

**REPORT TO THE QUALITY ASSURANCE COMMITTEE
2019/2020 Safeguarding Annual Report
17 SEPTEMBER 2020**

Title	Safeguarding Annual Report 2019-20
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Accountable Executive Director	Lorraine Sunduza, Chief Nurse

Purpose of the Report:

This is the second combined ELFT Safeguarding Annual Report, It's purpose is to inform Trust Board members of the progress with regard to its responsibilities for Safeguarding Adults and Children's activity as part of its regulated and statutory responsibilities. This includes the achievements, main areas of development and challenges for safeguarding during 2019-2020.

Summary of Key Issues:

A joint adult and children approach has been adopted in line with the trusts shared safeguarding agendas, shared principles, Think Family approach and duty of care.

There have been a number of challenges during 2019-20 for safeguarding but overall the trust is in a strong position for 2020-21. The trust understands the areas which require focus and strengthening and these are fully sighted on moving forward. There have been many positive aspects to comment on over the past year and in particular: good partnership working with the local authority safeguarding boards, internal governance of safeguarding, staff knowledge and training and above all an experienced and creditable safeguarding team. All of these positive aspects will continue into 2020-21 and support the safeguarding activity.

The Corporate Safeguarding team has undergone a change in leadership with two new Associate Directors taking over the Safeguarding Adults and Safeguarding Children's teams. The team has also recruited to its vacant posts in City and Hackney for adult and children and in Newham for children, and will be fully staffed once the new members commence in post.

The Domestic Abuse agenda continues to be a significant priority area for the trust. The trust implemented the Domestic Abuse and Harmful Practices policy, developed the Domestic Abuse steering group, developed domestic abuse leaflets and also participated in the National White Ribbon Campaign.

As a result of the Covid-19 pandemic, the Safeguarding team encountered some barriers to effective practice such as reduced amount of referrals, reduced contacts by network and agencies, limited opportunities for face to face contact with service users, the volume and complexity of new information and the shortage of staff all impacted on the working arrangements of the team. Covid 19 required innovation in relation to accessibility of the team, maintaining links with partner agencies and training solutions.

The safeguarding team has rolled out the Level 3 safeguarding training to qualified staff members of the trust in line with the intercollegiate document, meeting trajectory target for full compliance in 2021.

The trust has met the PREVENT agenda's key priority and all the staff are mapped as per the Prevent Training and Competencies Framework. The trust is over 90% compliant in the Basic Awareness and WRAP training.

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

Improved patient experience	<input checked="" type="checkbox"/>	Work around MSP and Think family agenda is likely to improve experience
Improved health of the communities we serve	<input checked="" type="checkbox"/>	Promotion of early identification of safeguarding risks and embedding learning from safeguarding incidents
Improved staff experience	<input checked="" type="checkbox"/>	Improved confidence in safeguarding processes to support service users
Improved value for money	<input type="checkbox"/>	

Committees / Meetings where this item has been considered:

Date	Committee / Meeting
29/06/20	Assurance committee

Implications:

Equality Analysis	a) This report has no direct impact on equalities
Risk and Assurance	The report provides assurance of the monitoring and understanding the occurrence of safeguarding practices and incidents with learning lessons.
Service User / Carer / Staff	Positive service user impact
Financial	Review of team from external review resulting in increase of resources.
Quality	Increase in quality displayed through audit.

Supporting Documents and Research material

a.	INTERCOLLEGIATE DOCUMENT- Adult Safeguarding: Roles and Competencies for Health Care Staff (2018)
b.	INTERCOLLEGIATE DOCUMENT - Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (2019)
c.	Care Act 2014 and support statutory guidance 2016 and 2020
d.	Children act (1984,2004)
e.	Working Together to Safeguard Children (2018)
f.	Serious Crime Act (2015)
g.	CQC registration standards, Health and Social Care 2008 (Regulated activities) Regulations 2014:Regulation 13
h.	CQC national standards of quality and safety-Outcomes 7-11:Essential standards of quality and safety.

Glossary

Abbreviation	In full
LSCP	Local Safeguarding Children Partnership
LSAB	Local Safeguarding Adults Board
CAMHS	Child and Adolescent Mental health services
CMHT	Community Mental Health Team
LeDeR	Learning Disabilities Mortality Review programme
SPR	Safeguarding Practice Reviews
SAR	Safeguarding Adult Reviews
DHR	Domestic Homicide Reviews
LAC	Looked After Children

Action being requested

The Board is asked to receive the report

2019/2020 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 Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework (NHSEI, 2019). 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:



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

- Section 11 of the Children Act (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 the following Boroughs:

- Tower Hamlets
- City and Hackney
- Newham
- Richmond
- Luton

- Bedford Borough
- Central Bedfordshire

The Trust employs over 6300 permanent staff. 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 strategic responsibility for the safeguarding children and adult functions supported by the Associate Directors for Safeguarding Adults and Children.
- 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 operational leadership and co-ordination for the corporate safeguarding teams.
- 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 Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework. NHSEI, 2019)
- 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 and procedures that support local multi-agency safeguarding procedures.
 - 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.
 - Developing and promoting a learning culture to ensure continuous improvement.

- Identification of named safeguarding professionals.
- Developing an organisational culture where all staff are aware of their personal responsibilities for safeguarding and information sharing.

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 New legislative arrangements for multi-agency partnership working in relation to safeguarding children are set out in the Children Act 2004 (as amended by the Children and Social Work Act 2017), replacing Local safeguarding Children Boards with Safeguarding Children Partnerships. The deadline for the transition to take place was 29th September 2019.
- 5.2 The legislative changes also brought about a change to the child death review and the serious case review processes. The timeframe of this report covers the transition period, so many of the processes referred to will straddle both the old and new arrangements.
- 5.3 The Trust is committed to working in collaboration with all partners seeking to protect adults at risk from harm caused by abuse or neglect, regardless of their circumstances. As part of these arrangements the Trust is represented at seven Safeguarding Adult Boards and Safeguarding Children Partnerships covering the local authority areas where ELFT has a presence. The local safeguarding partnerships look at areas of concern for their local populations. Our services work in partnership to address these identified areas. These partnerships also have an assurance function that ELFT reports into.

- 5.4 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.
- 5.5 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.
- 5.6 There have been Safeguarding Adult Reviews, Safeguarding Practice Reviews, Domestic Homicide Reviews, Learning Disabilities Mortality Reviews, Channel Panel, PREVENT/CONTEST boards which the safeguarding team has been representing in the reporting year.

6.0 COVID-19 arrangements

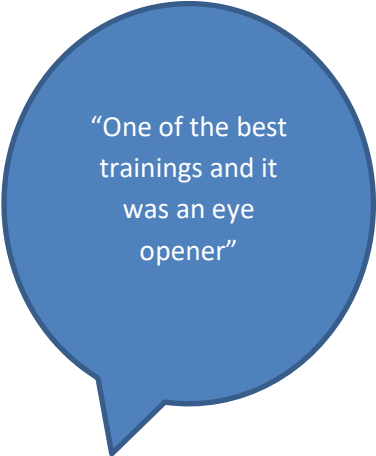
- 6.1 The safeguarding team implemented their business continuity plan from March 2020 onwards to ensure that all safeguarding remained a core function of the trust despite restrictions caused by the pandemic.
- 6.2 The safeguarding children team established a dedicated duty telephone line, operational 0900-1700hrs Monday to Friday to ensure that staff from across the trust could contact a named professional for safeguarding children for any advice and support.
- 6.3 Arrangements were made for the majority of staff to work from home with access to trust IT and record keeping systems.
- 6.4 Safeguarding children/adult supervision has carried on via virtual platforms across the service enabling the safeguarding team to maintain good working relationships with staff in each Borough. These sessions have been well attended and the feedback has been positive.
- 6.5 The safeguarding team have engaged with wider partnership teams to ensure that key updates between services are shared and emerging risks caused by the situation are identified and responded to.

- 6.6 Face to face level 3 safeguarding children/adult training has been suspended from March 2020. Level 1 and level 2 training continues online. All staff mapped at level 3 safeguarding training have been directed to complete the level 2 training and have been sent a large list of online resources and other ways to stay up to date with level 3 safeguarding training at this time.
- 6.7 Any staff who had already booked onto safeguarding children training which was subsequently cancelled were sent the training slides and associated resources. They were then asked to complete a quiz and submit their answers to the safeguarding team.
- 6.8 Virtual L3 training development is underway with roll out expected in summer 2020. An evaluation of staff experience and knowledge acquisition will be built into the programme so that the course can be adapted accordingly. Virtual training may also assist in accessibility and have a positive impact on compliance

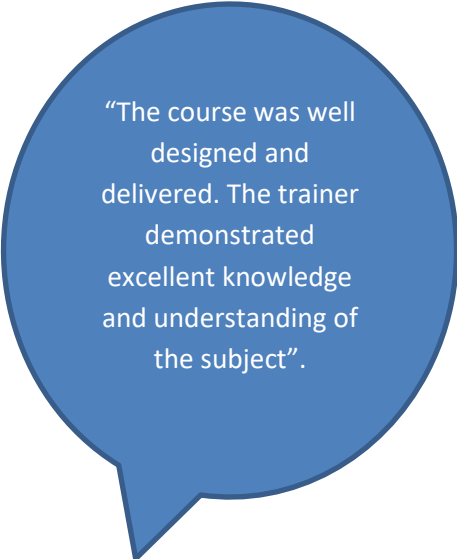
7.0 Safeguarding Training Compliance

- 7.1 The Trust has a safeguarding training strategy and is committed to ensuring that all staff receive appropriate safeguarding training. The training plan ensures that the Trust meets its contractual and legislative responsibility.
- 7.2 All ELFT employees are mapped to appropriate levels of training as required for their role and responsibilities in line with the intercollegiate documents.
- 7.3 The training plan incorporates safeguarding children, adults, Domestic Abuse and PREVENTS training. The aim of high quality training is to improve practice and service provision.
- 7.4 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.
- 7.5 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, with 1125 members of staff being re-mapped to receive level 3 safeguarding training..
- 7.6 Training provision was increased to mitigate for this. However, restrictions caused by the coronavirus pandemic have resulted in all face to face training being suspended since March 2020

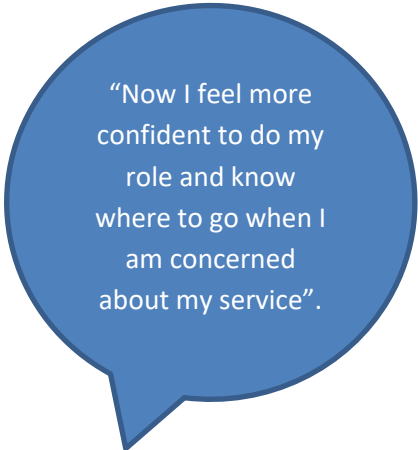
- 7.7 The trusts level 3 Adult Safeguarding training significantly improved since the last reporting period from 14% to 56%. The compliance for level 3 safeguarding children has increased from 63% to 67% in the same period. This modest increase can be accounted for by the significant volume of additional staff mapped to receive this training. The Safeguarding team has developed a new online level 3 training to support staff with learning to ensure completion of training during the Covid crisis.
- 7.8 The Trust compliance with WRAP (Workshop to Raise Awareness of Prevent) training has significantly improved in the course of the year, from 73% to 91%. This is due to implementation of a PREVENT action plan in collaboration with the Training and Development team to ensure accessibility of on-line and face to face training sessions.
- 7.9 The local authorities also provide multi-agency training and ELFT staff are able to access this training.
- 7.10 The safeguarding team will be using digital platform like MS Teams, Webex to provide safeguarding training as the Covid 19crisis prevents holding face to face learning.
- 7.11 The safeguarding team is also developing newsletters,/ journals and learnings from SAR's, DHR's etc to ensure continued learning and development for staff members.
- 7.12 The feedback from the training delivered has been highly positive. This has included:



“One of the best trainings and it was an eye opener”

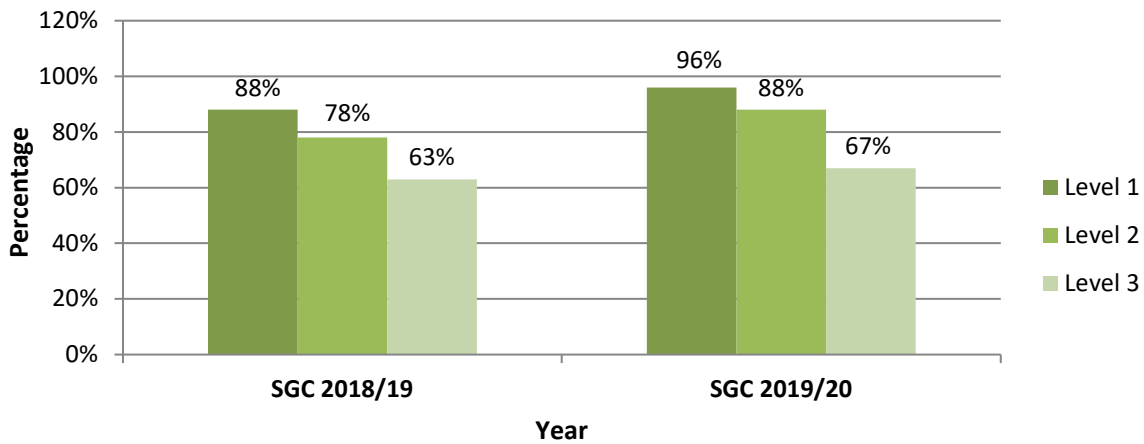


“The course was well designed and delivered. The trainer demonstrated excellent knowledge and understanding of the subject”.

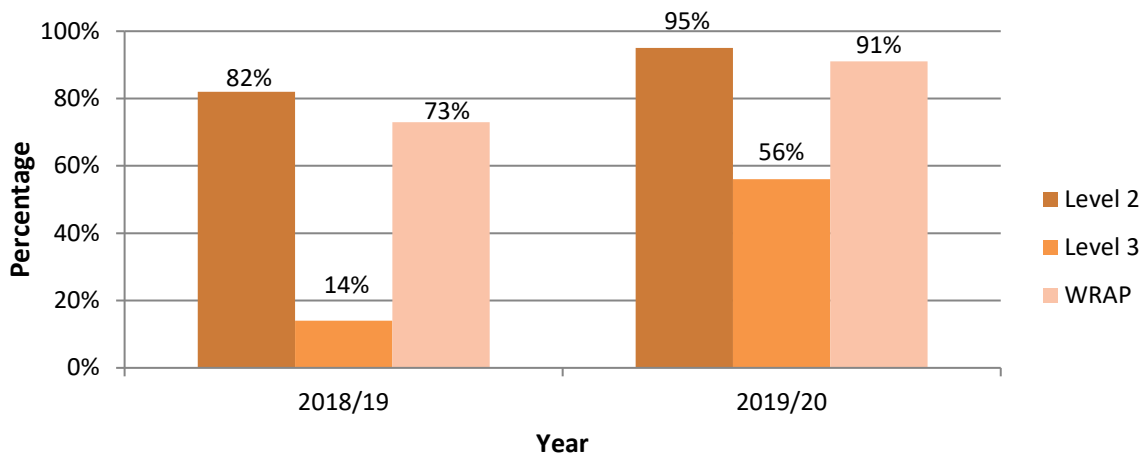


“Now I feel more confident to do my role and know where to go when I am concerned about my service”.

Safeguarding Children Compliance



Safeguarding Adults Compliance



8.0 Safeguarding Supervision

8.1 Effective supervision has a significant function in maintaining the focus on the child and is therefore integral to providing an effective person/child centered service. Supervision enables staff with an opportunity for protected time and an objective perspective to help them “think family” and to recognise the impact that parental and family behaviours have on children and young people and vulnerable adults.

8.2 Safeguarding supervision for staff working with adult services is relatively a new concept and will take some embedding. In the trust adult safeguarding supervision has been well received and it is offered to staff when need arises. The safeguarding team is planning to formulate a joint safeguarding supervision

sessions wherein the named professional for children and adults will provide joint safeguarding supervision to staff members.

- 8.3 Regular supervision sessions are held by named professionals and a record of the minutes of meetings are provided to the staff .By creating a safe space for reflection, the staff get the opportunity to share some of the emotional, psychological and ethical aspects of their work that may otherwise build up causing stress and anxiety and impeding their ability to deliver compassionate care
- 8.4 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.
- 8.5 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.
- 8.6 The quality and effectiveness of safeguarding children supervision is audited twice yearly and monitored by the Trust Safeguarding Committee to ensure improved practice.

9.0 PREVENT Duty

- 9.1 PREVENT forms part of the Counter terrorism and Security Act, 2015 and is concerned with preventing children and vulnerable adults becoming radicalised and drawn into terrorism. NHS Trust are required to train staff to have knowledge of PREVENT and radicalisation and to spot the vulnerabilities that may lead to a person to becoming radicalised.
- 9.2 The purpose of PREVENT is for staff to identify and report concerns where they believe children, young people or adults may be vulnerable to radicalisation or exploiting others for the purposes of radicalisation.
- 9.3 The trust submits a quarterly return to the Regional Prevent Co-Coordinator and NHS England. The data submitted monitors the key elements of the prevent duties and responsibilities which include:
 - Identification of PREVENT Leads- Strategic and Operational
 - Delivery of training
 - Levels of referrals made via the Channel process
 - Representation and engagement with local and regional PREVENT leads.

9.4 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.

9.5 The staff have achieved over 90% compliance with WRAP training and 93% compliance with the Basic Prevent training against an expected target of 85%.

10.0 Domestic Abuse

10.1 The cross-government definition of domestic violence and abuse is:
Any incident or pattern of incidents of controlling ,coercive, threatening behavior, violence or abuse between those aged 16 or over who are ,or have been ,intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but not limited to:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

This definition includes honour-based abuse, female genital mutilation and forced marriage, and is clear that victims are not confined to one gender, religion or ethnic group.

10.2 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.

10.3 There continues to be Trust representation at the local Multi Agency Risk Assessment Conference meetings (MARAC).

10.4 The trust safeguarding team has developed and rolled out a number of Domestic Abuse training sessions for the staff to raise awareness and to ensure early identification of domestic abuse among patients and staff members.

10.5 The safeguarding team has also included Domestic Abuse awareness in the new online Level 3 module to which all qualified staff members are mapped.

10.6 The trust has also implemented the Domestic Abuse and Harmful practices policy and established a domestic abuse working group. There has been increased communications and awareness in response to increased prevalence of domestic abuse during the COVID-19 lockdown

11.0 Safeguarding Adults Learning Reviews (SAR)

11.1 With the implementation of the Care Act 2014 there is a statutory requirement under section 44 to undertake Safeguarding Adult Review (SAR). These were previously known as serious case reviews. A SAR is about:

- learning lessons for the future
- making sure that Safeguarding Adults Boards get the full picture of what went wrong
- improving the practice of all organisations involved

11.2 A SAR is a multi-agency review process which seeks to determine what relevant agencies and individuals involved could have done differently that could have prevented harm or a death from taking place.

11.3 The purpose of a SAR is not to apportion blame. It is to promote effective learning and improvement to prevent future deaths or serious harm occurring again.

11.4 A SAR is commissioned when there is reasonable cause for concern about how SAB members or other agencies providing services, worked together to safeguard an adult if:

- The adult has died, and SAB knows or suspects that the death resulted from abuse or neglect.
- Whether or not it knew about or suspected the abuse or neglect before the adult died
- The adult is still alive and SAB knows or suspects that the adult has experienced serious abuse or neglect

11.5 During 2019-20 ELFT was involved in the following SAR's:

Directorates	Ongoing	Completed	Agreed
Tower Hamlets	2	4	2
Newham	1	0	0
City and Hackney	1	1	0
Luton	2	2	0
Bedford and Central Bedfordshire	1	1	2

*Bedford and Central Bedfordshire are joint Safeguarding Board.

- The Named Professionals and the Associate Director are members of the SAR sub-group and contributes to the reviews.
- The SAR commissioned by Bedford/Central Bedfordshire and Newham are thematic SAR's and one of the SAR's commissioned by Luton is a joint review with the Local Children's Safeguarding Boards.
- The learnings from the SAR's are incorporated in the Level 3 training and disseminated to staff through away days, in safeguarding supervision and safeguarding newsletters.

11.6 Published Safeguarding Adults Learning Reviews (SAR) is commissioned by the Safeguarding Adults Board when an adult in its area with care and support needs dies as a result of abuse or neglect, whether known or suspected, and there are concerns that partners agencies could have worked more effectively to protect the adult. SABS 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.

12.0 Child Safeguarding Practice Reviews (Formally Serious Case Reviews)

12.1 Due to the changes to partnership arrangements, ELFT is currently working with partners on child safeguarding practice reviews and serious case reviews. Statutory guidance into transitioning arrangements make clear that all serious case reviews need to be completed and published by 29 September 2020.

12.2 A child safeguarding practice review takes place after a child dies or is seriously injured and abuse or neglect is thought to be involved. It looks at lessons that can help prevent similar incidents from happening in the future. The new arrangements categorise reviews into those at which there is learning to be disseminated at a national level, and learning which is more suitable to a local area.

12.3 ELFT is represented by a member of the safeguarding team on each of the Local Safeguarding Children Partnership's case review sub-groups to ensure appropriate involvement by the Trust. Trust staff will participate in the reviews through providing information relevant to the case.

12.4 Over the past year ELFT has participated in nine serious case reviews / child safeguarding practice reviews for children known to our services, which is in line with last years figures. The safeguarding team also contributed to 6 learning review cases.

12.5 The Safeguarding Committee receives bi – monthly updates on all safeguarding practice reviews and learning reviews and action plans are monitored at this meeting. The final reports are published by the respective local Safeguarding Children Partnerships or NSPPC and are available on their websites once complete.

13.0 The theme for the safeguarding partnerships is youth violence, adolescent self-harm, keeping children safe online and child criminal exploitation which have involved CAMHS services across the Trust. The learning that arises through this process is embedded in level 3 training, via safeguarding supervision, and through staff away days and learning events.

14.0 The Learning Disabilities Mortality Review

14.1 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..

1. Key findings from the third annual review paper issued in May 2019 included the following information related to death in those with a learning disability:
 - Likely to be underrepresented in notifications of death if from a BAME group;
 - Concerns had been raised about circumstances of death in 11% of cases;
 - Women with learning disabilities died 27 years earlier and men 23 years earlier than the general population;

There is evidence of bias in the care of people with learning disabilities.

14.2 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. The trust safeguarding team and the LD services attends and contributes to the LeDeR reviews and shares the learnings across the trust

14.3 The Covid 19 crisis has again highlighted the vulnerability of the learning disabled service users as higher death rate was reported among this group of service users - based on CQC statistics, there is reported to be 134% increase deaths of people who have a learning disability from the same period last year.

14.4 Within the organisation, this has been reflected with knowledge of 31 COVID19 related deaths across Learning Disability Services of current and former users of services. Of those who have sadly died, a high percentage had physical health co-morbidities including diabetes, kidney failure and epilepsy. Across both North East London and Bedfordshire and Luton, LeDeR reviews have

already started to identify learning from these deaths, which include increased working with Primary Care to establish multi disciplinary teams across CQC registered homes for people who have a learning disability, and also revised plans to support Annual Health Checks. Services are also working with Public Health England to review shielding lists, discuss with the 111 service about recognising Learning Disability as a specific vulnerability, and agreeing testing regimes across provider services.

15.0 Domestic Homicide Review

- 15.1 A Domestic Homicide Review (DHR) is a locally conducted multi-agency review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by:
- a person to whom he or she was related, or with whom he or she was or had been in an intimate personal relationship; or,
 - a member of the same household as himself or herself.
- 15.2 DHRs were introduced by section 9 of the Domestic Violence, Crime and Victims Act 2004 (DVCA 2004) and came into force on April 13, 2011.
- 15.3 During 2019-20 there were seven DHR's commissioned by the Community Safety Partnerships in the Local Authority areas that ELFT operates. ELFT safeguarding team represented the trust in those DHR's and contributed to the reviews.
- 15.4 The safeguarding team have incorporated the learning from the completed DHR's in the level 3 safeguarding training.

16.0 Complaints

- 16.1 All complaints are reviewed at entry by the trust complaints team and the safeguarding team are informed of any complaint where safeguarding concerns are identified.
- 16.2 During 2019-20 the trust received four complaints related directly to adult safeguarding.
- 16.3 The safeguarding team advised the complaints team to report the concern to the local authority by raising a safeguarding concern.

17.0 Workforce

- 17.1 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 99%.

18.0 Safeguarding Adults Incident Reporting Data

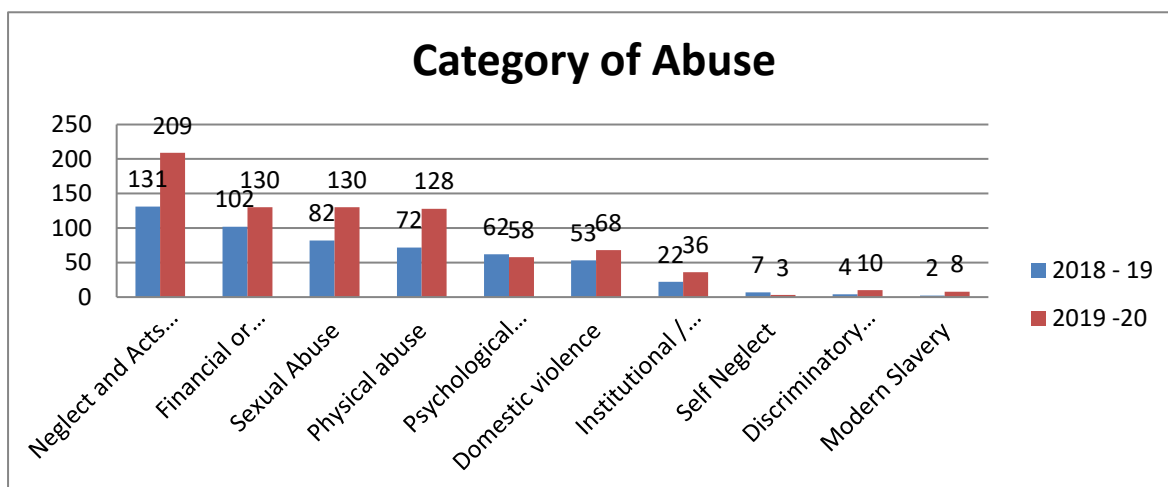
- 18.1 All patient safety incidents are reported on the Datix incident reporting system and are monitored, assessed and screened for cases where abuse or neglect or poor care are indicated. This process supports staff in their decision making to consider and identify safeguarding concerns. The information gathered from Datix incident reporting is monitored by the Safeguarding Team and Directorates to ensure appropriate safeguards are in place.
- 18.2 There were 780 referrals raised by the trust in 2019 -20 compared to 537 in 2018-19 which shows a 45% increase in concerns.
- 18.3 Community Health Services raised the highest number of alerts followed by Bedford Mental health services and Newham mental health services.
- 18.4 A number of factors like increased awareness of staff due to media reporting of abuse, trainings provided have increased the knowledge and understanding of staff about safeguarding issues and partnership working has increased the reporting of safeguarding issues.
- 18.5 The highest reported category of abuse was Neglect and Acts of Omissions which is reflective of the local and national picture.
- 18.6 The trust has seen an increase in the number of referrals of Domestic Abuse and Self-neglect cases from local authorities and other partners which isn't reflecting in the datix, recognising the need to continue to do targeted work on raising awareness about domestic abuse and self neglect. figures.
- 18.7 The trust has a delegated responsibility to manage Section 42 enquiries. The section 75 commissioning arrangements vary in each directorate of the trust.
- 18.8 A Section 42 enquiry is instigated by a local authority, under Section 42 of the Care Act 2014, in response to indications of abuse or neglect in relation to an adult with care and support needs who is at risk and is unable to protect themselves from the risk of abuse or neglect because of their care and support needs. needs

18.9 Luton, Bedford, Central Bedfordshire and Hackney have delegated responsibility to undertake section 42 enquiries for service users over the age of 18 years know to the trust who have care and support needs due to their mental and physical health issues.

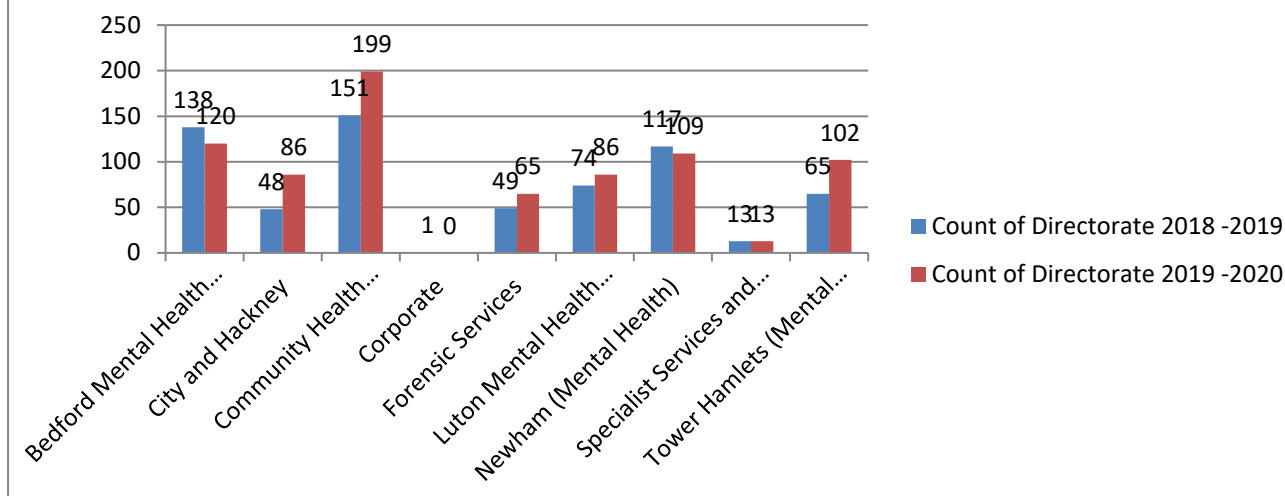
18.10 The volume of section 42 enquiries complete by the trust reflects the national picture with Neglect and Acts of Omission followed by financial abuse and Domestic abuse.

18.11 In all the concluded enquiries a risk was identified and a plan put in place to mitigate the risk.

18.12 DATIX reported incidents (2019-20)



Category of Abuse by Borough



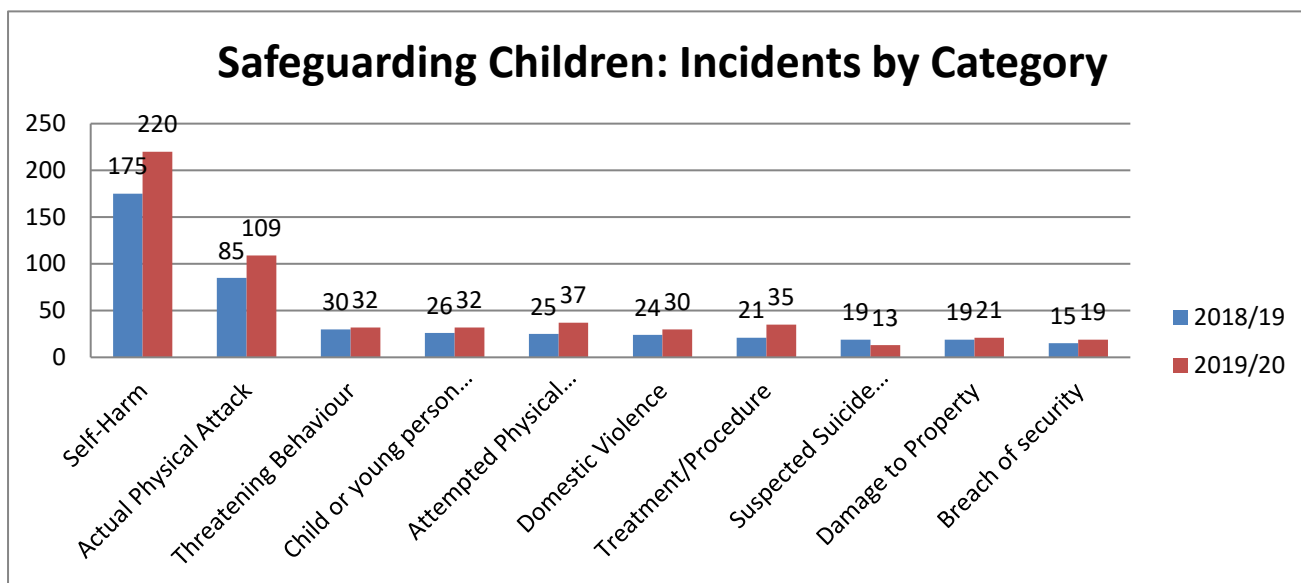
19.0 Safeguarding Children Incident Reporting Data

19.1 During the year a total of 723 ticked one or more of the safeguarding children fields, an increase of 24% on 2018/19 (569). The data is shown in Table 1.

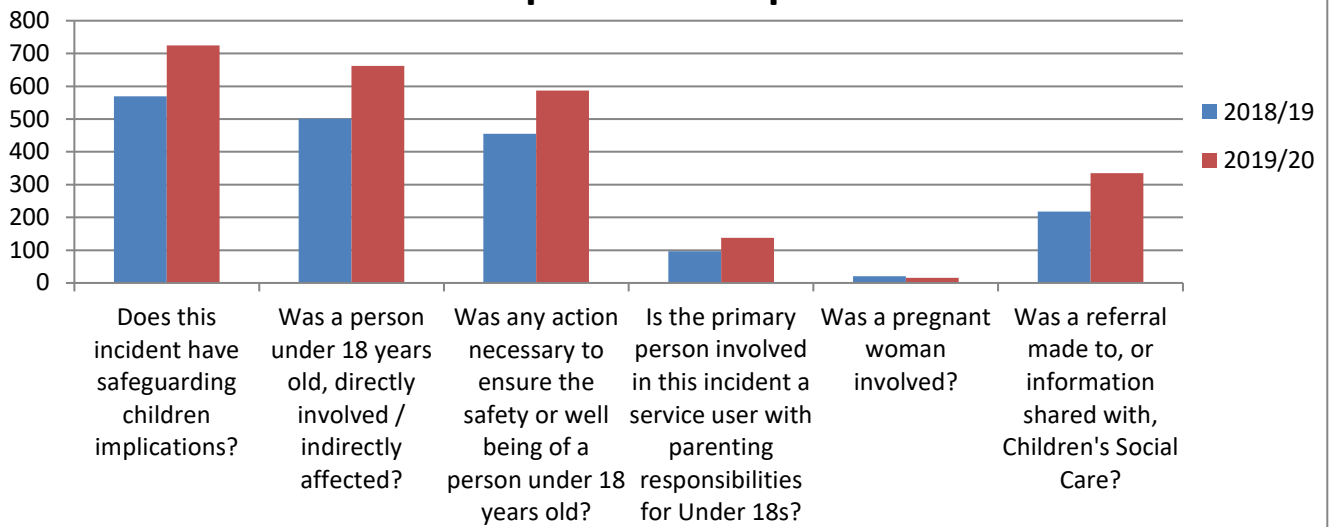
19.2 There has been an increase in all fields apart from suspected suicide attempt. The increase could be attributed to a wider understanding of child safeguarding themes as disseminated in safeguarding training.

19.3 The majority of these are reported by the Coburn unit, who reported 439 incidents - over half of all safeguarding children incidents reported

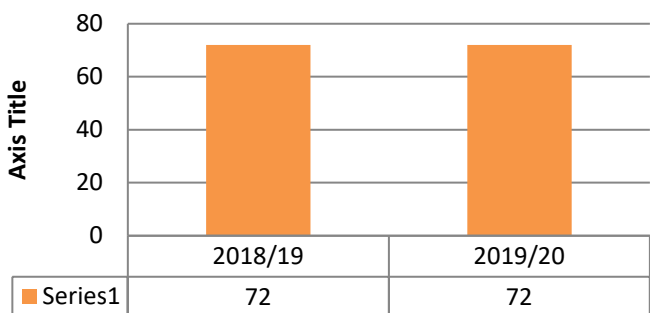
19.4 Of the 723 incidents which showed that a child could have been affected 72 indicated that children were at risk, prompting referrals to children social services. This figure is the same as last year. The number of children social care referrals has increased significantly over the last year from 227 to 640. Again this is thought to be a reflection of an increase in staff knowledge and following correct processes when making a referral to social care to allow accurate data to be captured.



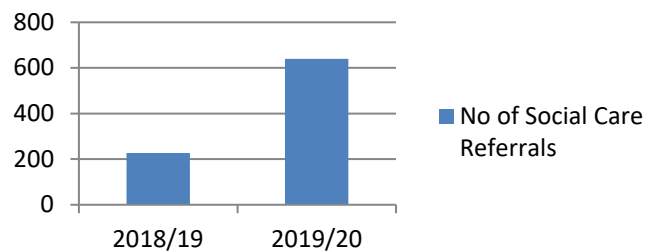
Incidents with potential impact on child



Children At Risk



No of Social Care Referrals



20.0 Looked After Children

20.1 The Looked After Children (LAC) health team is responsible for assessing and ensuring that the health needs of all the looked after children and young people from Newham are met, whether they live in the Borough or they have been placed out of area. In addition, the team is also responsible for assessing the health needs of children from other authorities who are placed in Newham when requested to do so.

- 20.2 A child will cease being “Looked After” when they are adopted, return home or reach the age of 18 years. Social care responsibilities for Care Leavers over the age of 21 has now changed under the recently published Children and Social Work Act (2017), which enables care leavers to request support up to the age of 25, regardless of whether or not they are in education.
- 20.3 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.
- 20.4 The total number of children looked after by Newham as of 31st March 2020 were 410 (Source: Azeus reporting LBN), an increase of 8% on last year. Of these children, 31% continue to live in Newham; this is a 9% decrease from last year and 58% live outside of the Borough (5% increase) (11% shown as ‘restricted’ on the LBN report and therefore not included in the figures). For those living outside of the Borough, care is provided by the host Local Authority and health provider.
- 20.5 There were 151 children entered into care during this period.
- 202 children left care during this period.
 - 10 Looked After Children are recorded as having a disability on 31.03.2020.
 - 39% of these children and young people are female
 - 61% of these children and young people are male.

20.6 Initial Health Assessments 2019-2020

83.75% of Initial health assessments were completed in the 20 working days’ time frame. This is a 3% improvement from the last financial year. The expected national average per annual % of IHAs completed is 88%. Named Nurse for looked after children to analyse the raw data and to investigate the reasons why the information is shown to be falling below the national average and to address these..All breaches of the statutory 20 working day rule and any ‘did not attends’ are noted and reported to the CCG on a weekly basis.

20.7 Review Health Assessments

Under 5yr Review Health Assessments

Under 2yrs are reviewed by the Community Paediatricians and age 2-5yr by the Specialist Nurses. For the purpose of this report they are calculated as a whole.

85.4% of under 5’s Review Health Assessments (RHA) were completed in the set time frame, decrease of 13.6% from 2018-2019.

5yr- 18yr Review Health Assessments

78.8% of over 5's were completed in the set time frame. This is decrease of 5% from last year. 82.25% in total was achieved in the set time frame, a decrease of 2% from last year. The national average is 88%. The Named Nurse for looked after children to analyse the raw data and to investigate the reasons why the information is shown to be falling below the national average and to address these

20.8 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 Named Nurse for LAC attends Newham Corporate Parenting Board and participates in the Corporate Parenting Board Operational Group. Health updates are presented when required.
- The Named Nurse for LAC attends the Clinical Governance meeting for Specialist Children's and Young Peoples Services (SCYPS) every month.
- KPI data is reported monthly to the CCG.
- The clinical team undertakes quarterly essential audits in record keeping and infection control.
- The Named Nurse for LAC attends the Safeguarding Children Committee, every 2 months and reports progress and challenges at the committee.

21.0 Key Achievements for Safeguarding

21.1 The following are the key achievements of the safeguarding team in 2019-20:

- Implementation of the intercollegiate training document with all trust staff being mapped to the appropriate level.
- Implementation of the Domestic Abuse and Harmful Practices Policy
- Review and update of the PREVENT and Adult Safeguarding Policy.
- Review of Domestic Abuse training and rolling it out to staff members.
- Implementation of Domestic Abuse steering group.
- Implementation of the Safeguarding Training Strategy and reviewing of Level 3 trainings in line with the intercollegiate training guidance.
- Implementation of safeguarding newsletters/journals, leaflets to promote awareness of safeguarding issues.
- Implementation of Level 1 Safeguarding booklet for new staff members as a part of their induction.

- Level 3 Online Safeguarding training developed by the safeguarding team in place of face to face level 3 training to ensure staffs compliance and to support safe practice.
- Implementation of quarterly safeguarding Away days and Think Family conference.
- Attendance at Safeguarding Adults Review, Safeguarding Practice Reviews, DHR's, LeDeR, Channel Panel, PREVENT/CONTEST, Local Adults Board and Local Children's Partnership Boards
- Workshops, Action Learning Sets and drop-in sessions for staff doing Section 42 enquiries.
- Positive feedback from Luton Adult Safeguarding Board and Central Bedfordshire safeguarding team for the positive contribution made by the safeguarding and LD team to improve the safety of the service users and communication with partners.

21.2 Key achievements - Children

- The safeguarding children and adult teams have worked together to provide a safeguarding service which imbeds the think family approach. This is facilitated by joint safeguarding supervision and facilitation of domestic violence workshops across the Trust.
- The named professionals for safeguarding children have worked proactively with the local safeguarding children's boards to transition in to the new partnership arrangements.

22.0 Key Priorities for Adult Safeguarding 2020-21

- Supporting staff with new ways of learning during the Covid 19 crisis to ensure that staff continues to remain compliant and the trust is able to achieve 95% compliance with Level 3 training.
- Working across the various directorates of the trusts which have different policies and procedures and also managing the expectations of the Safeguarding Boards and CCG's.
- Formalising the Section 42 reporting process to enable the trust to be aware of the ongoing enquiries, the risks, the themes and gaps in service.
- The safeguarding team's intranet page to be reviewed and updated to provide easy reference point for trust staff.
- The safeguarding team will ensure that transition is robust between each team at the point of transition from child to adult services is a time of particular risk for vulnerable young people.
- To embed and improve access to a sustainable adult safeguarding supervision.
- The trust safeguarding team to continue working to achieve and maintain the trust's mandatory training targets.

- Continue to provide awareness and training of Modern Day Slavery , Self-Neglect and Hoarding, FGM-----
- Implementation of SAR/DHR/SPR/LeDeR learnings in the trust level 3 training and bespoke training.
- Domestic abuse and violence will continue to have high priority within the work of the safeguarding teams key priorities. Safeguarding team to support other teams to embed and support Domestic Abuse screening in all the assessments completed by the trust staff.

23.0 Key Priorities for - Children Safeguarding 2020-21

- Working with different IT systems that do not communicate with each other
- Responding effectively to new working arrangements around child death process and child safeguarding practice reviews.
- To ensure that the trust is appropriately represented at key safeguarding partnership forums.
- To meet the training trajectory for safeguarding children level 3 training bought about by the changes to the intercollegiate guidance.
- To ensure that the Trust 'Think Family' ethos is embedded into everyday practice
- To ensure safeguarding remains core business in light of the challenges bought about by the coronavirus pandemic. This will be managed by maintaining adaptive ways of working that enable staff to access the team for advice, support ,supervision and training.

24.0 Safeguarding Work Plan

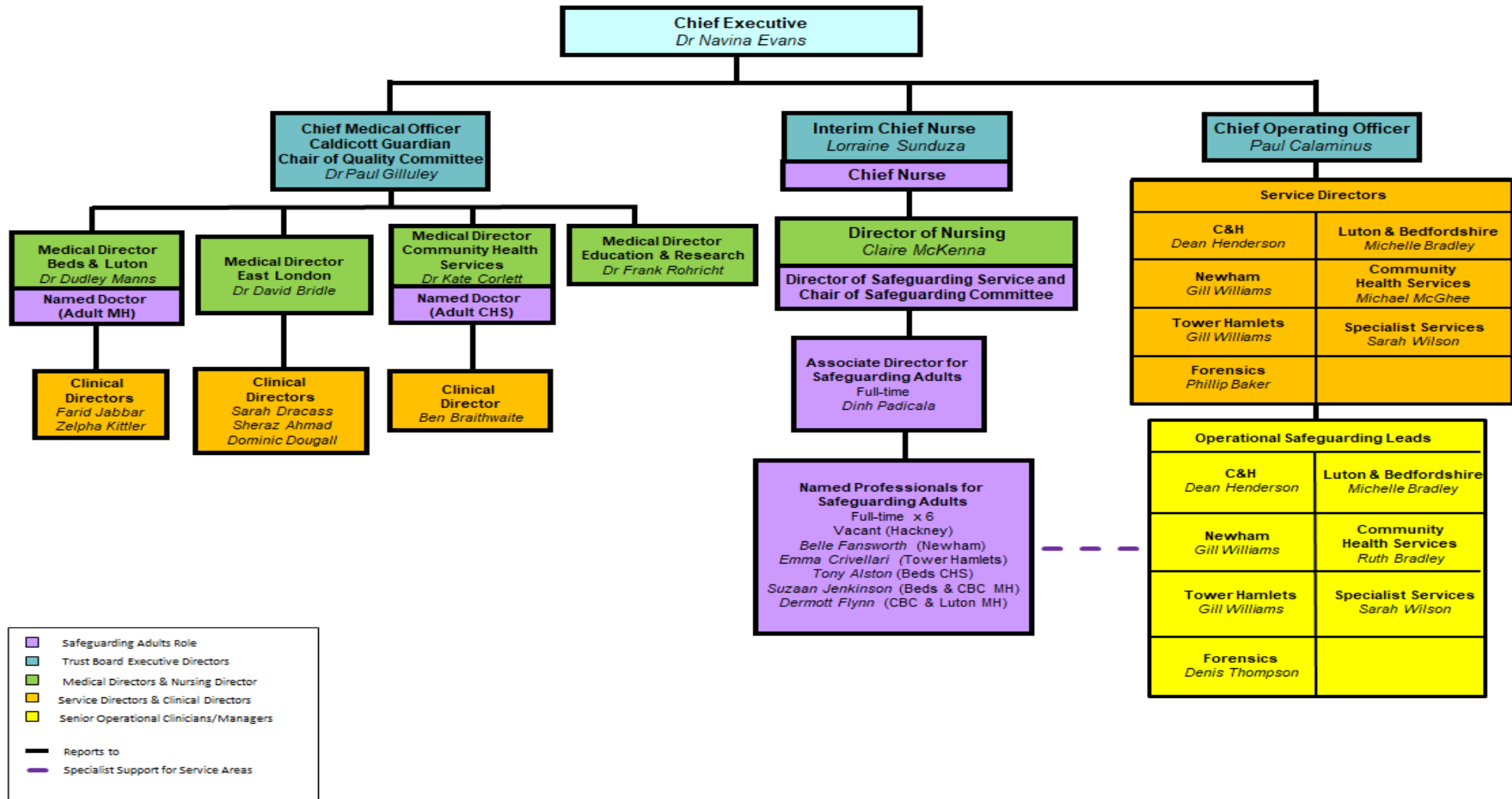
24.1 During 2019/20, the safeguarding team made progress with the safeguarding strategic objectives and work plan underpinned by the Trust's core values. The new format work plan was agreed at the Trust Safeguarding Committee. The work plan is for a three-year period, and allows for a bi - monthly review 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).

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

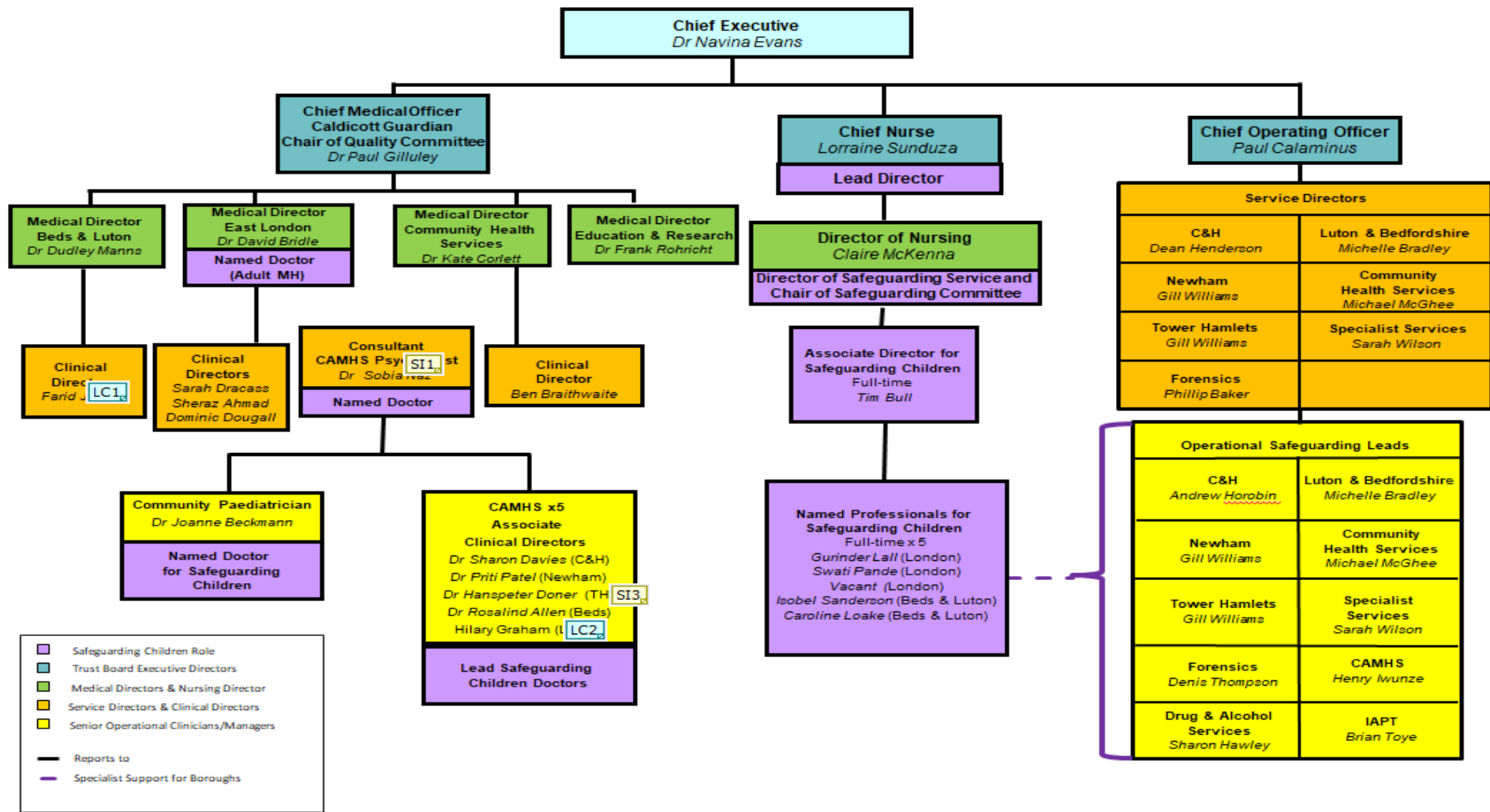
ORGANISATIONAL CHART FOR SAFEGUARDING ADULTS – REVISED SEPTEMBER 2019



	Safeguarding Adults Role
	Trust Board Executive Directors
	Medical Directors & Nursing Director
	Service Directors & Clinical Directors
	Senior Operational Clinicians/Managers
—	Reports to
- - -	Specialist Support for Service Areas

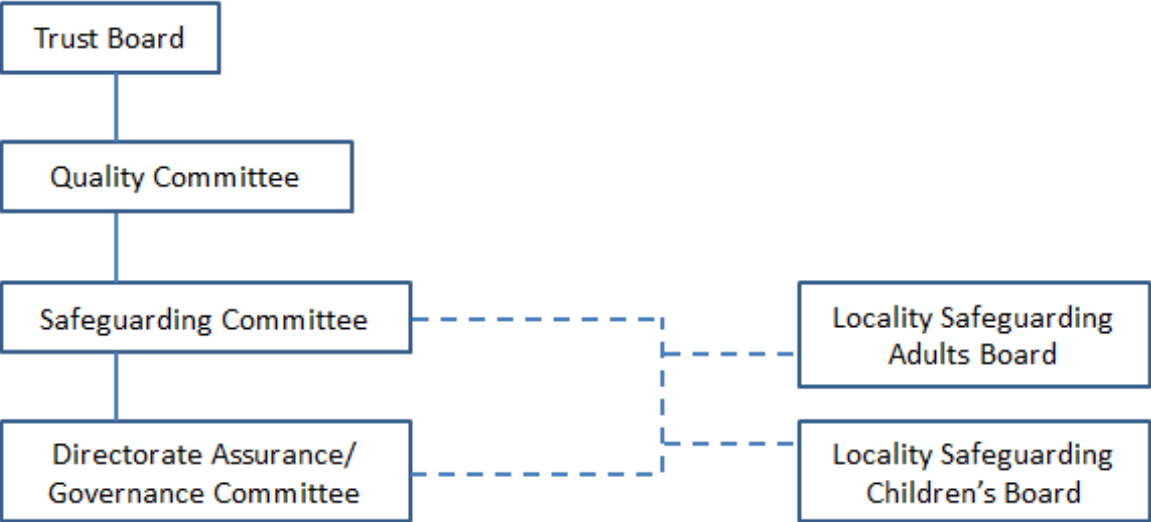
Appendix 2

ORGANISATIONAL CHART FOR SAFEGUARDING CHILDREN – REVISED MAY 2020



Appendix 3

Assurance Structure



Appendix 4

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	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> • 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	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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 	<p>Corporate Safeguarding Team and Service Directors</p> <p>Chief Nurse</p> <p>Service Directors</p> <p>Corporate Safeguarding Team and</p>	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.	<ul style="list-style-type: none"> Quarterly reports to be developed and presented at Trust SG committee Dashboard to be developed 	<p>JC & AA</p> <p>Safeguarding Team Data Analyst</p>	June 2020	Robust and accurate data is presented to the Trust Board and partner agencies.	
4c	To promote a 'Think Family Approach to Safeguarding'	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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.	