Report to: Public Board of Directors  
Agenda item: 10  
Date of Meeting: 26 June 2019

Title of Report: Children’s Safeguarding Annual Report
Status: For approval
Board Sponsor: Lisa Cheek, Director of Nursing and Midwifery
Author: Mike Menzies, Named Nurse Safeguarding Children and Young People
Appendices 
Appendix 1: Maternity Safeguarding Annual report  
Appendix 2: Safeguarding Children Key Performance Indicators

1. Executive Summary of the Report
This report provides an overview of safeguarding children activity undertaken within the Trust between 1st April 2018 and 31st March 2019. The Key points are:
- Support for the Emergency Department CQC improvement plan.  
- Delivering of the “Think Family” agenda for safeguarding across the Trust.  
- Focus on supporting safeguarding children training compliance across the Trust.  
- Embedding safeguarding supervision across the Trust.  
- Quality assurance measures through the safeguarding children audit programme and safeguarding children “walkabout”.
- Ongoing support of Multi Agency safeguarding working including the new Safeguarding Partnership Arrangements.
- Engagement with Serious Incidents and Serious/Local case reviews, ensuring learning is meaningfully shared with staff.
- Monitoring of any risks to the Trust including progress of any action plans.

2. Recommendations (Note, Approve, Discuss)
The Board is requested to note report.

3. Legal/Regulatory Implications
As a NHS provider the Trust is required to comply with legislation and statutory guidance, this includes:
- Children Act 1989;  
- Children Act 2004;  
- Working Together to Safeguard Children 2018;  
- Safeguarding Children & Young People: Roles and Competences for Health Care Staff (Intercollegiate Document 2019).

4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)
Risks on Risk Register:
- Safeguarding Children Training Level 2 and Level 3;  
- Implementation of safeguarding supervision;  
- Child Protection –Information System (CP-IS) Implementation;  
- Out of hours safeguarding paediatric medical cover;  
- Reviewing nurses’ role in Emergency Department;
- Screening tool completion and safeguarding referrals in Emergency Department.
- Management of paediatric patients that fail to attend appointments across the Trust.

5. **Resources Implications (Financial/Staffing)**
   None.

6. **Equality and Diversity**
   The Trust safeguarding arrangements reflect the ethnic, social, religious and sexual diversity of patients and families.

7. **References to previous reports**
   The report is scheduled to be discussed at the Safeguarding Children and Young People’s Committee on 30\textsuperscript{th} July 2019.

8. **Freedom of Information**
   Public.
Safeguarding Children & Young People Annual Report

1st April 2018 – 31st March 2019

Mike Menzies
Named Nurse Safeguarding Children & Young People
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1. Introduction
Safeguarding children – the action we take to promote the welfare of children and protect them from harm is everyone’s responsibility. Everyone who comes into contact with children and families has a role to play. Ultimately, effective safeguarding of children can only be achieved by putting children at the centre of the system and by every individual agency playing their full part, working together to meet the needs of our most vulnerable children (Working Together, 2018).

All NHS providers are expected to comply with legislation and statutory guidance, this includes:

- Children Act 1989;
- Children Act 2004;
- Working Together to Safeguard Children 2018;
- Safeguarding Children & Young People: Roles and Competences for Health Care Staff (Intercollegiate Document 2019).

This report provides an overview of safeguarding children activity undertaken within the Trust between 1st April 2018 and 31st March 2019.

The aim of this report is to provide assurance that safeguarding children activity:

- meets national and local safeguarding standards;
- demonstrates a model of continual improvement;
- highlights existing or potential risk in relation to statutory responsibilities.

The structure of this report incorporates all safeguarding children standards and performance indicators for key providers of health services 2017-19.

2. Governance and Commitment to Safeguarding Children
Local Safeguarding Children Boards (LSCBs) are the key statutory mechanism for agreeing how organisations will co-operate to safeguard and promote the welfare of children. The Trust is represented at the BaNES LSCB and Wiltshire Safeguarding Children Board (WSCB) by the Executive Lead for Safeguarding, the Director of Nursing and Midwifery or a nominated deputy. Attendance at the BaNES LSCB during 2018-19 was 100%; attendance at the WSCB shared by our health partners at Great Western Hospital and Salisbury District Hospital was 100%.

The Safeguarding Team represents the Trust at the following LSCB sub groups:

**BaNES LSCB**
The LSCB Exploitation Sub-Group, Policy and Procedures Sub Group, Professional Practice Sub Group. The Named Nurse and Adult Safeguarding lead share attendance at the BaNES LSCB Joint Training and Workforce Development Sub Group, which the Trust Adult Safeguarding lead is chairing. The Joint LSCB/LSAB Communication Sub Group is attended by the Adult Specialist Practitioner Adult Safeguarding.
Wiltshire LSCB

The Named Midwife attends the Wiltshire LSCB Early Intervention Sub Group and shares the attendance at the WSCB Domestic Abuse Sub Group with the Named Nurse and Independent Domestic Violence Advisor.

The Director of Nursing and Midwifery is the Executive Director responsible for safeguarding within the Trust; there is a nominated Non-Executive Director as safeguarding champion. Provider organisations are required to have named professionals in post; the focus of the roles is to provide assurance that the Trust meets national and local safeguarding standards, ensure delivery of the work plan, deliver strategic objectives, while providing professional leadership and expert advice to staff. The required named professionals are in post. The Deputy Director for Nursing and Midwifery is the nominated Deputy for the Director of Nursing and Midwifery as executive lead for safeguarding children.

The Named Nurse has updated the Children and Young People’s Safeguarding Committee with changes to both Wiltshire and BaNES LSCB related to the new Partnership arrangements defined in Working Together to Safeguard Children 2018. Wiltshire LSCB have already implemented these changes in line being one of the ‘Early Adopters’ and BaNES LSCB have their proposal for the new arrangement waiting ratification with the LSCB full board for implementation by September 2019. The Named Nurse has discussed the implications of this for the Trust through the Children & Young People’s Safeguarding Committee. The Trust nominated safeguarding executives: Director of Nursing and Midwifery and the Deputy Director of Nursing and Midwifery supported by the safeguarding team, will continue to work with and support the LSCB through this transition period.

A review was presented to the Clinical Governance Committee in November 2018 to provide assurances in relation to the safeguarding activity; risks, action plans both internal and external, audits, policy updates, learning from reviews, training compliance and supervision strategy. The focus remains on Level 3 safeguarding children training compliance and embedding safeguarding supervision in identified areas, with a particular emphasis on Maternity Services, the implementation of the Child Protection Implementation System (CP-IS), the provision of paediatric out of hours safeguarding medical cover, the safeguarding reviewing role and screening tool process in the Emergency Department. An annual review has been presented to the Clinical Governance Committee to provide assurance in relation to safeguarding activity and training compliance. Significant assurance has been agreed by the committee and due to return in January 2020.

Further monitoring against the Safeguarding Children: Standards and Performance Indicators for Providers of Health Services occur through the Clinical Outcomes and Quality Assurance reports that are submitted to the Clinical Commissioning Groups (CCG) on a quarterly basis. The CCG Designated Nurse for Children provides supervision and oversight to the Named Nurse and Named Midwife for Safeguarding Children and Young People within the Trust.

Children and Young People’s Safeguarding Committee

The Children and Young People’s Safeguarding Committee is chaired by the Director of Nursing and Midwifery. The Committee ensures the Trust has a robust framework in place for providing an environment, working practice and suitable skilled workforce that will be safe for children and young people. The Committee also ensures procedures are in place that will ensure appropriate actions are taken if any member of staff has concerns about the welfare of a child or young person.
The Children and Young People’s Safeguarding Committee is accountable to the Operational Clinical Governance Committee. A report of the meeting is submitted and presented to the Operational Clinical Governance Committee quarterly, drawing their attention to any issues that require their attention, or need to be added to the Trust Risk Register. The Committee now includes the lead for Operating Theatres. Both the Adult and Children and Young people Safeguarding Committees agreed a pilot to be commenced in Q4 2018-19 to combine the committees. This will emphasise the ‘think family’ philosophy, with a cross over period between the two committees to discuss: case studies, joined up working, learning from reviews. The progress of this will be monitored by both committees which the Director of Nursing and Midwifery chairs.

**Maternity Services Safeguarding Committee**

In May 2015 the Maternity Services Safeguarding Committee was established to provide assurance to the Children and Young People’s Safeguarding Committee that Maternity Services has a robust framework in place for providing an environment, working practice and suitable skilled workforce that will be safe for an unborn baby/babies, and procedures in place that will ensure that appropriate actions are taken if any member of staff has concerns about the welfare of an unborn baby/babies. A quarterly quality report is received by the Children & Young People’s Safeguarding Committee.

**Safeguarding Children Lead Practitioner Network**

The Safeguarding Children Lead Practitioner Network meets quarterly. The Network is chaired by the Named Nurse; membership consists of 24 professionals from a number of specialties across the Trust. The network has been increased in 2018-19 to include operating theatres, dermatology and gynaecology outpatients representatives. The network supports the delivery of the safeguarding children work plan, disseminates key learning from cases, incidents and audits, and supports the development of safeguarding leadership within services.

**Safeguarding Children Team**

The Safeguarding Children Team was established in December 2013 to provide a single point of contact for safeguarding children enquires. The team consists of a Named Doctor, Named Midwife, part-time Specialist Support Midwife, part-time Specialist Safeguarding Children’s Nurse and part time administrator; the Named Nurse manages the team. In June 2015 the team joined with the Adult Safeguarding Team to create a Trust safeguarding team; the team are co-located and provide a single point of contact for all safeguarding enquires. In 2018-19 the whole team have continued to embed the ‘Think Family’ agenda with joint working and communication across the Trust. This has been supported by the safeguarding children and adult’s communication plan and the pilot for a joint safeguarding children and adult’s committee with ‘Think Family’ agenda item.

**Safeguarding Supervision Implementation Group**

The Safeguarding Supervision Implementation Group meets quarterly, alongside the Lead Practitioner network. This group was established to support the implementation of the Trust supervision strategy, the group is chaired by the Specialist Safeguarding Nurse and has driven forward the supervision agenda, embedding 1:1 supervision, supporting the named supervisors in facilitating group supervision and developing their own skills as supervisors. Four more supervisors have been trained in 2018-19 to support the process, with more to be identified in the next year to ensure sustainability of the supervision agenda.
Care Quality Commission (CQC)
The Safeguarding Children team were involved in the recent CQC inspection in June 2018 and supported the inspection process in both the Women and Children’s department and the Emergency Department. The systems and processes related to the Women and Children’s Directorate were described positively and rated as good for Children’s services and outstanding for Maternity.

The Emergency Department (ED) were rated as requires improvement and the following issues were raised in relation to safeguarding children’s processes which were already on the risk register. These include staff not always completing the safeguarding screening tool and delay in the review of children attending the Emergency Department by the safeguarding reviewing nurses. The report also highlighted the need to improve ‘think family’ awareness in the Urgent Treatment Centre (UTC).

The safeguarding team have created an action plan with the leads for both the ED and UTC to address these issues and will report the progress of this through the Children and Young People’s Safeguarding Committee process and the ED Clinical Governance process. The compliance with the screening tool completion has increased to 80% and measures continue to support this further with the IT department successfully streamlining the electronic children’s social care referral system to a one step process. The reviewing nurse delay was a one off issue and was resolved within 2 weeks of the CQC inspection. This is reviewed weekly and the process continues within appropriate timeframes. Both the children’s and adult safeguarding teams continue to support the ‘think family’ agenda in the UTC by: supporting systems to identify adults that present risks to children and measures to refer on to the Trust safeguarding team and external partners such as children’s social care, as defined in the CQC improvement plan.

Proposed changes to the Paediatric medical safeguarding Rota
Discussions have been ongoing between the Trust and the CCG in 2018-19 in relation to proposed changes to the Paediatric Medical Safeguarding Rota due to concerns over capacity for the Trust Paediatricians to support this. This has been resolved and the agreed pilot commenced in September 2018 finishing in February 2019. There is now a process in place for access to medical advice and support regarding child protection and safeguarding which will be shared between Virgin Care community and RUH acute paediatric services, including in hours and out of hours cover. This remains on the risk register for ongoing review.

Section 11 Audits
The ongoing actions of the section 11 audit relate to the findings from the March 2018 ‘Walkabout’, facilitated by BaNES LSCB. The action plan is monitored through the Children and Young People’s Safeguarding Committee. As part of this the Trust safeguarding team carry out internal bi-monthly quality assurance safeguarding walkabouts mirroring the process from the Section 11 audit walkabout. The findings reflect those of the Section 11 walkabout with an improving picture of staff understanding of the local authority threshold document and allegations against staff policies. The action plan is reported quarterly through the Children and Young People’s Safeguarding Committee.

Joint Targeted Area Inspection (JTAI)
The JTAI’s are 6 monthly planned Ofsted, Care Quality Commission (CQC), HMI Constabulary (HMIC) and Probation (HMI Prob) themed joint inspection of the multi-agency response to abuse and neglect across the country. These are deep dive inspections of how agencies work together in relation to planned themes.
The Trust have completed their previous action plan and multi-agency response to the previous Wiltshire local authority inspection in December 2017, which included a ‘deep dive’ focus on the response to children living with domestic abuse. This was reported through the Children and Young People’s Safeguarding Committee.

The Named Nurse is meeting bi-monthly with the BaNES JTAI preparation group to ensure that the Trust and partners are prepared for any future JTAs. The Trust safeguarding team have supported a BaNES multi agency trial of the JTAI process in Q4 2019 and the feedback for Trust contributions was positive, particularly for Maternity Services.

**Child Protection Information Systems (CPIS)**

The Child Protection-Information System is a national project dedicated to providing an information sharing solution to protect those children who visit NHS unscheduled care settings, such as the Emergency Department or Maternity services. CP-IS shares information for children subject to Child Protection Plans, Looked After Children and pregnant women whose babies are subject to Child Protection Plans with the local authority where the children and families live, if they present to the Trust unscheduled care settings. The Named Nurse has delivered, with support of the Trust IT lead and the departments themselves, an effective, interim solution to CPIS implementation until a full electronic programme can be delivered by the Trust IT team by the end of 2019. This remains on the risk register.

**Safeguarding Children Audits 2018/19**

Safeguarding children audits are included in the Trust Clinical Audit Programme. During this period the following audits were undertaken:

- Supervision Audit;
- Referral to Children’s Social Care Audit including Maternity Paediatrics and Emergency Department;
- Perinatal Mental Health Screening Tool Audit;
- Domestic Abuse Policy Audit;
- Compliance with Discharge Guidelines Where There Are Safeguarding Concerns; and
- Sexual Health under 18 Proforma Audit.

Audit reports and action plans were submitted to the Children and Young People’s Safeguarding Committee in 2018-19 and are monitored through the newly designed audit action tracker and forward plan process.

**3. Policies, Procedures and Guidelines**

During the period a number of policies have been written or revised to meet local or national requirements. The following policies and protocols have been written or updated in this period:

- Safeguarding Children and Young People Policy in relation to Did Not Attend process updated with new Was Not Brought process;
- Escalation Policy;
- Bruising and Injuries to Non-Mobile Children Policy including maternity;
- Children Presenting to the Trust with Dog Bite Guidelines;
• Maternal Antenatal/Postnatal Non Attendees Policy;
• Guidelines for Midwives Caring for Women who Present with a Concealed or Denied Pregnancy.

The Named Nurse for Safeguarding has created a short ‘One Minute Guide’ process for staff that is now being used to update them of any new policies, guidelines or updates. This process has been trialled using the new Dog Bite Guidelines and Bruising and Injuries to Children Policies in the Emergency Department, Paediatrics and Maternity services in Q4 2019. The initial feedback from staff is very positive with staff both engaging with, and understanding the Trust expectations well. These will all be available on the Trust intranet in Q1 2019-20.

4. Appropriate Training, Skills and Competences
The Trust training and compliance figures are listed in the tables below and there has been a consistent focus on both Level 2 and Level 3 Safeguarding Children training from the safeguarding children team with support from the educational leads, Education Centre and HR business partners across the Trust to ensure compliance in achieving the 90% level. In the year to 31st March 2019 13 in house Level 3 Safeguarding Children training courses have been delivered to 195 staff by the Trust Safeguarding Team.

Table 1 shows compliance figures for all levels of training during 2018-19 for all staff including maternity.

(Table 1) Training Compliance Figures (Including Maternity)

<table>
<thead>
<tr>
<th>Subject</th>
<th>Compliance Requirement</th>
<th>Q1 2018/19</th>
<th>Q2 2018/19</th>
<th>Q3 2018/19</th>
<th>Q4 2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safeguarding Children Level 1</td>
<td>90%</td>
<td>88.50%</td>
<td>86.92%</td>
<td>86.98%</td>
<td>85.61%</td>
</tr>
<tr>
<td>Safeguarding Children Level 2</td>
<td>90%</td>
<td>86.50%</td>
<td>86.31%</td>
<td>85.55%</td>
<td>83.16%</td>
</tr>
<tr>
<td>Safeguarding Children Level 3</td>
<td>90%</td>
<td>88.00%</td>
<td>86.02%</td>
<td>88.52%</td>
<td>82.88%</td>
</tr>
</tbody>
</table>

(Table 2) Maternity Services Only Compliance Figures

<table>
<thead>
<tr>
<th>Subject</th>
<th>Compliance Requirement</th>
<th>Q1 2018/19</th>
<th>Q2 2018/19</th>
<th>Q3 2018/19</th>
<th>Q4 2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safeguarding Children Level 1</td>
<td>90%</td>
<td>96.14%</td>
<td>94.12%</td>
<td>94.34%</td>
<td>85.82%</td>
</tr>
<tr>
<td>Safeguarding Children Level 2</td>
<td>90%</td>
<td>97.10%</td>
<td>93.98%</td>
<td>95.47%</td>
<td>85.31%</td>
</tr>
<tr>
<td>Safeguarding Children Level 3</td>
<td>90%</td>
<td>95.81%</td>
<td>88.57%</td>
<td>93.06%</td>
<td>83.71%</td>
</tr>
</tbody>
</table>

The Level 2 Safeguarding Children training compliance for the Trust is currently 83.16%. The Named Nurse is working closely with the Adult Lead for Safeguarding and the Education Department to identify and address the areas that require support to meet the 90% compliance. Additional bespoke training has been delivered to those areas identified as the
highest non compliance. The Named Nurse has revised both the Level 1 and Level 2 e learning so these can be utilised to increase and sustain the compliance back to 90%.

The current Level 3 Safeguarding Children compliance is 82.88% for the Trust and 83.71% for Maternity Services. The Named Nurse has met with the compliance manager in the Education Department quarterly and worked closely with the HR Business Partners, operational managers and practice development leads in each area, to identify staff requiring training and ensure they utilise the monthly, in house Level 3 safeguarding training day facilitated by the safeguarding children team, or external LSCB training. This is to give assurances that measures are in place to ensure the Level 3 training compliance will return to, and is sustained at, 90%.

The Named Nurse has reported on how BaNES LSCB (as our main external training provider) have had a plan to charge for Level 3 training agreed at BaNES LSCB full board in March 2019. The Named Nurse has shared this plan alongside any implications for the Trust, with the Children and Young People's Safeguarding Committee, all appropriate operational leads and the Associate Director of Organisational Development. The recommendation is that staff utilise the free course that the LSCB are offering alongside the monthly Trust Level 3 safeguarding training and each division consider the financial implications of staff attending external multi agency training where there is a fee.

The Named Nurse also presented a training proposal to the Children and Young People’s Safeguarding Committee in Q4 2019, related to the changes defined in the Feb 2019 guidance: Safeguarding Children and Young People Roles and Competencies for Health care Staff. This includes a breakdown of the levels of safeguarding training required by Trust staff and the plans to address the changes related to these from this date forwards. The main changes relate to increases in training hours for staff groups requiring additional Level 3 safeguarding competences, from 6 hours every three years to 12-16 hours every three years. These staff groups are: all midwives, all children's nurses, paediatrician's and registered Emergency Department staff. The Named Nurse has created a plan to address this, which will define the trajectory of how to record, monitor and report this through the Children and Young Person’s Safeguarding Committee in 2019-2020.

The Named Nurse and Named Doctor for Safeguarding both supported the Chronic Fatigue Team in the Trust to deliver a South West wide training day on Fabricated and Induced Illnesses (FII) in December 2018, including speakers from: the Trust safeguarding team and Chronic Fatigue Service, Great Ormond Street Specialist Paediatrician and Wiltshire police. The main speaker was Professor Danya Glaser, a highly respected and experienced Paediatric consultant and FII lead. The feedback from the training day was very positive from all attendees.

Training compliance remains on the Trust risk register.

5. **Effective Supervision and Reflective Practice**

Twenty seven members of staff have attended Safeguarding Children Supervision training; supervisors are now supported by the safeguarding team to facilitate safeguarding group supervision within a number of specialties. The annual Safeguarding Children Supervision Audit was presented in January 2019 to the Children and Young People’s Safeguarding Committee. The audit showed increased compliance in staff having documented records of discussions and all named professionals now have expected supervision. There is currently 100% compliance with staff having access to supervision and 97% of staff audited found the supervision beneficial. The areas for improvement are ensuring all staff have attended planned supervision sessions, which is in line with the ongoing work embedding supervision, and keeping records of unplanned supervision. The safeguarding team have an action plan
to address this which is monitored through the audit tracker and the Children and Young People’s Safeguarding Committee.

The safeguarding team provided quarterly one to one supervision with 41 identified leads across the Trust in 2018-19; 20 in Maternity Services and 21 across other children’s facing workforce. The current 1:1 compliance rates are as follows and have remained consistently above 90% throughout the year for all 41 identified leads. (Standard 90%):

- Named Nurse 1:1 compliance is currently 92.85% (21 leads)
- Named Midwife 1:1 compliance is currently 92.85% supported by the Named Nurse and Specialist Safeguarding Midwife. (20 leads)

The safeguarding team have developed databases in 2018-19 for each area where safeguarding group supervision is being delivered, to ensure robust recording, monitoring and reporting through the Children and Young People Safeguarding Committee. The challenges remain in the following areas: Maternity, Emergency Department and the Paediatric ward.

In Maternity, group safeguarding supervision is delivered bi-monthly in each of the community areas; current compliance is 68% with a trajectory of 90% planned by the end of 2019-2020. Group supervision is also now facilitated weekly in Bath Birthing Centre by the safeguarding team and compliance and trajectories will be defined in 2019-2020 as this is a new process. Weekly safeguarding group supervision is also now facilitated in both the Emergency Department and Paediatric ward. Compliance and trajectories will also be defined and reported in 2019-2020 through the Safeguarding Children Committee.

In the smaller teams the compliance rates are as follows: (standard 90%)

- Paediatric Therapies 92%
- Paediatric Consultants 90%
- Paediatric Diabetes Team 82%
- Integrated Sexual Health Team 82%
- Royal National Hospital for Rheumatic Diseases Centre for Pain services 86%

Four new supervisors have been trained in 2018-19 to support the sustainability of the supervision agenda, with more planned in 2019. The supervisors continue to be supported by the safeguarding team and the Supervision Implementation Group.

Supervision remains on the risk register.

6. Effective Multi Agency Working

The Trust has been engaged in supporting our external partners in the following:

- the Trust and Named Nurse has continued to support the progress of the Multi Agency Safeguarding Hub (MASH) within BaNES. The Deputy Director of Nursing and Midwifery represents the Trust on the Project Board. The Trust has also supported the ongoing reviews of the MASH, including development of electronic information sharing processes. The impact of this on the safeguarding team is monitored and reported through the Children and Young People’s Safeguarding Committee;
• the Trust has been represented by the Independent Domestic Violence Advisor at the Domestic Abuse Multi-Agency Risk Assessment Conference (MARAC) in both BaNES and Wiltshire;
• the Trust and Named Nurse have supported the BaNES Multi-Agency Joint Targeted Area Inspection (JTAI) preparation group;
• the Trust have supported the BaNES Child Sexual Exploitation (CSE) lead and the process for flagging young people vulnerable to, at risk or being exploited is now being revised to also include those at risk of criminal exploitation / gang and county lines drug activity;
• the Named Nurse and Named Doctor represent the Trust at newly developed safeguarding partner agency meetings facilitated by children’s social care and the Designated Nurses in both BaNES and Wiltshire;
• the Named Nurse and Named Doctor for safeguarding have contributed to the updated non mobile bruising and injury policy for children in Wiltshire and BaNES, which has been ratified and Trust guidance has been updated accordingly in both the children and maternity workforce;
• the Named Nurse and Named Midwife have supported the integration of the new Neglect Policy and toolkits in both BaNES and Wiltshire within the Trust. The Named Midwife is an accredited trainer for the Wiltshire Guided care profile and is disseminating training to identified leads and members of the safeguarding team;
• the Named Nurse and Named Midwife have contributed to the following policy and guidelines updates within BaNES LSCB including the Threshold Document and the Pre-birth Safeguarding Protocol for Unborn Babies which are awaiting ratification at BanES LSCB full board.

7. Reporting Serious Incidents

There has been one Serious Incident reported through the Trust and appropriate external Governance processes related to a one year old who was brought into the Emergency Department. A Root Cause Analysis (RCA) was completed by the Named Nurse for Safeguarding Children and an appropriate action plan was defined and delivered throughout 2018-19. The RCA was reported through the Operational Governance Committee and returned to the CCG with an accompanying action plan. The action plan is monitored through the Children and Young People’s Safeguarding Committee. This also met the criteria for a Serious Case Review (Child K).

8. Engaging in Serious Case Reviews (SCRs)

BaNES SCR family X
The Named Nurse for Safeguarding Children and the Named Midwife for Safeguarding submitted a chronology and analysis to the BaNES LSCB in relation to the case of a baby who presented to another health provider locally, with non-accidental injuries which met the criteria for a SCR. The Trust safeguarding team and identified practitioners engaged fully with the SCR process. There was a delay in the process itself due to the sensitive nature of the police investigation and there remains a delay in the publication of the SCR itself. The Named Midwife and Named Nurse have created an action plan which is reported through the Maternity Services Safeguarding Children Committee and the Children and Young People’s Safeguarding Committee. The analysis did not identify any significant issues for the Trust services (including maternity).
Wiltshire Serious Case Review Child K
In line with the guidance from the new Working Together 2018 the Named Nurse has responded to a request for information from agencies from Wiltshire LSCB. The Named Nurse has created and is following up the action plan with appropriate staff groups in the Trust. The SCR report is delayed due to ongoing police investigations and the contents of this will be integrated into the action plan when published, expected in 2019-20. The action plan is monitored through the Children and Young People’s Safeguarding Committee.

Rapid Review Requests
The Named Nurse for Safeguarding has responded to two Rapid Review requests in line with the new Working Together to Safeguard Children 2018 arrangements, from both Wiltshire and BaNES LSCBs. The Wiltshire LSCB request did not meet the criteria for a SCR and will be managed as a local review in 2019-20. The Trust is waiting for the response from the National Practice Review panel related to the BaNES LSCB Rapid Review request and how this will be managed in 2019-20.

9. Safer Recruitment and Retention of Staff
The Disclosure and Barring Policy has been ratified and published; the policy sets out the requirements of the Trust on checks of criminal records obtained through the Disclosure and Barring Service (DBS).

10. Managing Safeguarding Children Allegations Against Members of Staff
There have been no Safeguarding Allegations against members of staff reported within the Trust in this period.

11. Engaging Children and their Families
The Trust welcomes feedback from children and their families; a number of systems have been established to incorporate feedback: Family and friends’ feedback for the whole family is encouraged across the workforce. Children aged 16 plus are encouraged to complete family and friends’ feedback independently. Specialist nurses in the diabetes team run parents’ evenings to engage families in sharing experiences and feedback. The safeguarding team work closely with the Patient Advisory Liaison Service within the Trust to support ongoing issues of a safeguarding nature with young people, families and carers.

Compliments and complaints also provide information on users’ experiences.

12. Organisational Risks
There are 7 Trust wide risks in relation to Safeguarding Children on the Trust risk register, each is clearly defined with controls and action plans in place to reduce risk.

Risks that remain open are related to:

- Safeguarding Children Level 2 and 3 training compliance;
- implementation of safeguarding supervision;
- CP-IS implementation process;
- paediatric out of hours safeguarding medical cover;
- Reviewing Nurses role in the Emergency Department;
- use of the safeguarding children screening tool in the Emergency Department;
- Management of paediatric patients that fail to attend appointments across the Trust.

The Skeletal Survey process for children experiencing non accidental injuries was on the risk register in 2018-19. The new process and action plan to address this have been completed and tested. This risk has been removed from the risk register after review and ratification from the Children and Young People’s Safeguarding Committee and Operational Clinical Governance Committee.

Actions related to the risks are reviewed at the Children and Young People’s Safeguarding Committee and reported through the Operational Clinical Governance Committee.

13. Independent Domestic Advisor Project (IDVA)

The Trust employs a full time IDVA, funded jointly by both Wiltshire and Banes CCGs. The post has been agreed until March 2020. The IDVA has represented the Trust at BaNES and Wiltshire Domestic Abuse Multi-Agency Risk Assessment Conferences (MARAC) as required and referred a number of high risk cases to both MARACs. The IDVA has supported a number of very vulnerable patients who have disclosed domestic abuse and liaised with partner agencies to ensure safety planning has been completed prior to discharge.

A Domestic Abuse Task and Finish Group has been established and has reviewed the Domestic Abuse Policy relating to staff and Level 3 training needs analysis. The IDVA has reviewed Trust policies on Domestic Abuse and Domestic Abuse Affecting Staff and are awaiting ratification prior to publication.

The IDVA has delivered training to key staff groups including the Emergency Department/Urgent Treatment Centre, RNHRD Bath pain service, Neonatal Intensive Care Unit, Maternity and the Paediatric Ward. The IDVA has also attended safeguarding supervision in community Maternity services and Emergency Department Nurse Practitioner sessions.

14. Achievements 2018/19

- Continued embedding of the supervision model across the Trust. Named leads for 1:1 supervision identified with over 90% compliance for both maternity and across the Trust. Areas identified to receive group supervision continue to receive this supported by the safeguarding team. Focus remains on maternity, Emergency Department and the paediatric ward in supporting the group supervision agenda. All other areas having compliance 80-90%. Databases are now developed to monitor and record compliance rates.

- Successful piloting of changes to the Paediatric Consultant Medical Safeguarding Rota in the Trust in conjunction with Virgin Care.

- Interim solution to integration of Child Protection Information System (CP-IS) successfully completed whilst awaiting full electronic solution integration.

- The safeguarding team are supporting the development of clinical supervision across the wider Trust with a pilot completed as part of the ongoing nursing strategy. A report has been completed and shared with the Trust Management Board.

- Development of ‘One Minute Guides’ to support any new policy/guidelines or specific information to be shared with frontline staff.
• Ensuring safe systems for all referrals to children social care to be monitored by the safeguarding children team. This is allowing timely sharing between the adult and children safeguarding team of any adults presenting to the Trust with issues that may create risk to children e.g. complex trio factors.

• Named Nurse for safeguarding has agreed process for flagging young people at risk of wider exploitation on Trust systems, which needs final integration in 2019-20.

• Development of the ‘think family’ agenda in the whole safeguarding team and embedding this concept on team philosophy.

• Development of process for joint Safeguarding Children and Adult Safeguarding Committees with shared ‘Think Family’ half hour in between both committees. Starting in Q4 2018-19.

• Development of Trust Safeguarding Communication plan including sharing of internal and external learning and updates using the lead practitioner network, newsletters in Maternity/NICU and paediatrics.

• Joint work between Children and Adult Safeguarding Leads to ensure information flow continues across the Trust, including development of adult and children’s safeguarding team newsletter ‘Everyone’s Business’, first edition Q4 2019.

• Employment of Safeguarding and learning disabilities support worker to support both the adult and children’s safeguarding team.

• Facilitation of well received Conference Day (November 2018) on Fabricated and Induced Illness in partnership between the Trust Safeguarding Team and Chronic Fatigue Team.

• Further identification and training of four additional safeguarding supervisors.

• Continued safeguarding team walkabout along lines of LSCB themed Section 11 audit walkabout as additional quality assurance measure reported through the Children and Young People’s Safeguarding Committee.

• Safeguarding team attended the Neglect Tool presentation day in B&NES and are supporting the use of this alongside the Graded Care Profile (GCP) used in Wiltshire. The Named Midwife is a designated trainer supporting the implementation of the GCP in Wiltshire.

15. Objectives for 2019/20

• To continue to support the safeguarding training agenda across the Trust including Level 2, 3, 4 and Board specific training outlined in the new Safeguarding Children and Young People, Roles and Competences for Health Care Staff, 2019 guidance through a three year plan.

• To follow up staff evaluations of those attending Level 3 safeguarding children training to understand the difference this has made to their practice. This is to be included as part of the annual safeguarding children training report.

• To continue to support the supervision agenda across the Trust including training additional supervisors.

• To support and monitor the successful integration of the electronic CP-IS solution.
• To continue on raising the ‘Think Family’ agenda across the Trust including all adult and children’s sections of the workforce.
• To develop a joint adult and children’s safeguarding strategy.
• To support the implementation of clinical supervision across the Trust.
• Annual Safeguarding Team Workshop.
• To work with partner agencies and Designated Nurses across LSCBs and CCGs on SMART reporting, audit, policy development and work plan priorities. This includes more narrative in reporting on how we are ensuring outcomes are improving for children and families.
• To work closely with the Adult Learning Disability nurse and the newly appointed support worker on transition work from children to adult care.
• To continue working on raising staff awareness of Early Help agenda so children and families get the right support at the right time.
• To continue the work on systems to support flagging of young people at risk of exploitation and continued sharing of information within health, and with partner agencies, including work with our Designated Nurse for Safeguarding.

16. Concluding Comments
This report has concentrated on the key safeguarding activity improvements and risks within the organisation. Whilst it has provided an opportunity to capture key activity, it is by no means a full report of achievements of the safeguarding children team and others in the organisation. It is appropriate to acknowledge the achievements of the safeguarding children team, the support of the executive lead for safeguarding, the safeguarding activities of staff and the very positive direction of travel.

References
Intercollegiate Document: Safeguarding Children and Young People, Roles and Competences for Health Care Staff, London RCPCH, 2019
Working Together to Safeguard Children, London, DSCF, 2018
Appendix 1: Maternity Safeguarding Annual Report

1. Governance and Commitment to Safeguarding Children
The Maternity Services Safeguarding Committee was set up to provide assurance to the Children and Young People’s Safeguarding Committee at the RUH chaired by the Director of Nursing and Midwifery, that the maternity service has a robust framework in place for providing an environment, working practice and suitable skilled workforce, that will be safe for unborn babies and procedures in place that will ensure that appropriate actions are taken if any member of staff has concerns about the welfare of an unborn baby. The Committee is chaired by the Head of Nursing and Midwifery. It is expected that a representative from all community and maternity unit areas within the maternity service will attend this meeting to ensure the most up to date safeguarding information is disseminated and actioned. The committee meetings are now held quarterly in line with the Children and Young People’s Safeguarding Committee in order to assist governance processes.

Child Protection Information System (CP-IS)
The Child Protection-Information System is a national project dedicated to providing an information sharing solution to protect those children who visit NHS unscheduled care settings, such as the Emergency Department or Maternity Services. CP-IS shares information for children subject to Child Protection Plans, Looked After Children and pregnant women whose babies are subject to Child Protection Plans with the local authority where the children and families live, if they present to the Trust unscheduled care settings. The Named Nurse has devised and implemented an action plan for an interim measure across Maternity Services, until the electronic solution has been completed, planned for the end of 2019. The Named Nurse and Maternity IT lead have completed a maternity specific guide and Standard Operating Procedure for the Maternity CP-IS process which has been presented to the Maternity Services Safeguarding Committee and Maternity Governance Committee.

Female Genital Mutilation Information System (FGM-IS)
FGM-IS is a national system that allows a family history of FGM to be stored and shared onto the records of a girl under 18. This information can then be shared with the relevant NHS healthcare professionals and administrative staff across departmental, organisational and geographical boundaries in England. It supports early intervention and ongoing safeguarding of girls potentially at risk of FGM. This is accessed through the NHS Spine by users of Smart cards with the correct level of permissions.

A process to support this has been defined and agreed by the Named Nurse, Named Midwife for Safeguarding and Maternity IT Lead, and shared through the appropriate Governance processes. The Trust is now live to FGM-IS, with successful testing and is one of the first 40 Trusts across the country to implement this system.

The Community Lotus Team
The Lotus team is a team of community midwives that caseload mothers with complex social factors who require a higher level of support. There are Lotus midwives in each community area. The rationale behind the setting up of this team came from the Baby J SCR in the Wiltshire area that found that there was a varied range of experience amongst professionals when performing risk assessments, referrals to children’s social care and engaging with the Common Assessment Framework (CAF)/early help process. By setting up this team of experienced and skilled-up midwives it is envisaged that the Trust will improve the support and care given to these women in order to safeguard them and their babies. The CQC inspection report in 2018 noted the Lotus team as one of the areas of outstanding practice...
within maternity. From Q3 the Lotus team has been managed by the Specialist Perinatal Mental Health Midwife.

**Perinatal Mental Health**

Maternity Services now have a Specialist Perinatal Mental Health Midwife who commenced in post in Q3 2018-19 and is leading on the development of an improved service for women across the geographical area who are affected by mental health concerns.

The bid for wave 2 funding for a specialist perinatal mental health service across the BaNES, Swindon and Wiltshire Strategic Transformation Partnership (STP) from NHS England has now been successful. Work is now underway to progress the implementation of this and phase one of the service is now up and running. The full implementation has been delayed by the services difficulty in recruiting a full time psychiatrist. This will eventually be a ‘hub and spoke’ model with the hub being in Chippenham and spokes in Swindon, Bath and South Wiltshire. Whilst the proposed service will be primarily for women with severe mental ill-health, there will be some opportunities for training and supporting other practitioners as well as limited ‘outreach’ work from the service. It is expected that women and families will be ‘stepped up’ and ‘stepped down’ to and from the specialist perinatal service to other community services.

This service is now up and running in Somerset, so the midwives in Frome and Shepton Mallet can refer women with moderate to severe mental health concerns into the service so that they can be assessed and a plan made for their care and support in the perinatal period.

**Safeguarding Children Audits (Maternity)**

Safeguarding children and maternity audits are included in the Trust Clinical Audit Programme. During the period the following audits were undertaken:

- Supervision Audit, including Maternity Services;
- Referral to Children’s Social Care Audit including Maternity, Paediatrics and Emergency Department;
- Maternity Multi Agency CAF Audit with WSCB;
- Audit of Women with Complex Social Factors (Maternity);
- Perinatal Mental Health Screening Tool Audit;
- Compliance with Discharge Guidelines Where There Are Safeguarding Concerns including Maternity;
- Maternity Spot Check Safeguarding Audit.

Audit reports and action plans were submitted to the Maternity Services Safeguarding Committee and then the Children and Young People’s Safeguarding Committee in 2018-19, and are monitored through the newly designed audit action tracker and forward plan.

2. **Policies, Procedures and Guidelines**

During the period a number of policies have been written or revised to meet local or national requirements. The following policies and protocols have been written or updated in this period:

- Guidelines for midwives caring for Women who present with a Concealed or Denied Pregnancy;
- Maternity guidelines and pathway in line with the Non-Mobile Bruising and Injury in Children policy for both BaNES and Wiltshire LSCB.
- Maternal Antenatal/Postnatal Non Attendees Policy.

3. Appropriate Training, Skills and Competences
The Trust training and compliance figures are listed in the tables below and there has been a consistent focus on both Level 2 and Level 3 Safeguarding Children training from the safeguarding children team with support from the educational leads, Education Centre and HR business partners across the Trust to ensure compliance in achieving the 90% level. In the year to 31st March 2019 13 in house Level 3 Safeguarding Children training courses have been delivered to 195 staff by the Trust Safeguarding Team. Of these 2 maternity specific courses were delivered to 27 midwives, with midwives also accessing the monthly Trust in house Level 3 training.

(Table 1) Maternity Services Only Compliance Figures

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<thead>
<tr>
<th>Subject</th>
<th>Compliance Requirement</th>
<th>Q1 2018/19</th>
<th>Q2 2018/19</th>
<th>Q3 2018/19</th>
<th>Q4 2018/19</th>
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</table>

At the end of Q2 2018-19 compliance dropped just below 90% due to a large number of new starters joining the Trust. These new midwives all attended the maternity Level 3 training day in November which brought Maternity Services back up to over 90% compliance. Compliance has at the end of Q4 again dropped below 90%. This is due to a high number of midwives’ compliance expiring at the same time.

The Named Midwife and Named Nurse for Safeguarding have continued to work with the education leads and HR business partners alongside the mandatory training lead to ensure there are enough training places available and assure the Trust that compliance will return to, and be sustained at, 90% compliance.

4. Effective Supervision and Reflective Practice
The Named Nurse has continued to support the Named Midwife to embed the supervision agenda alongside the supervisors’ network which meet quarterly. The Specialist Safeguarding Nurse will now lead on this process. Safeguarding supervision compliance is monitored through the maternity and childrens safeguarding committee and remains on the Trust risk register.

The current maternity compliance for the quarterly 1:1 safeguarding supervision with the 20 identified leads is 92.85%. This has been consistently above the 90% compliance target for the year 2018-19 and has been achieved with the support of the whole safeguarding team.

At the end of Q4 the community midwives were 68% compliant with group safeguarding supervision; this has increased from 60% in Q3. In order to increase this compliance, it has been agreed to hold sessions bi-monthly in all the community birthing centres from Q4. There will be 6 safeguarding supervision sessions a quarter across each community setting.
with a total of 24 a year. Two more community midwives have been trained as safeguarding supervisors in Q3 and the safeguarding team are supporting their development. The safeguarding team will support supervision in each area alongside the newly trained supervisors to ensure they are successfully facilitated. The projected compliance rate by the year end will be approximately 90% if all the sessions are completed.

Safeguarding supervision sessions are now running weekly in the Bath Birthing Centre, facilitated by the safeguarding team. The database is now complete to assist in recording and reporting of compliance rates in 2019-20. The safeguarding team are reviewing how to best achieve compliance of Bath Birthing Centre midwives attending 2 supervision sessions a year with the maternity education lead and maternity management in 2019-20.

5. Multi-Agency Working

- The Named Nurse and Named Midwife have supported the integration of the new Neglect policy and toolkits in both BaNES and Wiltshire within the Trust. The Named Midwife is an accredited trainer for the Wiltshire Graded Care Profile 2 and is disseminating multi-agency training to identified leads and members of the safeguarding team.
- The Named Nurse and Named midwife have contributed to the following policy and guidelines updates within BaNES LSCB including the Threshold Document and the Pre-Birth Safeguarding Protocol for Unborn Babies which are awaiting ratification at BaNES LSCB full board.
- The Named Midwife has developed a flowchart for maternity related to newborn babies with bruising/injuries in line with the updated Bruising in Non-Mobile Children Policy.
- The Named Midwife for Safeguarding has been working with the Head of Health Visiting for BaNES, the Specialist Health Visitor for Travellers and the Boating Community and the Gypsy, Traveller and Boater Casework Coordinator from Julian House, to create a pathway for professionals working with women from the GRTB (gypsy, Romany, travellers, boaters) community.
- The Named Midwife for Safeguarding is involved in the Best Start in Life sub group. This a multi-agency group that meet to ensure that services for children from conception to school age are cohesive and affective, with a particular focus on early help.
- The Named Midwife for Safeguarding has been involved in a task and finish group whose aim was to improve understanding of the definition and prevalence of vulnerabilities in pregnancy and early parenthood across the BaNES, Swindon and Wiltshire STP and work to improve engagement and support for vulnerable women and their families.

6. Reporting Serious Incidents

There was an internal Incident of Significant Concern (ISC) in 2018-19 related to non-adherence of the Non-Mobile Bruising in Children Policy with a baby in the first week of life. A RCA was completed by the Named Midwife and reported through the Operational Governance Committee, and the subsequent action plan was monitored through the Maternity and Childrens Safeguarding Committees. Outstanding actions relate to the recently updated Non Mobile Baby Policy and maternity flowcharts which the Named Midwife is completing in Q1 2019-20. No longstanding harm came to the child.
7. Engaging in Serious Case Reviews (SCR)

Somerset Serious Case Review Family B
The Named Midwife and Named Nurse responded to a SCR request with chronology and analysis in Q2 2018-19. This met the criteria for a SCR and the Named Midwife alongside two nominated practitioners has fully engaged with the SCR process. A draft action plan has been submitted to the SCR author and will be shared with the Safeguarding Maternity and Children’s Committees once agreed at the upcoming practitioner event. There have not been any significant issues raised for Maternity Services or the Trust and the action plan will reflect the broader learning when the SCR is published later in the year.

BaNES Local Case Review
A local case review was requested by the Named Nurse for Safeguarding Children in 2018-19 involving a first time mother with a concealed pregnancy that lives with her partner as part of the boating community.

A case review meeting for the Trust staff involved was held to look at learning from the case. This resulted in the creation of a pathway for professionals working with women from the GRTB (Gypsy, Romany, Travellers, and Boaters) community, including contact numbers for all local support services. The Named Midwife for Safeguarding also completed guidelines for midwives when women present with either a concealed or denied pregnancy, which are also now included in the LSCB Pre-Birth Safeguarding Unborn Babies policy.

Maternity safeguarding Achievements 2018-19

- Successful Integration of Female Genital Information Systems (FGM-IS) into Trust systems.
- Two additional safeguarding supervisors trained in maternity services.
- Continued development and support of the Lotus team of community midwives who support women with more complex needs, supported by the safeguarding team and maternity management.
- Close collaboration between the newly appointed Perinatal Mental Health Specialist Nurse (Maternity) in the Trust and the safeguarding team.
- Partnership working between the Named Midwife for Safeguarding and the Family Nurse Partnership to provide support with the change process when introducing the extended criteria.
- Safeguarding team attended the Neglect Tool presentation day in B&NES and are supporting the use of this alongside the Graded Care Profile 2 (GCP2) used in Wiltshire. The Named Midwife is a designated trainer supporting the implementation of the GCP2 in Wiltshire.
- Creation of a pathway for professionals working with women from the GRTB (Gypsy, Romany, travellers and Boaters) Community and creation of guidelines for women presenting with concealed and denied pregnancy as a result of learning from a BaNES local case review.
- Named Midwife engaging with the ‘Best Start in Life’ working group looking at improving outcomes for children from conception to aged 5.
- Named Midwife working with the defining vulnerability in the early years working group.
Maternity Safeguarding Objectives 2019/20

- To continue to support the implementation of the new perinatal mental health services in Somerset and B&NES, Swindon and Wiltshire.
- To continue working on raising staff awareness of Early Help Agenda so children get the right support at the right time.
- To continue to support the supervision agenda across maternity in both the community and acute settings.
- To continue to support the delivery of Level 3 safeguarding training across the Trust and also maternity specific training.
- To support the delivery of the safeguarding team workshop.
- To support the RUH IDVA in delivering refresher training to all the community midwifery teams in routine enquiry about domestic abuse.
- To ensure that any female babies born to women who have had FGM have a flag placed on their NHS spine record to safeguard them from having FGM performed.
- To utilise the communication plan to share the following with staff: policy/guidance updates (e.g. using one minute guides), learning from audits, Serious and local case reviews, emerging themes such as country lines drug running and gang activity.
- To continue as part of the Best Start in Life working group in order to improve outcomes for children from conception to aged 5.
- To work with the BaNES children’s centre lead and health visitor lead to organise an Early Childhood Working Together Event in September 2019 aimed at frontline staff to enable them to better understand referral pathways to support services and effective communication between support agencies.
- To continue to work with the IT lead midwife to improve the recording and storage of maternity safeguarding information.
- To work with the other members of the children’s and adults safeguarding teams to ensure that women with complex social factors coming through the RUH maternity services receive holistic individualised care that supports all of their needs and ensures that their babies are effectively safeguarded.
### Appendix 2: Safeguarding Children: Quarterly Performance Indicators for Safeguarding Children Standards 2018-19

<table>
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<th>Standard</th>
<th>Criteria</th>
<th>Measure</th>
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<th>Q3</th>
<th>Q4</th>
<th>Comments</th>
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<td>Measure</td>
<td>Frequency</td>
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<td>Q2</td>
<td>Q3</td>
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<td>Percentage of relevant staff that have completed DA awareness training</td>
<td>Quarterly</td>
<td>80%</td>
<td>86.50%</td>
<td>86.31%</td>
<td>85.60%</td>
<td>83.20%</td>
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<td>Total number of staff in your organisation requiring scheduled 1:1 supervision (excluding Maternity Services)</td>
<td>Quarterly</td>
<td>17.0</td>
<td>18.0</td>
<td>21.0</td>
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<td>Percentage staff requiring 1:1 who have received this in the quarter</td>
<td>Quarterly</td>
<td>94.1%</td>
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<td>92.9%</td>
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<td>Total number of staff in your organisation requiring scheduled group supervision (excluding Maternity)</td>
<td>Quarterly</td>
<td>See comments</td>
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<td>See comments</td>
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<td>Percentage of staff requiring group supervision who have received this in the quarter</td>
<td>Quarterly</td>
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<td>The total number of midwives in inpatient areas who require 1:1 safeguarding supervision sessions (at a minimum of 3 months)</td>
<td>Quarterly</td>
<td>3</td>
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<td>The total number of community midwives who require 1:1 safeguarding supervision sessions (at a minimum of 3 months)</td>
<td>Quarterly</td>
<td>15</td>
<td>16</td>
<td>16</td>
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<td>The number of midwives in inpatient areas who have not received 1:1 safeguarding supervision in past 3 months</td>
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<td>0</td>
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<td>The number of community midwives who have not received 1:1 safeguarding supervision in past 3 months</td>
<td>Quarterly</td>
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<td>Total number of community midwives in your organisation requiring scheduled group supervision</td>
<td>Quarterly</td>
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<td>86</td>
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<td>Percentage of community midwives requiring group supervision who have received this in the quarter</td>
<td>Quarterly</td>
<td>62.0%</td>
<td>61.0%</td>
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<td>Number of requests for case consultations cases made to your safeguarding team, safeguarding supervisors or named professionals</td>
<td>Quarterly</td>
<td>344</td>
<td>329</td>
<td>370</td>
<td>387</td>
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<td>Standard 5</td>
<td>Criteria 4 &amp; 6</td>
<td>Total number of reported known cases of Female Genital Mutilation (FGM) in under 18s to the Police</td>
<td>Quarterly</td>
<td>0</td>
<td>0</td>
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<td>Standard 5</td>
<td>Criteria 2, 3 &amp; 7</td>
<td>Total number of children (0-18 years) seen in Emergency Department</td>
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<td>3924</td>
<td>3889</td>
<td>4009</td>
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<td>Total number of referrals to the local Social care referral process. If you work across several areas please list the number of referrals by Local Authority area</td>
<td>Quarterly</td>
<td>ED Figures Only</td>
<td>ED Figures Only</td>
<td>ED Figures Only</td>
<td>ED Figures Only</td>
<td>• We are currently working on a system to record CSE referrals from the Emergency Dept</td>
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<td>Total number of CSE related referrals to the Local Children's Social Care</td>
<td>Quarterly</td>
<td>See comments</td>
<td>0</td>
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<td>The number of young people attending related to Self-harm &quot;Self-harm (e.g. overdose of medication or substances with the intent to harm, cutting or other forms of self-mutilation, other suicide&quot;</td>
<td>Quarterly</td>
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<td>attempts such as hanging, suffocation, drowning)*</td>
<td>Quarterly</td>
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<td>Overdose - 72</td>
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<td>Overdose - 75</td>
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<td>Overdose - 84</td>
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<td>Accidental</td>
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<td>The number of young people attending related to Substance use (recreational use of substances without the intent to cause harm or suicide)</td>
<td>Quarterly</td>
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<td>Substance Misuse</td>
<td></td>
<td>Recreational Drugs - 9</td>
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<td>The number of young people attending related to Alcohol use (recreational use of alcohol without the intent to cause harm or suicide)</td>
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<td>Substance Misuse</td>
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<td>Substance Misuse</td>
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<td>Alcohol - 33</td>
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* Examples of risk-taking behavior include attempts such as hanging, suffocation, and drowning.
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<th>Criteria</th>
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<th>Frequency</th>
<th>Q1</th>
<th>Target</th>
<th>Performance</th>
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<th>Target</th>
<th>Performance</th>
<th>Q3</th>
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<th>Performance</th>
<th>Q4</th>
<th>Comments</th>
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<tr>
<td></td>
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<td>The number of young people attending related to Sexual assault or sexual activity causing concern (sexual activity under 13 years, rape, sexual assault, sexual exploitation, sexual activity where no consent has been given or if consent has been given but there are concerns re power or age imbalance or coercion)</td>
<td>Quarterly</td>
<td>Sexual Assault - 3</td>
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<td>Sexual Assault - 2</td>
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<td>Standard 5</td>
<td>Specific data by identified professional groups</td>
<td>Midwives The number of invitations received for CP conferences for unborn children</td>
<td>Quarterly</td>
<td>Paulton - 6</td>
<td>Bath - 7</td>
<td></td>
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<td>Bath - 3</td>
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<td>Paulton - 0</td>
<td>Bath - 9</td>
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<td>Chippenham - 8</td>
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<td>The number of CP conference reports produced for these conferences</td>
<td>Quarterly</td>
<td>Paulton - 6</td>
<td>Bath - 7</td>
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<td>Paulton - 0</td>
<td>Bath - 3</td>
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<td>The number of conferences where a midwife attended for which a report was produced and there was midwifery attendance</td>
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<td>Total number of births</td>
<td>Quarterly</td>
<td>1160</td>
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<td>Number of referrals to the local Social care referral process for unborn infants</td>
<td>Quarterly</td>
<td>Paulton - 3</td>
<td>Bath - 4</td>
<td>Paulton - 1</td>
<td>Bath - 7</td>
<td>Paulton - 4</td>
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<td>Number of cases escalated as per LSCB Escalation Policy, specifying level of escalation</td>
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<td>Number of unborn infants subject to a child protection plan</td>
<td>Quarterly</td>
<td>Paulton - 5</td>
<td>Bath - 4</td>
<td>Paulton - 2</td>
<td>Bath - 9</td>
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<td>Number of referrals to the local Social care referral process for pregnant women under 18 years old</td>
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<td>Paulton - 0 Bath - 0 Frome - 0 Trowbridge - 0 Chippenham - 0</td>
<td>Paulton - 0 Bath - 0 Frome - 0 Trowbridge - 0 Chippenham - 0</td>
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<td>Number of pregnant women under 18 years subject to a child protection plan</td>
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<td>Number of new Early Help referrals CAF/ Early Help Assessments (EHA) made for unborn children or women who are under 18yrs (please report this information by Local Authority areas)</td>
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<td>Paulton - 2 Bath - 0 Frome - 5 Trowbridge - Chippenham - 1</td>
<td>Paulton - 2 Bath - 0 Frome - 0 Trowbridge -2 Chippenham - 3</td>
<td>Paulton - 1 Bath - 0 Frome - 2 Trowbridge - 1 Chippenham - 0</td>
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<td>Number of midwifery referrals to the Family Nurse Partnership, by Local Authority area</td>
<td>Quarterly</td>
<td>Paulton - 0 Bath - 12 Frome - 0 Trowbridge - 8 Chippenham - 6</td>
<td>Paulton - 3 Bath - 7 Frome - 0 Trowbridge - 0 Chippenham - 8</td>
<td>Paulton - 2 Bath - 0 Frome - 0 Trowbridge -5 Chippenham - 13</td>
<td>Paulton - 7 Bath - 2 Frome - 1 Trowbridge - 0 Chippenham - 10</td>
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<tr>
<td>Standard</td>
<td>Criteria</td>
<td>Measure</td>
<td>Frequency</td>
<td>Q1</td>
<td>Q2</td>
<td>Q3</td>
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<tr>
<td>Standard 6</td>
<td>Reporting Serious Incidents</td>
<td>Criteria 2 &amp; 3</td>
<td>The number of Serious Incidents related to safeguarding children reported by Local Authority area</td>
<td>Quarterly</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
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<td>The provider will inform the CCG on the progress of any action plan resulting from an investigation into a serious incident related to safeguarding children.</td>
<td>Quarterly</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
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<td>Where the adult is the focus of the care the provider will need to record the number of cases where the adult's behaviour has posed a risk to the child(ren) and there has been a report to children's</td>
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<td>Social care (please report this information by Local Authority areas)</td>
<td>Standard 7 Criteria 2, 3, 4 &amp; 5</td>
<td>Number of requests to participate in SCRs reported by Local Authority Area</td>
<td>Quarterly</td>
<td>ED Figures Only</td>
<td>ED Figures Only</td>
<td>ED Figures Only</td>
<td>ED Figures Only</td>
<td>* Rapid Review request, no response from LSCB as yet</td>
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<td>The number of RCAs completed relating to the LSCB SCR</td>
<td>Quarterly</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1*</td>
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<td>Standard 9 Criteria 3 &amp; 4</td>
<td>The total number of safeguarding allegations against members of staff which have been reported to the organisations</td>
<td>Quarterly</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
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<td>Total number of children in hospital for more than 12 weeks</td>
<td>Quarterly</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>Exception reporting if the Trust have not notified the Local Authority</td>
<td>Quarterly</td>
<td>0</td>
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<td>Number of allegations reported to the LADO which have led to an investigation following strategy discussion</td>
<td>Quarterly</td>
<td>0</td>
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