (LADO) and investigated under multi-agency allegations procedures. There has been 2 LADO reported incidence in 2018 /19 and these were managed in line with the Trust policy.

21.0 Key Challenges

- Working with different IT systems that do not communicate with each other
- Responding effectively to the increasing number of high level reviews such as SARs and SCRs.
- To ensure the challenge of working across 7 Safeguarding Adult and Children Boards and their associated sub-groups is managed effectively.
- To roll out level 3 safeguarding adults training following the guidance from the Intercollegiate Document 2018
- To ensure that the Trust 'Think Family' ethos is embedded into everyday practice

22.0 Safeguarding Work Plan

22.1 During 2018/19, the safeguarding team made progress with the safeguarding strategic objectives and work plan underpinned by the Trust's core values. The new format work plan was agreed at the Trust Safeguarding Committee. The work plan is for a three-year period, and allows for a bi-monthly review and RAG rated, so progress for objectives is clearly visible. The work plan will ensure the Trust drives forward the safeguarding agenda across the organisation. Recommendations and action plans from audits and external reviews are added to the work plan and progress against these actions are monitored, reviewed and challenged by the Safeguarding Committee (Appendix 4).

23.0 Summary

23.1 The Trust is committed to ensuring that high standards of safeguarding practice are in place to support vulnerable children and adult service users. Safeguarding training was delivered to the Trust Board in 2018 in line with the NHS safeguarding assurance framework.

The Trust can demonstrate that they are compliant with:

- Raised awareness of both Adults and Children's safeguarding;
- Improved the interface with partner agencies
- Ensure that during the process of the acquisition of new services due diligence of safeguarding capacity is a high priority.
- Learning lessons events are organised across directorates

24.0 Action Being Requested

24.1 The Board is asked to **RECEIVE** and **NOTE** this report.

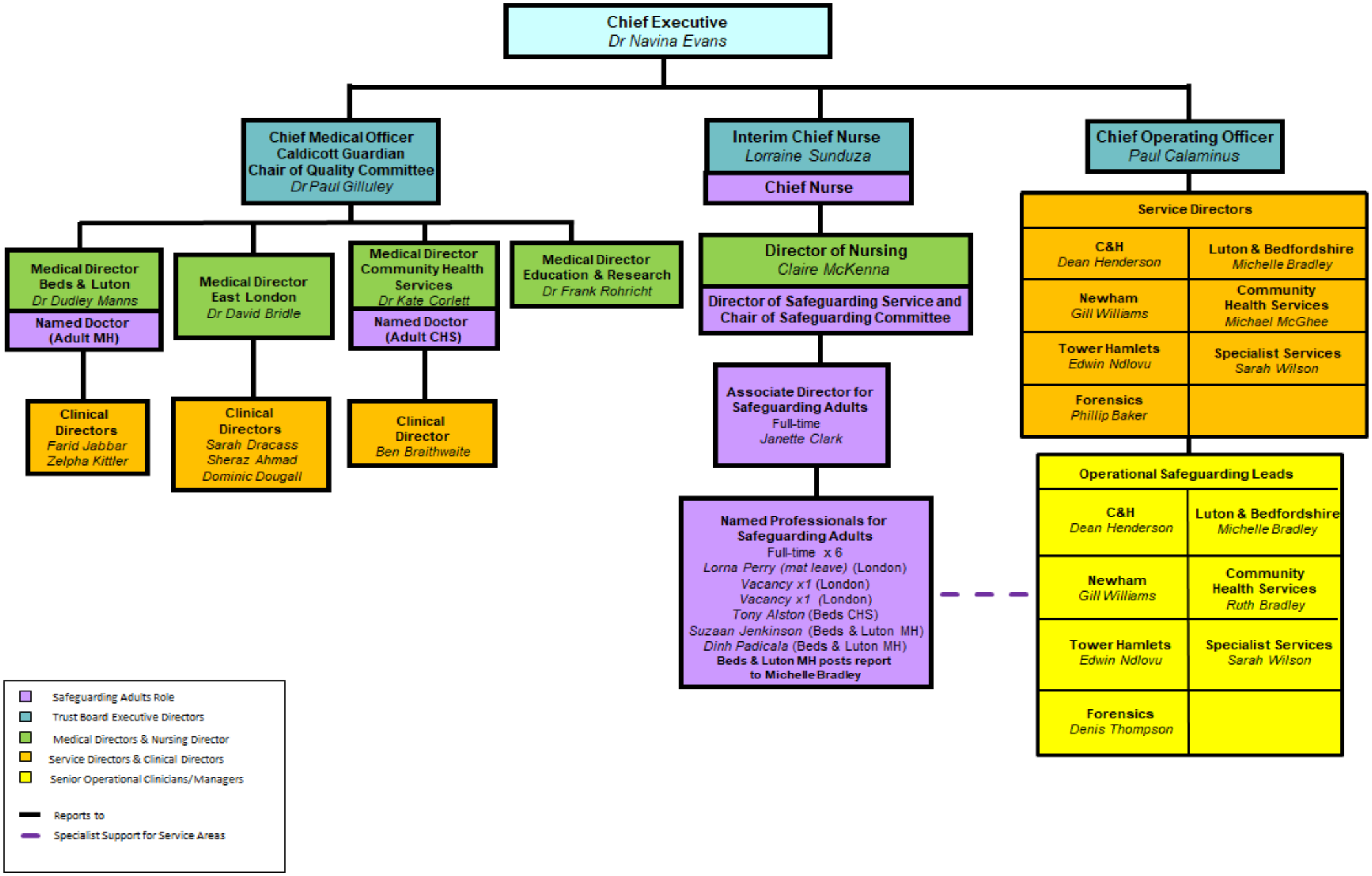
Appendix list

1. **Appendix 1** - Organisational Chart for Safeguarding Adults
2. **Appendix 2** - Organisational Chart for Safeguarding Children
3. **Appendix 3** - Assurance Structure
4. **Appendix 4** - Work plan 2018 to 2021

Appendix 1

East London NHS
NHS Foundation Trust

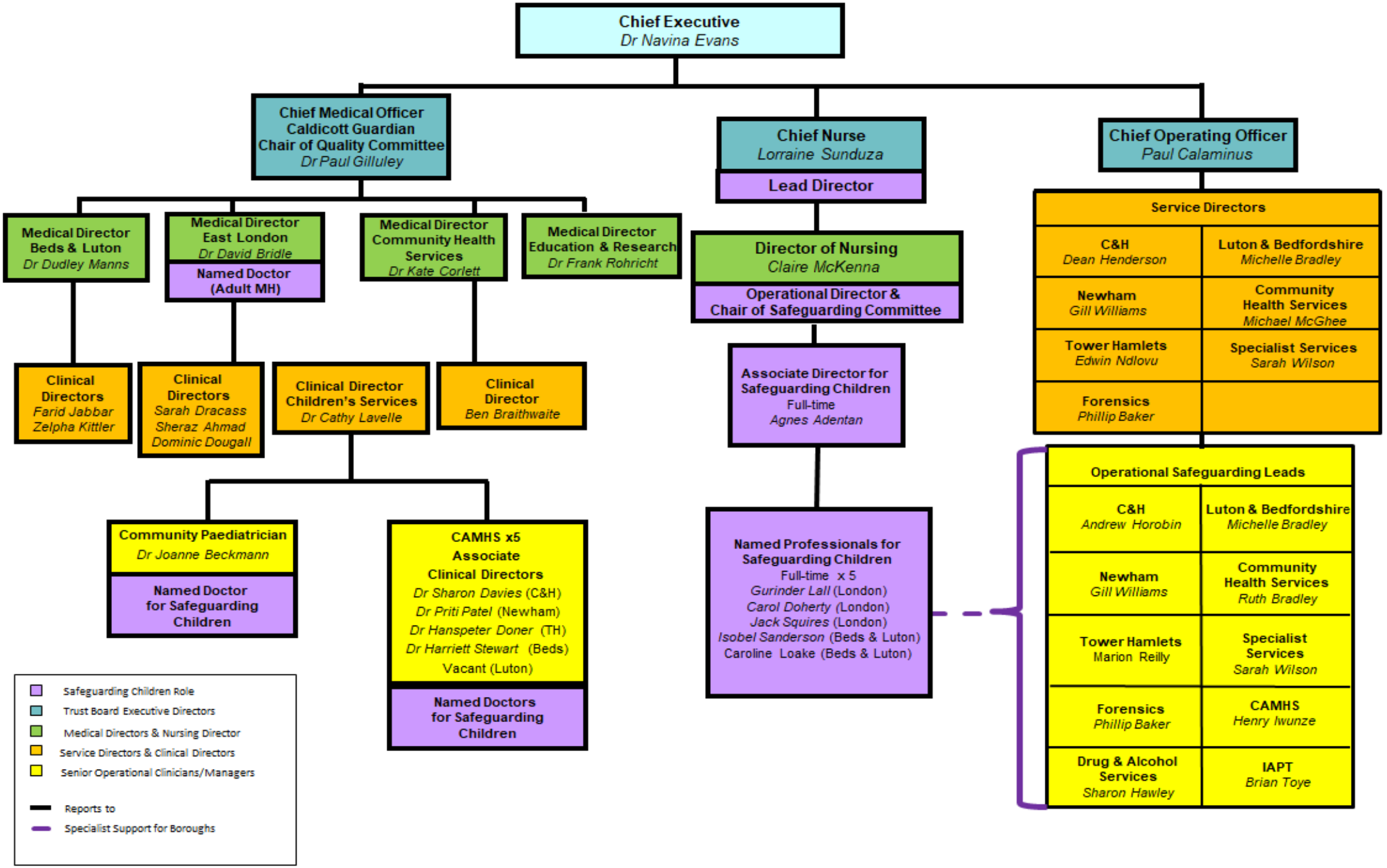
ORGANISATIONAL CHART FOR SAFEGUARDING ADULTS – REVISED MAY 2019



Appendix 2

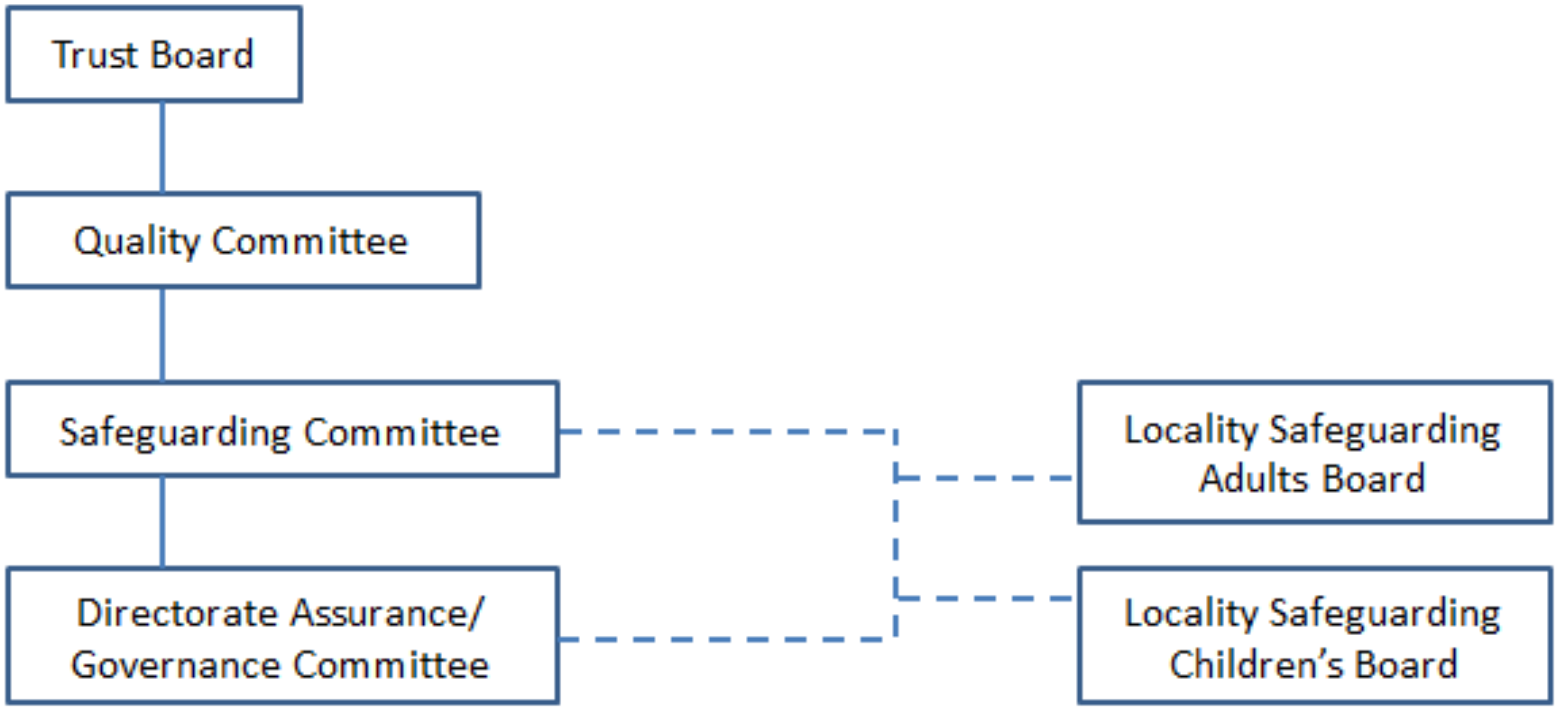
East London NHS
NHS Foundation Trust

ORGANISATIONAL CHART FOR SAFEGUARDING CHILDREN – REVISED MAY 2019



Appendix 3

Assurance Structure



Appendix 4 - 2018/2019 priorities -Update

Area of Development	Actions taken	Onward actions
Increase capacity within adult safeguarding team to support borough based teams	• Financial Investment obtained. • Recruitment completed for all posts. • Structures now aligned to safeguarding children structures.	• Embed new starters into the team
Review learning difficulties safeguarding	• LeDar reviews are now monitored through the safeguarding committee. • Learning difficulties was a focus for a safeguarding learning event	• Further review themes and issues arising from learning difficulties incidents in the safeguarding committee.
Increase Prevent and WRAP training compliance	• WRAP now part of online accessible training. • Positive increase in compliance	• Continue to support compliance and monitor through the safeguarding committee.
Develop ELearning package for Domestic violence	• Scoping available online packages	• Review and agree eLearning package through domestic violence group
Quality improvement project to embed making safeguarding personal (MSP)	• This has not been completed	• Plans to send safeguarding leads to Qi training. • Embedding MSP is a focus for 3 year plan
Learning lessons programme for safeguard reviews	• Safeguard leads are part of all SI's involving safeguarding. • Local learning lessons events have occurred in all boroughs within the year	• Continue to support learning lessons sessions within boroughs
Develop the role of safeguarding and prevent leads in each borough	• Additional roles within safeguarding team mean that all boroughs will have a lead	• Clarity document to be completed to give clarity to expectations.
Skills development for safeguarding adult enquiry's	• Ongoing training in place for B5 and above. • Supervision and auditing in place for L and B where volumes are high	• Manager focused training that looks at how to support staff in conducting quality reviews
Cooperate approach to collecting section 42 enquiry's	• Sections 42's are now reported to the safeguarding committee. • Assurance meeting held in L and B where volumes are high	• Focused review of section 42's in forthcoming safeguarding committee to be sited on issues and themes
Contribution to all safeguarding boards priorities	• Locality leads attend local boards. • Locality and safeguarding leads work on sub group priorities. • Safeguard leadership meetings held between trust executive lead and board leads.	• Continued yearly meetings with board leads.

Appendix 5

Work Plan 2018 - 2021

Annual Plan based on the Trust Strategy 2018 -2021

No 1	Improved population health outcomes	Action required	Lead	Timescale	Evidence/ progress	Rag rating
1	Implement the Intercollegiate document guidelines for Children and Adults and map training as appropriate to ensure that staff across the Trust receive the training and support in accordance to their roles and responsibilities	• Assess training needs and map staff against the Intercollegiate document guidelines • Use case studies, SCR and SAR and different interactive methods of learning • Capture accurate training data	Associate Directors Safeguarding Children and Adults Corporate Safeguarding Team Workforce and Learning Development	Ongoing	Competent staff being aware of the complexities of safeguarding in their day to day work	
No 2	**Improved experience of care**	**Action required**	**Lead**	**Timescale**	**Evidence/ progress**	**Rag rating**
2a	Safeguarding is an everyday business across the organization evidenced in all areas of the Trust's activities and business.	• Ensure that there is representation at the safeguarding committee from a range of Directorates and professions • All areas are compliant with safeguarding training	Chief Nurse and Borough Directors	April - October 2019	Staff are aware of their safeguarding responsibilities and raise alerts and concerns appropriately	
2b	Ensure staff understand that safeguarding is everybody's responsibility	• Details in all Job Descriptions • Review Appraisal documents to see if safeguarding features as a competence • Review the number/ appropriateness of concerns /referrals	Human Resources Directorates HR Business Partners Corporate Safeguarding Team	October 2019	Improved staff are confident and competent in raising safeguarding concerns and making referrals.	

2c	Ensure patients are protected by Organisational Policies and Processes that are underpinned by safeguarding principles i.e. good practice	• HR policies are up to date regarding safeguarding and voicing concerns • Monitor and evaluate staff surveys • Ensure that Safeguarding policies up to date • Incorporate the Mental Capacity Act and e DOLs framework into Safeguarding training practice and intervention	Chief Nurse and Director of Nursing Associate Directors Safeguarding Children and Adults and Lead Nurse for Mental Health Law and Mental Capacity Act (MCA)	October 2019	Policies are updated in accordance with National and Regional guidance.	
2d	Ensure that staff receive appropriate support and training to be able to deliver high standards of Safeguarding practice and intervention	• Safeguarding Team to work in collaboration with the lead Mental Health Act nurse and MCA and DOLs advisor • Develop opportunities for themed learning lessons events across directorates so the learning is shared across Community Health , Learning Disabilities and Mental Health services	Named Professionals for Safeguarding and directorate Safeguarding leads	October 2019	Practice recommendations from SARs and SCRs are incorporated into Safeguarding training and supervision. And monitored.	
No 3	**Improved Staff experience**	**Action required**	**Lead**	**Timescale**	**Evidence/ progress**	**Rag rating**
3	To ensure that staff are empowered to speak up and act when they see or suspect safeguarding issues by ensuring that they receive appropriate levels of training based on national and local guidelines	• Undertake incident review of SGA and SGC on the DATIX system • Monitor training compliance • Monitor quality of referrals to social care	Corporate Safeguarding Team Service Directors Corporate Safeguarding Team	October 2019	Improved staff confidence in reporting safeguarding concerns as evidenced by Datix reporting data	

No 4	Improved Value	Action required	Lead	Timescale	Evidence/ progress	Rag rating
4a	To work in partnership with other agencies leading on health so that co-operation in a transparent and productive way progresses safeguarding	• Attendance at multi-agency meetings • Joint working in relation to inspections and working together • Promote joint learning lessons events regarding SCRs and SARs • Share learning and evidence from SCR and SAR in relation to partnership working	Corporate Safeguarding Team and Service Directors Chief Nurse Service Directors Corporate Safeguarding Team and	Ongoing	Reduce variation in clinical practice across the Trust	
4b	To develop a dataset of information to monitor safeguarding activities and ensure that the organisation has sufficient capacity in meeting their statutory requirements.	• Quarterly reports to be developed and presented at Trust SG committee • Dashboard to be developed	JC & AA Safeguarding Team Data Analyst	June 2020	Robust and accurate data is presented to the Trust Board and partner agencies.	
4c	To promote a 'Think Family Approach to Safeguarding'	• Develop joined up training for areas of training /supervision where a think family approach is appropriate	Corporate Safeguarding Team	Ongoing	Staff approach to patient care is family focused.	
No 5	**Improved Partnership working**	**Action required**	**Lead**	**Timescale**	**Evidence/ progress**	**Rag rating**
5a	To ensure that there is clear accountability and transparency in delivering safeguarding priorities by building an effective governance assurance framework.	• Pro-active well attended safeguarding committees fulfilling terms of reference • Measure the quality of work and compliance against regulatory standards • Quarterly upward reports to Quality Assurance Committee	Director of Nursing	January 2020		

5b	Respond to both internal partnerships multi-agency requirements OfSTED, Inspections, CQC and Joint Targeted Area Inspections (JTAI)	• Contribute and assist with partnership requirements for SAB and LSCB • Ensure robust safeguarding processes are in place for CQC requirements and inspection.	Chief Nurse DON Associate Directors for Safeguarding Children and Adults	Ongoing	Trust compliance with its statutory responsibilities are fulfilled in accordance to Section 11 of children Act 1989 and Care Act 2014	
No 6	**Aim**	**Action required**	**Lead**	**Timescale**	**Evidence/ progress**	**Rag rating**
6	Single and multi- agency audits	• All audits and reports are collated in calendar and reviewed to establish gaps and repeat as appropriate • Reports are reviewed and any actions implemented	Associate Directors for Safeguarding Corporate Safeguarding Team and Service Directors	In accordance to audit cycle	Review Audit Cycle and implementation action plan through quality committee.	