

**SAFEGUARDING CHILDREN &  
YOUNG PEOPLE**

**ANNUAL REPORT**

**2017 – 2018**

FINAL

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## ANNUAL REPORT FOR SAFEGUARDING CHILDREN – 2017/2018

### 1. PURPOSE

The purpose of this Annual Report is to inform Trust Board Members of the progress with regard to its responsibilities for Safeguarding Children and Young People. The report will identify Safeguarding Children and Young People activity within the Trust over 2017/2018, raise awareness of key issues affecting practice and service delivery, and identify key priorities for 2018/2019.

### 2. EXECUTIVE SUMMARY

The Trust has statutory responsibilities (section 11 Children Act 2004) to safeguard the best interests of children and young people that access its services and premises.

Safeguarding referrals for children/unborn to Local Authority Children's Services have continued to increase year on year with the safeguarding team extending the range and involvement in the services they are responsible for. These continue to be managed to a high standard with the Trust's safeguarding named professionals playing an active part in safeguarding children and adults at risk across the wider multiagency partnership.

The Trust continues to meet its statutory obligations in terms of having the required Named Nurse, Interim Named Doctor(s) and Named Midwife in post. In addition, the Trust participates actively as a member of both Local Safeguarding Children Boards for Hull and the East Riding.

The Trust participated in a Care Quality Commission (CQC) Review of Health Services for Children Looked after and Safeguarding in Kingston upon Hull in January 2017. The Trust did not receive a rating from this inspection. The recommendations and action plan are monitored by the NHS Hull Clinical Commissioning Group (CCG) and Safeguarding Committee.

The key actions completed in 2017/2018 are:

- Ensure safeguarding children policies and procedures are up to date.
- The Safeguarding Children Team and Maternity Services now use the 'alert' facility to flag antenatal and children's records where there are potential or actual safeguarding concerns.
- The transfer of care process and documentation for children receiving care in the Trust in relation to safeguarding concerns specifically related to children presenting with mental health issues and non-accidental injury have been reviewed and are available to staff.
- Paediatric documentation and the recording of key information about children and families in attendances of children in the Emergency Department (ED) is part of a monthly audit in the ED.
- All safeguarding children meeting minutes received from the Local Authority are filed within the health record of the child/mother (if related to an unborn).
- All Serious Incidents (SI's) declared within the Trust which involve a child will also be reviewed by the Named Nurse/Named Doctor to determine if there are any safeguarding issues that need to be considered.
- The estates and facilities of the Anlaby Suite were reviewed in line with the Trust's Capital and Estates strategy. A plan for relocation was completed. The newly relocated on site Anlaby Suite opened in October 2018.

Further areas of improvement include:

- A positively improved safeguarding culture amongst health services leaders.
- Interface of adult safeguarding referrals and Childrens services.
- Young people over 16 and up to 18 given the choice of whether to be seen in paediatric ED or Adult ED.

### 3. BACKGROUND

Working Together to Safeguard Children 2018<sup>1</sup>, sets out the statutory framework and the legislation relevant to safeguarding and promoting the welfare of children for all organisations and agencies who have functions relating to children. While the Childrens Act 1989<sup>2</sup> places a duty on local authorities to take the lead role and meet this requirement in relation to children in need in their area, safeguarding children and young people and protecting them from harm is everyone's responsibility. The Children Act 1989 was amended in 2004 and sets out the statutory responsibility for key agencies under Section 11.

Section 11 of Children Act 2004<sup>3</sup> places duties on a range of organisations and individuals to ensure their functions and any services they contract out to others are discharged having regard to the need to safeguard and promote the welfare of children. NHS organisations are subject to Section 11 as health professionals are felt to be in a 'strong position to identify welfare concerns' and have 'a critical role to play in safeguarding and promoting the welfare of children' (Working Together 2015).

Hull and East Yorkshire Hospitals NHS Trust (HEYHT) is an NHS organisation that provides acute and specialist health care to children. It works in close partnership with local health providers such as City Health Care Partnership, Humber Teaching NHS Foundation Trust and the Hull and East Riding Clinical Commissioning Groups. The Trust Safeguarding Children's services works closely with Children's Social Care and the Police.

The Trust is a member of the two local Safeguarding Children's Boards in Hull and East Riding. During 2017/18, attendance of the Trust representatives at both was satisfactory and attendance at the subgroups for both Local Safeguarding Children's Boards (LSCB's) has improved.

The strategy of HEYHT, in line with the two LSCBs and partner agencies is to ensure Trust staff are provided with the skills, support and reporting mechanisms in order that they can fulfil their section 11 responsibilities and recognise safeguarding concerns, escalate and report these appropriately, sharing information with other agencies in a timely manner.

HEYHT contribute to all local Child Death Reviews, Serious Case Reviews and Lessons Learned where they have had contact with a child and/or their family . Recommendation and actions from these reviews are monitored through the Trust Safeguarding Committee.

The Trust for 2017/2018 has remained compliant with the requirements for the statutory Named Professional Posts despite there being a significant change in the persons employed

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<sup>1</sup> HM Government. Working together to safeguard children - A guide to inter-agency working to safeguard and promote the welfare of children, July 2018.

<sup>2</sup> The Childrens Act 1989 – Government Legislation, Parliament of the United Kingdom

<sup>3</sup> The Childrens Act 2004 – Government Legislation, Parliament of the United Kingdom

in these roles. The Named Doctor role was covered by Doctor Michelle Cutland from April - July 2017 and Dr Chris Wood (the local area Designated Doctor) as Interim Named Doctor from July 2017 to the present date. Recruitment to the Named Doctor post has proved difficult despite numerous attempts. Due to the specialist nature of the role, this is recognised as not just a local problem and efforts continue to recruit to the Named Doctor post. The Named Nurse Mrs Sandra Park has remained in post. The Named Midwife role was covered by Mrs Zoe Dale from April to August 2017 when the post was advertised. During the interim period the role was covered by the Named Nurse with specialist support from maternity services until Named Midwife Mrs Patricia Darley was recruited to the role in January 2018.

The Safeguarding Children service remains under the leadership of Assistant Chief Nurse/Safeguarding Lead, Miss Kate Rudston. The Trust Executive Director Lead for safeguarding is Mr Michael Wright, Chief Nurse.

The Trust Safeguarding Childrens Service continues to work with Hull and East Riding of Yorkshire partners to meet the challenges of the wider safeguarding agenda by contributing to Learning Lessons reviews (LLR's), Serious Case Reviews(SCR's), Joint Targeted Area Inspections (JTAI's) and Care Quality Commission (CQC) and Ofsted Inspections

Despite the challenges that have faced the Trust in 2017/2018 the Trust has continued to deliver a safe service. There have been no reported concerns about the Safeguarding Children service or the Anlaby Suite with regards to Section 47 Child Protection Medicals. The NHS Hull Clinical Commissioning Group remains satisfied with the general Safeguarding Children service and compliance with safeguarding children training. No contract notices have been received regarding the Safeguarding Children's service.

The term "children" within the *Working Together to Safeguarding Children* (2018) document, and the Children's Act of 1989 and 2004 respectively, define that "a child is anyone who has not yet reached their 18<sup>th</sup> birthday". Therefore, the term 'children' means 'children and young people', throughout this report.

#### 4. LOCAL CONTEXT

Hull and East Yorkshire Hospitals NHS Trust (HEYHT) is a large acute Trust situated in Kingston upon Hull and the East Riding of Yorkshire. The Trust employs over 8000 staff (headcount) and delivers its services on two main sites; Castle Hill Hospital and Hull Royal Infirmary. Outpatient services are also delivered from across locations across the local health economy area. The Trust provides a full range of urgent and planned general hospital specialities, routine and specialist diagnostic services and other clinical support services. These secondary care services are provided to a catchment population of approximately 600,000 in the Hull and East Riding of Yorkshire area.

The local care system served by the Trust centres on the City of Kingston Upon Hull, its suburbs and the surrounding East Riding of Yorkshire, a rural area containing a number of market towns.

Hull is a geographically compact city of approximately 270,000 people. It was identified as the 3rd most deprived local authority in England in 2015 (Index of Multiple Deprivation, Department of Communities and Local Government). The health of people in Hull is generally worse than the England average, with life expectancy for both men and women being lower than the England average.

The East Riding of Yorkshire is predominantly a rural area populated by approximately 342,000 people. The geography of the East Riding makes it difficult for some people to access services. Life expectancy for men is higher than the England average. A larger proportion of the East Riding population is over 65 years of age compared to Hull. Whilst the ethnicity of the two populations is predominantly white, Hull has a higher percentage of residents who are either South Asian, Black, mixed race, Chinese or other origin.

Although the two local authority areas are very different in their patient populations, health profiles, geographical landscape and distribution, common themes have emerged in respect addressing health inequalities, prevention and management of long term conditions. The higher incidence of deprivation in Hull and the ageing and increasing population of the East Riding requires the Trust to tailor its services to meet the needs of these two very different patient populations.

From a Safeguarding Children perspective, the local landscape and population is an increasing challenge and in particular with rates of abuse, neglect and harm which are closely linked with deprived areas. The increase in the ethnic minority population is also a challenge for Safeguarding Children due to the cultural traits and behaviour which meet the thresholds for safeguarding in both children and adults. Examples of this would be Female Genital Mutilation, Domestic Abuse and Prevent (the Governments agenda on anti-terrorism and preventing vulnerable people from being radicalised).

## **5. MANAGEMENT AND ORGANISATIONAL ARRANGEMENTS**

### **5.1 THE ANLABY SUITE**

The Anlaby Suite provides dedicated facilities for the provision for undertaking Section 47 Child Protection medical examinations (S47 Medicals). Referrals for S47 Medicals are received from the Police and Child Social Care Services. S47 Medicals are requested when there is suspicion of, or actual harm, abuse or neglect that has occurred to the child or young person. The S47 Medicals are undertaken by a trained Consultant in the Trust and the reports are submitted to the lead agencies for review. These are used to inform the evidence for court and care proceedings and/or criminal charges against the perpetrator/s.

There is agreement with both Hull and East Riding Local Safeguarding Children Boards that the Anlaby suite and the Trust practitioners provide this service locally. The service is provided Monday to Friday (excluding bank holidays) and usually 8.30am to 4.30pm although this is flexible depending on the circumstances and urgency of the S47 Medical. Outside of these hours, there is an agreement that the Police and Children's Social Care can request a S47 Medical via the General Paediatric Consultant although this is only in circumstances when it cannot wait and is deemed in the best interest of the child or young person and in cases of injury in non-mobile babies. The Safeguarding Children's Team support the administrative function of the Section 47 Medicals. The governance around Section 47 Child Protection Medical processes improved from 1<sup>st</sup> April 2017 with the introduction of a database which is auditable and with performance indicators should these be requested by regulators or contract commissioners.

The Anlaby Suite is also used as a facility by the Police as an interview area for vulnerable witnesses. Out of hours, the Suite is available as a facility for children, young people and adults who require examination and/or interviews following actual or alleged sexual assault. The Anlaby Suite is furnished with fixtures and fittings intended to meet the required forensic standards for a sexual assault referral centre (SARC), as well as maintaining a child friendly environment.

A recommendation for 2017/2018 report was to review the estates and facilities of the Anlaby Suite in line with the Trust's Capital and Estates strategy, with a view to developing a clear plan for relocation. This work has been completed. The new Anlaby Suite facility was opened in October 2018 on the Hull Royal Infirmary site close to the Women and Children's Hospital, urgent care services, and support services.

The Anlaby Suite continues to be the base for the Trust's Safeguarding Children's Team including the Named Nurse for Safeguarding Children, Named Midwife and Interim Named Doctor for Safeguarding Children.

## **5.2 SAFEGUARDING TEAM STRUCTURE**

*The Working Together to Safeguard Children 2018* document states that all providers of NHS funded health services including NHS Trusts, NHS Foundation Trusts and public, voluntary sector, independent sector and social enterprises should identify a named doctor and a named nurse (and a named midwife if the organisation provides maternity services) for safeguarding.

Named practitioners have a key role in promoting good professional practice within their organisation and agency, providing advice and expertise for fellow practitioners, and ensuring safeguarding training is in place. They should work closely with their organisation's/agency's safeguarding lead on the executive board, designated health professionals for the health economy and other statutory safeguarding partners. The requirements for statutory and lead roles are also referenced in the *Safeguarding Vulnerable People in the Reformed NHS Accountability and Assurance Framework 2015*.

The Trust is compliant with the requirements for the statutory posts and the team consists of the following:

- Named Doctor for Safeguarding Children (7 pa's per week)
- Named Nurse for Safeguarding Children (1 x WTE B8a)
- Named Midwife for Safeguarding Children (1 x WTE B7)
- Safeguarding Educator/Safeguarding Supervision Co-ordinator (1 x WTE B6)
- Safeguarding Children Practitioners (2 x WTE B6)
- Administrator for S47 Child Protection Medicals (1 x WTE B5)
- Management Assistant (1 x WTE B3)

## **5.3 ROLES & RESPONSIBILITIES**

The Safeguarding Children's team provides specialist advice, support and supervision pertaining to the safeguarding of children and young people to HEYHT staff. Additional child protection support and advice is available via the on-call consultant paediatrician so that there is 24 hours, 7 days a week cover.

The Named Doctor works closely with the Named Nurse and Named Midwife to support the wider safeguarding agenda and ensure that Trust staff feel supported and empowered to act on their safeguarding concerns. To support the wider 'Think Family' approach the Named Nurse and Named Midwife have established robust communication processes with the Trust Adult's Safeguarding team for activity and cases that involve children and adults.

The Safeguarding Children's Team and Named Leads continue to be responsible for the following key duties:

1. Medical examinations under Section 47 Children Act 1989 in partnership with the Local Authorities Children's Social Care (CSC) services and the Police.
2. Advice and support (safeguarding supervision) to staff members in relation to safeguarding children and young people matters presenting within the Trust.
3. Training of Trust staff and to contribute to the training resources across the local health partnership and to pre-registration nursing and midwifery training.
4. Administration of safeguarding children activities within the Anlaby Suite.
5. Compliance with regulatory standards in relation to Safeguarding Children and Young People.
6. Compliance with LSCB's policies and procedures including information sharing and good partnership working across agencies.
7. Compliance or working towards compliance of Commissioner contracts as per annum.
8. Participation in Serious Case Reviews and Serious Incidents, reports and ensuring the actions from learning lessons are implemented and embedded.
9. Review of all Safeguarding Children's referrals and incidents involving children and young people occurring in the Trust.
10. Reporting on all activity and items for escalation to the Trust Safeguarding Committee.
11. Providing leadership on the Safeguarding children and young people's agenda.
12. Advising the Trust's Safeguarding Lead and Chief Nurse on any impending or likely changes that will impact on the Safeguarding Children and young people agenda and activity.

The list above is not exclusive but demonstrates the key areas of work.

Since Dr Cutland, the Named Doctor for Safeguarding Children left the Trust in August 2017, there have been attempts to recruit to this post. Due to the nature of the post and limited interest, the Named Doctor role remains vacant, however the role is temporarily covered, with support from colleagues, by Dr Chris Wood, who is also the area Designated Doctor and the Clinical Lead for Paediatrics in the Trust. Further support is available and accessed from the Consultant Paediatrician on call particularly during out of hours.

In February 2018, two new doctors commenced work in the Trust to support the Anlaby Suite for Child Protection Medicals including sexual assault assessments, one by working in the service and one by backfilling a paediatrician to allow increased availability to work in the service. The doctors require some further training in this field so that they are able to undertake the full range of duties by 2018/2019, depending on the exposure and ability to shadow other doctors for cases.

The Trust is required to have a Senior Designated Officer (SDO), who manages allegations against staff for safeguarding children concerns. This role is held by the Assistant Chief Nurse/Safeguarding Lead who has implemented a number of changes to improve the governance of the role. The Trust's Policy has been revised to reflect this and includes include both adults and children. In the absence of the Assistant Chief Nurse/Safeguarding Lead, the SDO role is covered by the Chief Nurse, Mr Michael Wright.

The role of the SDO is to ensure that safeguarding allegations that are raised against Trust staff are managed according to the LSCBs policies and procedures.

#### **5.4 CHILD SEXUAL ABUSE ASSESSMENT SERVICE (CSAAS)**

HEYHT has continued to be commissioned by NHS England during 2017/2018, to provide a Child Sexual Abuse Assessment Service (CSAAS) for the Humberside Police area i.e. East Yorkshire, Hull, North Lincolnshire and North-East Lincolnshire, for children and young people under the age under 16 years and for 16 to 17 year olds with vulnerabilities. The CSSAS covers core hours with the weekend and bank holiday cover provided by Sheffield Children's Hospital and Mountain Health care in Dewsbury. Professionals undertaking the assessments are trained specifically to undertake this role.

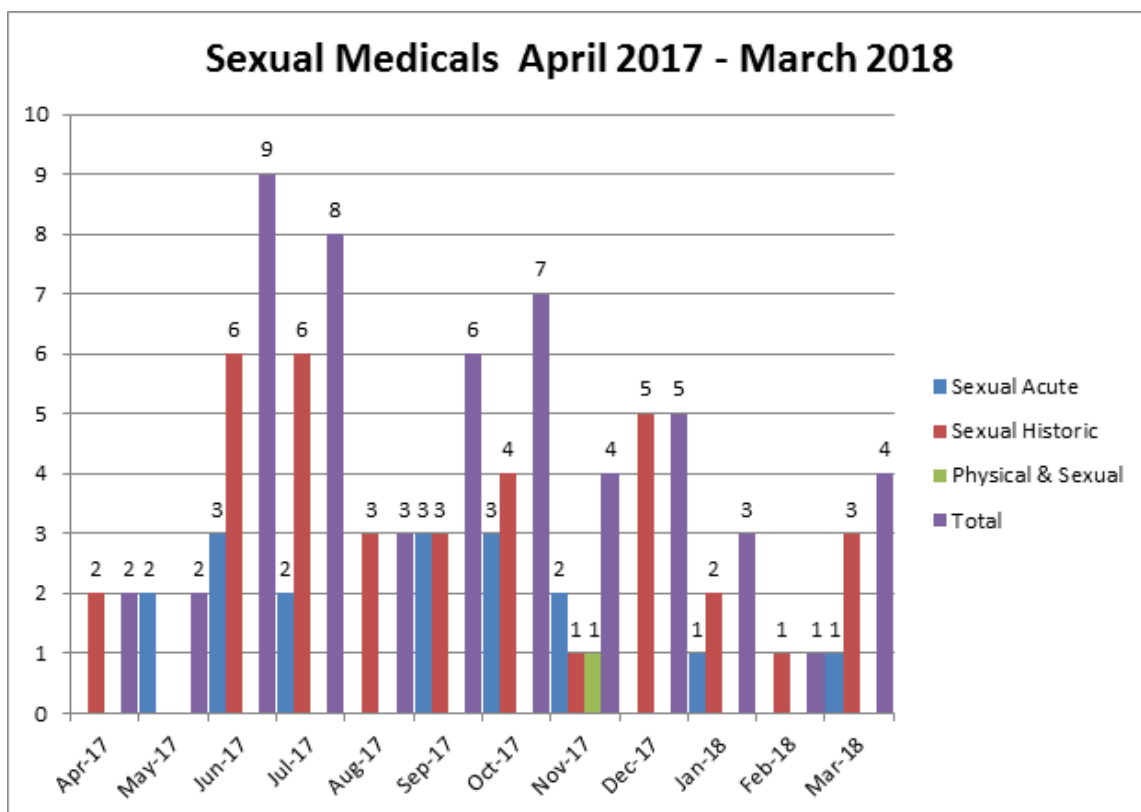
Quarterly data performance reports i.e. SARC-IPS and Management Information (MI) are submitted to NHS England by the Named Nurse and Lead CSSAS nurse using the NHS England's report template and they inform the quarterly contract meeting to review service provision and activity. This meeting is attended by the Assistant Chief Nurse, senior contracts manager, the Named Doctor and the Named Nurse.

The service continues to provide medical and forensic assessment for sexual abuse at the request of the local Children's Social Care department and Humberside Police, offering holistic medical and nursing support, emergency contraception, post exposure prophylaxis for HIV and screening and treatment where necessary. Assessment also supports identification of those at risk of self-harm or Child Sexual Exploitation. Information and evidence is gathered to assist the Children's Social Care service and the Police in the investigation of possible abuse.

Professionals completing the assessments are trained specifically to undertake this role. During the period 2017/2018, after Dr Cutland had left the Trust in July 2017, concerns were raised by NHS England about the ability of the Trust to provide sufficient medical coverage of the CSAAS in line with contract specifications. The main area of concern was the provision of Doctors that are trained to see children who require this service. There have been several unsuccessful attempts to recruit to this post. Due to the nature of the post and limited interest, the Named Doctor role is covered, with support from colleagues, by Dr Chris Wood, who is also the area Designated Doctor and the Clinical Lead for Paediatrics in the Trust. Dr Wood currently undertakes the majority of child sexual assault examinations and continues to flex his workload so that assessments are undertaken as requested by Social Care and the Police in a timely manner.

In addition NHS England also felt that the service would be significantly improved with a specific CSAAS manager. The Trust has reviewed the CSAAS manager/Lead nurse role and the majority of the responsibilities are covered under the current structure. However, it is acknowledged that a CSAAS lead nurse role would be beneficial in managing the overall governance of the unit and in particular interface with external stakeholders. The Lead nurse role is currently being developed with consideration being given to ensuring sufficient capacity remains in the safeguarding children team to support the Trust safeguarding activity.

Links with local sexual health services, local Children and Adolescents Mental Health Service (CAMHS) services and local Children's Independent Sexual Violence Advisers (ISVAs) via the Police and Crime Commissioner Office for Humberside provides ongoing support of child victims as necessary.



**Figure 1:** CSAAS activity for 2017-2018

## 5.5 INTERNAL GOVERNANCE

The Trust has an overarching Safeguarding Children Policy that sets out the standards and requirements when dealing with safeguarding issues or concerns (CP 278). The Policy is supported by procedures, protocols and guidelines. All of the documents are underpinned by the LSCBs Policies and Procedures. All are available on the Trust's intranet for Safeguarding Children.

The overall accountability for Safeguarding in the Trust is the Chief Executive. The delegated Executive Director responsible for Safeguarding is the Chief Nurse with the Assistant Chief Nurse undertaking the role as Safeguarding Lead. The Named Nurse reports directly to the Safeguarding lead, but also has a direct professional line to the Chief Nurse.

Safeguarding activity is monitored within HEYHT through the Safeguarding Committee, which meets monthly. The Safeguarding Children report is presented monthly detailing activity and items for discussion and consideration. The Safeguarding Committee report to the Trust's Operational Quality Committee and escalates issues by exception when required.

Since April 2017 the Named Nurse reviews all reported incidents (DATIX) within the Trust related to children to ensure there are no missed safeguarding issues and the risk rating for each incident is appropriate. Serious Incidents (SI's) may be declared internally to the Trust or externally by the designated safeguarding professionals. All SI's relating to children in 2017/2018 were shared with the Safeguarding Lead for a safeguarding overview. If a SI has a child or midwifery element then the SI is sent to the Named Nurse to determine if there are any safeguarding issues.

All Serious Case Review's (SCR's) and SI reports are reviewed, quality checked and signed off by the Safeguarding Lead or a Senior Manager/Director before leaving the organisation.

## 5.6 EXTERNAL GOVERNANCE

HEYHT was represented 2017/2018 on the Hull and East Riding Safeguarding Children's Board (HSCB) by the Assistant Chief Nurse/Safeguarding Lead.

In addition, HEYHT is represented on LSCB's sub committees by the Named professionals and staff working within the Safeguarding Children Team. The LSCBs monitor HEYHT's safeguarding performance through:

A self-assessment of Safeguarding Children arrangements: known as a Section 11 Audit\* are completed on a minimum of 3 yearly basis but usually annually as requested by the local LSCBs. The Section 11 audit was last submitted to East Riding Safeguarding Children's Board in March 2018. Submission was accompanied by the requirement to attend a Challenge Panel event with Board members and the agency in April 2018. The ERSCB held a Challenge Panel with the partners of the Board and HEYHT was represented by the Named Nurse and Assistant Chief Nurse. Feedback was positive by the Board Chair and Manager on the work undertaken and planned with regards to the Section 11 requirements.

*\*Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.*

The Trust is also monitored and/or inspected by the following agencies with regards to Safeguarding Children arrangements:

- Ofsted – Ofsted is been responsible for inspecting the Local Authorities and their Partner Agencies in relation to their Safeguarding Children and Looked after Children arrangements. HEYHT was last inspected in June 2011.
- NHS England and the Care Quality Commission (CQC) – CQC monitor and review the Safeguarding Children Standards of the Trust. The Trust was inspected in January 2017 (as part of the NHS Hull CCG inspection) and a number of recommendations were identified for Safeguarding Children. The CQC inspection in June 2016 identified a number of areas of concern regarding Safeguarding Children and these actions have already been completed 2017/2018 or are on track for delivery in 2018/19.
- NHS Hull Commissioners – As part of the Quality Contract with the Trust Commissioners, the Trust has a number of key performance indicators for Safeguarding Children and Adults. The Trust delivered the majority of the performance for 2017/2018 with agreed indicators carried forward to 2018/19. There is no financial target attached to the key performance indicators. The Assistant Chief Nurse/Safeguarding Lead attends the bi-monthly Quality Delivery Group meetings with the Commissioners and receives any questions regarding safeguarding from the Contract Monitoring Board to which the quarterly reports are submitted. This was established in 2013 and has proved to be a positive link with the Commissioners and enabled the Safeguarding agenda to be discussed, challenged and supported.

## 5.7 SERVICE USER AND STAKEHOLDER FEEDBACK/INVOLVEMENT

The Anlaby Suite staff actively promotes feedback from all service users and Stakeholders i.e. children, parents/carers, police and local authority staff, who access the service. During the period of 2017/2018 the feedback was strongly positive across all service users and stakeholders. Engagement in this process can be limited by the sensitivity of the case, however all feedback is used to develop improved communication pathways and service improvement specifically service user experience. Actions for 2018/2019 are:

- To develop and deliver awareness training to partner agencies to promote a wider awareness of the service offered by the Anlaby Suite and the service is accessed.
- To develop a service user leaflet/document that can support those that attend the service including what to expect and information relating to referrals to other services.

As part of the CSSAS contract a quarterly feedback report is submitted to NHS England and monitored through the quarterly contract meetings.

## 6. TRAINING AND DEVELOPMENT

### 6.1 SAFEGUARDING CHILDREN TRAINING

Training and education of staff for Safeguarding Children continues to be a high priority for HEYHT. In the 2017/2018 HEYHT remain compliant at over 80% across the 4 levels of safeguarding children training.

Intercollegiate level of training	Number of HEYHT staff requiring this level of training	Current compliance (%) Target 80%
Level 1 (Basic)	2971	91.6%
Level 2 (Intermediate)	5325	85.8%
Level 3 (Advanced, multi-agency)	719	91.2%
Level 4/5	5	100 %
Threshold	719	27.1%

Figure 2: Compliance rates at 31<sup>st</sup> March 2018

In addition, the Hull Safeguarding Children Training Board Threshold training was made available to Trust staff starting in 2017, and is available on HEY 24/7 to all those staff that are required to train at level 3.

Compliance with Threshold training is improving on a monthly basis with a 3 year plan to achieve over 80% compliance by 2020.

The compliance with Safeguarding Children Training is monitored closely by the Training and Education department, the Named Nurse for Safeguarding Children and the Assistant Chief Nurse. Training data is submitted monthly to the Trust Safeguarding Committee so that any areas of concern are reviewed and actions agreed if required.

Mandatory Consultant training is also delivered 10 times a year and all Trust Consultant staff must attend every 3 years. This training in 2016/2017 included:

- Safeguarding Childrens Update on lessons learned from Serious Case Reviews
- Hot topics

- Dissemination of information, relevant guidance
- Signposting to additional training and local advice and support.

The Safeguarding Children trainer also works with health partners from Hull and East Riding of Yorkshire, North Lincolnshire and Goole and North East Lincolnshire to support and deliver a safeguarding children training package to University of Hull Nursing and Midwifery students.

## 6.2 SAFEGUARDING SUPERVISION TRAINING

In 2017/2018 Safeguarding Supervision training has been further developed, as part of the training partnership with the local health provision, (City Health Care Partnership and Humber Teaching NHS Foundation Trust). The first joint session has been delivered, feedback from this session was very positive, with comments being used to further develop the training. Additional sessions within the health partnership has been arranged and advertised on the individual agencies training portals. In house supervision training continues to be offered. All training is available on the Trust Intranet site.

## 7. MANAGING INDIVIDUAL CASES/ ACTIVITY

### 7.1 REFERRALS TO SOCIAL CARE

Following the CQC inspection in January 2017, the safeguarding team revisited its process of ward rounds and paediatric liaison within the Trust. This resulted in a more detailed and supportive approach and continuation of the daily ward rounds on paediatric and maternity service areas extending this into paediatric outpatient areas and Neonatal Intensive Care Unit. This has also been introduced by the Named Midwife in maternity service.

In 2017/2018, the number of referrals to Children's Social Care continued to increase which is likely to be due to the increase in staff awareness of Safeguarding Children processes.

However, further work needs to be undertaken to audit the quality of referrals and to work with the Local authority to improve communication in relation to the outcomes of these referrals.

Number of referrals made to Children's Social Care Teams by staff group	2015-16	2016-2017	2017-2018
HEYHT Midwives (both hospital and community)	490	586	528
HEYHT staff (not including midwives)	286	409	475
Total number of referrals made	776	995	1003

Figure 3: Number of safeguarding Children referrals - 3 year comparison.

## 7.2 CHILD PROTECTION MEDICALS

The following table illustrates the number of S47 Child Protection Medicals carried out during office hours within the Anlaby Suite over the last 3 years. In total, there were 131 medical examinations carried out 2017-2018, which remains relatively stable.

Examination	2015-2016	2016-2017	2017-2018
Sexual Abuse	49	62	54
Physical Abuse	53	47	56
Neglect	21	15	8
Other	0	0	7
Follow up/ Outpatient	24	16	6
<b>Total</b>	<b>147</b>	<b>140</b>	<b>131</b>

Figure 4: Number of child protection medicals with reason for attendance

The figures in the previous table includes; follow ups and other Anlaby Suite activity, including FGM medicals and Sexual Transmitted Infection (STI) screening in under 13 year olds.

## 7.3 CHILD DEATHS

The Named Nurse and the Named Doctor act as the central point within the Trust for the notification and subsequent sharing of information with other agencies in regard to child deaths. Access to a Designated Doctor for Child Deaths is a requirement for every LSCB as part of the Child Death Review process. Dr Mary Barraclough, Consultant Paediatrician at HEYHT carries out this role.

The Child Death Overview Panel (CDOP) collates information in relation to the number of child deaths locally and their categorisation as either expected or unexpected. HEYHT provides reports to the CDOP's and as a member of Hull and the East Riding Safeguarding Children Boards. The CDOPs provide annual reports, which HEYHT receive.

## 8. SAFEGUARDING SUPERVISION

In 2017/18 the Safeguarding Supervision coordinator has continued to strengthen the safeguarding supervision process by conducting a review of resources and capacity needed for all staff, including maternity services, to receive planned safeguarding supervision regularly commensurate with their role and workload. This is particularly relevant within maternity services. A full review of the Safeguarding Supervision Policy was undertaken alongside an operational review of the implementation of safeguarding supervision in practice. The Safeguarding Supervision policy sets out a model of supervision differentiating between groups of staff i.e. case-load holders ward based staff, rotational staff and ward/area managers. It takes into account their roles and responsibilities in relation to unborn children, children and their families.

There has been an increase in the numbers of staff enrolling on safeguarding supervision training. A practitioner from the Safeguarding Children Team visits the paediatric and maternity wards daily to give staff access to daily ad-hoc supervision.

Planned group supervision for senior paediatric staff has now been established, with a member of the safeguarding children team delivering this supervision. Safeguarding supervision uptake, both ad hoc and group, from maternity services has increased and there are planned sessions for the remaining areas which have not yet accessed supervision.

HEY NHS Trust has an overall 95% compliance with safeguarding supervision for caseload holders, specifically paediatric and midwifery caseload holders. For planned group supervision there is an overall compliance that requires improvement. It is expected that there will be an increase in planned group supervision within paediatrics as there are now further study days planned.

## **9. SAFEGUARDING CHILDREN**

### **9.1 EHASH (Early Help and Safeguarding Hub)**

Both Hull and East Riding Local Authorities operate an EHASH team for all safeguarding children and early help referrals. The EHASH in East Riding has remained the same with little change. The Safeguarding Children Team attends the Hull EHASH Operational Management Group meeting to support improved communication and feedback in relation to safeguarding referrals.

### **9.2 MENTAL HEALTH**

Work has been completed to review the communication processes between Child and Adolescent Mental Health services (CAMH's) and the Trust, where a young person with a mental health care plan is receiving care within the Trust. This included the review of the transfer of care process and improvements to documentation for children in the Trust in relation to safeguarding concerns.

A database has been set up by the Safeguarding Children Team to collate data relating to children and young people who attend the hospital via the Emergency Department with Self-harm. This data is submitted to the Safeguarding committee for review and the 2017/2018 was also shared with the ERSCB.

### **9.3 CHILD EXPLOITATION including County Lines and Missing Children**

Raising awareness of Child Sexual Exploitation (CSE) with staff employed within the Trust is an important area of work for the safeguarding children team. Safeguarding Children Training has been written to include this as a subject area. A CSE assessment tool for Trust staff was developed 2017/18 and is available in the Emergency Department and paediatric wards, to support assessment and referral of children at risk of CSE. This was key priority for the Trust in 2017/18. However, there is national recognition that the area of Child Exploitation is much wider than sexual exploitation and includes criminal exploitation across County Lines. There are also strong links with those children vulnerable to this form of exploitation and episodes of children being reported missing.

The Named Nurse attends the strategic group meetings with the Hull Safeguarding Children Board and the East Riding Safeguarding Board that address exploitation, missing and trafficked children. A practitioner from the safeguarding team attends the operational meetings.

## **10. MIDWIFERY**

### **10.1 Female Genital Mutilation / multi-agency pathway**

2017/2018 has seen the continued development of service provision around FGM. A programme of training has been completed to ensure that all maternity staff are knowledgeable and confident in asking about FGM. In practice this is reflected in the identification and referral of cases of FGM, with maternity being the main source of referral for new cases in the Trust.

The safeguarding children referral pathway for pregnant women who have had FGM is in the process of being reviewed. Part of this review will be to introduce a risk assessment tool as recommended by the DOH (2016). This will be completed in all cases where the woman has disclosed she has been cut and/or their partner or parents come from a community where cutting is practised.

Introduction of the assessment tool will ensure there is consistency in the identification of risk or potential risk. Multi agency meetings continue to occur bi-annually to review all aspects of patient care physical, mental, safeguarding and make recommendations for practice. The Named Midwife (FGM lead) feeds back information from this group to the wider partnership meeting which includes Childrens Social Care, Specialist Public Health Services and the Police.

Notification of new cases of FGM to the Health and Social Care Information Centre (HSCIC) is now embedded in the electronic records. This is helping to ensure all notifications are completed in a timely manner with a report attached to Lorenzo.

### **10.2 DOMESTIC ABUSE**

During 2016/17, as part of the work to improve communication between agencies, Humberside Police share information with the Trust for all pregnant women involved in a domestic abuse incident. This information is sent to the community midwives via the Safeguarding Children Team to ensure that they are aware of the recent issue and the level of concern regarding the domestic abuse. The Trust also provides and receives information to the Multi-Agency Risk Assessment Conference (MARAC). The MARAC is a monthly risk management meeting where professionals share information on high risk cases of domestic violence and abuse and put in place a risk management plan. Currently, the process for sharing this information is generally paper based in Maternity services but the transfer to Lorenzo will enable information to be recorded within the electronic patient record. This system is already in place for Safeguarding Adults.

The Specialist Nurse for Adult safeguarding is leading the development of a Domestic Abuse Strategy for the Trust, supported by the Named Nurse and Midwife.

### **10.3 CARING FOR VULNERABLE WOMEN**

The Vulnerability Risk Assessment Toolkit for pregnant women is now being used by all midwives to assist in their assessment and identification of those women and their families who require additional support and service delivery. The assessment helps the professional(s) to ensure that the woman is placed on the correct pathway and receives the appropriate support and intervention based on their individual circumstances.

The toolkit has now been in practice for two years and is currently under review by the Trust Named Midwife and specialist Midwife for Women with Vulnerabilities as a part of a wider

safeguarding partnership review of Local Authority and primary care services. As part of this review an audit of maternity referrals made to Children's social care was undertaken. The results of this audit identified several areas of the vulnerability assessment process requiring change.

- Midwives should complete assessments in accordance with LSCB'S thresholds guidance and their assessment rather than making referrals based on a checklist.
- Frequent attenders added as a vulnerability factor to the Trust guidance and toolkit.
- Midwives trained to routinely use electronic records for adding safeguarding alerts and safeguarding information.

The Named Midwife monitors the quality of midwifery referrals, assessment and documentation using case by case supervision and mandatory midwifery training days to support improvements in practice.

There are improved links in place with perinatal services and RENEW drug and alcohol services. The Specialist Midwife for Women with Vulnerabilities meets monthly with these services to review maternity cases which are open to their service. This information is then recorded in the electronic records. Safeguarding supervision takes place with the Named Midwife to ensure these cases are regularly reviewed.

#### **10.4 MODERN DAY SLAVERY**

The Named Midwife is a member of the Humber Modern Slavery Partnership and attends regular meetings and cascades this information through safeguarding supervision with the senior maternity management team. Links have also been developed with the project lead for 'Ashiana' in Hull. This new project works with women who are victims or potential victims of modern day slavery, human trafficking and sexual exploitation. Discussions are taking place regarding a joint training programme for the Midwifery teams. Feedback and key actions are fed into the Trust Safeguarding Committee.

### **11. SERIOUS INCIDENTS/SERIOUS CASE REVIEWS**

#### **11.1 SERIOUS INCIDENTS**

Following a review in 2017/2018 in of the reporting of SI's that relate to children into the Safeguarding Committee It was decided that only cases that are reported as an SI where a child has been abused or neglected or the child has died or been seriously harmed will be included in the safeguarding children monthly reports to the Safeguarding Committee. Cases can be reported as an SI by the Trust or reported on STEISS by a Designated Nurse for Safeguarding Children

In 2017/2018, there was one Serious Incident's (SI's) declared by the Trust in relation to a children who tried to harm herself whilst in the Trust care. This report has been shared with the Assistant Chief Nurse and Hull NHS CCG for a safeguarding review.

In addition to the SI's declared within the Trust, two SI's were declared to NHS England by the Designated Nurse Safeguarding Children Hull CCG. One of these cases was child who accessed our service after being harmed however the Trust are not part of the SCR process as the safeguarding activity is related to primary care services. The second case was reported as an SI following notification by police that they have reopened case that had initially been discussed through the CDOP process. This case is now being reviewed as a Serious Case Review.

## 11.2 SERIOUS CASE REVIEWS/ LESSONS LEARNED REVIEWS

The Trust has participated in four Serious Case Reviews (SCR's) in 2017-2018 and two Lessons Learned Review (LLR) across Hull and East Riding. HEYHT contributes to the process in relation to its contacts with the child and their family. The level of involvement in the review process varies on a case by case basis ranging from a scoping exercise to the completion of an agency report with recommendations and actions for HEYHT. Updates on the progress of these reviews are reported monthly into the Safeguarding Committee

All Serious Case Review's (SCR's) and SI reports are reviewed, quality checked and signed off by the Safeguarding Lead or a Senior Manager/Director before leaving the organisation.

The Named Nurse and Named Midwife, supported by the Assistant Chief Nurse/Safeguarding Lead, take lead responsibility for recommendations, actions from SCR's and LLR's and support the implementation of changes in practice. Progress against Serious Case Review recommendations are reviewed and monitored by the LSCB's. The Trust is on track with the delivery of actions associated with these reviews.

## 12. KEY ACTIONS for 2018-2019

The Trust has identified a number of actions required to strengthen the Safeguarding Children's service. Actions are determined from internal practice and review, regulatory inspections, commissioning requirements, Safeguarding Children's Board activities and from the lessons learnt from Serious Care Reviews. A summary of work planned for 2018/19 is as follows:

- Improve the quality of referrals to Children's Social Care.
- Continue to strengthen the Safeguarding Supervision Process within the Trust to ensure that all Trust staff who have a safeguarding concern can access planned and/or ad-hoc safeguarding supervision. This includes a review of resource and capacity for safeguarding supervision within maternity services.
- Continue to raise awareness and assessment/identification of children that access Trust services and who may be at risk of Child Sexual Exploitation.
- Support the Domestic Abuse work and lead on items specific to children's and maternity services.
- Review of the staffing resource/capacity and safeguarding activity in the safeguarding team.
- The communication process between Child and Adolescent Mental Health services (CAMHS) and the Trust have been reviewed in 2017/2018. Further work is required to ensure that, where a young person with a mental health care plan is receiving care within the Trust, there is a clear plan of care documented within the records to ensure their safety while they remain in the care of Trust services.
- Continue to develop the governance, pathways and Quality Assurance process for the Child Sexual Abuse Assessment Service (CSAAS).

Two areas of work that have been previously been completed in 2016/2017 have been reviewed and re-evaluated against National Guidance. These now require further development in 2018/2019 to ensure the Trust is effectively working with local safeguarding partners and are compliant with national guidance.

- The Vulnerability Pathway for Women with Complex Social Factors who access the Trust's maternity services is being reviewed in partnership with the Local Authority Children's Services and primary care provider services to ensure that those women

requiring early help/additional support and further assessment are identified early in pregnancy to promote health and wellbeing and improved outcomes.

- Female Genital Mutilation (FGM) - The referral pathway for women who have had FGM implemented in 2016/2017 is being reviewed. Part of this review will be to introduce a risk assessment tool as recommended by the DOH (2016).

## **REPORT END**

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