

REPORT TO THE TRUST BOARD - PUBLIC

19 OCTOBER 2017

Title	Safeguarding Children, Looked After Children and Safeguarding Adults Annual Report 2016-17
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Purpose of the Report:

The annual reports for safeguarding children (including Looked After Children) and safeguarding adults inform the Trust Board of safeguarding work during the period April 2016 to March 2017 as part of its regulated and statutory responsibilities. The reports highlight the achievements, challenges and priorities for the year ahead and aim to provide assurance that the Trust is compliant with legislation (including the Care Act 2014), statutory guidance and Care Quality Commission registration standards.

Summary of Key Issues:

- 1.1 The Trust operates from over 100 community and in-patient sites, and employs almost 5,000 staff. The mixed demographic profile of the Trust results in a wide range of safeguarding issues for children and adults that require an individual response based on local multi-agency partnership procedures.
- 1.2 The Trust has a statutory duty to make arrangements to safeguard and promote the welfare of children under Section 11 of the Children Act 2004.
- 1.3 The Care Act (2014) implemented in April 2015, sets out the first ever statutory framework for adult safeguarding.
- 1.4 In June 2016, the trust safeguarding practices were inspected as part of the Care Quality Commission inspection of trust services. Whilst the overall rating was Outstanding, the report highlighted some areas for improvement in practice in adult safeguarding.
- 1.5 As a result an action plan was put in place to address the recommendations; therefore much of the year has been focused on putting in place the necessary changes for safeguarding adults.
- 1.6 The threat of radicalisation of vulnerable people as one of the additional categories of safeguarding arising from the Care Act legislation has required the Trust to develop protocols and training for effective ways of dealing with this complex agenda where people are at risk of harm.
- 1.7 The Trust has continued to maintain a focus on promoting the safety and well-being of adults and children and the reports include a range of indicators relating to safeguarding children and adults. These include mandatory training compliance, learning from Serious Case Reviews (SCR) and Safeguarding Adult Reviews (SAR), incident reporting and internal and external assurance processes.

1.8 The work plans have been developed in the context of:

- Trust priorities as set out in the Annual Plan
- Local Clinical Commissioning intentions and national frameworks
- Local Safeguarding Board Priorities (children and adults)
- National policy and legislation
- Workforce training and capability
- Care Quality Commission regulatory requirements.

1.9 The Trust's annual safeguarding reports will be available as required to external bodies responsible for monitoring the Trust's safeguarding arrangements including commissioners, inspectors and Local Safeguarding Children Boards and Local Safeguarding Adult Boards.

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

Improving service user satisfaction	<input checked="" type="checkbox"/>	
Improving staff satisfaction	<input checked="" type="checkbox"/>	
Maintaining financial viability	<input type="checkbox"/>	

Committees/Meetings where this item has been considered:

Date	Committee/Meeting
14.09.17	ELFT Safeguarding Adults Committee meeting ELFT Safeguarding Children Committee meeting

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	The nature of safeguarding work entails ongoing assessment of risk in day to day clinical work. The Trust specialist safeguarding professionals 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.
Service User/Carer/Staff	Safeguarding has implications for all service users and all staff. The Trust has a duty to consider the safety and well-being of all service users and take account of safeguarding issues in the personal lives of staff.
Financial	There are no financial implications arising from this report, however there may be financial implications associated with the delivery of the actions set out in the work plans and multi -agency safeguarding working arrangements.
Quality	The Safeguarding Committee will consider how findings and actions arising from safeguarding reviews and case audits can be

	taken forward using the QI methodology.
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Supporting Documents and Research material

a. The Care Act 2014
b. Working Together to Safeguard Children, HM Government 2015

Glossary

Abbreviation	In full
SCR	Serious Case Review
SAR	Safeguarding Adult Review
WRAP	Workshop to Raise Awareness of Prevent

1.0 Background/Introduction

- 1.1 The Trust has a statutory duty to make arrangements to safeguard and promote the welfare of children under Section 11 of the Children Act 2004 and safeguarding adults as set out in The Care Act 2014.
- 1.2 All staff within health services have a responsibility for the safety and wellbeing of service users and colleagues.
- 1.3 The annual reports outline how the Trust remains responsive to national drivers and local need. It aims to provide assurance that the Trust is compliant with legislation (including the Care Act 2014), statutory guidance and Care Quality Commission registration standards.

2.0 Recommendations

- 2.1 The key areas for improvement drawn from audit, monitoring and review, are the need for enhanced training to support staff in their safeguarding role and 'thinking family', training aligned to the PREVENT agenda, and a continued focus on implementing a consistent approach to improved safeguarding data collection and management.
- 2.2 In the context of increasing complexity in the area of safeguarding children and adults, and the Trust business development plans, the current structures and processes for safeguarding must evolve to remain responsive to this agenda. The priorities of safeguarding activity for 2017/18 will address how these improvements will be met.

3.0 Action being requested

- 3.1 The Board is asked to **RECEIVE** the report and **APPROVE** the recommendations proposed.

Safeguarding Children Annual Report 2016-17

1. Introduction

- 1.1 This report covers the safeguarding children activity of East London NHS Foundation Trust for the period April 2016-March 2017. A separate annual report has been provided regarding the work of the Looked After Children Team in Community Health Newham.
- 1.2 It has been yet another extremely busy year and there continues to be significant focus on the role of all services in contributing to local safeguarding children arrangements. The Trust's duties and responsibilities are set out in Section 11 of the Children Act 2004 and accompanying statutory guidance:
- *Working Together to Safeguard Children*, HM Government 2015; and
 - *The London Child Protection Procedures*, London Safeguarding Children Board 2017
 - *Bedfordshire and Luton Child Protection Procedures*, Bedford Borough, Central Bedfordshire and Luton Safeguarding Children Boards 2017
- 1.3 Other duties and responsibilities are set out in the NHS Safeguarding Accountability Framework 2015 and the Inter-collegiate Document – Safeguarding Children and Young People: Roles and Competences for Healthcare Staff, third edition March 2014.
- 1.4 Child abuse has again had a very high national profile over the past year, especially regarding child sexual exploitation, female genital mutilation (FGM), historical sexual abuse and radicalisation. In addition to overarching statutory guidance the Government is introducing new requirements for health agencies regarding specific concerns. The Government is introducing new legislation and guidance following a comprehensive national review of social work and multi-agency safeguarding children arrangements which have been subject of consideration by the Local Safeguarding Children Boards attended by the Trust.

1.5 The Trust

- 1.6 The Trust provides a wide range of mental health and specialist addictions, community and inpatient services for children, young people, adults of working age and older adults who live in the City of London, Hackney, Newham, Tower Hamlets and since April 2015, the Trust has been the provider of mental health services (CAMHS, Adult Mental Health, IAPT and Addictions Services) in the Bedfordshire Clinical Commissioning Group (CCG) area and added CAMHS and Adult Mental Health services to the existing IAPT services in the Luton CCG area.
- 1.7 The Trust also provides community health services to the residents of Newham, child speech and language services to Barnet, Improving Access to Psychological Therapy Services (IAPT) to the residents of Richmond and Specialist Addictions services to residents of Redbridge. Its Forensic services extend to the North East London boroughs of Barking and Dagenham, Havering, Redbridge and Waltham Forest. The Trust provides other specialist mental health services to North London, Hertfordshire and Essex. The specialist Chronic Fatigue Syndrome/ME adult outpatient service also serves North London and the South of England.
- 1.8 The Trust employs around 5000 staff (up from around 3700 two years ago) and operates from over 100 community and inpatient sites.
- 1.9 The Trust broadly relates to 10 local authority areas, nine Local Safeguarding Children Boards and eight Clinical Commissioning Groups.
- 1.10 The Trust had a comprehensive CQC Inspection in 2016 and a great deal of preparation work was undertaken including addressing safeguarding children arrangements. The Trust was rated as Outstanding. There were no specific comments or recommendations in relation to safeguarding children.

2. Achievements and Progress

- 2.1 Developing a Safeguarding Children presence and ethos in Bedfordshire and Luton has been a significant achievement. Good relationships have been established with the three Local Safeguarding Children Boards and partner agencies.
- 2.2 The Trust takes part in LSCB multi-agency Case Audit programmes and uses these to develop practice. These have included audits on Child Sexual Exploitation and Neglect. Directorates have included safeguarding children issues in their own audit programmes. Further work will be undertaken in the coming year.

- 2.3 In all boroughs CAMHS is working increasingly closer with Children's Social Care and other agencies. CAMHS has clinicians embedded in local authority children's services – e.g. a multidisciplinary CAMHS team is now embedded in Tower Hamlet's Children's Social Care and CAMHS clinicians in Newham are located in the four Integrated Neighbourhood Working teams.
- 2.5 City & Hackney and Tower Hamlets CAMHS have dedicated conduct disorder pathways and Newham CAMHS is in the process of developing one. There are embedded CAMHS workers in the Youth Offending Teams in Tower Hamlets, Newham, Luton and Bedfordshire. CAMHS is in the process of developing its training portfolio in relation to harmful sexual behaviour, gangs and the use of violence assessment frameworks.
- 2.6 Newham CAMHS and Bedfordshire CAMHS have dedicated LAC teams - a recent addition to the Newham team has been a specialist fostering post. Tower Hamlets CAMHS support LAC through their embedded Social Care CAMHS team. Tower Hamlets CCG have funded a project mapping the mental health needs of all LAC, in particular those placed out of borough.
- 2.7 Senior clinical staff from City and Hackney CAMHS contribute to a monthly Complex Case Forum with clinicians and colleagues from Social Care and other agencies. The forum allows for the regular discussion of complex cases where safeguarding concerns arise or exist. The forum also allows for discussion around specific themes relating to safeguarding e.g. Child Sexual Exploitation.
- 2.8 The Senior Management Teams at City and Hackney and Tower Hamlets CAMHS access additional Safeguarding consultation from Senior Service Manager/Social Care Lead on a quarterly basis. It is proposed to also set up this consultation in the other community CAMHS.
- 2.9 Bedfordshire and Luton CAMHS have set up regular supervision and consultation sessions with the ELFT Safeguarding Children Team members in the area.
- 2.10 Adult Mental Health Services continue to develop their practice regarding safeguarding children with support from the Safeguarding Children Team (mental health). In all areas partnership arrangements have been strengthened through work undertaken to revise joint protocols between adult mental health services and children's social care services.
- 2.11 Multi-agency work around domestic abuse is increasing all the time and Trust representatives are actively involved in Multi-agency Risk

Assessment Conferences (MARAC) in each local borough which is valued by Trust partners.

- 2.12 Trust clinicians and members of the Safeguarding Children Teams are involved in the delivery of specialist training for children's practitioners – for example on perinatal mental health issues, on working with parents with personality disorders and the impact of mental health problems on parenting.
- 2.13 The Forensic Medium Secure Unit has a monthly safeguarding children group to oversee child visiting and safeguarding children issues. Membership includes Children's Social Care and the Trust's Safeguarding Children Team (mental health).
- 2.14 In order to improve team visibility and accessibility, the CHN Safeguarding Children Team introduced a telephone duty to provide timely telephone advice and support to staff.
- 2.15 Staff confidence in using escalation processes has improved significantly in the past year. This has helped to strengthen collaboration and resolve difficulties with partner agencies and Children's Social Care in particular.
- 2.16 Checklists for adult mental health inpatient services regarding safeguarding children have been introduced in Bedfordshire and Luton.
- 2.17 The Safeguarding Children Teams provide supervision and consultation across the Trust.
- 2.18 Details of forthcoming Child Protection Case Conferences are received and cascaded to health visitors, Family Nurse Partnership Nurses and School Nurses as appropriate to ensure health representation at case conferences.
- 2.19 The list of all children on CP plan is received weekly from the local authority and mapped against the number of children on a CP plan on RiO. The RiO recording and reporting form for FGM cases and referrals to children's Triage has been implemented.
- 2.20 The CHN Safeguarding Children Team completed the following audits during the year:
 - Quality of referrals to Children's Triage
 - Quality of safeguarding supervision
 - Follow up of MARAC Action plans
- 2.21 Advisors in Children's Triage were involved in the mock Ofsted inspection of Newham Children's Triage and MASH service.

- 2.22 The Trust has contributed to nine local learning reviews, Serious Case Reviews and Domestic Homicide reviews; action plans from these reviews have been implemented and audited by the service.

3. Challenges

- 3.1 The Trust's move into Bedfordshire and Luton has required significant development work to be carried out around safeguarding children. This had a challenging impact on the capacity of the Safeguarding Children Team (mental health) to provide training, support and advice to existing and new staff. The Team recruited two new members who started in July 2016 to cover Bedfordshire and Luton. They have a highly visible presence and are well regarded by the directorates and partner agencies.
- 3.2 There is no dedicated training room in Bedfordshire and Luton so training has to be provided at a variety of venues which are not always suitably equipped and provided with technical support for the trainers. Maintaining and sustaining compliance with training is a challenge due to operational demands releasing staff to attend classroom training.
- 3.3 Information sharing from Newham Children's Social Care remains a challenge for CHN as information received from referrals to Children's Triage is less than 10% of total referrals. This has an impact on service provision at an appropriate level to ensure positive outcomes for vulnerable children.
- 3.4 The volume of safeguarding caseloads for school nurses is also a challenge. However it is hoped that the introduction of the Early Help Framework to school health in the autumn of 2016 will be a protective factor.
- 3.5 The national safeguarding children agenda continues apace and there are increasing expectations of the Trust as a member of six Local Safeguarding Children Boards to take part in a wide range of multi-agency initiatives and to train and support staff on areas of concern such as radicalisation, child sexual exploitation, historical childhood sexual abuse, forced marriage and FGM. These raise capacity issues for clinical services as well as the Safeguarding Children Teams.
- 3.6 The Safeguarding Children Teams are on constant alert for the possibility of a safeguarding children inspection – particularly from a Joint Targeted Area Inspection which is led by Ofsted and carried out with CQC and the Police and Probation Inspectorates. This entails involvement in multi-agency planning, preparation and implementation.
- 3.9 Information sharing with neighbouring borough services has been a challenge for CHN practitioners who need information to provide appropriate support for children and families.

4. Governance and Accountability Arrangements

4.1 Safeguarding Children Infrastructure

- 4.1.1 The Chief Nurse is the Executive Director for safeguarding who provides leadership in overseeing and steering safeguarding children arrangements. The Director of Nursing – Integrated Care has operational responsibility for the safeguarding children and adult functions. They are supported by the specialist Safeguarding Children Teams who have direct links into corporate and service directorate governance arrangements.
- 4.1.2 Details of the Safeguarding Children Teams can be found in Section 4.2 Financial Arrangements.
- 4.1.3 The Trust Assurance Framework includes a Safeguarding Children Committee which meets bi-monthly and reports to the Quality Committee.
- 4.1.4 Each service directorate has a lead manager and/or clinician to ensure that safeguarding children is embedded at an operational level. These key senior service directorate leads come together on the Safeguarding Committee.
- 4.1.5 Each service Directorate considers safeguarding children regularly at their Directorate Management Team meetings.
- 4.1.6 Bedfordshire and Luton have established a monthly Safeguarding Assurance Group to monitor activity across safeguarding adults and safeguarding children. The group is attended by senior managers from CAMHS, Adult Mental Health and Addictions services as well as the safeguarding children named professionals and the three established leads for safeguarding adults.

4.2 Financial Arrangements for Safeguarding Children

- 4.2.1 The Trust's corporate mental health Safeguarding Children Team expanded in 2016 due to additional services in Bedfordshire and Luton and has a local presence in each borough, to support the directorates providing adult mental health, CAMHS, IAPT, Forensic and addictions services.

The Team consists of:

- 1 wte Associate Director
- 3 wte Named Professionals (for City & Hackney, Newham, Tower Hamlets, Forensics, Specialist Services (including CAMHS, Redbridge Addictions Service and Newham and Richmond IAPT))

- 2 wte Named Professionals (for Bedford Borough, Central Bedfordshire and Luton) – started in post July 2016
- 1 wte Administrative support

4.2.2 The Community Health Newham (CHN) Directorate has a Safeguarding Children Team which consists of:

- 1 wte Named Nurse
- 2 wte Advisors
- 1 wte Paediatric Liaison Health Visitor/Safeguarding Advisor
- 1 wte Specialist Health Visitor for Domestic Abuse
- 2 wte Specialist Advisors in Newham Triage (MASH)
- 2 wte Administrative support staff

4.2.3 The Specialist Health Visitor for Domestic Abuse is involved in the Domestic Abuse forum and contributes effectively to the MARAC process and referrals to the one stop shop. CHN also has a Looked After Children (LAC) Team. Details are provided in the separate Annual Looked After Children Report.

4.2.4 The Trust has four identified Named Doctors, one each for:

- Community Health Services
- CAMHS x2 (East London and Beds & Luton)
- Adult Mental Health

4.2.5 The teams and other Trust staff contribute in kind to six Local Safeguarding Children Boards (LSCBs) by taking part in and sometimes leading on, LSCB projects and delivering LSCB training on topics such as the impact on children of parental mental health issues.

4.2.6 In addition the teams and other Trust staff have contributed substantial amounts of time through active involvement in several serious case reviews, including providing specialist expertise to serious case review panels for incidents that did not involve the Trust.

4.2.7 The Trust contributes £2,500 per annum to Tower Hamlets LSCB. Since 2008-09, the Trust has contributed £24,000 to City and Hackney LSCB. The Trust's contribution to Newham LSCB is subsumed within the Newham Clinical Commissioning Group contribution on behalf of local NHS trusts. The Trust's contribution is towards the running of the LSCBs, carrying out of serious case reviews and to enable ELFT clinicians to access free training. Since April 2015 ELFT has contributed £550 per annum to Barnet LSCB and £21,767.02 per annum to Luton LSCB. Bedfordshire Clinical Commissioning Group contributes £62,663 to Bedford Borough LSCB and £48,104 to Central Bedfordshire LSCB on behalf of all local health providers including ELFT. CCGs may also contribute additional funds to cover the costs of Serious Case Reviews. Bedford Borough, Central Bedfordshire and

Luton LSCBs share a Training Unit and charge ELFT for much of their training.

4.3 ELFT Involvement in Local Partnership Structures and LSCBs

- 4.3.1 The Trust plays an active role in inter-agency strategic planning and implementation.
- 4.3.2 The Trust relates to 8 Clinical Commissioning Groups, 9 LSCBs, 10 Local Authority Children's Social Care Departments and 10 local children's partnership arrangements.
- 4.3.3 The Trust is a member of six Local Safeguarding Children Boards and their associated sub-groups. This includes longstanding involvement in the three East London LSCBs and a newer relationship with the three LSCBs for Bedford Borough, Central Bedfordshire and Luton from April 2016. The Trust liaises with Barnet, Redbridge and Richmond LSCBs.
- 4.3.4 In City & Hackney, the Trust is a founding member of the City & Hackney CAMHS Alliance. In Tower Hamlets, the Trust is represented on the Children and Families Partnership Board by the Associate Director – CAMHS. The Head of Children, Young People and Women's Services represents the Trust on Newham Children's Trust Board.
- 4.3.5 The Trust is represented on the LSCBs by one or more of the following: the Associate Director for Safeguarding Children, the Director of Specialist Services, the Chief Nurse, the Director of Nursing – Integrated Care and Deputy Borough Directors. The CHN Head of Children, Young People's and Women's Services is also a member of Newham LSCB.
- 4.3.6 Members of the Safeguarding Children Teams (SCTs) and relevant operational managers and clinicians represent the Trust at most of the LSCB sub-groups, which are generating increasing amounts of work. The sub-groups cover:
- Serious case reviews
 - Multi-agency training
 - Multi agency audits
 - Policies and procedures
 - Performance data
- 4.3.7 Members of the SCTs, alongside other Trust colleagues, also attend the following forums in each of the six boroughs which consider individual cases:
- Child Death Rapid Response meetings if required;
 - Multi agency Public Protection Arrangements (MAPPA) meetings – offenders;

- Multi agency Risk Assessment Conferences (MARAC) and other Domestic Abuse meetings
- Multi-agency Sexual Exploitation (MASE cases).

The LSCB groups and work streams include:

- Child Sexual Exploitation;
- Faith and Culture and Belief Based Practices;
- Children Missing from Home, Care or Education;
- Hidden Harm (from parental substance misuse);
- Parental Mental Health;
- The Voice of the Child.

4.3.8 The CHN Safeguarding Children Team attends Newham LSCB groups.

4.3.9 Specialist Addictions Services are actively involved in the work of the Drug and Alcohol Addictions Teams (DAAT) around Hidden Harm and parental substance abuse and impact on children.

4.3.10 All the LSCBs have started to review their arrangements in the light of impending new legislation and government guidance on the role and functions of LSCBs. The Trust will continue to contribute as required.

5. Monitoring and Evaluation/Quality Assurance Activity

5.1 Introduction

The Trust carries out monitoring and quality assurance activity in a range of ways. The Trust Safeguarding Committee receives a quarterly Performance Report which includes:

- Incident reporting;
- Incident case reviews and LSCB serious case reviews;
- Training compliance;
- Allegations against staff.

5.1.1 The Trust has also been involved in multi-agency case audits instigated by all six LSCBs which highlight good practice and areas for development. There are systems set up by Local Authority Child Protection Reviewing services to alert the Trust if staff are not engaging in child protection processes. Such alerts are very rare and are followed up to ensure the Trust is engaged appropriately.

5.1.2 The Safeguarding Children Team (MH) has introduced a system of receiving details of forthcoming Child Protection Conferences and checking whether any family members are known to Trust services. If practitioners are shown to be involved they are sent an email to confirm they are aware of the Conference and a reminder to attend and contribute appropriately.

- 5.1.3 The Safeguarding Children Team (CHN) cascades the weekly Newham Child Protection Conference list to their universal services – health visitors and school nurses – to ensure attendance. The list is also cross referenced with RiO records to ensure Child Protection Plan status is appropriately recorded.

5.2 Section 11 Organisational Audits

- 5.2.1 The LSCBs are required to monitor local organisations and hold them to account for complying with their statutory duties through Section 11 organisational audits. Commissioning bodies also monitor the Trust through contract arrangements. The Section 11 Audits are updated every two years. There have been none this year so they will be due next financial year. The Trust carried out a joint Section 11 Audit for Bedford, Central Bedfordshire and Luton LSCBs during 2015-16. The report was presented to a joint LSCB Panel whose members were positive about the progress made by the Trust.

- 5.2.2 The Trust's duties are set out in Working Together to Safeguard Children, HM Government which was revised in March 2015. This is statutory guidance for all agencies and includes organisational responsibilities set out in Section 11 of the Children Act 2004.

- 5.2.3 This means the Trust must discharge its functions having regard to the need to safeguard and promote the welfare of children. The Trust must also ensure that the services it contracts out to others are provided having regard to that need.

- 5.2.4 The statutory guidance sets out Section 11 duties in more detail:

- A clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children;
- A senior board level lead to take leadership responsibility for the organisation's safeguarding arrangements;
- A culture of listening to children and taking account of their wishes and feelings, both in individual decisions and in the development of services;
- Arrangements which sets out clearly the processes for sharing information with other professionals and with the Local Safeguarding Children Board;
- Named professionals in health provider organisations. Their role is to support other professionals in their agencies to recognise the needs of children, including rescue from possible abuse or neglect. Professionals should be given sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively;

- Safe recruitment practices for individuals whom the organisation will permit to work regularly with children, including policies on when to obtain a criminal record check;
- Appropriate supervision and support for staff, including undertaking safeguarding training;
 - Employers are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role;
 - Staff should be given a mandatory induction, which includes familiarisation with child protection responsibilities and procedures to be followed if anyone has any concerns about a child's safety or welfare; and
 - All professionals should have regular reviews of their own practice to ensure they improve over time.
- Clear policies in line with those from the LSCB for dealing with allegations against people who work with children. An allegation may relate to a person who works with children who has:
 - Behaved in a way that has harmed a child, or may have harmed a child;
 - Possibly committed a criminal offence against or related to a child; or
 - Behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

5.2.5 Statutory Guidance *Working Together to Safeguard Children*, HM Government 2015 also makes reference to additional guidance for health services including from the RCN, GMC and the NHS Commissioning Board.

5.2.6 The Trust is compliant with S11 standards but continues to develop and refine its safeguarding activity to maintain compliance with these standards.

5.3 Safeguarding Children Training Compliance

5.3.1 During this period there continued to be a concerted effort to ensure staff attended mandatory training. The target set by the CQC for all levels is 80% and by the CCGs is 85%. The Trust is aspiring to 95%. Progress has been made although the CCG targets for Level 2 and Level 3 have not quite been reached. Additional courses were laid on to address the needs of staff requiring refresher training.

All in house training is run by the Trust's Safeguarding Children Teams.

Training Compliance 31st March 2017	TRUST TOTAL (ELFT)			
Total Number of staff →	5033			
Safeguarding Children Course ↓	Target Audience	No. Compliant	No. Outstanding	% Compliance
Level 1	999	878	121	87.89%
Level 2 (MH)	1,328	1,191	197	85.17%
Level 2 (CHN)	307	240	67	78.18%
Level 3 (MH)	1,604	1,184	420	73.82%
Level 3 (CHN)	286	248	38	86.71%

Level	Required Cohort	March 2014	March 2015	March 2016	March 2017
Level 1	All non-clinical staff (999)	96%	96%	97%	88%
Level 2	Selected clinical staff (1635)	43%	82%	79%	82%
Level 3	Selected clinical staff in mental health and clinical staff in CHN who work directly with children and/or parents/carers and contribute to assessing and planning in relation to child's needs & parenting capacity. (1890)	62%	79%	81%	80%

5.3.2 Purpose and value of in-house face-to-face Safeguarding Children Training

- To build a relationship between staff and the Safeguarding Children Team
- To capture hearts and minds of staff and for them to understand the Trust ethos around safeguarding children
- For staff to have an opportunity to discuss issues that concern them, in their day to work, with colleagues and the Safeguarding Children Team
- To give staff confidence to contact the Safeguarding Children Team for advice and support
- For the Safeguarding Children Team to hear the concerns of staff and gauge what needs to be provided in the way of further guidance and support
- To provide information about risk factors, safeguarding children policies and procedures and local arrangements etc

5.3.3 After training staff are more likely to contact the Safeguarding Children Team for advice and support, to 'think family' and be more confident about the support available to them. These discussions help keep children safe as staff and teams take appropriate action, make referrals to children's services if necessary and are supported in escalating concerns with other services or agencies if needed. It also means the Safeguarding Children Team knows what issues to raise with Children's Social Care and other Local Safeguarding Children Board agencies.

5.3.4 All new staff receive a Safeguarding Children Pack as part of their Induction. Until December 2016 Level 1 Safeguarding Children training continued to be run monthly as core mandatory training shortly after Induction. It was run jointly by mental health and Community Health Newham safeguarding children teams for all staff. 'Doctors in training' receive a separate induction as part of the twice yearly rotation training programme in February and August.

5.3.5 From January 2017 non-clinical staff have been required to complete an e-learning Level 1 training course whilst clinical staff are required to attend face to face training at an appropriate entry level. CHN run Level 2 and Level 3 courses for CHN clinicians. Mental health clinicians attend either a Level 2 or a combined Level 2/3 course dependent on role.

5.3.6 Feedback from Staff about Safeguarding Children Training

Over the years, the quality and sophistication of discussion at training sessions has improved dramatically. This reflects on the recruitment process and calibre of new staff and how safeguarding children thinking has become embedded in the clinical teams. Feedback from staff about the training provided by the in-house Safeguarding Children Teams is usually very positive.

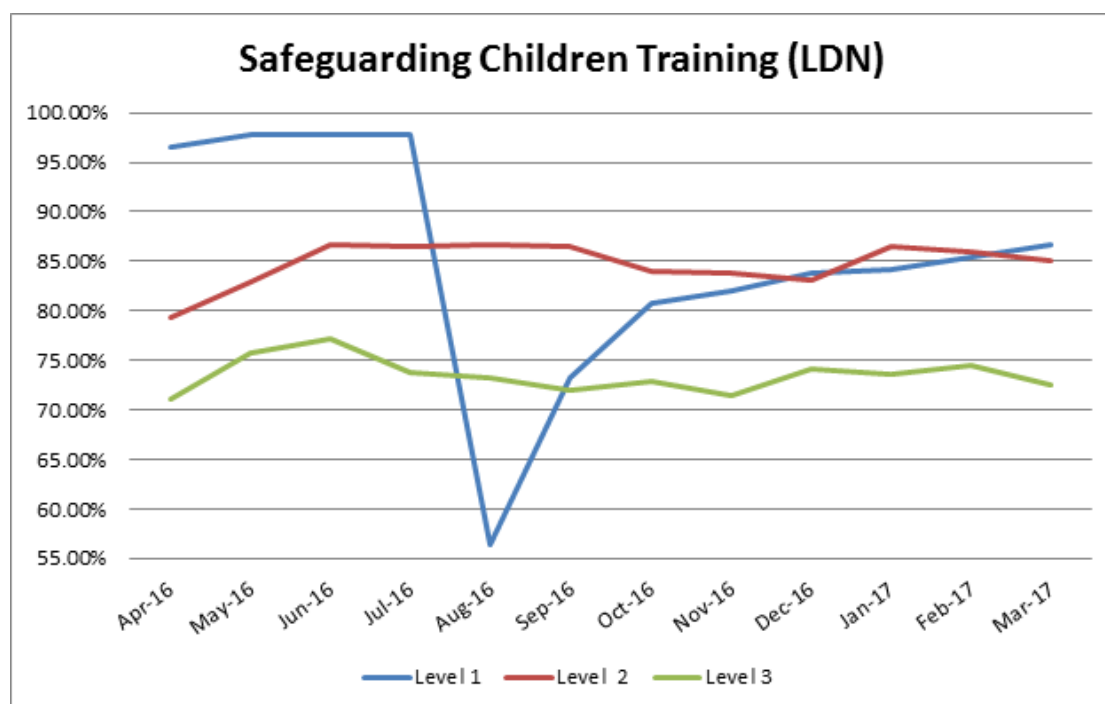
5.3.7 Training Sessions for Consultant Psychiatrists

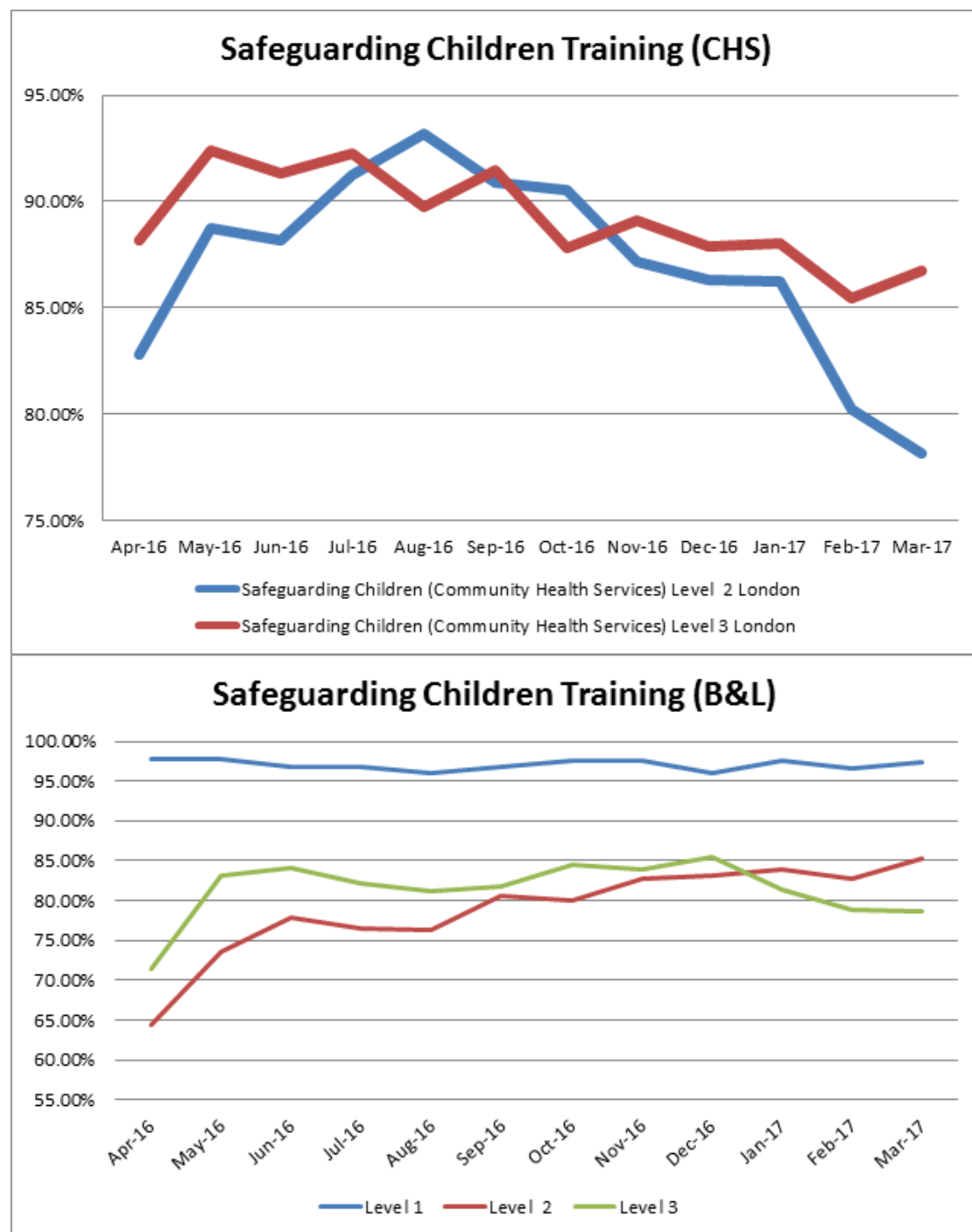
As part of the termly training day for psychiatrists the Trust provides a one hour presentation by external speakers on specialist topics. This started in November 2014 with two presentations. Topics have included: historical allegations made by adults regarding their own childhood abuse (Police Child Abuse Investigation Team), Child Sexual Exploitation (Children's Social Care lead), Female Genital Mutilation (therapist who had undergone FGM herself and has featured in TV documentaries), Forced Marriage (specialist unit in the Home Office), Troubled Lives: Tragic Consequences (Serious Case Review Author), MARAC and Clare's Law (Community Safety Unit).

5.3.8 Monthly Safeguarding Children Training Data

The Trust provides monthly compliance reports which enable service managers to oversee their staff's training. The Safeguarding Committee receives these reports.

Safeguarding Children Training Compliance								
Mental Health Services							Community Health Services	
	Level 1		Level 2		Level 3		Level 2	Level 3
	London	Beds & Luton	London	Beds & Luton	London	Beds & Luton	London	
Apr-16	96.50%	97.83%	79.41%	64.33%	71.06%	71.36%	82.79%	88.16%
May-16	97.69%	97.84%	82.83%	73.58%	75.67%	83.09%	88.72%	92.41%
Jun-16	97.84%	96.83%	86.74%	77.89%	77.15%	84.05%	88.20%	91.33%
Jul-16	97.70%	96.88%	86.44%	76.43%	73.82%	82.21%	91.22%	92.23%
Aug-16	56.37%	96.03%	86.70%	76.29%	73.15%	81.17%	93.20%	89.76%
Sep-16	73.26%	96.80%	86.41%	80.52%	71.90%	81.82%	90.91%	91.45%
Oct-16	80.70%	97.52%	83.93%	80.05%	72.90%	84.46%	90.51%	87.82%
Nov-16	82.06%	97.50%	83.76%	82.75%	71.43%	83.93%	87.15%	89.10%
Dec-16	83.77%	96.00%	83.03%	83.04%	74.22%	85.42%	86.31%	87.86%
Jan-17	84.11%	97.54%	86.47%	84.01%	73.65%	81.31%	86.26%	88.03%
Feb-17	85.34%	96.67%	86.04%	82.78%	74.48%	78.89%	80.25%	85.47%
Mar-17	86.67%	97.37%	85.14%	85.22%	72.58%	78.55%	78.18%	86.71%





5.3.9 External Training

Since February 2014 it has been a requirement for all clinical staff in the Trust who need to refresh at Level 3 to attend external multi-agency training. This is usually training run by Local Safeguarding Children Boards or it can be other external training, conferences or activity in line with Level 3 requirements set out in the Inter-collegiate Competence framework.

5.3.10 Topics covered by LSCB courses include:

- Working with Bangladeshi Children and Families
- Neglect
- Child Sexual Exploitation
- Safeguarding Children Exploited on the Internet
- Child Abuse linked to belief in Juju, Spirit Possession and Witchcraft
- Adolescent neglect

5.4 LSCB Serious Case Reviews

- 5.4.1 ELFT takes part in Local Safeguarding Children Board Case Review arrangements and carries out service user checks on all children and family members where a case review is being considered to ensure appropriate involvement by ELFT.
- 5.4.2 There are clear criteria for the circumstances in which a serious case review should be carried out. However, more recent Working Together guidance is less prescriptive about how a serious case review should be carried out and what form any written information is provided by the Trust. LSCBs are recommended to use systemic methodology and to have a process for bringing staff from all the involved agencies together as part of the review.
- 5.4.3 The Trust continues to submit its Serious Incident Review Reports to LSCBs or Domestic Homicide Panels if required as part of an SCR, Local Learning Review, thematic review, cross-borough review or Domestic Homicide Review.
- 5.4.4 The Trust has been involved in five Serious Case Reviews and one Local Learning Review undertaken by Newham LSCB, one for City and Hackney LSCB and two for Luton LSCB.
- 5.4.5 A theme this year sadly has been adolescent suicides which have involved CAMHS services across the Trust. There have been four this year. All LSCBs have made adolescent mental and emotional health and self-harm a priority for the coming year.
- 5.4.6 The Trust is also required to implement Improvement Plans for Bedford LSCB SCRs that do not involve ELFT services. There have been two this year.
- 5.4.7 There have been no Domestic Homicide Reviews involving safeguarding children this year.

5.5 Incident Reporting

- 5.5.1 The Trust's Datix electronic incident reporting form captures information about children and parents in specific fields asking about service users who are parents and/or pregnant, persons aged under 18, any action needed to safeguard a child and whether information was shared with Children's Social Care.

- 5.5.2 Often more than one box is ticked. The process prompts clinicians to assess any impact on children arising from an incident and enables the Assurance Department to screen incidents affecting children. Where necessary there is follow up from the Safeguarding Children Teams, further action from the clinical team and the provision of additional information to assist in the grading and investigation process.
- 5.5.3 The Assurance Department began to collate incident data about these fields from Quarter 2 (July-Sept) 2010-11 and to include it in quarterly performance reports in order to monitor safeguarding practice and identify any themes that may need to be addressed.
- 5.5.4 During the year a total of 555 (compared to 508 last year) ticked one or more of the safeguarding children fields. The data is shown in Table 1. Of the 555 incidents which showed that a child could have been affected 65 indicated that children were at risk. See Tables 2 and 3.

Table 1

Incidents with potential impact on child – fields in Datix form	Total 2014/15	Total 2015/16	Total 2016/17	Comments
A Person Under 18 was directly involved	316	449	498	Most of these incidents involved young people in the Coborn Centre and were clinical incidents that did not require further safeguarding children or child protection intervention.
A pregnant woman was involved	25	21	21	14 cases involved information being shared with Children's Social Care.
Service user has parenting responsibilities	77	102	121	Most of these incidents involved service users who were inpatients and the incident did not have safeguarding children implications.
Action taken to protect a child	299	378	427	Most of these incidents involved young people in the Coborn Centre and were clinical incidents where clinical action was taken to protect young people but further safeguarding children or child protection intervention was usually not required.
Children's Social Care informed or referral made.	118	162	187	Many of these cases were already known to Children's Social Care and ELFT services shared relevant information about the incident with them. If the incident involved a service user not already known to Children's Social Care and there were child protection or safeguarding children implications a referral was made.
<i>Total incidents with potential impact on a child</i>	362	508	555	For many of these incidents more than one field in the Datix form was ticked.

5.5.5 The majority of incidents involving a person under 18 and where action was taken to protect a child concerned young people in the Coborn Centre for Adolescent Mental Health.

5.5.6 Many of the incidents involving a service user with parenting responsibilities did not have a safeguarding children component. Those that did were followed up appropriately by clinicians.

5.5.7 The Safeguarding Children Teams follow up incidents with clinicians where necessary to ensure all appropriate action has been taken.

Table 2

Incident Type	No' 2016-17 (last year in brackets)	Comments
Children at risk	65 (64)	See Table 3 below
Violence and aggression	155 (161)	106 of these incidents were on the Coborn Unit. 43 of the incidents shared information with Children's Social Care including 10 of the Coborn incidents.
Child Death	18 (22)	4 adolescent suicides. 1 adolescent car accident. 13 expected deaths or cause known – all monitored by Newham Child Death Overview Panel.
Adult Death	6 (10)	1 adult death was the suicide of an 18 year old in Tower Hamlets who was a care leaver from Hackney so the case was notified to Children's Social Care and the LSCB for follow up. Another adult death was the suicide of a service user in Hackney whose children were on a Child Protection Plan so the case was notified to Children's Social Care. Two adult deaths were women who died from physical health issues. Both were mothers and liaison and follow up took place with children's services. Two adult deaths were cause unknown. Both were mothers and required follow up and liaison with Children's Social Care.
Connected with adult safeguarding incident report	29 (34)	22 of these incidents involved information being shared with Children's Social Care. Some include domestic abuse in the household. The 7 which did not share info with CSC 2 planned to but did not tick the box. The others did not need to.
Care and treatment	247 (196)	Clinical incidents usually on wards – reported because service user involved has children at home.
Health, safety and security	16 (10)	5 appropriately shared information with Children's Social Care

Incident Type	No' 2016-17 (last year in brackets)	Comments
Information governance	12 (14)	3 related to information sharing between CHN and other children's services. No safeguarding children implications.
Organisational infrastructure	3 (4)	3 communication failures – outside immediate team. No safeguarding children implications
Slips, trips, falls	4 (3)	Two involved families where Trust and children's services worked together. Two had no safeguarding children implications.
Total incidents with potential impact on a child	555 (508)	Most incidents do not have safeguarding children implications – they come to the attention of the Safeguarding Children Team because it is a clinical incident involving a young person in the Coborn Centre or a clinical incident involving an adult service user who is a parent/carer of children under 18. All are followed up to ensure appropriate action is taken to ensure children are safeguarded.

Table 3

Incident Type: Children at Risk		65	Total
Category	Sub category		
<i>Child or young person has suffered actual harm</i>	Adult service user is alleged perpetrator	4 (6)	8 (15)
	Child service user is alleged perpetrator	0 (1)	
	Child victim has parent who is a service user	2 (2)	
	Child victim is a service user	2 (5)	
	Child victim is sibling/other relative of service user	0 (1)	
<i>Child or young person has suffered actual harm from FGM</i>	Adult service user is alleged perpetrator	0 (0)	0 (0)
	Child service user is alleged perpetrator	0 (0)	
	Child victim has parent who is a service user	0 (0)	
	Child victim is a service user	0 (0)	
	Child victim is sibling/other relative of service user	0 (0)	
<i>Child or young person identified as at immediate risk of harm</i>	Adult service user is alleged perpetrator	6 (7)	49 (36)
	Child at risk has a parent who is a service user	30 (20)	
	Child at risk is a service user	11 (8)	
	Child at risk is sibling/other relative of a service user	1 (1)	
	Child service user is an alleged perpetrator	1 (0)	
<i>Child or young person identified as at immediate risk of harm from FGM</i>	Adult service user is alleged perpetrator	0	5 (2)
	Child at risk has a parent who is a service user	2	
	Child at risk is a service user	0	
	Child at risk is sibling/other relative of a service user	0	
	Child service user is an alleged perpetrator	0	
<i>Child or young person under 18 has made an allegation against staff in the Children's Workforce requiring a referral to the LADO</i>		0 (2)	0 (2)
<i>Missing Child</i>		6 (6)	6 (6)

5.6 DBS (formerly CRB) Checks

The HR Department has a robust process for ensuring all new and existing staff undergo a DBS check every three years. At the end of the financial year the percentage of staff with a valid Disclosure and Barring Scheme (DBS) check was 97%.

5.7 Allegations Against Staff

- 5.7.1 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. Such allegations are most likely to be made by young people at the Coborn Centre for Adolescent Mental Health and are dealt with by the Newham LADO. Such allegations must be reported on Datix. There were none this year.
- 5.7.2 The procedures also cover the personal life of staff so if a child makes an allegation against their parent and the parent is found to be a Trust employee, the Trust has a duty to ensure the member of staff is fit to practice and to be in a position of trust with children or adults with care and support needs. Such situations are not to be reported on Datix and are managed through HR processes with support from the Associate Director for Safeguarding Children. Advice is sought from a LADO as necessary although the LADO has no official role regarding allegations involving staff who do not work directly with children and are not deemed to be in the Children's Workforce. There have been four varied cases this year which have all been resolved.
- 5.7.3 ELFT may also need to contact a LADO for reasons involving service users rather than Trust staff. ELFT may be working with adult service users who are found to work (paid or voluntary) with children and are judged to be a potential risk to children in their work. In such cases the Trust will seek advice from a LADO and make a referral to the LADO or Children's Social Care if necessary. This is done as part of clinical work and is not recorded centrally.
- 5.7.4 Occasionally a child or young person may inform their clinician of concerns about the practice of another practitioner in the children's workforce – e.g. a teacher, college tutor, voluntary organisation support worker. These are also referred to the LADO or Children's Social Care to follow up as part of clinical work and are not recorded centrally.

6. Priorities for 2016-17

- 6.1 The overarching priority for the coming year is to continue to refine and develop safeguarding children systems and ensure staff are confident

about their safeguarding children responsibilities and have the necessary support available to them.

- Review and update safeguarding children fields and forms on the Trust electronic patient records systems for mental health services, community services, IAPT services and addictions services in the light of changes made by the Trust to assessment and planning for service users. In particular, to contribute to reviews of RiO documentation to ensure that the agreed Safeguarding Children forms, 'Record of Referrals to Children's Social Care' and 'Safeguarding Children in Adult Client Network' are being implemented.
- Implement child protection plan/child in need plan RiO template for CHN services.
- Review the arrangements for providing specialist safeguarding support across the Trust in the light of developing national and local agendas. In particular review safeguarding children team support for CHN staff following the transfer of Health Visitors and Family Nurse Partnership to London Borough of Newham and support for new and potential new services into the Trust.
- Update the arrangements for carrying out internal serious incident reviews to ensure safeguarding children issues are covered and that there is a robust interface with external multi-agency reviews.
- Redesign safeguarding children training and training resources.
- Implement Inspection and Serious Case Review and Learning Review Action Plans.
- CHN MARAC Audit of referrals to One Stop Shop.
- CHN - ongoing work with LBN to improve information sharing.
- Hold a Think Family Conference bringing together topics that overlap safeguarding children, safeguarding adults, radicalisation and domestic abuse.
- Contribute to LSCB Business Plan priorities including support for emotional and mental wellbeing of young people.
- Contribute to ELFT Learning Lessons arrangements.

6.2 Routine ongoing commitments of the Safeguarding Children Teams and the Committee will continue including:

- Accountability;
- Safeguarding Children Team staffing;
- Policies, strategies and procedures;
- Delivering regular training at Level 1, Level 2 and Level 3;
- Supervision;
- Quality assurance;
- Performance monitoring – internal and external;
- Preparation for inspections – Joint Targeted Area Inspections (JTAI) CQC and Ofsted;
- Carrying out regular checks on Electronic Patient Record Systems as to whether service users are involved in multi-agency child protection or domestic abuse processes;
- Providing advice and support to staff;
- Inter-agency and partnership working;
- Working with partner agencies, particularly Children's Social Care, to strengthen interface and resolving difficulties;
- Information sharing;
- Following up incidents;
- Contributing to the work of six LSCBs;
- Contributing to Serious Case Reviews and Local Learning Reviews;
- Contributing to Serious Incident Reviews;
- Implementing action plans arising from serious case reviews, other reviews and external inspections;
- Service design;
- Voice of the Child and the Child's Lived Experience;
- Independent contractors;
- Audits – internal and multi-agency case audits;
- Trust intranet and information for staff and service users;
- Contributing to coroners inquests as required;
- Providing quarterly performance information to the Trust, CCGs and LSCBs;
- Working with Trust services and partner agencies in Barnet, Redbridge and Richmond and any new areas where Trust services are provided;
- Developing work to identify and support young carers;
- Completing Section 11 Audits for LSCBs.

IMPROVING THE HEALTH OF LOOKED AFTER CHILDREN

ANNUAL REPORT

2016 – 2017



Kerry Read, Lead Nurse for Looked After Children

July 2017

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Improving the Health of Looked After Children

Annual Report April 2016 – March 2017

1/ Introduction

This report highlights the work undertaken by the Looked After Children Team on behalf of East London NHS Foundation Trust from 1/4/16 – 31/3/17.

In England and Wales the term 'looked after children' is defined in law under the Children Act 1989. A child is looked after by a local authority if he or she is in their care or is provided with accommodation for more than 24 hours.

Looked after children fall into four main groups:

- Children who are accommodated under voluntary agreement with their parents (section 20);
- Children who are the subject of a care order (section 31) or interim care order (section 38);
- Children who are the subject of emergency orders for their protection (section 44 and 46);
- Children who are compulsorily accommodated. This includes children remanded to the local authority or subject to a criminal justice supervision order with a residence requirement (section 21).

The term 'looked after children' includes unaccompanied asylum seeking children, children in friends and family placements, and those children where the agency has authority to place the child for adoption.

It does not include those children who have been permanently adopted or who are on a special guardianship order.

2/ National Context

2.1

Most children become looked after as a result of abuse and neglect. Although they have many of the same health issues as their peers, the extent of these is often greater because of their past experiences. Delays in identifying and meeting their emotional well-being and mental health needs can have far reaching effects on all aspects of their lives, including their chances of reaching their potential and leading happy and healthy lives as adults.

For example in respect of mental health and emotional wellbeing, looked after children show significantly higher rates of mental health disorders than others

(45%, rising to 72% for those in residential care, compared to 10% of the general population aged 5 to 15) –conduct disorders being the most prevalent, with others having emotional disorders (anxiety and depression) or hyperactivity. 11% are reported to be on the autism spectrum and many others have developmental problems.

2.2

At 31 March 2016, (latest released data) there were 70,440 looked after children in England, an increase of 970 (1%) on 2015, and an increase of 3,370 (5%) on 2012.

In 2012, 59 children per 10,000 of the population were looked after; in 2016 the rate was 60 children per 10,000 of the population.

The rise over time reflects the higher number of children starting to be looked after than ceasing. In particular, in the latest year, we have seen a rise in the number of unaccompanied asylum seeking children in care, with 3,440 unaccompanied asylum seeking children entering care, and 1,980 leaving care. Many of the changes seen in the characteristics of the looked after children population as a whole have been influenced by this increase, for example with a rise in the number of children aged 16 and over, and a rise in the number of children with an ethnic background of 'Any other Asian', 'African' or 'Any other ethnic group'. If we remove unaccompanied asylum seeking children from the count of looked after children, we see that there has been a decrease in the looked after children population of 500 (1%) since 2015.

The age profile has continued to change over the last four years, with a steady increase in the number and proportion of older children. 62% of children looked after were aged 10 years and over in 2016 compared with 56% in 2012. There has been a reduction in the number and proportion of children aged 1-4 years (from 18% of the looked after population in 2012 to 13% in 2016), and a slight decrease in the number and proportion of children aged under 1 year (from 6% in 2012 to 5% in 2016).

2.3

Children in public care in England

70,440 children were in the care of local authorities on 31st March 2016, compared to 69,540 in 2015.

The rate of looked after children per 10,000 under 18 years on 31st March 2016 was 60. This figure varies significantly at Local Authority level from a low of 22 (Wokingham) to a high of 164 (Blackpool). Newham has a rate of 47.2

Gender

56% (39,670) of children looked after on 31st March 2016 were male and 44% (30,780) were female.

Age

- 5% (3,540) of children looked after on 31st March 2016 were under 1 year old
- 13% (9,140) were aged between 1 and 4 years old
- 20% (14,090) were aged between 5 and 9 years old
- 39% (27,220) were aged between 10 and 15 years old
- 23% (16,460) were aged 16 and over

Ethnicity

- 75% (53,150) of children looked after on 31st March 2016 were white
- 9% (6,250) were of mixed racial background
- 4% (3,110) were Asian or Asian British
- 7% (5,150) were Black or Black British
- 3% (2,290) were from other ethnic groups
- 1% (500) were other (refused or information not yet available)

Placements

- 74% (51,850) of children looked after on 31st March 2016 were living with foster carers
- 11% (7,600) were living in secure units, children's homes or hostels
- 5% (3,810) were placed with their parents
- 4% (2,940) were placed for adoption

- 4% (3,040) were with another placement in the community
- 2% (1,200) were placed in residential schools or other residential settings

Unaccompanied Asylum Seeking Children

4,210 unaccompanied asylum seeking children were looked after on 31st March 2016

- 93% (3,900) were male and 7% (310) were female
- 75% (3,170) were aged 16 and over

2.4

The Children and Families Act 2014 introduced a new duty on local authorities to support young people to continue to live with their former foster carers once they turn 18 (the 'Staying Put' duty). This duty came into force on 13 May 2014. The duty means that local authorities must advise, assist and support both the young person and their former foster carers when they wish to stay living together. In 2016, there was an increase in the number and percentage of 19 and 20-year-old care leavers who were still living with their former foster carers. Individual level information was collected for the first time on 18 year olds who were still living with their former foster carers up to 3 months after their 18th birthday. Of the 2,670 children who ceased to be looked after in a foster placement on their 18th birthday, who were eligible for care leaver support, 1,440 (54%) remained with their former foster carers 3 months after their 18th birthday. However, this data should be treated with caution as it is the first year it has been collected and due to concerns over its completeness, figures have been published as experimental statistics.

2.5

Of the 31,710 children ceasing to be looked after in 2016, 10,880 (34%) returned home to their parents or relatives. This is a similar proportion to 2015. It is not possible to do a direct comparison with earlier years due to changes in the recording categories.

4,690 children ceased to be looked after due to being adopted (15%). Whilst this is higher than the 3,470 children ceasing due to adoption in 2012, it is less than the 5,360 in 2015, a drop of 12%.

3,830 children ceased care due to a special guardianship order (12%). This is an increase of 8% on 2015 and an increase of 78% on 2012.

2.6

There were 8,670 children who were recorded as missing at least once in 2016. This corresponds to 9% of the cohort of 100,810 children who were looked after at some point during the year. These children had 43,000 missing incidents which is an average of 5 missing incidents per child who went missing. 4,430 children were away from their placement without authorisation in the year. There were 17,560 incidents of children being away without authorisation, an average of 4 per child.

Most missing incidents were short, 89% lasted two days or less and the median number of days per missing incident was 1 day. However we need to be cautious interpreting this figure as the duration of missing incidents is collected in days so a child who went missing for a short period late one evening, but was found early the next morning would be counted as being missing for 1 day even if they were only missing for a few hours.

3/ Regulatory Framework

3.1

- [The Children Act 1989 Guidance and Regulations Vol 2: Care Planning, Placement and Case Review](#)
- [The Children Act 1989 Guidance and Regulations Vol 3: Transition to Adulthood](#)
- [The Children Act 1989 Guidance and Regulations Vol 4: Fostering Services](#)
- [Guide to Children's Homes Regulations , including the Quality Standards](#)
- [Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies](#)
- [Who Pays? Determining responsibility for payments to providers](#)
- [National Tariff Payment System](#)
- [Intercollegiate Role Framework March 2015 – Looked After Children: Knowledge, Skills and Competences of health care staff.](#)
- [Legal Aid, Sentencing and Punishment of Offenders Act \(LASPO\) 201](#)

3.2

Promoting the Health and Well-Being of Looked After Children, March 2015

This guidance explains how local authorities and health agencies should go about carrying out relevant duties under a number of pieces of legislation including the 1989 and 2004 Children Acts, 2006 NHS Act (as amended in 2012) and the care planning and placement and case review regulations.

The guidance highlights the overarching duties that local authorities and health agencies have in relation to the health and wellbeing of looked after children and their duties to cooperate and what they should do to ensure that all looked after children have access to appropriate health services. It also advises on the process for planning individual children's healthcare.

This guidance should be read in conjunction with:

3.3

Looked After Children: Knowledge, Skills and Competences of Healthcare Staff, Intercollegiate Role Framework , March 2015

This document provides a framework for healthcare staff to understand their role and responsibilities for meeting the needs of looked after children. It sets out the required knowledge, skills, attitudes and values that professionals require to carry out particular elements of support and planning in looked after children's health, including particular roles and tasks described in regulations and statutory guidance.

4. Newham Looked After Children

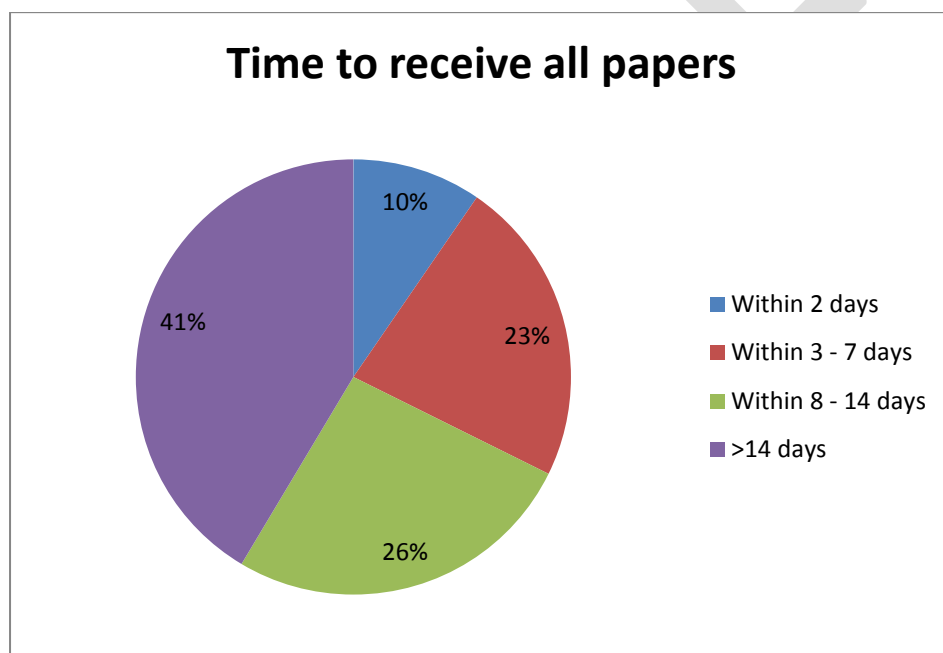
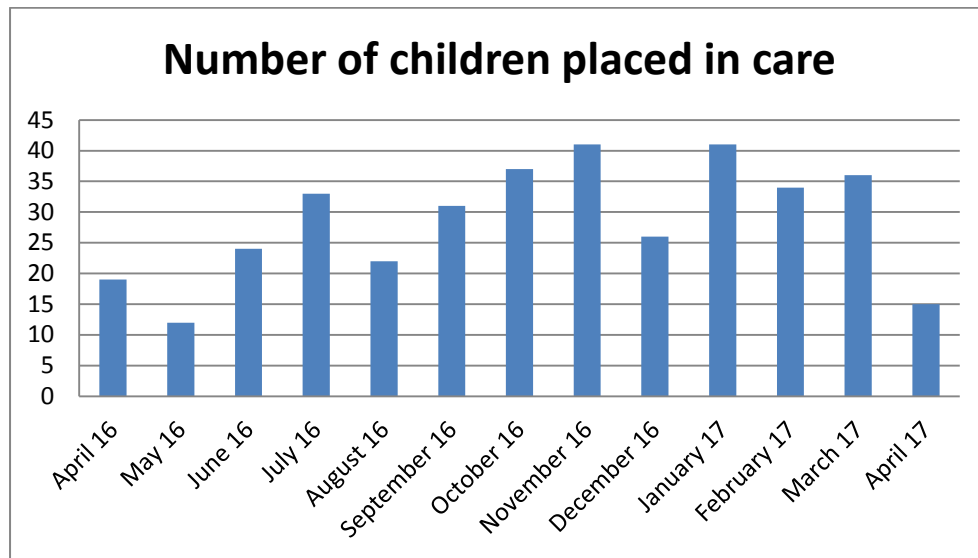
Looked After Children
At a glance profile LBN Data
March 2017

Number of Looked After Children	Newham	SN	LONDON	ENGLAND
Number of Looked After Children	396	(2014/15)	(2014/15)	(2014/15)
Rate Per 10,000 under 18s	47.2	57.7	51.0	60.0
% Of Under 18 Population	0.47%	*	*	*
Number of LAC with Learning Disability	23 (5.8%)			
Number of LAC known to YOT	18 (4.5%)			
Overweight / Obese	(21%) 23/109			

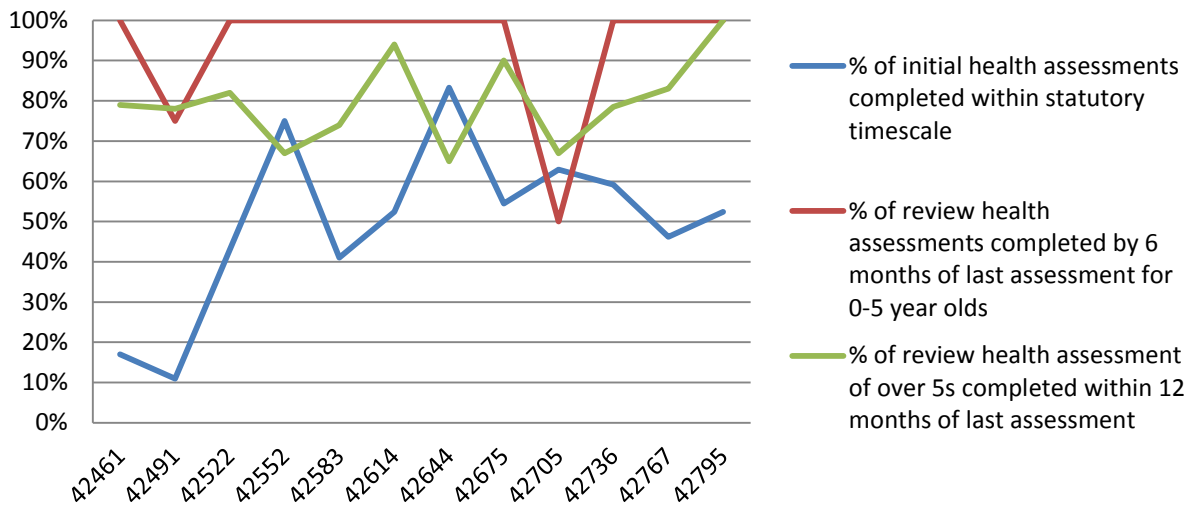
Health Activities 2016/17	Yes	Cohort	%
Dental Checks	203	219	92.69%
Health Assessments	210	219	95.89%
Immunisations	185	219	84.47%
Development Assessments aged 5 or below	5	7	71.43%
Average Dental & Health Assessments	206.5	219	94.29%

The review health assessments data for 2016 / 2017 is 96%. The two under 5 developmental assessments not completed were one child who we were notified had left care which was incorrect and the child has now been seen, and one child placed out of borough who we thought was being seen in the local child Development Service but had been discharged, this child has also now been seen.

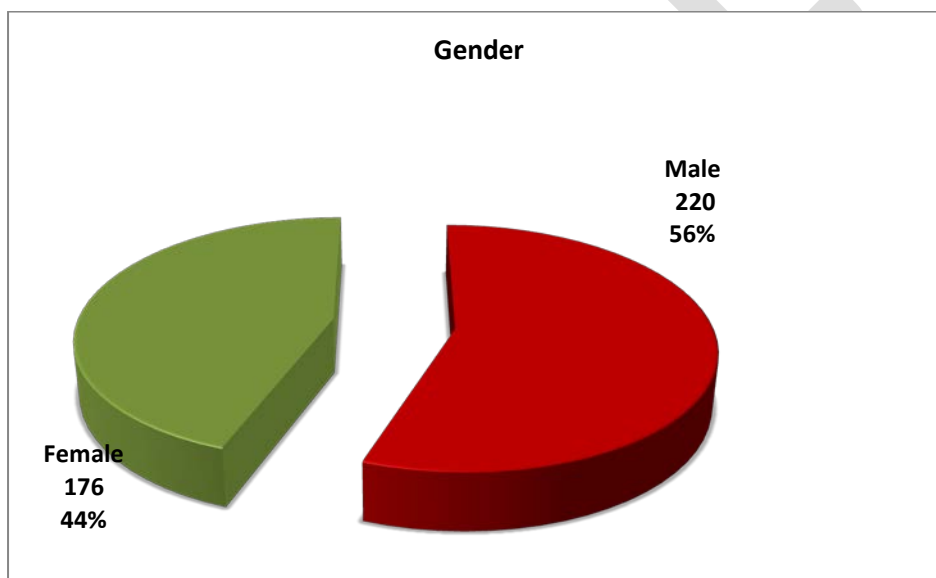
Below is the data in respect to number of LAC entering care in 2016 – 2017, the timeliness of receipt of forms from Social Care which should be within 2 days as agreed in procedure, and the % of initial medicals completed within 28 day timescale.



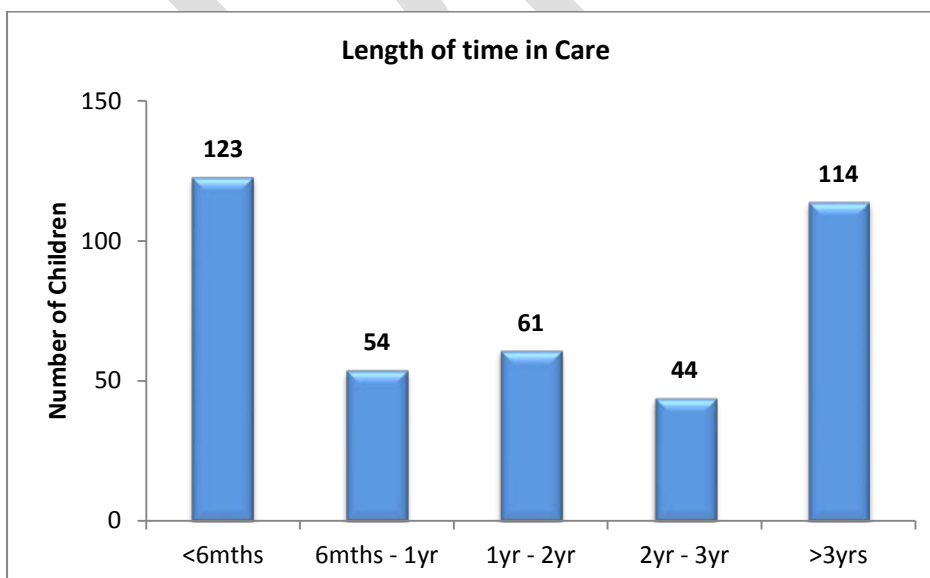
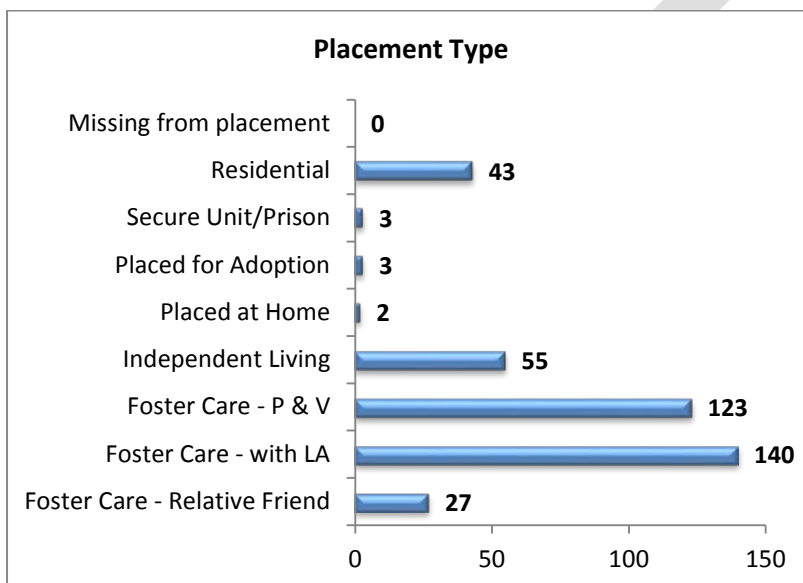
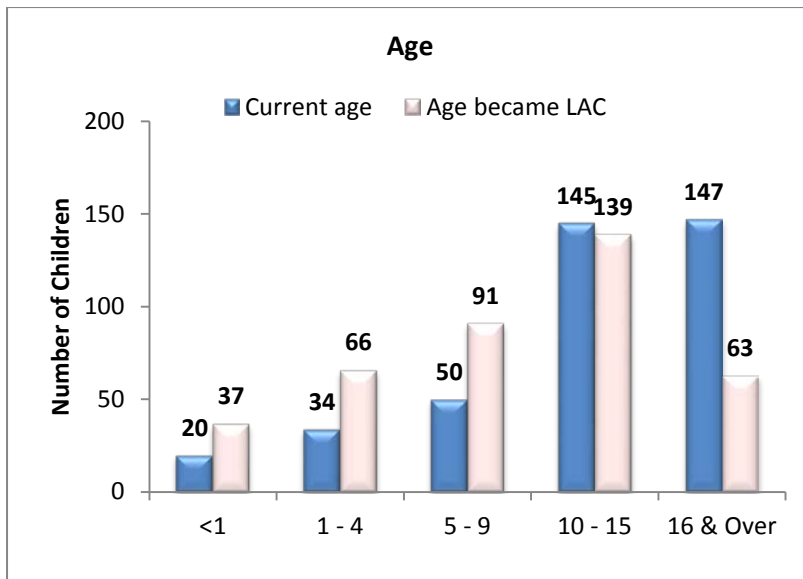
Health Assessment Completeness

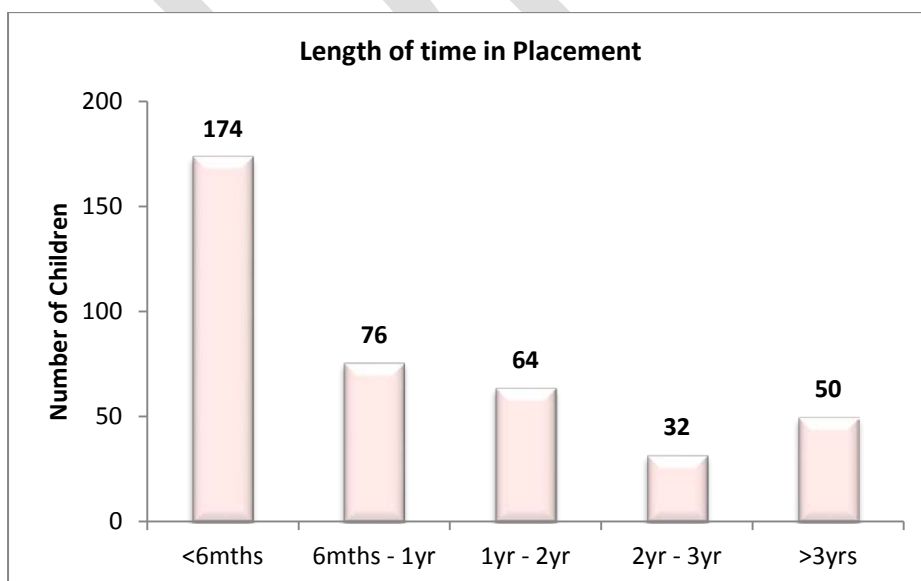
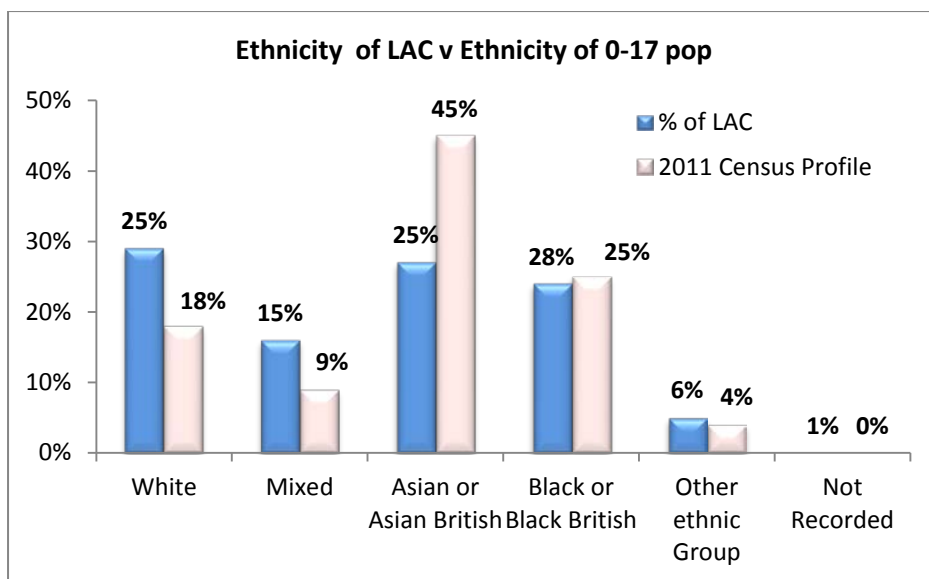


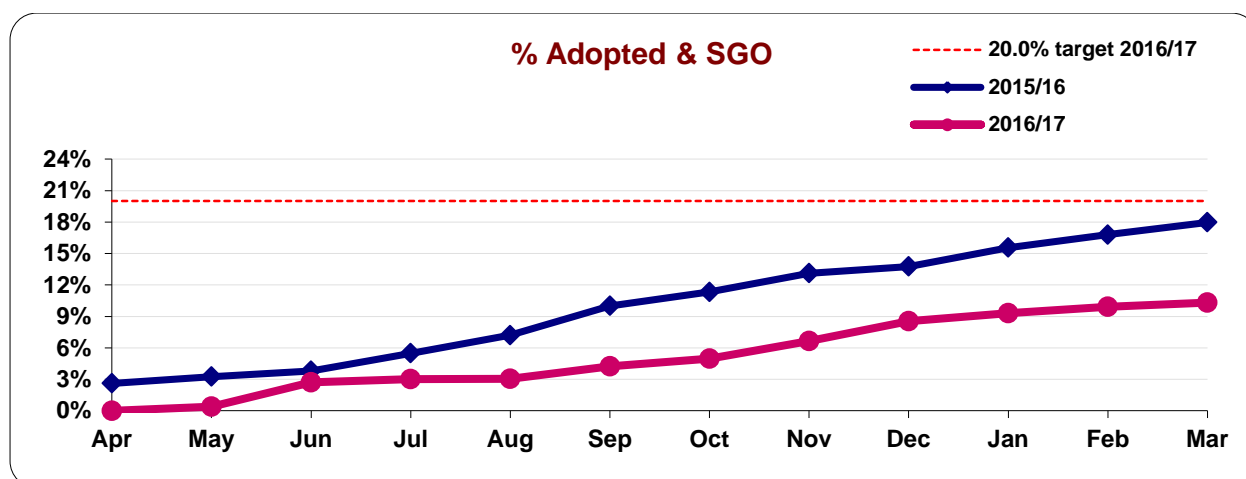
Data of Newham LAC population 1/4/2016 – 31/3/2017



This is exactly the same as the national figures





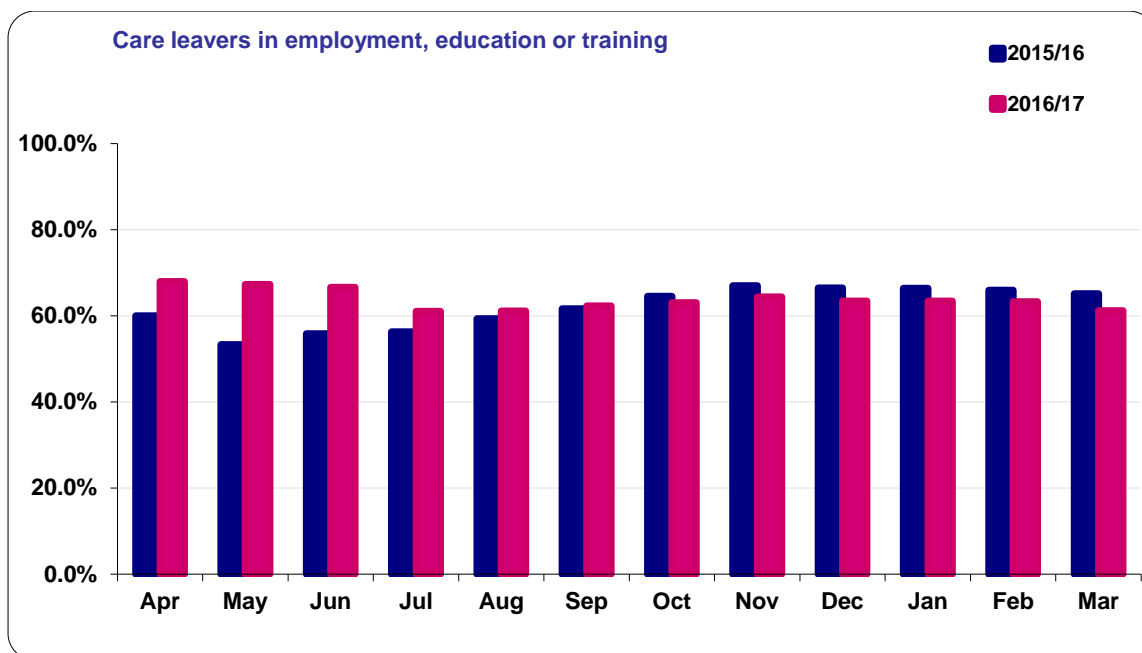


At the end of 2016/17, 27 children had been adopted or been made subject to a Special Guardianship Order. 14 of the 27 were adoptions.

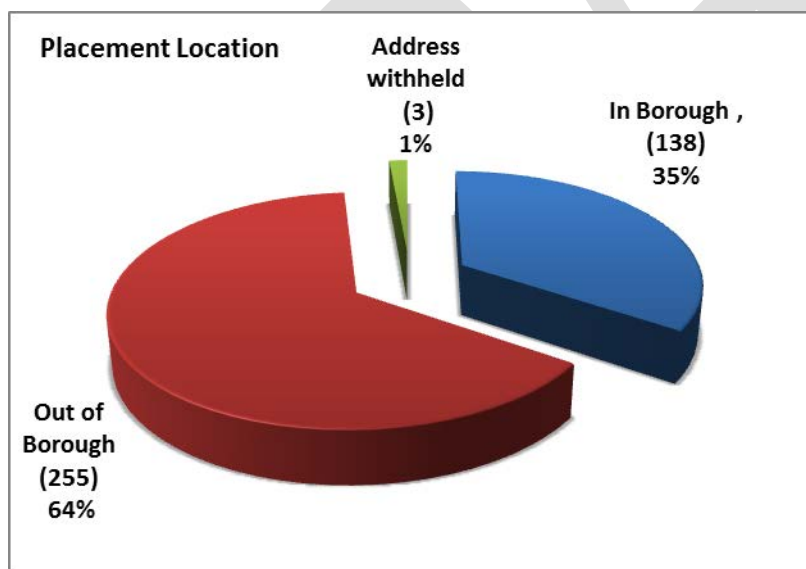
Overall there has been a decrease in the number of children coming through with an adoption decision. There has also been a significant decrease in SGO's. The decrease in the number of children coming through for adoption may be the result of a reaction to the BS judgement, which was perceived to have changed the threshold for adoption and possibly a greater number of challenges to adoptions in court by the parents. This is a national trend where adoption should only be considered where no other option is possible. An increase of alternative permanency options such as Child Arrangement Orders is also being considered to keep children within the family.

The Adoption Service ensures adopters match the needs of children and that hard-to-place children are fast tracked. Newham also utilises a concurrent placements model wherever possible, whereby children are placed with identified adopters on a 'fostering for adoption' basis.

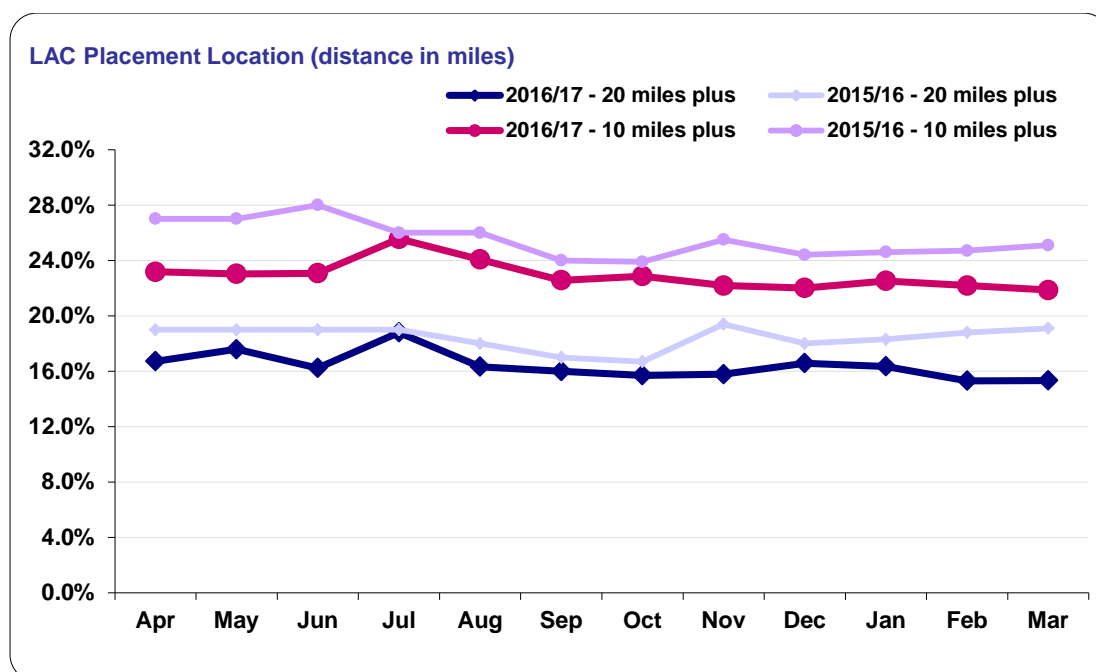
The Carer Recruitment team recruited 12 foster carers and 9 adopters in 16/17.



61.2% of current care leavers were recorded as being EET at end of 2016/17, which is significantly above the London and England average



To further reduce the number of LAC placed out of borough, social workers are continuing to explore moving young people back to Newham or within a 20/10 mile radius at the point of the statutory education ending or point of a planned placement move. The Placement Stability Panel will review cases presented and will plan for placement step downs to further reduce the % placed



Missing from care - Placed In and Out of borough				2016/17
Location	Individual	Single Episode	Repeat Episodes	Total Episodes
Placed In-borough	7	6	1	8
Placed Out-borough	20	14	6	32
Qtr 1 Total	27	20	7	40
Placed In-borough	6	5	1	8
Placed Out-borough	20	10	10	64
Qtr 2 Total	26	15	11	72
Total Episodes YTD	53	35	18	112

Missing from care - Gender				2016/17
Gender	Individual	Single Episode	Repeat Episodes	Total Episodes
Female	13	9	4	21
Male	14	11	3	19
Qtr 1 Total	27	20	7	40
Female	15	7	8	55
Male	11	8	3	17
Qtr 2 Total	26	15	11	72
Total Episodes YTD	53	35	18	112

5. Looked After Children Team

- The service aims to:
 - ✿ Deliver a high quality service specific to the needs of looked after children
 - ✿ Improve health outcomes for looked after children.
 - ✿ Empower carers and other professionals in supporting children to achieve their full potential.
 - ✿ Promote a culture where looked after children are listened to and takes account of their views according to their age and understanding, in identifying and meeting their physical, emotional and mental health needs.
- The Looked After Children Health Team comprises a Lead Nurse and two Nurse Specialists one being a health visitor. The CCG has a 0.8wte Designated LAC Nurse. Administrative support is provided by two full time Band 4 Patient Pathway Co-Ordinators.
- The LAC Nurses team are represented on the: Newham Joint Health Safeguarding Sub-Group, Corporate Parenting Board, Placement Stability Panel, Children Missing from Home, Care , Education & at Risk of Sexual Exploitation / Child Trafficking Group and the Adoption and Foster Panels.
- The service provided to looked after children in Newham is underpinned by the guidance “Promoting the Health and Well Being of Looked After Children”. Every child and young person entering care should have a health assessment within 28 days. To achieve this target close partnership working between Social Care and the Looked After Children Team is essential and work is on-going to achieve this. They then have subsequent review health assessments, 6-monthly for children under 5

years and annually for those above the age of 5 years. The nurses see children and young people at clinics or by home visit if placed within a reasonable distance (agreed as no more than two and a half hours drive). For those children and young people who are placed too far away to visit, there are established links with the national network of looked after children's nurses and this allows an equitable service for our looked after children regardless of where they are placed as they are seen by professionals who have undergone the required training. All assessments completed by external providers and a 10% random sample of review health assessments are quality assured by the Designated Nurse LAC monthly.

- Those young people who do not attend appointments are contacted and visits are arranged if they are reluctant to come to clinics. Texting them has been a useful tool which improves communication and if all this fails, sending them health promotion packs and contact details with an open invitation to contact us via our generic email for health information and advice. Reminder texts are sent prior to all appointments. Strategies to improve attendance of 15 – 17 year olds are being implemented which include offering afternoon appointments, alternative venues, asking their social worker to speak to the young person and encourage attendance. A flowchart has been implemented for health assessment decliners (Appendix 1)
- Young people leaving care at 18 years receive a Health Passport with health promotion materials and information on accessing health services. Information is requested from their GP to provide a health history for them. The Health Passport is currently being reviewed as a QI Project, which includes consultation with young people for feedback on content and design and how they wish information to be given to them, for example by the use of apps or useful health websites.

6. Achievements

- The team has fully implemented RiO reporting and this has ensured that accurate data is being collected to inform managers.
- Percentage of completed Initial Medicals within 28 days is improving
- The Safeguarding Dashboard is completed quarterly.
- PREMS are being collected via the hand held devices to record client satisfaction.
- Annual audit schedule has been implemented
- Consultation with the Children in Care Council takes place quarterly
- QI Project has improved the content and delivery of the Care Leavers Health Passport by use of recommended websites to enable young people to access up to date, relevant health information.
- Having a full-time Patient Pathway Co-Ordinator has improved the administrative processes involved in appointing LAC and sharing information with health partners. The service is achieving 96% of health assessments completed in last year and 100 % of Health Passports given to young people leaving care. Also we have had a return of 100% from requests to GPs for information and 100% of health care plans being sent to GPs
- All 3 LAC nurses have undertaken and passed Health Champion Training – a Royal Society of Public Health (RSPH) Accredited Course and are now Health and Wellbeing Champions for Children Looked After and Care Leavers

- LAC Nurses provide training to carers via Foster Carer Support Groups and Skills to Foster Training. This course has enabled them to focus on short interventions and targeting their audience. Consultation with young people has identified health issues which they want more information on and which can then be delivered via sessions in residential units or the Children in Care Council.
- Annual report completed

7. Child Sexual Exploitation / Children Missing / Trafficking / FGM

The Child Sexual Exploitation Strategy which was developed by LBN in Dec 2015 ensures a holistic, multi-agency approach to tackling child sexual exploitation (CSE) by addressing all elements of the problem. This includes effective prevention by raising awareness and understanding amongst statutory/ community partners; building resilience amongst young people in order to safeguard them from groomers; effective detection by pursuing perpetrators more rigorously by securing robust prosecutions and improving support for victims and families. This strategy ensures that LBN has a resilient multi-agency plan to promote the sexual and emotional safety of children and young people.

“Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive “something” (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through use of technology without the child’s immediate recognition, for example the persuasion to post sexual images on the internet/mobile phones with no immediate payment or gain.

In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person’s limited availability of choice resulting from their social/economic and/or emotional vulnerability.”

This definition of child sexual exploitation was created by the UK National Working Group for Sexually Exploited Children and Young People (NWG) and is used in statutory guidance for England.

CSE does not work in isolation more often than not there tend to be other vulnerabilities present. Therefore the CSE strategy will be used in conjunction with other LBN safeguarding strategies; for example Missing, Gangs, Trafficking and Radicalisation.

Trafficking is a modern form of slavery. It is the recruitment and movement of children for the purpose of exploitation. It is child abuse and requires a safeguarding response. National figures show that 60% of trafficked children in local authority care go missing, nearly a third of them within a week of arrival.

Female Genital Mutilation (FGM) is a severe form of gender-based violence, and where it is carried out on a girl, it is an extreme form of child abuse. Everyone who has a responsibility for safeguarding children must view FGM in this way. Young girls who enter care may have been victims of FGM and must be assessed if at risk. This requires the development of a multi-agency approach with co-operation between all those who come into contact with children.

The Lead Nurse for LAC sits on the NSCB sub-group Missing, Child Sexual Exploitation (CSE) & Child Trafficking Sub-Group.

8. Mental Health

1. Core CAMHS LAC team work :

- Specialist CAMHS assessments - assessing factors involved in placement instability, which can lead to offering a formulation of factors both within a CYP, within a care-giver or the network that are contributing to this. This might involve, for example, finding out that, in addition to emotional difficulties due to complex trauma from abuse and neglect, a CYP also has un-diagnosed neuro-developmental difficulties such as Autistic Spectrum Difficulties. Identification of such factors can help explain why a CYP is showing very challenging behaviour that a carer may be struggling with, which is leading to them considering ending the placement. Having a clearer understanding of why a CYP is behaving in certain ways and then offering support to change or manage those behaviours can really help a carer feel able to continue a placement.
- Where appropriate, we offer individually tailored interventions to try and address these factors, thus leading to increased placement stability.
 - A frequent priority for interventions is to offer support and advice to adult carers, including foster carers, kinship carers, adoptive carers and sometimes residential staff, around the CYP, the emotional impact of caring and positive ways to respond to a CYP's difficulties. We often do this as a priority, rather than offering individual therapy with a CYP, at least in the first instance. This is because the evidence base suggests that intervention in the support by carers to a CYP who can understand, manage and contain the CYP's distress by developing positive attachment relationships has better outcomes in helping the CYP to manage than offering individual therapy to CYP alone. Such support can help provide carers with skills around boundary setting, tolerance, emotional involvement and a child-centred approach and help ameliorate behavioural and emotional difficulties, both of which contribute to placement stability.
 - Where appropriate, we also offer direct therapeutic work with a CYP – either alone or sometimes jointly with carers e.g. to work on understanding and managing their feelings and behaviour, such as self-harm or anger and finding more adaptive ways to cope with strong feelings and behaviour.
- We offer consultation and support to Social Workers and other agencies, working to develop an understanding of placement instability issues and how a Social Worker and/or other agencies can support the CYP and their carers and prevent placement

breakdown, where appropriate, or formulate reasons why a change of placement may better suit the needs of the CYP.

- We contribute to training to staff and carers on topics, such as working with challenging behaviour and responding to self-harm.

2. New Embedded sessions within LBN Social Care teams:

- CAMHS now have LAC team members offering one session a week to Social Care staff in the LAC teams (0-16 and Leaving Care team already established, 16-18 team still being established). CAMHS clinicians offer consultation and advice to Social Care staff on cases, as well as training. Cases with issues linked to placement instability are regularly discussed in these forums. The CAMHS clinician in the Fostering and Adoption Teams 6 session post also offers consultation and some direct work with foster carers and adopters.

3. Burdett Project

- This was an evaluation and reflection of a project that was set out to trial a service model of nurse-led outreach with children in care and their carers to prevent placement breakdown and support transition for young people entering and leaving care. The project was initiated by Newham Child & Family Consultation Service and funding was granted by the Burdett Trust for Nursing. The project finished in Oct 2016
- The experience of this project gives thought for future innovation and research in the very complex area of emotional wellbeing and mental health of children in care of their local authority. There are significant improvements that can be made to the wellbeing of these children, who by large are the most vulnerable group of children in our society, impacted by trauma of abuse, neglect, illness and crisis.
- It is of great importance that community CAMHS teams continue to have a specialist LAC team within their structure. These teams should be multidisciplinary in nature and prepared to work in innovative and creative ways in engaging these - often considered "hard to engage" - children / young people. From the experience of this project, an outreach model that is flexible and reflective, that engages the young person and their social network in a setting and manner in which they feel comfortable enough to make the most of the support offered, is paramount. The nursing profession is well equipped to carry out practical support within outreach model, encouraging engagement through daily activities and informal channels such as games and other creative pursuits.
- One of the main recommendations to the local authority was to consider changing the way SDQ is used with the children in care. It was clear that SDQ data was not available at the Entry to Care assessments and discussions took place around how the tool can be used to assist social workers in identifying increased likelihood of emotional wellbeing and mental health needs. The second recommendation is to consider using BAAF Forms "CR-YP" and "CR-C" - "Profile of behavioural and emotional wellbeing of a child (or young person) aged 0-9years / 10-16 years". The assessment forms are available to all social workers at the LBN intranet site and would help to inform Entry to Care Assessment about the emotional wellbeing of the child/young person, particularly when coupled with the completed SDQ form. The forms are carer's reports and when supported by either social worker or mental

health professional to complete, can provide a process more sensitive and mindful to the needs of the children / young people during the time of entering care.

- It is the experience of the project team, that outreach work model offers increased flexibility to meet the needs of the young person and their carer(s) and enables intensive therapeutic work where need is identified. The model had enabled positive engagement with the young people and carers, which otherwise may have been missed. Based on the feedback provided by the young people, it emerges, that the process of assessing emotional wellbeing throughout their journey in care may be best carried out within outreach model, rather than in formal, clinical settings – including the entry to care assessments.
- In the experience of the project team, joint working by different professionals, for instance social worker and outreach nurse; particularly during initial assessment following referral to the team was very helpful. However, the structures and the pressures of the different organisations make it challenging to ensure this is common practice model. The project team believes that further development of joint working and considering joint funding for nursing role(s) within outreach model for assessments and interventions for looked after children would be hugely beneficial in the development of services supporting and enhancing the wellbeing of children in care.

9. Sexual Health

The looked after children nurses can identify children in care who may be at risk of CSE, engaging in early sexual activity, at risk of sexually transmitted infections or early pregnancy. These young people are referred to the SHINE service in Newham or are signposted to local sexual health services if they are placed outside Newham. Work with this client group includes risk minimisation, personal and e-safety, advice re long term and emergency contraception and referral for pregnancy testing and screening of sexually transmitted infections.

As children in care often have mistrust of professionals clients are seen in non-threatening environments such as home, hostel, school or clinic, as well as engaging with this client group via text messaging and telephone calls to increase compliance. Group work is undertaken in units where many young people live together.

10. Youth Offending

The LAC nurses work with the Youth Offending Team (YOT) to support any looked after young person who may have health needs. Sexual health and mental health and substance misuse services are provided to all young people attending YOT. As of 31/3/17 there are 18 looked after young people under YOT, an alert is put on RiO and health information requested from the Youth Offending Institution if a young person is placed there. Monthly reports of all LAC under YOT are sent to the team.

11. Health Promotion

Age appropriate health promotion is an integral part of the health assessment process. Particular emphasis is paid to discussion around sexual health, mental health and healthy lifestyles. Attention is also paid to a child / young person's behavioural and emotional development. Exercise and physical activities are promoted and the free leisure pass in Newham is offered and issued wherever possible. Those leaving care are given support and advice re accessing local health services, eating healthily on a budget, sexual health advice and for those who are already under paediatric services, ensuring a smooth transition to adult services. Information on accessing health information online is included in the Care Leavers Health Passport which is given to all young people leaving care at 18 yrs. We have held evening Healthwise sessions in two residential units and a LAC Consultation Event in Arc in the Park. We have jointly presented these sessions with a SHINE worker and CAMHS worker focussing on improving attendance by young people at LAC health assessments, sexual & mental health information and support. We also attended the LAC Strategy Launch held by LBN.

12. Training

Training is provided for Foster Carers during their induction and as part of their ongoing training programme. The LAC nurse also attends the Foster Carers Support Group monthly and speaks on topics requested by the carers themselves. Topics covered this year have included immunisations, child development, child safety and childhood illnesses. Social workers, staff in residential units, and young people in care also receive training on various aspects of health including sexual health, drugs and substance misuse, healthy eating and accessing health services. Talks have also been provided for the IROs on Transgender issues.

13. Corporate Parenting

Newham Community Health is represented on the Corporate Parenting Board by the Head of Children, Young People & Women's Services, Lead Nurse for Looked after Children and the Designated Nurse LAC. Corporate Parenting is the term used to describe that Newham has, with its partner agencies, to exercise responsible parenting for children and young people who enter the Council's care. It is the role of the Corporate Parenting Board to set the priorities for children and young people in care and to monitor and scrutinise the delivery of these services.

The participation, views and inputs of looked after children and young people are represented in all business discussed.

The outcomes of the Board are a palpable influence on challenging and improving practice, where indicated, and recognising and promoting good practice when it is presented.

The Newham Pledge to its looked after children will form the fulcrum of the Board's objectives and it will be held accountable for ensuring all components of the Pledge are honoured.

Newham is currently preparing a Strategy for Looked after Children for the forthcoming three years from 2015 to 2018.

The strategy is supported by the following principles,

- Put the voices of children, young people and their families at the heart of service design and delivery.
- Deliver services that are tailored to the individual and the diverse needs of children and young people by ensuring effective commissioning and integrated professional working.
- Develop services that address health and emotional wellbeing and promote high quality care.
- Encourage caring relationships between children and carers that supports attachment and create a sense of belonging so that the child and young person feels safe, valued and protected.
- Help children and young people to develop a strong sense of personal identity and maintain the cultural and religious beliefs they choose.
- Ensure young people are prepared for and supported in their transition to adulthood.
- Support the child or young person to participate in the wider network of peers school and community activities to help build resilience and a sense of belonging.
- Ensure children and young people have a stable experience of education that encourages high aspiration and supports them in achieving their potential.

The Corporate Parenting Board will be the owners of the strategy and ensure that all partners are effectively operating and collaborating to ensure its progression. The Board consists of the lead cabinet member for children and young people who are looked after; care leavers; foster carers; senior managers responsible for looked after children in Newham Council; partner organisations including housing, education, NHS, and Police. All members will undertake to ensure implementation of recommendations in their respective agencies. The Board will also provide reports on its work against the Business Plan to the Newham Safeguarding Children Board.

14. Adoption and Fostering Panels

The Lead Nurse and Medical Advisor are members of the respective Fostering and Adoption Panels in the Borough.

These professionals provide medical and health advice to the panels and actively contribute to discussions and recommendations.

15. Audits

The team has an annual audit schedule attached and is also currently undertaking a QI Project looking at the format of the leaving care Health Passport and consulting with young people in care and care leavers on improving their access to health information by the use of apps and suitable health websites.

Audit Schedule 2017 - 2018

Audit	Expected Outcomes	Frequency
RiO Immunisation Records	To ensure that all LAC have up to date immunisation history recorded on RiO	Annually May
Quality Assurance of out of borough health assessments	To ensure that assessments completed by other providers meet expected quality	Bi-Annually June & December
GP responses to requests for information	To establish the rate of responses from GPs following request for health information to inform health assessment and health passport	Quarterly Directorate Audit
28 Day Initial Medicals	To ensure initial medical is completed within 28 days of entering care SW must send in referral within 2 days. Comparison of entry/referral/completion dates.	Annually August

16. Voice of the Child



The team regularly consult with children and young people via the Children in Care Council and seek their views on service provision. This enables young people to influence and improve the way we provide our services. Young people are involved in developing and monitoring their health care plans where appropriate. PREMS are completed at every face to face contact and responses are reported monthly.

See below a selection of responses from PREMs

- To follow up concerns and things needed for child, to have up to date contact details for LAC nurse team
- The nurse was able to chase up appointment with the doctor that had been missed
- Very professional nurse. She was very mild mannered and made us feel welcome . Asked questions and waited for the young person to answer
- Kerry has been seeing me for 13 years and this was her last visit as I will be 18. She has been good
- The nurse understood me and gave me helpful advice. Also she gave me website visit.

- She asked me questions, catching up with me, being friendly, making sure everything is alright

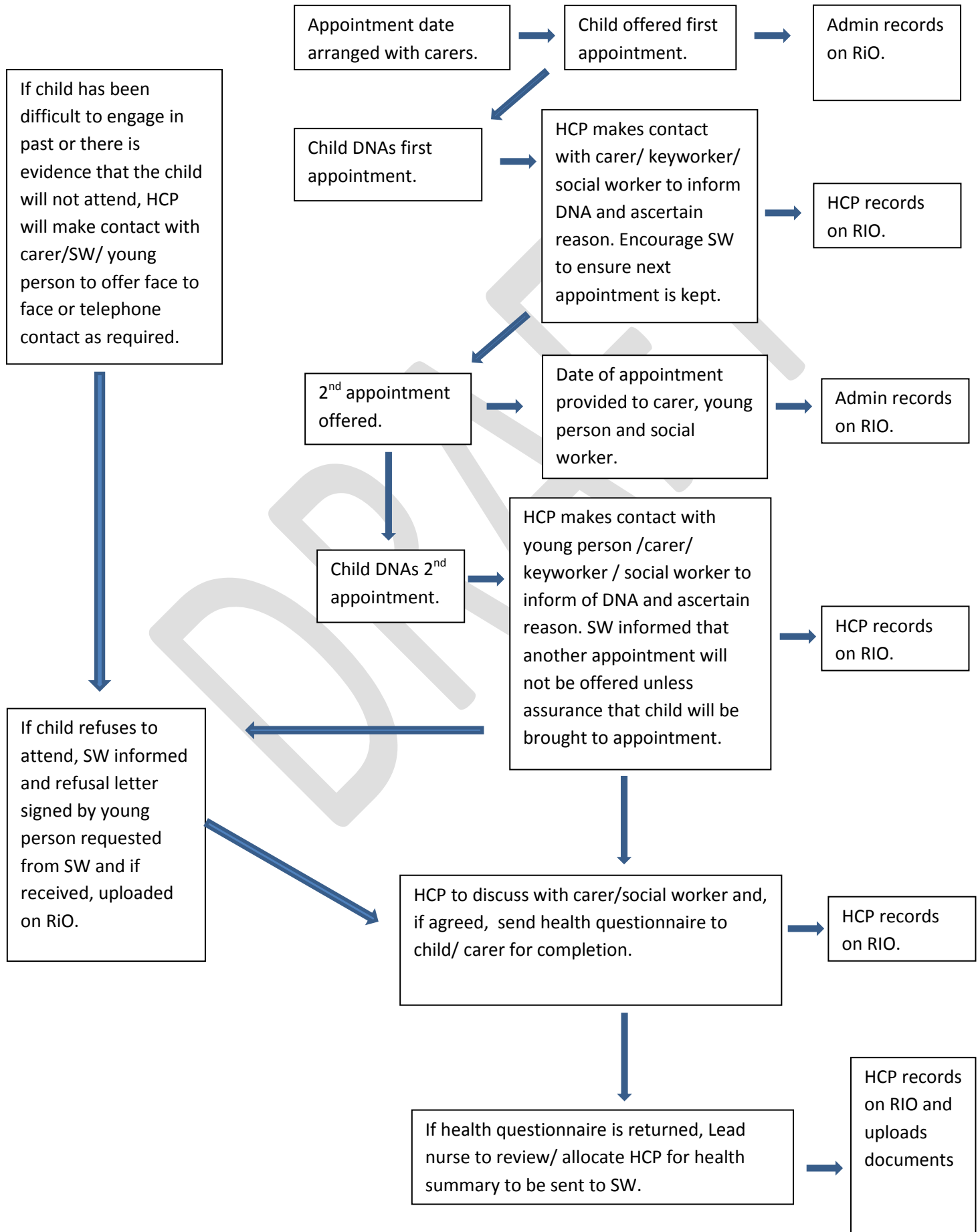
17. Recommendations

The East London NHS Foundation Trust – Community Health Newham Directorate Management Team are asked to consider the recommendations in the report and the continuing good performance and multi-disciplinary working and agree the future priorities.

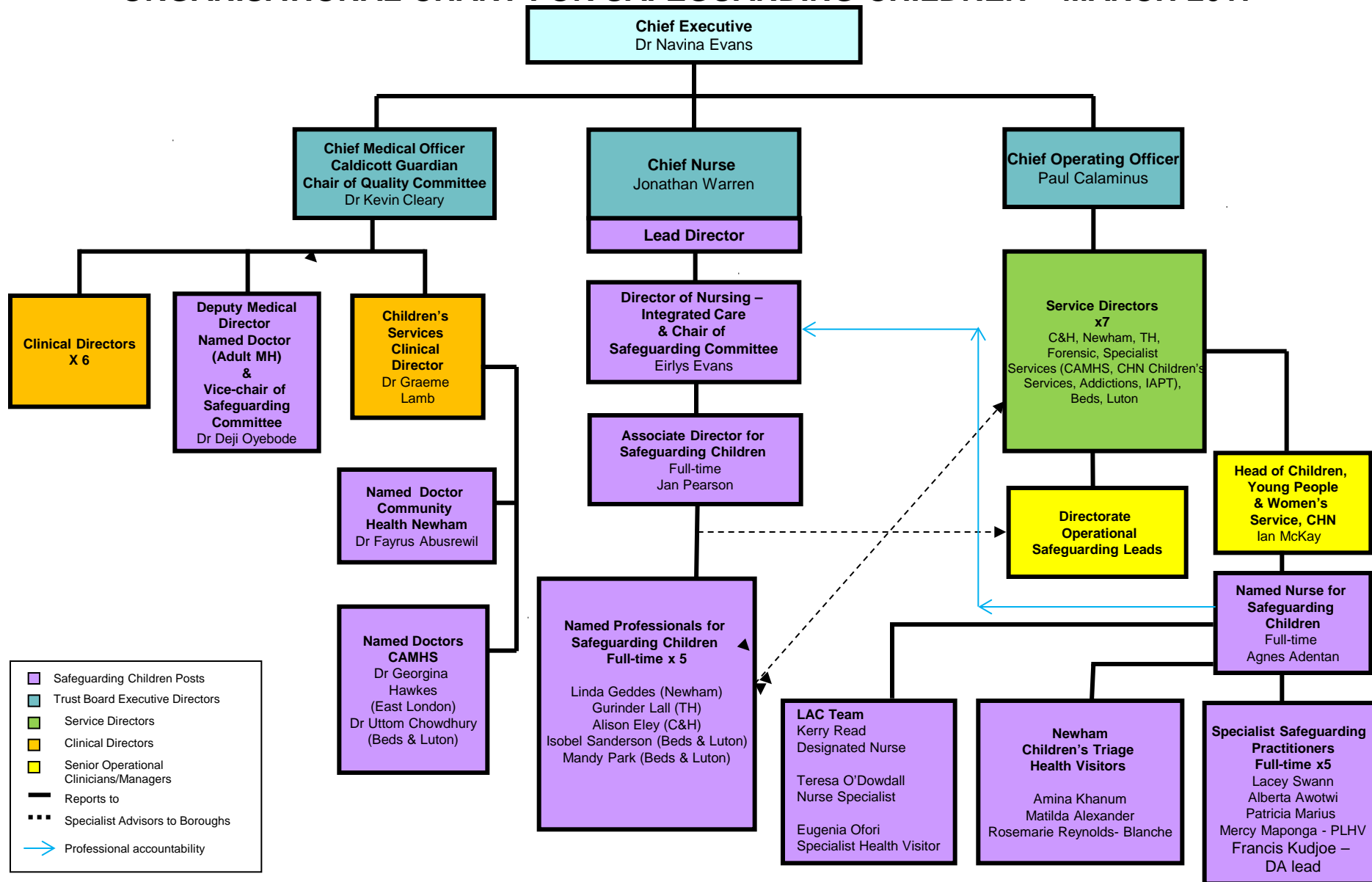
- (i) The importance of partnership working with the Local Authority and the CCG in order to achieve 100% of initial medicals completed within 28 day timescale.
- (ii) Continued commitment by ELFT to ensure adequate administrative support to team is ongoing.

Appendix 1

Looked After Children Health Assessment Decliner Pathway



ORGANISATIONAL CHART FOR SAFEGUARDING CHILDREN – MARCH 2017



SAFEGUARDING CHILDREN INSPECTIONS INVOLVING ELFT

Inspection	CQC SLAC (Safeguarding & Looked After Children across Health Providers)	Ofsted (Local Authority & LSCB)	JTAI (Joint Targeted Area Inspection by Ofsted, CQC, Police & Probation Inspectorates) with a deep dive theme	ELFT Action Plan Status
Borough				
			Feb-Aug 2016 theme Child Sexual Exploitation (CSE) and Children Missing from Care, Education or Home Sept 2016-March 2017 theme Domestic Abuse Future themes: Neglect of 7-15 year olds, Sexual Abuse in the Family	
BEDS AND LUTON				
Bedford Borough	Inspection/Review May 2015 Action Plan being monitored by Bedfordshire CCG	<u>Q4 2016-17</u> February 2017 - inspection April 2017 – report published LSCB rated Good LA rated Requires Improvement	Inspection awaited – preparing for Neglect theme. Bedfordshire CCG will co-ordinate health providers	CQC SLAC Ongoing Ofsted none JTAI n/a
Central Beds	Inspection awaited Bedfordshire CCG will co- ordinate health providers	Inspection awaited	<u>Q4 2015-16</u> March 2016 – inspection May 2016 – findings published theme was CSE Action Plan being monitored by LSCB	CQC SLAC n/a Ofsted none JTAI Ongoing
Luton	July 2014 (SEPT) Action Plan being monitored by Luton CCG	<u>Q4 2015-16</u> January 2016 - inspection March 2016 – report published LSCB rated Requires Improvement LA rated	Inspection awaited – preparing for Neglect theme. Luton CCG will co- ordinate health providers	CQC SLAC Ongoing Ofsted none JTAI n/a
EAST LONDON				
City of London	<u>Q3 2016-17</u> Oct 2016 - inspection March 2017 – report published Action Plan being monitored by C&H CCG	<u>Q2 2016-17</u> July 2016 - inspection Sept 2016 – report published LSCB judged Outstanding LA rated Good	Inspection awaited – preparing for Neglect theme. C&H CCG will co- ordinate health providers	CQC SLAC Ongoing Ofsted none JTAI n/a

SAFEGUARDING CHILDREN INSPECTIONS INVOLVING ELFT

Inspection	CQC SLAC (Safeguarding & Looked After Children across Health Providers)	Ofsted (Local Authority & LSCB)	JTAI (Joint Targeted Area Inspection by Ofsted, CQC, Police & Probation Inspectorates) with a deep dive theme	ELFT Action Plan Status
Borough				
			Feb-Aug 2016 theme Child Sexual Exploitation (CSE) and Children Missing from Care, Education or Home Sept 2016-March 2017 theme Domestic Abuse Future themes: Neglect of 7-15 year olds, Sexual Abuse in the Family	
Hackney	May 2012 Pilot March 2013 New inspection awaited	<u>Q2 2016-17</u> July 2016 - inspection Sept 2016 – report published LSCB rated Outstanding LA rated Good	Pilot Nov 2015 – theme was CSE Inspection awaited – preparing for Neglect theme. ELFT involved in preparation work.	CQC SLAC n/a Ofsted none JTAI n/a
Newham	Dec 2011 Pilot Nov 2012 May 2014 New inspection awaited	<u>Q1 2014-15</u> June 2014 - inspection Sept 2014 – report published LSCB rated Good LA rated Requires Improvement	Inspection awaited – preparing for Neglect theme. ELFT involved in preparation work.	CQC SLAC n/a Ofsted none JTAI n/a
Tower Hamlets	June 2012 New inspection awaited	<u>Q4 2016-17</u> February 2017 - inspection April 2017 – report published LSCB rated Inadequate LA rated Inadequate	Inspection awaited – preparing for Neglect theme. ELFT involved in preparation work.	CQC SLAC n/a Ofsted none JTAI n/a
OTHER LONDON BOROUGHS WITH ELFT SERVICES				
Barnet	Inspection awaited	January 2012 - inspection Feb 2012 – report published No LSCB ratings at that time New inspection awaited	Inspection awaited	No ELFT action plans. Barnet Speech and Language Team (CHN) may be part of any inspection. CHN has good links with Barnet CCG.

SAFEGUARDING CHILDREN INSPECTIONS INVOLVING ELFT

Inspection	CQC SLAC (Safeguarding & Looked After Children across Health Providers)	Ofsted (Local Authority & LSCB)	JTAI (Joint Targeted Area Inspection by Ofsted, CQC, Police & Probation Inspectorates) with a deep dive theme	ELFT Action Plan Status
Borough				
			Feb-Aug 2016 theme Child Sexual Exploitation (CSE) and Children Missing from Care, Education or Home Sept 2016-March 2017 theme Domestic Abuse Future themes: Neglect of 7-15 year olds, Sexual Abuse in the Family	
Redbridge	Inspection awaited	<u>Q2 2016-17</u> Sept 2016 - inspection Nov 2016 – report published LSCB judged Good LA rated Good ELFT were not involved	Inspection awaited	No ELFT action plans. R3 Drug and Alcohol Service (Specialist Directorate) may be part of any inspection.
Richmond	Inspection awaited	March 2012 - inspection May 2012 – report published No LSCB ratings at that time LA rated Good New inspection awaited	Inspection awaited	No ELFT action plans. Richmond Wellbeing (IAPT) Service (Specialist Services) may be part of any inspection. ELFT has good links with the CCG Safeguarding Children Lead.

EAST LONDON NHS FOUNDATION TRUST

Safeguarding Adults Annual Report 2016/17

1.0 Introduction

1.1 The annual safeguarding adults report for East London NHS Foundation Trust, presents an account of the safeguarding work within the trust as part of its regulated and statutory responsibilities. The report contains information relating to safeguarding adult activity across the trust and highlights the achievements and challenges seen this year.

1.2 The emphasis during 2016-2017 has been on continuing to embed requirements outlined in the Care Act, which became law on 1st April 2014, and in particular to make safeguarding person-centred and outcomes focussed. A number of local factors in addition to the national context continue to increase and affect the focus of safeguarding adults including:

- The Trust operates from over 100 community and inpatient sites, and employs almost 5,000 permanent staff. The mixed demographic profile of the trust results in a range of Adult safeguarding issues that require an individual response based on local partnership procedures.
- Growth in demand with an increasing aged population, greater awareness of safeguarding and higher levels of scrutiny.
- Business development requiring a high level of due diligence on safeguarding practice.
- Internal service changes which have directly impacted on improving patient privacy, dignity and safety for example the introduction of single sex wards in Luton.
- Workforce challenges in some services particularly related to recruitment and retention which mean that there is over reliance on use of temporary staffing.
- The trust has seen an increase in the number of safeguarding concerns (previously known as referrals) raised and sources of these referrals indicates an improved awareness of safeguarding issues from our staff. Staff working in community settings raise the greatest number of concerns with a significant number related to abuse in the person's home.
- Safeguarding practices were inspected as part of the Care Quality Commission inspection of the Trust in June 2016. Whilst the overall rating for the trust was outstanding, the report highlighted some inconsistencies

in knowledge and practices relating to safeguarding adults across the Trust. In particular, variation was identified between Luton and Bedfordshire services compared to the East London services. As a result an action plan was put in place to address the recommendations; therefore, much of the year has been focused on putting in place the necessary changes.

- The threat of radicalisation of vulnerable people as one of the additional categories of safeguarding arising from the Care Act Legislation has required the trust to develop protocols and training for effective ways of dealing with this new and complex situation where people are at risk of harm. In Dec 2016, a further directive was issued from the NHSE to mental health trusts seeking support in ensuring that NHS mental health services play their part in supporting individuals at risk of radicalisation to improve their mental health and play their full part in the Government's Prevent agenda.

2.0 Safeguarding Adults Structures Governance and Assurance

- 2.1 Safeguarding Adults leadership: The Chief Nurse as the Executive lead for safeguarding has responsibility and accountability for Safeguarding Adult's strategy and policy and is responsible for reporting to the Board on matters relating to strategic safeguarding objectives and outcomes, and ensuring partnership working with other agencies.
- 2.2 The Director of Nursing for Integrated care has delegated responsibilities for safeguarding leadership managing the safeguarding adults lead.
- 2.3 The Associate Director of Safeguarding Adults and Domestic Violence & Abuse provides strategic leadership and co-ordination of safeguarding adults' responsibilities including the Prevent Agenda. During 2016, the post holder left, and an interim associate director for safeguarding adults was appointed on a fixed term contract for 6 months. The three safeguarding adult professionals continue to work across Bedfordshire and Luton.

2.1 Safeguarding Adult Committee

- 2.1.1 The Safeguarding Adult Committee is responsible for all safeguarding governance issues relevant to the Trust. It continues to meet bi-monthly, and reports to the Quality Committee. The committee has a performance and quality assurance role and sets out the annual work plan (Appendix 1). Separate meetings consider the agendas for safeguarding children. Additionally there is a Domestic Abuse Steering Group established to progress the work plan for Routine Enquiry. This is taking forward the implementation of the NICE Guidance PH50 'Domestic violence and abuse (2014).
- 2.2.1 The Committee receives a Quarterly Activity report on incidents involving a disclosure or suspicion of safeguarding. This report includes pressure ulcers (Grade 3 and 4) and restraint practices. A Tracker report outlines current Safeguarding Adult Reviews, and Domestic Homicide Reviews involving Trust service users.

2.3 Clinical commissioning groups

- 2.3.1 The Trust is accountable to clinical commissioners and reports on safeguarding activity and performance to the Clinical Quality Review Meetings or equivalent on a regular basis. A key challenge to the trust has been to seek assurance for achieving and maintaining safeguarding adult training compliance including prevent training.

2.4 Partnership working

- 2.4.1 The Trust is committed to collaborate with all partners seeking to protect vulnerable individuals from harm caused by abuse or neglect, regardless of their circumstances. As part of these arrangements the Trust is represented at 5 Safeguarding Adult Boards covering the local authority areas where ELFT has a presence.
- 2.4.2 Senior Directors represent the trust at these meetings and contribute to the strategic safeguarding board development and objectives ensuring local accountabilities and assurance. Operational staff and safeguarding professional attend the local safeguarding adult board sub-groups. Any actions and deliverables are reported at the Trust's Safeguarding Committee.

2.5 Domestic Violence

- 2.5.1 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 'honour'-based violence. Their shared vision for safeguarding is to work in an integrated way to draw up safety plans to improve outcomes for adults at risk.
- 2.5.2 In August 2016, the Trust was informed that there would be Joint Inspection of local area services in Newham on the theme of children living with domestic abuse. The trust Domestic Abuse sub group undertook a review of compliance against NICE Guidelines relating to domestic abuse as part of the preparation, however the inspection did not take place. Work to raise awareness on domestic violence and abuse continues to be a high priority for safeguarding practitioners (both children and adults) and for the local authority safeguarding boards.
- 2.5.3 **Domestic Homicide Reviews:** DHRs were implemented under section 9(3) of the Domestic Violence, Crime and Victims Act (2004) and came into force on 13th April 2011. The Act states that: "A DHR means a 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 was related or with whom he was or had been in an intimate personal relationship, or a member of the same household as himself, held with a view to identifying the lessons to be learnt from the death."
- 2.5.4 There is trust representation at domestic homicide reviews, and learning from these events is shared within the directorates and across the trust. In terms of recorded DVA incidents throughout 2015/16, Newham had the second highest volume in London.
- 2.5.5 In 2015/16 across London there were 26 domestic homicides recorded - an increase of 8 domestic homicides compared to the previous year. 4 DHRs were convened by Newham Community Safety Partnership in 2013, and one

in 2015 (all of which were concluded and published in 2016). Some common themes are evident in these 5 DHRs such as:

- All victims were of black, minority ethnic origin
- All of the perpetrators were male and 4 out of the 5 victims were female
- 3 out of the 5 perpetrators had history of domestic violence towards their previous partners

2.5.6 A combined themed action plan that includes all of the recommendations from the 5 DHRs has been created for the Newham Community Safety Partnership to ensure the timely completion of the actions as identified by the reviews. The action plan is being delivered by a DHR Task and Finish Group and progress reported to the Newham DSV Partnership Board and CSP every quarter. The actions relevant to ELFT are focused on:

- Training on DVA enquiry, awareness, risk assessment and referral pathways
- Implementation of the NICE PH50 Domestic Abuse Multi Agency Guidelines by health services
- Procedures and training needed for staff across the partnership to ensure appropriate provision of professional interpreters rather than relying on friends, family, children or partner (perpetrator).

2.6 PREVENT Duty

2.6.1 The NHS is a key partner in the successful implementation of the PREVENT agenda particularly as healthcare professionals routinely come into contact with people who may be vulnerable to radicalisation. Service Users and patients who access mental health or learning disability services may be more easily drawn into terrorism and it is also known that staff working within NHS services have previously taken part in terrorist activities.

2.6.2 The key challenge for the NHS is to ensure that where there are signs that someone has been, or is being drawn into terrorism; healthcare staff have the skills to interpret these signs correctly, are aware of the support that is available and are confident in referring the person(s) for further support.

2.6.3 In November 2016, the National Medical Director for NHS England Professor Sir Bruce Keogh and Jane Cummings Chief Nursing Officer, sent a letter to all NHS Mental Health Chief Executives, seeking support in ensuring that NHS Mental Health Services play their part in supporting individual at risk of radicalisation to improve their mental health and play their full part in the Government's Prevent agenda.

2.6.4 The letter set out three key actions for the trust to implement in support of this agenda:

- a) Raising awareness of Prevent (basic training) and attend workshops to raise awareness of prevent (WRAP);
- b) Ensure the process for identification and referral of individuals thought to be at risk of radicalisation is coherent and, effective and well understood by staff and have relevant clinical oversight;

- c) There should be relevant multi agency and expertise representation at Channel panels which includes mental health input.
- 2.6.5 An action plan was implemented with a focus on improving training compliance in line with statutory requirements. The safeguarding team undertook a training needs analysis to map all staff to the appropriate levels of safeguarding adult training including PREVENT and WRAP. An on- line training resource was designed and launched at the end of Q4.

*The trust action plan in response to this agenda is presented at Appendix 3

3.0 Safeguarding Adult Practice: Assurance

- 3.1 The Trust Safeguarding Adults Policy was revised in line with the Care Act 2014, and Pan London Safeguarding Adult Policy. The Policies are available on the Trust intranet and awareness campaigns are aimed at promoting good practice.
- 3.2 During the year, training on the Mental Capacity Act was included in the mandatory training matrix for clinical staff to ensure that practitioners assess adults where there are concerns about their mental capacity.
- 3.3 The Policy reinforces Deprivation of Liberty assessments to ensure that people are not being detained in hospitals or residential/nursing establishments against their will. The Deprivation of Liberty Safeguards is an amendment to the Mental Capacity Act 2005. They apply in England and Wales only. Use of advocates is encouraged for vulnerable adults and for people with mental health issues.
- 3.4 The Clinical Commissioning Groups in London developed a safeguarding adults reporting framework which replaced the Safeguarding Adults Assessment Framework (SAAF) and require quarterly reports from the Trust on safeguarding, domestic violence and Prevent issues.

3.5 Pan - London Safeguarding Adults Boards Self - Assessment and Assurance

- 3.5.1 During Q4, the East London Service Directorates completed a Safeguarding Adult at Risk Audit Tool with evidence mapping to support their rating. The audit tool which reflects statutory guidance and best practice was developed by the London Chairs of Safeguarding Adults Boards (SABs) network and NHS England London.
- 3.5.2 The aim of this audit tool is to provide all organisations in the Borough with a consistent framework to assess, monitor and/or improve their Safeguarding Adults arrangements. In turn this will support the Safeguarding Adult Board (SAB) in ensuring effective safeguarding practice across the Borough.

The audit tool is a two-part process:

1. Completion of a self-assessment audit and
2. A safeguarding adult board challenge and support event.

- 3.5.3 The purpose of the tool is to provide the SABs with an overview of the Safeguarding Adult arrangements that are in place across the locality identifying:

- Strengths, in order for good practice can be shared

- Common areas for improvement where organisations can work together with support from the SAB
- Single agency issues that need to be addressed
- Partnership issues that may need to be addressed by the SAB.

The results of the audit are time tabled to be presented to the Trust Safeguarding Committee and local SABs during 2017. A summary of the findings are presented in *Appendix 2*.

3.6 NHSE PREVENT RETURNS

- 3.6.1 The data/information subject to the data submission process is collected from NHS Trusts and Foundation Trusts in the Home Office identified Priority Areas. This provides the necessary assurance that the priority area organisations are compliant with the Prevent Duty.
- 3.6.2 The aim of the data collection is to demonstrate how NHS Providers are delivering the key elements of the Duty. These include identified Prevent Leads, delivery of awareness training, the level of referrals made and the engagement with relevant partnership forums that coordinate the Prevent Strategy at local and regional levels. ELFT have been required to complete quarterly returns to NHSE

3.7 The Learning Disabilities Mortality Review

- 3.7.1 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. CIPOLD reported that for every one person in the general population who dies from a cause of death amenable to good quality care, three people with learning disabilities will do so.
- 3.7.2 One of the key recommendations of CIPOLD was for the greater scrutiny of deaths of people with learning disabilities. In this way, potentially modifiable circumstances leading to a death could be identified and avoided in the future through improvements to health and care services.
- 3.7.3 The London Borough of Tower Hamlets was identified as a pilot site and the Clinical Nurse Specialist for Learning Disabilities and the assurance manager undertook the training. It is envisaged that the pilot will be implemented nationally as soon as practicable. The process has been aligned to the trust Serious Incident management process to assist in identifying deaths across all services with the aim of understanding root causes and improving practice.
- 3.7.4 The local reviewer will be responsible for undertaking reviews of the deaths of people with Learning Disabilities who are registered with a GP in their local area. Unfortunately NHS England is unable to pay reviewers for taking on this role or provide back fill to their organisations. During 2016/17 there were 6 ELFT cases referred for review under this new process. No outcomes are available to report on at the time of writing this report.

4.0 Care Quality Commission Inspection

- 4.1 The Trust safeguarding practices were inspected as part of the Care Quality Commission inspection of Trust services in June 2016. Whilst the overall rating for the trust was outstanding, the report highlighted some

inconsistencies in knowledge and practices relating to safeguarding adults across the Trust. In particular, variation in practice was noted between East London Services compared to Luton and Bedfordshire. As a result an action plan was put in place to address the issues in East London; therefore much of the year has been focused on putting in place the necessary changes.

4.2 Care Quality Commission post inspection action plan

Issue	Relevant Directorate or Core Service	Action required	Action owner	Target completion date	Progress
The trust should ensure that the London wards are applying the thresholds for safeguarding alerts consistently	Acute wards for adults of working age and psychiatric intensive care units – East London Community Health Services	1. Review current mandatory training provision to ensure emphasis on thresholds for reporting safeguarding concerns and process.	Jonathan Warren – Chief Nurse & Deputy Chief Executive	April 2017	Associate Director working with Directorates to deliver the required training and support.
		2. Review safeguarding policy and procedures to ensure thresholds for raising safeguarding concerns is clear.		April 2017	Completed
		3. Design and distribute "Quick guide to safeguarding adults procedures" as a reference for staff and service users.		November 2016	Completed
		4. Staff receive safeguarding supervision		April 2017	Introduced
		5. Monitor data on safeguarding incidents and feed into the CHN QAG where required.		on-going	

4.2.1 The Trust Quality Committee has responsibility for overseeing progress and assurance on the implementation of the trust action plan and the CCGs have continued to reviewed practice and assurance during the year as part of the Clinical Quality Review Meetings.

5.0 Safeguarding Adults Incident reporting data

5.1 Types of abuse as defined in the Care Act 2014:

- Physical abuse
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Discriminatory abuse
- Organisational abuse
- Neglect and Acts of omission
- Sexual exploitation
- Modern slavery
- Self-neglect

5.2 Safeguarding is an important component of care delivery for all people under the care of the trust. The needs of people with learning disabilities and dementia require particular focus with staff trained to understand the needs of this group of service users where capacity issues may be particularly complex and challenging. Specialist staff within learning disability, dementia services, safeguarding and the Mental Capacity Act Team provide additional support and advice.

5.3 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. The process supports staff in decision making to consider and identify safeguarding concerns.

5.4 All safeguarding incidents are subject to review by the safeguarding professionals and followed up with advice where relevant. The level of investigation is decided at the weekly Incident Grading meeting chaired by the Chief Medical Officer.

5.5 Incidents where a safeguarding concern is identified results in an initial protection plan drawn up to mitigate risks and a local authority safeguarding concern form completed and sent to the safeguarding team for further assessment and triage.

5.6 The local authority leads on allocating enquiries under Section 42 of the Care Act for the Trust to lead on.

5.7 The data drawn from Datix incident reporting are those raised by staff within the Trust services is monitored by the safeguarding Committee.

5.8 In 2016/17 there were **1,305** incidents where a safeguarding issue was reported compared to **887** in 2014/2015. This indicates an improvement in reporting.

**Table A: Datix reported incidents (2016-17) Total 1,305
Identified by reporter as incident with safeguarding adult implications**

Directorate	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
<i>City & Hackney</i>	16	18	9	24	67
<i>Newham MH</i>	39	31	23	42	135
<i>Tower Hamlets</i>	20	16	10	17	63
<i>Forensic Services</i>	39	38	39	38	154
<i>Community Health & MHCOP</i>	81	96	95	126	398
<i>Specialist Services</i>	6	11	17	12	46
<i>Luton</i>	67	52	47	38	204
<i>Bedfordshire – central & borough</i>	73	53	54	58	238

Table A above illustrates the number of safeguarding concerns reported across directorate services. Community health services in Newham/MHCOP report the highest number of safeguarding concerns which may reflect the complex nature of adult services provided.

Table B below illustrates the number of safeguarding concerns raised in respect of an adult with a learning disability. Community services in Newham who provide community continuing health care services and have a specialist LD service, and Bedford mental health services have consistently reported the highest number of safeguarding concerns. Compared to 2015/16, there appears to have been a reduction of safeguarding incidents in forensic services relating to people with learning disabilities (2015/16 n=64).

Table B: Datix reported incidents identified by reporter as incident with safeguarding concerns relating to an adult with learning disabilities.

	Bedford	Forensic services	Luton	Newham Adult MH	CHN & MHCOP	Tower Hamlets	City & Hackney	Specialist services	Total
Q1	7	3	3	0	4	0	0	0	17
Q2	3	2	2	1	7	1	0	0	17
Q3	8	6	0	0	5	0	0	0	19
Q4	7	5	1	1	10	0	1	1	27
Total	25	16	6	2	25	1	1	1	80

5.9 Learning Lessons and improving quality

5.9.1 The most frequent reported safeguarding adult concerns were:

- Actual physical attack (in-patient wards) 17%
- Pressure ulcers (grade 3 and 4) (community nursing services) 13%
- Physical Abuse 10%

5.9.2 Quality improvement methods have been applied to address these frequently reported concerns.

5.9.3 Violence reduction: A trust –wide quality improvement collaborative is focused on violence reduction to improve service user and staff safety. The initiatives implemented within our inpatient wards have demonstrated a 42% reduction in physical violence.

5.9.4 Pressure Ulcer Reduction: Patients who develop a pressure ulcer whilst in our care are monitored, assessed and screened for cases where abuse or neglect through poor care is indicated. Concerns are reported to the borough Safeguarding Adult teams. All grade 3 and Grade 4 pressure ulcers are investigated as a Serious Incident or Root Cause Analysis. The trust quality improvement project to reduce harm from pressure ulcers is targeted at people being cared for in in their own home. Improvement work continues to be embedded in practice and we have seen a reduction in the number of grade 2 pressure ulcers developed under our care.

6.0 Making Safeguarding Personal

6.1 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.

6.1.1 During the year we have reviewed our progress on how we are embracing and embedding the principles of making safeguarding personal in our strategic plans and decision making. These are summarised below:

- At policy level, within training and within standard operating procedures there is specific reference to the principles of making safeguarding personal.
- At leadership level, our Quality Improvement, Assurance Strategy and Service User Engagement strategy is changing the way our performance systems and reporting ensure that service users are listened to, involved and informed. For example in our Quality improvement and patient safety dashboards, and 'You said, We did' feedback. This has resulted in positive engagement scores within our staff and service user surveys.
- Safeguarding adult service user feedback is captured and audited within standard quality audit cycles. We plan to develop the audit tool to measure how this is improving outcomes for service users which leaves them better able to prevent abuse, connecting evidence by a decrease in repeat referrals to social care .
- Values Based Recruitment, and service users involvement on interview panels ensures all staff are aligned with our values and objectives and makes safeguarding adults and children everyone's business

- 6.1.2 Service users continue to be involved in the review of safeguarding policies and procedures and service users have accessed safeguarding adults training. A modified version of the induction is delivered to all volunteers employed by the Trust. During the year, the service user representative on the Safeguarding Adults Committee left the trust and will be replaced.
- 6.1.3 The Trust emphasises the importance of enlisting the views of service users in the safeguarding adults process, 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.
- 6.1.4 As a result of a safeguarding concern being reported to the local authority, they may undertake a welfare visit or coordinate a multi-agency strategy meeting to safeguard the individual with their agreement and to develop a plan around the issues arising from safeguarding concerns. The local authority may request the Trust to undertake formal safeguarding enquiries under section 42 of the Care Act.
- 6.1.5 The current local systems in place to capture the outcome of section 42 enquiries across all of our local authority safeguarding teams is inconsistent, as a result we are unable to capture outcomes of all enquires centrally. This issue will be a priority for the year ahead.
- 6.1.6 Behind the numbers of safeguarding incidents, there the personal stories of service users. Some examples on how staff support people through safeguarding processes and the opportunities for us to learn and reflect on our actions are presented below.

Mr A is a man with severe intellectual disabilities, autistic spectrum disorder and challenging behaviour. When an in-patient at an out of borough Assessment and Treatment Unit, he was subject to a Safeguarding enquiry, when it was alleged that he was victim to institutional and physical abuse. His involvement in the process was limited due to being assessed as not having capacity to consent to the subsequent investigation or proceedings. Therefore, it was necessary to represent his case by acting in his Best Interests (MCA 2005). To ensure that his needs were advocated for from both a clinically informed and lay/independent prospective, his Case Manager and mother were involved at every juncture of the proceedings, which included meetings with the Director of the inpatient service, a pan London multiple concerns meeting and Safeguarding strategy meetings. This ensured that it was possible to ensure that a balanced, proportionate and holistic focus was maintained. Throughout the investigation, the role of the Case Manager was essential to ensuring that the advocate/family was appraised of every development, as well as communicating with statutory authorities and the provider of the service, to ensure that the investigation remained person focused and subsequent actions were implicitly followed and implemented. The outcome of the investigation concluded that the allegations were unsubstantiated, however a safety plan was developed to support A has since been discharged from hospital now lives in a community residential Care home, near to his family.

Ms B was admitted to one of our adult wards following a relapse in her mental health condition. She suffers with Paranoid schizophrenia and regularly has visual hallucinations of animals. At the time of admission, she had a pre-arranged appointment at the local hospital for surgery.
•The ward staff facilitated her attendance to the appointment however no meaningful conversation took place between the Doctor and Ms P. No formal Mental Capacity

assessment took place and the surgery was cancelled.

- The nurse raised a safeguarding concern as it was felt that Ms B was being discriminated against because of her mental health condition and that the Doctor was not following the legal guidance of the Mental Capacity Act 2004.

- The local authority agreed with this concern and raised it to a Section 42 Enquiry.

Outcome and learning:

Ms B did not suffer any physical harm as a result of the delay in her surgery but when she attended the safeguarding meeting she stated that the surgeon made her feel so small.

- Feedback from the review was directly communicated to the surgeon and he reflected on how his practice made her feel.

Ms B was fully involved in the safeguarding enquiry and decided that she did not want to take it any further but she really wanted the surgeon to be told how it made her feel in an attempt for it not to happen to anybody else.

- The trust has launched a campaign to tackle stigma around mental illness led by service users which is both in and outward facing.

- Multi –agency partners to review Mental Capacity Act with the emphasis on Practical application of carrying out assessments.

- Staff raising concerns and escalating appropriately and promptly through local safeguarding processes, in this case sharing of concerns enabled the service user to express the impact the professional had on her well -being.

- Sharing the learning around how staff can empower mental health patients and how to support them when they are too vulnerable to do this independently.

- Involve the person who is the focus of the safeguarding enquiry and ensuring their views are listened to and heard.

7.0 Published Safeguarding Adults Learning Reviews (SAR)

7.1 A 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 partner 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 experienced serious abuse or neglect.

7.2 During 2016/17, there were 4 SARs published involving ELFT services.

1. Ms A: There were concerns that Ms A had been at risk of neglect and modern slavery when she was an in-patient on a Mental Health Ward. There had been a prolonged multi-agency investigation process, which endeavoured to safeguard Ms A. The decision to arrange a SAR was taken, under section 44 of the Care Act 2014, by the Bedford Borough and Central Bedfordshire SAB at its meeting on 15th August 2015.

The SAR was requested following a recommendation from the closing Adult Protection Case Conference held on 5th June 2015, due to 'the complexity of the case, communication difficulties between agencies and the outcome of the case for the individual'. At this Case Conference it had been concluded that neglect within a situation amounting to modern slavery had been substantiated.

The SAB, in accepting the report, concluded that, whilst Ms A's circumstances had been far from ideal, and the outcome of her leaving the UK suddenly left agencies with a sense of unease, there was no evidence that any agency had failed Ms A and she had been safeguarded as far as had been possible throughout the period.

The Trust is working through the nine recommendations relevant to the trust with an emphasis on multi –agency training in legal literacy principles to assist improving a shared understanding and approach.

3. Mrs Q: The review was commissioned by Tower Hamlets Safeguarding Adults Board to investigate the events leading to an elderly woman, Mrs Q, being left without personal care services for several days. Management reports were commissioned from all the agencies working with Mrs Q and a round table learning event took place in January 2017. ELFT CMHT had minimal contact with Mrs Q. The recommendations focused on adherence to the failed visit protocol and in complex cases, particularly where there has been a long stay in hospital there should be a multi –agency pre-discharge planning meeting for Vulnerable Adults. This should ensure all necessary arrangements are in place including care at home and medication.

4. The City and Hackney Safeguarding Adults Board (CHSAB) commissioned a SAR to learn from the experiences of two adults in a supported housing with care scheme for older people. **Mrs A and Mr B** both were residents with care and support needs. Mrs A lived with dementia and moved into the housing scheme in 2005. Mr B moved into the scheme in 2011. He experienced mental illness and was described as having some behaviours that may challenge, such as fire risks and sexually inappropriate behaviours. The safeguarding concerns that informed this SAR were that Mr B posed a fire risk to the other residents and that he had allegedly sexually assaulted Mrs A in her flat in November 2013.

The points of learning/recommendations identified by the SAR were:

1. The systems currently in place to gate keep referrals from Housing with Care Schemes are not ensuring that the 'mix' of tenants can be safely supported.
2. Is there is a misplaced assumption that the Care Programme Approach will always respond effectively to concerns escalated by staff?
3. In Housing with Care Schemes, where vulnerable tenants have the capacity to agree to sexual relationships, are those tenants (and on occasion, professionals) at increased risk because staff are so unsure about dealing with the difficult combination of consent and sex amongst older people?
4. Professionals working with adults at risk in Hackney have widely variable training, and therefore confidence, in managing the risks of fire. The result is that the risk to some adults is well assessed, whilst the risk to others is poorly understood and places them in danger.
5. The tendency not to seek to understand the meaning behind the person's history and behaviours is impacting upon the ability of staff to assess and manage risk.

Multi-agency Action Plan

These findings/recommendations were translated into outcome-focused actions to be undertaken by agencies involved in the case. These were started during 2015, have progressed since and are being monitored through the CHSAB's Safeguarding Adult Review Sub-Group.

8.0 Safeguarding Training Compliance

8.1 Training remains a high priority for the Trust to ensure that staff and managers are skilled and up-to-date in their knowledge regarding safeguarding. This has raised safeguarding awareness throughout the Trust and as a result an increase in the number of safeguarding adult concerns reported.

8.1.1 During 2016/17, training on the Mental Capacity Act (MCA)* and Deprivation of Liberty Standards (DoLS) **were introduced as mandatory for the portfolio of certain groups of clinical staff.

8.1.2 *Safeguarding Adults Training Compliance Quarter 4*

	Luton	Bedford Central & Borough	MHCOP (CHN)	C&H	Newham AMH	Newham CHN	TH	Total
Level 1	91.58%	89.37%	94.88%	88.54%	94.09%	93.22%	89.01 %	90.48%
Level 2	84.26%	85.88%	N/A	72.00%	100%	N/A	67.92 %	81.89%
MCA*	67.38%	54.94%	43.62%	36.77%	58.64%	40.88%	54.46 %	48.64%
DoLS**	38.03%	46.34%	42.31%	38.04%	43.75%	72.73%	53.85 %	47.26%

8.1.3 The Trust Training Needs Assessment was revised in Quarter 4, taking into account the Skills for Health guidance 2016, Safeguarding Adults: Roles and Competencies for healthcare staff – Intercollegiate document the revised mapping has resulted in an increase in the number of staff required to undertake level 2 training with effect from April 2017.

8.1.4 The Trust safeguarding adult professional have developed an eLearning training package for SGA level 1 & 2 including Prevent. The package will be launched in April 2017.

8.1.5 The local authorities provide courses that Trust staff can attend. Information about staff attendance at local authority courses (usually by care co-ordinators) continues not to be easily accessible to the Trust.

8.1.6 **Prevent & WRAP training:** At the end of Q4 the figures demonstrate a low level of compliance as presented in the table below. Training on Prevent (anti-terrorism) was not categorised as mandatory for Trust staff although awareness of Prevent is incorporated into the Level 1 Induction .This has now been incorporated on the mandatory training matrix for all staff. The SGA level 1 & 2 training has incorporated the Prevent Training. The trust anticipates improved compliance with the launch of eLearning.

Level	Percentage compliance
Prevent Level 1	36.97%
WRAP Level 2	46.25%

8.1.7 NHS England have stopped delivering workshops on raising awareness of Prevent (WRAP), however the Associate Director for Safeguarding Adults is working closely with the NHSE Prevent lead on implementing a proposal to develop a bespoke training programme which will be for staff who are required to be trained to SGA Level 3.

9.0 Intranet

9.1 The Trust intranet site is updated in relation to safeguarding information, to raise awareness around safeguarding and was revised during this year to make information more easily accessible for staff working in the Trust. No confidential information is shared on the website.

10.0 Workforce

- 10.1 Statutory guidance requires the Trust to have robust arrangements for safe recruitment practices including identity and DBS checks, which the Trust has in place.
- 10.2 The Trust Policy for allegations being made against staff was due for review; however there has been slippage the coming year.

11.0 Summary

- 11.1 This has been a high profile year for Adult Safeguarding in the Trust. External scrutiny of the systems, processes and practice has highlighted how we are meeting our statutory responsibilities for safeguarding adults.
- 11.2 The Trust is committed to ensuring that high standards of safeguarding practice are followed and support vulnerable people. The trust can demonstrate that we have
- Raised awareness of adult safeguarding;
 - Improved the interface with children services and other agencies;
 - Met our compliance targets for safeguarding adults training and regulation
 - Ensured that during the process of the acquisition of new services and due diligence of safeguarding capacity is a high priority.

12.0 Strategic objectives for 2017/18:

- 12.1 The year ahead will require the trust to maintain and improve the current level of performance in respect to the safeguarding adults agenda across a changing and challenging local and national landscape. A review of the trust current safeguarding adults structures and capacity is seen as a priority.
- 12.2 The following strategic drivers will inform the action plan for 2017/18
- Increase the capacity within the safeguarding adults team to support Integration of new services.
 - Increase Prevent and WRAP compliance and external assurance.
 - Develop e- learning training package in Domestic Violence.
 - Develop the role of Domestic Violence champions.
 - Safeguarding Assurance internal and external.
 - Quality Improvement project to embed making safeguarding personal.
 - Learning Lessons programme from safeguarding adult case reviews.
 - Developing the role of the safeguarding and Prevent leads in each Directorate
 - Support staff to develop the skills for undertaking high quality safeguarding adult enquiries
 - Develop a corporate approach to receive, allocate, monitor timescales and outcomes of all Section 42 Enquiries across the trust.
 - Contribute to the delivery of local safeguarding partnership board priorities.

Appendix 1

WORKPLAN 2016/17

1. The Work Plan Tasks and Timeline was adjusted to include the CQC action Plan and Prevent action Plan. This is reviewed at the Safeguarding Committee meetings to ensure that these actions are completed within acceptable timescales.

STANDARD Proposed	Action Required	By whom	TIMELINE Date achieved
1. Ensure compliance for mandatory training	Levels 1 and 2 are minimum of 85%. New level 3 course to be developed	ADSA	timeline met
2. Monitoring of recommendations/action places from all SAR,DHR, and Internal serious incidents	Each Safeguarding Committee meeting receives revised Tracker Report and oversees outcomes	ADSA	Implemented through Quarterly reporting (at July, November, January and May Committee meetings)
3. CCG, Trust and Multi-Agency SA reports / Assurance Frameworks Dashboard produced on time	Monthly and Quarterly reports to be produced as required	ADSA	Reports in place
4. Ensure that policies and procedures are up to date	Trust SA policy reviewed at Safeguarding Committee. Final reviews in place. SA policy Trust SA procedures	ADSA	Went To Safeguarding committee. June 16
5.Assimilation of safeguarding activity across newly acquired services	-Luton -Bedfordshire Inpatient Development Programme in place for Band 2/3 staff. Safeguarding audits and documentation review with the local authority	ADSA	Delivered during 2016
6.Trust attendance at SABs	Monitoring report at each Committee meeting	Service Directors	Delivered at each committee meeting.
7.Rio reporting capability to identify safeguarding adults risk, domestic violence, FGM	Templates to be developed to capture data Practice guidance to be distributed	ADSA	Not fully met in this year's timescale. Launch by Q3 2017
8. Monitoring of SA Alerts/concerns and Enquiry reports	Directorate level /Teams reporting on safeguarding activity completed templates to each Trust Committee meeting	Service Directors	Completed templates presented at Trust quarterly Committee meeting
9. Develop Named SA Champion roles per team	Individual staff members with their roles and training attended or needed.	SAT	Not met due to reduced capacity within the team.
10. The organisations staff supervision policy supports effective safeguarding.	ELFT supervision policy in place -Appraisal policy in place -Performance monitoring of supervision and	AD Safeguarding Adults & Deputy Director of	Additional safeguarding supervision sessions introduced in Community services following CQC

	appraisal	Nursing	inspection findings.
12. Service user involvement re 'Making Safeguarding Personal'. Information is obtained from individuals who use service about outcomes they wish from the safeguarding process. Agenda. (SAAF F4 Rated Amber)	A service user is a member of the Trust safeguarding committee and contributes to the strategic direction of the safeguarding agenda and priorities. Staff engagement with service users to establish lines of enquiry as part of incident investigations and feedback provided and received at individual level. Routine Enquiry for domestic violence and abuse to be recorded in safeguarding adults cases.	AD Safeguarding Adults & Trust Communications Team	This task was unable to be completed due to reduced capacity within the team

- 2 In addition to these designated actions, the core commitments from the team continue to involve delivering training, supervision, advice and support to staff, undertaking investigations, attending Safeguarding Adults Board meetings and partnership working, updating information on the Trust intranet and contributions to the Safeguarding Committee.

Safeguarding Adults at Risk Audit Tool: Analysis of self - assessment

Safeguarding Adults at Risk Audit Tool Summary - 2017-2018	
Arrangements to achieve this standard	Overall RAG Rating
<u>LEADERSHIP, STRATEGY, GOVERNANCE, ORGANISATIONAL CULTURE</u>	
A1 The organisation has a senior staff member that has the responsibility to ‘champion’ safeguarding (including mental capacity, prevent, domestic violence and other relevant policy areas) throughout the organisation	
a) They have received up to date training in Adult Safeguarding legislation, and where appropriate, the MCA and other policy areas.	100%
b) The senior staff member keeps Senior Managers informed of all issues relevant to safeguarding and promoting wellbeing.	
c) This person will have a job description reflecting this specific role.	
A2 The organisation is committed to safeguarding adults and promoting wellbeing and this is explicitly reflected in the organisation (whether by means of mission statement /guiding principles or into strategic documents)	
a) The organisation is Care Act compliant, and able to evidence how it is implementing any actions allocated to them as set out in their own framework or strategies	100%
b) This commitment is reflected in the level of participation of the organisation in actively supporting the SAB in taking actions in the context of its business plan.	
c) There is an organisational culture such that all staff are aware of their personal responsibility to report concerns and to ensure that poor practice is identified and tackled.	
A3 There is demonstrable commitment at the Internal Board level (or equivalent) to Safeguarding Adults. This includes senior management representation on the SAB (<i>Board members need to be sufficiently senior to commit resources and make strategic decisions</i>) as well as demonstrable commitment to participation in any Safeguarding Adult Review (SAR) undertaken by the Board.	
a) The Service has a system for reviewing concerns and referrals which is integrated with complaints and serious incidents reporting process and policy.	100%
b) The organisation recognises safeguarding as integral to quality and best practice and the relevant connections are made at all levels between related issues such as dignity in care; equality; balancing choice and safety.	
c) Relevant connections are made across a range of reviews (Child Serious Case Review; Domestic Homicide Review).	
A4 The organisation evidences candour and openness internally and in its relationship to the SAB.	
a) Shares learning with partner organisations and internally (as appropriate)	100%
b) Transparent about its mistakes when they occur and understands the importance of being open and transparent.	

c) Identifies challenges to this open culture and puts plans in place to addresses these.	
A5 The organisation ensures high quality legal advice is made available to staff on both safeguarding adults and the Mental Capacity Act/DoLS, with legal literacy evidenced in safeguarding cases	
a) Making available to managers and staff regular updates from the Court of Protection.	100%
b) MCA designated lead will be desirable/ required (see for example Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework, NHSE, July 2015 para 4.2.5 in respect of CCGs)	
<u>THE ORGANISATION'S RESPONSIBILITIES TOWARDS ADULTS AT RISK ARE CLEAR FOR ALL STAFF AND FOR COMMISSIONED SERVICES</u>	
B1 Organisational policies make reference to Safeguarding Adults and all relevant legislation (including but not limited to MCA, Human Rights Act and so forth).	
a) There are organisational policies and procedures reflecting your organisation's responsibility to safeguard and promote wellbeing.	75%
b) These procedures reflect and cross refer to the Care and Support Statutory Guidance and London Multi Agency Safeguarding Adults Policy & Procedures 2016.	
c) They demonstrate the principles of the Human Rights and MCA.	
d) Clear lines of accountability, from an individual employee up to the most senior person.	
e) Reference to the importance of keeping accurate records as well as guidance to support staff.	
B2 Where services are commissioned, agreements reflect the requirement between commissioners and providers to have regard to the need to safeguard, and promote the wellbeing of people who use services, including compliance with MCA and DoLS.	
a) Invitations to tender, contracts and contract monitoring reflect this and relevant standards and regulations.	100%
b) There are explicit clauses that hold providers to account for preventing and dealing promptly and appropriately with abuse and neglect.	
c) Commissioners can demonstrate that they assure themselves that services are compliant.	
d) Contracts evidence how compliance with the MCA will be monitored.	
e) There is a strong advocate within the organisation for the MCA/DoLS.	
B3: The organisation takes a broad view of what constitutes abuse and demonstrates awareness of statutory duty to report; evidence of learning and engagement with concerns/issues established as being included under the safeguarding remit in the Care and Support statutory guidance.	
a) Demonstrates awareness of where stat duty to report, such as FGM, prevent, and modern slavery	100%
b) Types of abuse reflected in organisations policy or local practice guidance	
c) Organisation can demonstrate that it takes steps to prevent abuse and neglect taking place	
<u>THE ORGANISATION'S APPROACH TO WORKFORCE & WORKPLACE ISSUES REFLECTS A COMMITMENT TO SAFEGUARDING AND PROMOTING THE WELLBEING OF ADULTS AT RISK</u>	
C1 Your organisation has robust and safe recruitment procedures and practices in line with guidance from the Adult Safeguarding Board and relevant learning from reviews.	
a) Policies on when to undertake checks /DBS.	

b) The responsibility for all staff in relation to safeguarding, and promoting wellbeing is stated within all job descriptions.	100%
c) Professional standards in relation to safeguarding are underlined.	
d) Induction standards include the need to ensure new staff are made aware of their responsibilities to safeguard and promote wellbeing.	
C2 The organisation's staff supervision policy and reflective practice supports effective safeguarding. It recognises that skilled and knowledgeable supervision focused on outcomes for adults is critical in safeguarding work and enable staff to work confidently and competently with difficult and sensitive situations	
a) There is a policy on frequency that employees in contact with adults at risk receive regular supervision and an appraisal.	100%
b) All staff has regular reviews of practice to ensure competence to carry out safeguarding.	
c) Discussion on safeguarding issues is specifically facilitated in supervision so that staff feels able to raise concerns and are supported in their role.	
d) Evidence of reflective practice sessions or opportunities.	
C3 All staff working with adults at risk should receive training appropriate and work within an environment to enable them to competently respond to safeguarding concerns and meet the needs of adults at risk.	
a) Training is mapped against staff levels so they understand what they need to attend.	100%
b) Training updated regularly to reflect best practice.	
c) Demonstrate subject areas of training are appropriate for your organisation (MCA, DoLS, Prevent, FGM, DV and so forth).	
d) Training links with safeguarding children and equality and diversity issues.	
e) A framework to assess competency in Safeguarding and the MCA is integrated into existing supervision and appraisal systems.	
f) f. Work and case loads allow practitioners to manage safeguarding appropriately.	
C4 Your organisation has written guidance & procedures for handling complaints and allegations against staff and this is clearly accessible to staff.	
a) A whistle-blowing policy and a culture that supports staff in raising concerns regarding safeguarding issues.	100%
b) It includes appropriate referral to the Disclosure and Barring Service and Disclosure and Barring updates	
c) Your organisation has a code of conduct for staff working directly with adults at risk, concerning acceptable and unacceptable behaviour including discrimination and bullying.	
<u>EFFECTIVE INTER-AGENCY WORKING TO SAFEGUARD AND PROMOTE THE WELLBEING OF ADULTS AT RISK</u>	
D1 Your organisation is represented and engaged at the SAB and/or its sub-groups.	
a) Frequency and participation during attendance at SAB meetings and subgroup meetings is noted.	75%
b) The SAB representative reports back to the right level in the organisation ensuring that the broader organisation engages with the partnership and its objectives.	
c) Partners provide resources or funding to enable the Board to carry out its duties under the Care Act.	
D2 The organisation evidences its engagement and transparency with the partnership in safeguarding adults through compliancy with London Multi Agency Adult Safeguarding Policy & Procedures 2016.	

a) Organisation raises concerns appropriately.	100%
b) Immediate steps taken to protect the adult where appropriate and protect forensic evidence.	
c) Organisation engages appropriately in multi-agency efforts to prevent and intervene when caused to do so.	
d) Attendance at safeguarding meetings as appropriate	
D3 The organisation evidences that action plans from Safeguarding Adult Reviews (SARs) and Domestic Homicide Reviews (DHRs) nationally and locally drive improvement internally and across the partnership.	
a) There is evidence that internal action plans/learning (e.g. from Serious Incidents, SARs, DHRs and complaints) are shared with the SAB	100%
b) Learning is facilitate across partners	
c) There is triangulation of data that will inform decision making	
D4 Your organisation has policy/ procedure/guidance setting out clearly the process and principles relating to sharing information across relevant agencies.	
a) This is in line with London Policy and Care and Support Guidance. Safeguarding.	100%
b) It takes account of available protocols/guidance (local SAB, SCIE, Care Act and Safeguarding Children)	
c) All relevant staff are trained in applying this including in the context of Safeguarding Adults.	
d) Local and national learning from Safeguarding Adult reviews informs development and review of the policy/procedure/guidance	
D5 Your organisation has a focus on the need for preventing abuse and neglect.	
a) Measures are in place to minimise the circumstances which make adults vulnerable to abuse (i.e. isolation).	100%
b) Your organisation works together with other to implement quality assurance, robust risk identification and risk management processes in order to prevent concerns escalating to a point where intervention is required under safeguarding adult procedures.	
c) This includes commissioners working together to assure themselves of the quality and safety of the organisations they place contracts with.	
<u>ADDRESSING ISSUES OF DIVERSITY</u>	
E1 Your organisation delivers in accordance the public sector Equality Duty. This is used to inform safeguarding strategy, including taking measures to promote equality and reduce inequalities in access to and outcomes from services.	
a) Equality duty is used to inform safeguarding actions, including strategies/ frameworks and any policy or procedures	100%
b) Measures taken to promote equality and reduce inequalities in access to service and the outcomes from services.	
c) Staff are aware of and complaint with the equalities duty	
E2 Your organisation takes steps to ensure that information is obtained from individuals who use your service about what outcomes they wish from the safeguarding process and whether they have received this.	
a) Their experience is recorded and the organisation learns from it.	75%

b) Individuals who use services and their carers/families also influence and inform more broadly the development of the organisation’s strategic approach to safeguarding and related agendas.	
<u>THE SERVICE CAN DEMONSTRATE THAT PEOPLE WHO USE SERVICES ARE INFORMED ABOUT SAFEGUARDING AND EMPOWERED BY THE ORGANISATION’S RESPONSES</u>	
F1 The principle of Making Safeguarding Personal is at the heart of the organisation’s practice.	
a) Person-led and outcome-focused practice in safeguarding is demonstrated.	75%
b) Adults are sought consent to safeguarding and their views on next steps	
c) Outcomes are identified to steer an enquiry	
d) d. Strong patient/service user outcome focus within organisations quality assurance process and practice.	
*F2 Your organisation has written information available to adults at risk and their families about safeguarding adults including who to contact if they are concerned about an Adult at Risk.	
a) Arrangements are in place to support those for whom English is not their first language.	100%
b) Information is provided in a range of formats and languages.	
c) Information contained is plain English and accessible	
*F3 Your organisation supports individuals to access their right to an independent advocate <i>where an adult has substantial difficulty in being involved in the safeguarding process</i> and they have no suitable representation or support. (Care and support statutory guidance 14.43)	
a) Staff are clear how to access advocacy.	75%
b) There is information for adults and their families.	
c) Consideration if given as to the appropriateness of types of advocacy.	

This is the first time the Directorates carried out such an extensive audit.

Areas for improvement:

- Training , the Trust should focus on the delivery of SGA training that enables staff to appropriately respond to a range of SGA concerns
- Service User feedback. The trust needs to develop a system to obtain SU Feedback on their experience of the SGA process and implement learning
- The trust supports service users to access independent advocates where a SU has difficulty being involved in the process

Action Plan to strengthen the Trust response to PREVENT

Appendix 3

Recommendation	Relevant Directorate or Core Service	Action required	Action owner	Target completion date	Progress
1. There is a national requirement for NHS Trusts to support the Government's counter terrorism – strategy	Corporate	<ol style="list-style-type: none"> To raise awareness of the Prevent agenda to Trust Executive and Non-executive members Produce a Trust Policy on PREVENT To produce an internal briefing on PREVENT for staff and publish this on the intranet 	Director of Nursing /Associate director for safeguarding adults	March 2017	<p>Report to the Trust Board February 2017</p> <p>Draft Policy developed overseen by the Safeguarding Adults Committee and to be ratified by Quality Committee March 2017</p> <p>A staff briefing has been produced and will be launched alongside policy launch and available in the trust Intranet.</p>
2. To ensure all staff receive basic PREVENT awareness training	Corporate	1. Basic PREVENT awareness training is mandatory and delivered through LEVEL 1 & 2 safeguarding children and adult training	Training Department/directorate	April 2017	Monthly monitoring of compliance report quarterly to NHSE

Recommendation	Relevant Directorate or Core Service	Action required	Action owner	Target completion date	Progress
		2. To increase compliance, Directorates to ensure that all staff complete level 1&2 training 3. Submit Trust Prevent dashboard to NHSE on quarterly basis			
3.To ensure relevant staff have accessed the workshop to raise awareness of PREVENT (WRAP) training	Directorate	1. Identify availability of WRAP training courses to increase numbers of trainers in the trust 2. Identify existing staff who have undertaken the WRAP training. 3. Review training needs analysis of staff required to attend the WRAP 4. Utilise training resources produced by NHSE	Training Department/Directorates	April 2017	DoH no longer providing WRAP training programmes Identification of existing staff who have undertaken the WRAP training and arrange staff to deliver workshops locally NHSE have indicated that new training materials for Mental Health Trusts will be available in early 2017.

Recommendation	Relevant Directorate or Core Service	Action required	Action owner	Target completion date	Progress
4. There is a Local Prevent lead identified to represent each directorate	All trust services	Each Directorate to provide details of named clinical Professional who will take responsibility for leading on local Prevent matters	Service Directors	February 2017	
5. The nominated clinical representative / directorate prevent lead regularly attends the local channel panel	As above	Each Directorate to provide details of named Senior Professional who attends the channel panel to the Safeguarding Adults Team Provides the Associate Director of Safeguarding Adults with a monthly list of Channel meetings attended	Service Directors	February 2017	Associate Director for Safeguarding adults will liaise with directorate Prevent leads to co-ordinate the submission the Channel Dashboard for NHSE.