Kingston Clinical Commissioning Group
Safeguarding Children Annual Report

April 2017 – March 2018
Contents

1. Introduction .........................................................................................................................3

2. National Context ................................................................................................................3

3. Local Context .....................................................................................................................5

4. Kingston Borough safeguarding activity ...........................................................................5
   4.1 Children subject to a child protection plan .................................................................5
   4.2 Child in Need ................................................................................................................5

5. Safeguarding Monitoring of Providers .............................................................................7
   5.1 Your Healthcare CIC Provider ....................................................................................8
   5.2 Kingston Hospital Foundation Trust ............................................................................8
   5.3 Maternity- The Bridge Team ........................................................................................12
   5.4 South West London and St George’s Mental Health Trust .............................................11
   5.5 Supervision ..................................................................................................................14

6. The Local Children Safeguarding Board (LSCB) ..............................................................14

7. Child Death Overview Panel .............................................................................................15

10. Outcome for Looked After Children ..............................................................................15

11. Serious Case Reviews/ Learning Lessons Review ...........................................................15

12. Governance and Accountability .......................................................................................16
   12.1 Leadership Roles and Accountability .........................................................................16

13. Quality Performance Monitoring ....................................................................................17

14. Kingston CCG safeguarding activity and development ..................................................17
   14.1 Section 11 Audit (Children Act 2004) .........................................................................17
   14.2 CCG GP TeamNet ......................................................................................................18
   14.3 Multi Agency Safeguarding Hub (MASH) ..................................................................18
   14.4 Female Genital Mutilation ..........................................................................................18
   14.5 Child Sexual Exploitation .........................................................................................19
   14.6 Domestic Abuse .........................................................................................................19
   14.7 PREVENT anti-radicalisation training ......................................................................19

15. Progress on the priorities for 2016/2017 .......................................................................20

16. Priorities for 2017/8-16 ....................................................................................................20

17. Conclusion .......................................................................................................................20

18. Appendix 1 ......................................................................................................................21
   Appendix 2 .......................................................................................................................29
1.0 Introduction

The purpose of this report is to provide assurance to Kingston Clinical Commissioning Group (CCG) that the organisation is meeting its statutory obligations regarding safeguarding children’s arrangements.

The report provides:

- The national and local context that influences safeguarding children work
- An overview of safeguarding arrangements across health agencies
- A review of the key priorities contained in the safeguarding children work plan

It is the duty of CCGs to make arrangements to ensure that their functions are discharged with consideration to the need to safeguard and promote the welfare of children. CCGs are responsible for ensuring that commissioned services, including NHS funded services provided by non-NHS organisations take account of section 11 duties and responsibilities, national legislation, statutory guidance issued within Working Together to Safeguard Children 2013 and other overarching NHS standards.

From the 1st of April 2013, these duties transferred to CCGs and NHS England. Commissioning responsibilities for children’s health services are also undertaken by local authorities, however, CCGs have an overarching responsibility for the welfare of children within the local health economy and have statutory duties to ensure that contractual arrangements include clear standards for safeguarding children.

Kingston CCG in accordance with statutory guidance is required to have in place the following members of staff, directly employed or commissioned from provider services:

- Designated Nurse Safeguarding Children and Children Looked After (CLA)
- Designated Doctor
- Named GP
- Designated Doctor Children Looked After (CLA)
- Named Doctor Children Looked After (CLA)

The Designated Nurse reports to the Director of Quality and through the Governing Body to the Accountable Officer for safeguarding children.

Kingston CCG has representation at Kingston’s Local Safeguarding Children’s Board (LSCB) and sub-groups through the Designated Nurse and Designated Doctor. The CCG has a clear process for escalating serious incidents (SIs) relating to safeguarding children via the LSCB, in accordance with London safeguarding children’s board child protection procedures and statutory guidance.

1. National context

Section 11 of The Children’s Act 1989 and the Children’s Act 2004, places a duty upon all NHS bodies and partner agencies to ensure their functions are discharged with regard to the need to safeguard and promote the welfare of children and to have membership of the LSCB.

There is a continued national and pan-London requirement for robust safeguarding children arrangements children in relation to NHS funded services.

Working Together to Safeguard Children, 2018 was published in draft during 2017 (final version published on 29th June 2018) and the draft outlined changes in safeguarding practice following the Wood Report in 2016. The focus is on:
The revised safeguarding arrangements are set out in the Children and Social Work Act 2017.

**Intercollegiate Document: Safeguarding children and young people: roles and competences for health care staff (March 2014)**, this document emphasises the crucial safeguarding role of Executive Teams and Board members, while also taking into account the structural changes which have occurred across the NHS. The framework sets the standards and requirements expected of all health staff.

**Accountability and assurance framework (July 2015)**: NHS England published the revised accountability and assurance framework that sets out with greater clarity the responsibilities of each part of the system. The statutory duties of CCGs have been clarified through the revised edition.

The framework provides a clear set of principles and guidance to ensure the new system delivers improved outcomes for children and vulnerable adults and sets out the following:

- Senior management commitment to safeguarding children
- An ethos of safeguarding being everyone’s responsibility
- A clear line of accountability within the organisation for work on safeguarding and promoting the welfare of children
- Acknowledgement of safeguarding children within any service development
- Staff training on safeguarding and promoting the welfare of children for all staff working with children and families
- Safer recruitment
- Effective inter-agency working to safeguard and promote the welfare of children
- Information sharing protocols with partner agencies

**Child Safeguarding Inspection Programme; Ofsted and the Care Quality Commission (CQC)** continue with their plans for a new single inspection framework. These inspections will focus on the effectiveness of local authority and partners’ services for children who may be at risk of harm, including the effectiveness of early identification and help.

- CCGs have a responsibility to work collaboratively to ensure that child protection remains a central consideration across the health economy.
- CCGs have a responsibility to ensure that they have secured the expertise of a designated doctor and nurse for looked after children (LAC) and a designated doctor for unexpected deaths in childhood.
- During health service changes the NHS is to continue to improve arrangements for protecting children.
- Designated and Named professionals are to continue with the intention of promoting professional leadership and expertise across the health economy.
- CCGs must have robust arrangements in place to safeguard and promote the welfare of children both internally and in relation to the services they commission.
- CCGs must secure the expertise of designated professionals and GP practices should have a lead and deputy for safeguarding who should work closely with named GPs.

**Independent Inquiry into Child Sexual Abuse (Goddard Inquiry)**

In March 2015 Goddard Inquiry was established to investigate the extent to which institutions have failed to protect children from sexual abuse. The Independent Inquiry into Child Sexual Abuse will
investigate whether public bodies and other non-state institutions have taken seriously their duty of care to protect children from sexual abuse in England and Wales.


The Independent Inquiry is set within a background of high profile cases, where systematic failures have been implicated in the facilitation of sexual abuse. Themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile found that hospital staff were implicated in the facilitation of abuse.

2. Local context

The Royal Borough of Kingston is situated in the South West of London and is bordered by Richmond to the west; Wandsworth to the north; Merton to the north-east, Sutton to the south-east and Surrey to the south. The Borough covers an area of 38.7 square kilometres, which makes it the seventh smallest of London boroughs in terms of its geographical area. The GP registered population was 205,000.

The 2011 census showed that The Royal Borough of Kingston has a population of 160,060; this is estimated to rise by 12% between the years of 2011 – 2021. Births in the borough had risen by 20% between 2003-2012 with an expectation that this increase will remain consistent over the next 10 years. There are 38,335 children aged 19 and under living in Kingston with a higher proportion of children aged 0-4 years than aged 5-9 or 10-14 years.

In primary schools in Kingston, 32% of children do not speak English as their first language, 11% of pupils are eligible for free school meals, and 13% of all students have special educational needs.

Income Deprivation affecting Children Index (IDACI) reveals wide variation across the borough: from the Kings Drive/Pine Gardens area in Berrylands, where 1.7% of children live in income deprived households (least deprived, with a rank of 31,790), compared to 60.7% of children living in the Cambridge Road Estate (most deprived, with a rank of 720). This means Kingston contains both areas ranked within the 2% most deprived and 2% least deprived nationally for this index. Several of the areas where income deprivation most affects children contain some social housing, including School Lane in Surbiton Hill, Kingsnympton Park in Coombe Hill, Sheephouse Way in Old Malden, and Alpha Road in Berrylands.

The 2011 census showed that the population of Kingston has become more ethnically diverse, from 16% Black, Asian and Minority Ethnic (BAME) groups in the 2001 Census to 26% BAME. The school-age population is more diverse (33% BAME).

3. Kingston Borough safeguarding activity

3.1 Children subject to a Child Protection Plan

As of the 31 March 2018 there were 133 children subject to a child protection plan. This is consistent with year-end 2017, and is comparable to Kingston’s statistical neighbour, but lower than the London and England national levels, taken from the Department for Education (DFE) figures for 2015/2016 (see table below).

All children with a child protection plan or child in need plan are reviewed to ensure there is an appropriate application of thresholds in place to monitor, challenge and to seek assurance that children are being protected. The Child Protection Scrutiny Panel was developed to facilitate greater multi-agency challenge and to avoid drift in cases of children subject to child protection plans.
GPs across Kingston continue to find it difficult to attend case conferences as many are held within surgery time and securing cover is difficult, submission of reports by GPs continued to be problematic over this period and remains a key priority going forward. Technology required to allow virtual attendance by GPs is being explored by social care and is supported by the Named GP Safeguarding Children.

The GP safeguarding leads continue to be well engaged in the safeguarding process with support from the Named GP including training at GP education days including level 3 safeguarding children training.

There is currently no pathway for sharing local safeguarding updates with dentists, and optometrists. Community pharmacists commissioned by public health have had child exploitation updates from the Designated Nurse. Engaging the wider health economy remains challenging if the service is not commissioned by the CCG or is a private provision.

**Children Subject to a Children Protection Plan in The Royal Borough of Kingston:**

<table>
<thead>
<tr>
<th>Year</th>
<th>Category</th>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
<th>Quarter 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015/2016</td>
<td>No. of children subject to CPP</td>
<td>153</td>
<td>158</td>
<td>175</td>
<td>144</td>
</tr>
<tr>
<td>2016/2017</td>
<td>No. of children subject to CPP</td>
<td>139</td>
<td>114</td>
<td>128</td>
<td>142</td>
</tr>
<tr>
<td>2017/2018</td>
<td>No. of children subject to CPP</td>
<td>124</td>
<td>138</td>
<td>130</td>
<td>133</td>
</tr>
</tbody>
</table>

**2016/2017 No of plans per 10k of pop**

<table>
<thead>
<tr>
<th></th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
</tr>
</thead>
<tbody>
<tr>
<td>National stat 43</td>
<td>36</td>
<td>36</td>
<td>37</td>
<td>34</td>
<td>33</td>
<td>30</td>
<td>30</td>
<td>30</td>
<td>34</td>
<td>36</td>
<td>35</td>
<td>38</td>
</tr>
<tr>
<td>Stat neighbour 38</td>
<td>36</td>
<td>36</td>
<td>37</td>
<td>34</td>
<td>33</td>
<td>30</td>
<td>30</td>
<td>30</td>
<td>34</td>
<td>36</td>
<td>35</td>
<td>38</td>
</tr>
</tbody>
</table>

*Kingston statistical neighbours include Bracknell Forest, Hertfordshire, Merton, Oxfordshire, Reading, Richmond, Surrey, Sutton, Windsor.*

### 3.2 Children in need

A child in need is one who has been referred to the local authority and assessed by children’s social care to be in need of services. Children in need figures at 31st March 2018 was 766, this is consistent with 2017 number of 790. The number of cases per 10,000 of the population is 201 which is lower than the national average of 330 per 10,000 and our statistical neighbour of 293. Child in need plans are reviewed to ensure there is an appropriate application of thresholds in place to monitor, challenge and to seek assurance that children are being protected.
4. Safeguarding Monitoring of Providers

The CCG is responsible for ensuring that all providers that deliver health services adhere to the standards of section 11 of the Children’s Act 1989 & 2004. A key responsibility of the Designated Professional role is to monitor and report on compliance with safeguarding guidance and good practice of health providers, including the uptake of safeguarding training and safeguarding supervision within those organisations. The Designated Nurse works in partnership with providers, commissioners and contract teams to seek evidence and assurance that acceptable standards are maintained.

Safeguarding children data is completed by all provider trusts across South West London and work is being completed to review the dataset and standardise to allow meaningful comparisons where appropriate. This dataset allows organisations to give evidence and assurance on training, policies and child protection activity, including attendance at case conferences by the 0-19 years’ and adult services.

This information has been submitted to the Health Economy meetings, chaired by the Designated Doctor, and performance monitoring remains a standing agenda item for this meeting. The Terms of reference of the Health Economy Safeguarding meetings require refreshing to incorporate changes in guidance, legislation and to reflect the CCG governance requirements and a re-launch of this meeting will be planned for 2018/2019. Safeguarding annual reports from providers are shared with the health economy meetings and informs the CCG Integrated Governance Board and the Kingston CCG Safeguarding Children Annual Report.

4.1 Your Healthcare CIC Provider Service

Your Healthcare is provided with safeguarding strategic direction and oversight by the organisations Safeguarding Committee. The committee reports into their Integrated Governance Committee and the Audit and Assurance Board with assurance and evidence of the internal processes and systems within the organisation to meet national guidance and core regulations of the Care Quality Commission Registration, and Section 11 of Children act 2004. The organisation has membership of Kingston Safeguarding Children Board (KSCB) and sub groups.

Training and Safeguarding Supervision

Safeguarding children training is delivered in accordance with national guidance and the providers safeguarding training strategy, as follows:

**Level 1** is delivered monthly within the YH Induction Programme and is also available by e-learning. **Level 2** safeguarding children and adults are delivered monthly in a joint session at varying locations across YH and to specific teams.
**Level 3** training is offered by YH on an annual basis, to any staff requiring Level 3 training; prior to that date staff will attend LSCB Level 3 training.

The YH Safeguarding Adult Lead also delivers monthly PREVENT WRAP training; this is also delivered at the monthly induction sessions.

<table>
<thead>
<tr>
<th></th>
<th>Safeguarding Children Level 1</th>
<th>Safeguarding Children Level 1</th>
<th>Safeguarding Children Level 2</th>
<th>Safeguarding Children Level 2</th>
<th>Safeguarding Children Level 3</th>
<th>Safeguarding Children Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 17/18</td>
<td>75% 514/687</td>
<td>64%</td>
<td>349/543</td>
<td>64%</td>
<td>79/123</td>
<td></td>
</tr>
<tr>
<td>Q2 17/18</td>
<td>75% 522/693</td>
<td>67%</td>
<td>343/510</td>
<td>78%</td>
<td>62/79</td>
<td></td>
</tr>
<tr>
<td>Q3 17/18</td>
<td>78% 536/684</td>
<td>71%</td>
<td>358/503</td>
<td>87%</td>
<td>82/94</td>
<td></td>
</tr>
<tr>
<td>Q4 17/18</td>
<td>80% 549/682</td>
<td>76%</td>
<td>375/492</td>
<td>88%</td>
<td>84/95</td>
<td></td>
</tr>
</tbody>
</table>

Your Healthcare understands that through effective professional supervision a clear focus on the child and family welfare can be discussed, and challenged. Supervision should support professionals to reflect critically on the impact of their decisions on the child and their family. Staff working with children receive safeguarding supervision three monthly and ad hoc as required. Staff compliance with supervision is excellent with all eligible had received supervision at year end. YH Health Visitors and School Nurses have received their supervision in line with the YH Supervision Policy either three monthly or termly. Looked After Children nurses, the YH enuresis nurse and Youth Offending nurse also receive 1:1 supervision. Group supervision is in place for other YH staff such as staff nurses, nursery nurses, speech and language therapists, health link workers and sexual health nurses on a 3-monthly basis. The YH Safeguarding Advisor receives 1:1 supervision from the YH Named Nurse and in 2017/18 Q3, met with peers from Richmond for peer supervision. The YH Named Nurse Safeguarding Children attends the Tavistock for peer supervision.

**2017/18 Overview**

- A safeguarding supervision audit was completed and disseminated to YH staff. The report was presented to the LSCB Quality Assurance subgroup in June 2017. The new YH Safeguarding Supervision Policy includes recommendations arising from this audit.
- Signs of Safety is the model which Achieving for Children (AfC) introduced in January 2018. Initial briefing sessions took place in the summer of 2017; and were attended by many YH staff. From September 2017 AfC started delivering half day briefing sessions and 2-day training which YH staff booked into, where relevant to their role. In November 2017 both the YH Named Nurse and YH Safeguarding Advisor completed the 2-day Signs of Safety training. The YH Safeguarding Advisor also attended the 5-day training practice lead training - funded by YH.
- In 2017/18 the YH Named Nurse became the Female Genital Mutilation (FGM) lead for the organisation and attends the FGM subgroup to discuss the Kingston and Richmond response to FGM. Further work in 2018/19 will take place to develop a YH FGM policy/ guideline to include routine inquiry about FGM at sexual health clinics and at the new birth contact.
- YH staff undertook a multiagency LSCB audit in Q3 2017/18. Staff attended the multiagency feedback sessions.
• On 13th December 2017, the YH Safeguarding Team delivered Level 3 training for all YH staff working with children. Topics covered on the study day were LSCB learning from the serious case review – which had recently been completed. Legal processes delivered by a solicitor from the local authority, Solution Focus Brief Therapy, Signs of Safety and Adult Safeguarding update. Prior to attendance all Level 3 staff undertook Department of Health e-learning training on FGM.
• One Serious Case Review (SCR) was undertaken in 2017/18 and was completed in December 2017.

Goals for 2018/9

• For YH staff to continue to attend the Signs of Safety Training and to embed in to practice. Solution Focussed Brief Therapy workshops to be held to help facilitate this.
• To continue to offer joint Level 2 Adult and Children Safeguarding face to face training. The aim for all levels of safeguarding children training to be at 90% by March 2019, for YH.
• To complete an FGM policy/ guideline and to implement routine inquiry in to practice at sexual health clinics and new birth contact, with relevant training for this to be identified and provided.
• To continue to develop joint safeguarding supervision with the Family Support Team and Social Workers using the Signs of Safety model
• To complete a safeguarding children record keeping audit in August/September 2018.
• To embed the neglect toolkit into practice through training, case discussion and safeguarding supervision.

4.2 Kingston Hospital Foundation Trust (KHFT)

In accordance with Working Together (2015), Kingston Hospital has a Director of Nursing and Patient Experience who is the executive lead for Safeguarding Children reporting to KHFT Board, and is a member of the Local Safeguarding Children’s Board LSCB. The Director of Nursing and Patient Experience reports all aspects of Safeguarding Children and Young People to the Board.

Kingston Hospital Safeguarding Children Team Structure

**KHFT Safeguarding Children Team Members**
Director of Nursing & Quality – Executive Lead
Named Nurse Safeguarding Children - 1 WTE
Named Doctor Safeguarding Children - 1WTE
Paediatric Consultant Lead CP Medicals - 4hrs per week
Paediatric Liaison Health Visitor - 0.6 WTE
Safeguarding Team Co-ordinator - 1WTE
Safeguarding Midwife - 1WTE
Activity of the Safeguarding Children Team is overseen by the Safeguarding Children’s Committee. During 2017/18 the terms of reference of the Safeguarding Children’s Committee were reviewed and amended accordingly.

Since September 2016 the Director of Midwifery has been the external chairperson to the hospital’s Safeguarding Children Team. The Safeguarding Children Team is now holding 2 joint meetings a year with the Adult Safeguarding Team. A further 4 meetings are held by the Safeguarding Children Team, following the end of each quarter.

The changes to the content of this meeting has strengthened the governance, and provided external challenge, and is working towards a closer alignment of adult and children services. To strengthen assurance, representation from all areas at Safeguarding Children Committee deputies have been identified to attend the meetings if the named representative is not able to attend.

Because of these joint meetings, there has been an increased awareness of the identification of children of vulnerable adults who attend A&E. KHFT Safeguarding Children Team have been working with Adult A&E staff and the KHFT Safeguarding Adult Lead to ensure this information is captured and shared effectively. A safeguarding template has been introduced onto the CRS system (electronic record keeping system) to support clinical staff with their identification. The Safeguarding Children Team aims to continue working closely with adult A&E clinical staff, especially the two safeguarding leads, to continue to raise awareness of the needs of children of vulnerable adults.

KHFT uses the CRS (an electronic record keeping system) throughout the hospital. “Flags” are used to identify children with Child Protection Plans from Kingston, Richmond, Wandsworth, Sutton, and Merton. Surrey elected not to share this information with the KHFT as it is not a statutory obligation. Kingston and more recently Richmond ‘Children Looked After’ (CLA) are identified through the flagging system.

The Care Quality Commission (CQC) published a report of their review of arrangements in the NHS for safeguarding children on July 16th 2009. The report was accompanied by a letter from David Nicholson, NHS Chief Executive asking NHS KHFT Boards to take urgent action to ensure that children are safeguarded in their community. KHFT Boards were required to publish declarations locally on their websites showing that the minimum requirements to safeguard children were being met, helping to support ‘Standards for Better Health’ (DH 2004, updated 2006).

As a minimum KHFT Boards were required to ensure that: their organisation meets statutory requirements in relation to Disclosure & Barring Service (DBS) checks. All relevant staff at the KHFT
undergo a DBS check in line with KHFT Policy and current legislation. Staff engaged in ‘regulated activity’ with vulnerable patients undergo an enhanced DBS check with 3-year renewal.

Volunteers in clinical areas have DBS checks in line with KHFT Policy. The check is evidenced by volunteers showing volunteer manager the report in person, documenting the certification number and expiry date. KHFT also require volunteers to renew their DBS checks every 3 years.

Health related organisations providing services in Kingston and Richmond were asked to undertake a Section 11 Audit for the Local Safeguarding Children Board. The Section 11 audits are a self-assessment undertaken by agencies to quality assure their processes in respect of their statutory duty to safeguarding children, as laid out in Section 11 of the Children Act 2004. The audit is intended to help organisations critically reflect on the adequacy of their arrangements, to identify any gaps, and to take any remedial action. The audits also provide an overview for commissioning bodies and partners of local safeguarding arrangements. KHFT completed the Section 11 audit in August 2017.

**Information Sharing Activity 2017/2018 with Previous Years as Comparative**

Since 2016/17 the way that the total number of information sharing forms are broken down has been divided into area – Kingston, Richmond, Surrey, Wandsworth, Sutton/Merton and Other, as these have been identified as the predominant areas where information is shared.

**Information Sharing by Area**
KHFT has an internal target for 80% of staff to receive mandatory training, however the Safeguarding Children Team strive towards achieving a 90% figure for safeguarding training as recommended by CQC. The Safeguarding Children Team are working with Kingston and Richmond LSCB to provide venues for LSCB Safeguarding Children Level 3 training. This is an on-going commitment, and supports staff to access safeguarding children training on site.

Safeguarding Supervision

Effective professional safeguarding supervision can play a critical role in ensuring a clear focus on a child’s welfare. Supervision should support professionals to reflect critically on the impact of their decisions on the child and their family. Working Together (HM Government 2015). Regular supervision sessions are to be attended by the named and designated professionals safeguarding professionals who will maintain a record of the meetings and topics discussed as part of continuing professional development. Work continues to ensure that professional working with children receive regular safeguarding supervision.

The Child Protection Information Sharing Project (CP-IS)

The Child Protection Information Sharing Project (CP-IS) is a national system that connects social care child information technology systems with those used by the NHS in unscheduled care settings. CP-IS gives health professionals across the country the ability to see whether a child has a child protection plan (CPP), a pre-birth child protection plan, or if a child looked after (CLA), regardless of the local authority where that plan was created or updated. In turn, local authorities can see where, when and how often a child in their care has made an unscheduled visit to the NHS through emergency departments, minor injury units and other settings anywhere in England.

CP-IS features within the NHS 2015/16 Standard Contract (section 32.8 of Service Conditions) which is mandated by NHS England for use by commissioners for all contracts for healthcare services other than primary care. The CP-IS team is engaging with all Trusts, Clinical Commissioning Groups (CCGs) and Local Safeguarding Children's Boards (LSCBs) to discuss CP-IS and its implementation by 2018. With CP-IS, medical staff can see from a flag on their screen if a child they are treating is subject to a child protection plan, or is being looked after by the local authority and whether and when a child has been seen in other unscheduled care settings. CP-IS has been rolled out in KHFT during March 2018. Local procedures regarding children known to children’s social care will continue to run in conjunction with CP-IS. CP-IS has been rolled out in KHFT during March 2018.

Maternity - Bridge Team (Specialist Midwives)

The Bridge Team is a dedicated team of midwives with specialist skills including safeguarding. The maternity unit trains all its midwives to Level 3 safeguarding children as recommended in the Intercollegiate Document 2014. A topic is chosen every year to enhance skills and knowledge throughout midwifery services. The topic for 2017/2018 was Toxic Trio, with speakers from the...
hospital psychiatric liaison team, Kingston Wellbeing service for substance misuse and Victim Support to speak to the Bridge Team about domestic abuse.

The monthly ‘Maternity Concerns’ meeting continues to take place at the hospital attended by members of the wider multi-agency membership. The introduction of an assessment tool for use when assessing referrals has been in place since October 2014

**Referrals to Bridge team last 3 years**

The number of referrals to the Bridge team has increased this year, and the numbers assessed as high risk have also increased, therefore increasing the workload. This may be related to changes made to the risk assessment tool aimed at ensuring concerns are noted or it may also be because of increased awareness of Bridge team’s role. Many of the referrals relate to historical mental health issues which would be classified as low risk and therefore would not be seen by Bridge team. However, the proportion of referrals deemed high risk remains consistent with the previous year (29% referrals seen 2017-2018, 31% in 2016-2017) as the team continue to focus on the most vulnerable, and support the community and hospital midwives in looking after the others.

**Safeguarding activity**

Referrals to Children’s Services have increased significantly in the last 2 years. One reason for this increase may be due to agencies now having one referral form for both those requiring family support (early help) as well as those meeting safeguarding threshold. In the past, separate referral processes were used. Families generally only have one referral to children’s services, and intervention may be stepped up if warranted. There have also been significant increases this year in the number of Child Protection conferences attended and the number of babies subsequently born subject to a CP plan.

**Safeguarding activity by quarter 2017-2018**
4.3 South West London and St George’s Mental Health Trust

The South West London and St Georges Mental Health Trust covers five boroughs in South West London. There is one Named Nurse and Doctor for the Mental Health Trust who provides a Safeguarding Children Annual Report to the Trust Board and the Governance and Risk Management Committee.

The Trust has reviewed its internal safeguarding children training in line with the revised Intercollegiate Training Document (April 2014) and the Pan London Child Protection Procedures and Working Together 2013. Information and awareness raising and individual professional accountability of FGM and CSE are specific elements in all levels of training.

Level 1 safeguarding children training is offered to all staff at induction. It is not currently possible to report the compliance percentage but the Named Nurse Safeguarding Children is working with the organisation to rectify this.

Supervision:

The Named Nurse receives bi-monthly external group supervision facilitated by Sutton CCG Designate Nurse. Individual supervision is provided internally by the head of social work, and by the Designate Nurse for Merton and Wandsworth.

The Named Nurse has attended several virtual risk meetings, Care Programme Approach and professionals’ meetings to support the wards and teams with complex cases around safeguarding children and young people. The Named nurse and Named Doctor have responded to multiple requests for support around safeguarding concerns, by phone, email or face to face discussion. Both the named Nurse and Doctor have, separately, visited wards to offer supervision or training around specific concerns.

The Trust clinical supervision policy ensures regular, consistent and recorded supervision for all clinical staff. Safeguarding children supervision is further embedded within this policy, supported by access to more specialist supervision from all safeguarding leads and the Trust Named professionals. The electronic supervision record now has a button to check to state that safeguarding has been discussed. This new feature will allow for monitoring and audit of safeguarding practice, for the first time.

SWLSTG has a clinical supervision policy that includes safeguarding. The named nurse has reported that borough leads at present do not receive specialist safeguarding supervision and support from the named professionals. The named professionals will be contacted about specific cases and through incident reporting processes will contact teams to offer expert advice and support. The Named Nurse attends supervision group and has undertaken Safeguarding supervision training at level 4.
The Director of Nursing (Executive Lead for Safeguarding Adults and Children) has established a bi-monthly Executive Safeguarding Meeting that provides comprehensive executive oversight of all safeguarding activities. Both CCG and local authority representatives are invited to attend as well as members of the ‘Making Safeguarding Personal’ group.

If it is suspected that a child, or children, require support; maybe at risk of suffering from harm; or are seeking advice or consultation, the following process is followed:

- Each team has a safeguarding team lead and the concerns are initially discussed with them.
- If further advice is required, the contact is the borough lead.
- If the borough lead is not available, the next contact is the named nurse or named doctor.

Trust Safeguarding Board Lead - Director of Nursing and Quality
Trust Safeguarding Named Doctor - Consultant Richmond CAMHS
Trust Safeguarding Named Nurse – Senior nurse

5. CCG led Supervision

The Designated Nurse and Doctor provide individual supervision for the Named Nurse and Named Doctor at Kingston Hospital Foundation Trust, the Safeguarding Midwives in the Bridge Team and the Paediatric Liaison Nurse in Accident and Emergency Department. The Named Nurse for Your HealthCare accesses their supervision monthly at the London Tavistock supervision group. The NHSE (London) Named Nurses forum for peer supervision has restarted.

The Designated Professionals attend the quarterly NHSE (London) forum which facilitates professional support, good professional information sharing and facilitates sharing of best practice. The Designated Nurse has one to one supervision with the Designated Nurse in Ealing and the South West London Designated Nurse forum to provide further support. The Named GP accessed their supervision through the Designated Doctor at Kingston Hospital Foundation Trust.

6. Richmond and Kingston Local Safeguarding Children Board

“The Richmond and Kingston upon Thames Local Safeguarding Children Board (LSCB) is good. It has ambitious priorities for ensuring the effectiveness of local safeguarding services. Richmond and Kingston Boards share one influential independent chair. Both Boards function independently, but share some subgroups that provide increased opportunities for learning, and other efficiencies, through economies of scale”. Ofsted 2017.

The priorities developed during the year have informed the plans for 2018-20 and LSCB will be focussing on the shared local priorities with the general themes of:

- Improving Practice
- Workforce Development
- Communication and Engagement
- Governance and Accountability.

7. Child Death Overview Panel (CDOP)

The purpose of CDOP is to understand why children die without apportioning blame, implement any necessary interventions to improve child safety and welfare and to prevent future deaths. The Child Death Overview Panel (CDOP) is a subgroup of the LSCB with permanent membership from health at both the local and bi-monthly joint panel meetings with Richmond. Attendance by Kingston CCG has been consistently good with representation from the Designated Nurse.
Government legislation (Children Act 2004 section 11) required every local authority to review the circumstances of all child deaths of 0-18 years (excluding stillbirths). The aim is to increase understanding of why children die. The process for reviewing child deaths is changing in response to the Wood Report and subsequent Children and Social Work Act 2017.

Following the unexpected death of a child in Kingston, a rapid response process is triggered and a meeting is normally held within 3 days to collect information from the various agencies involved with the family and plan bereavement support. Further regular two monthly meetings are held locally to collate information for the Child Death Overview Panel (CDOP).

Overall there have been 16 child deaths in 2017/18, this is slightly more than 2016/2017.

8. Outcome for Looked After Children

The CCG has a responsibility to ensure that the health needs of Looked After Children are met. The team has a Designated Doctor and a Named Doctor in place and with newly appointed job share Named Nurses for Looked After Children. Governance for the doctors is provided by Kingston Hospital Foundation Trust with the Named Nurse role provision via Your Healthcare. The Annual Report for LAC 2017/18 has been completed by the Designated Doctor for Children Looked After.

9. Serious Case Reviews/ Learning Lessons Reviews

Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 sets out the functions of LSCBs, including when to undertake reviews of serious cases in specified circumstances.

Nationally 48 SCRs were published in 2017. Learning from SCRs both nationally and locally are embedded into practice through the identification of themes and trends. Implications for policy and practice are monitored by the Designated Nurse during via Safeguarding Committees, LSCB Board meetings and assurance data received from providers.

Any learning from learning case reviews and serious case reviews are embedded into practice, and disseminated through training.

10. Governance and Accountability

The CCG is firmly committed to ensuring the safeguarding and wellbeing of all children in the borough of Kingston by having the appropriate professionals in place and appropriate quality surveillance processes. The following sections describes how this is achieved.

10.1 Leadership Roles and Accountability

The Designated Professionals provide effective leadership and an expert advisory role to commissioning. Work continues with the Named Professionals in each provider organisation serving children in Kingston, to monitor safeguarding standards across the health economy. This has included coordinating the health participation in the serious case and learning lessons reviews, internal management reviews and membership of the LCSB main board and subgroups.

The Designated Nurse attends the safeguarding meetings at KHFT and the Health Economy meetings and continues to participate in the regular review of membership and terms of reference to ensure they incorporate the safeguarding responsibilities of the CCG. The Designated Nurse also attends clinical quality review groups (CQRG) for KHFT, St Georges Hospital NHS Trust and South West London and St Georges Mental Health Trust to ensure safeguarding children arrangements within those organisations are discussed and assurance of compliance gained.
The Named GP together with the Designated Nurse have continued to make progress on implementing the child protection training programme, monitoring, supervision and professional leadership to general practice. This has included active case reviews that have produced learning for all the general practitioners.

Each practice has a safeguarding lead GP who disseminates information and ensures all Children Looked After and those children subject to Child Protection and Child in Need Plans are flagged on their electronic health recording system. There is an updated telephone and secure email contact list for the GP Leads and practice managers at each surgery; this is uploaded onto the GP TeamNet site to allow access for GP practices and CCG staff and shared with all health provider services, children’s social care and the single point of access team.

There is currently a Children’s Looked After (CLA) Named Paediatrician and the Designated Doctor Children’s Looked After supports this post and assists the aggregated analysis of health outcomes for CLA. Kingston Hospital Foundation Trust is commissioned to provide these roles.

The role of Designated Paediatrician for unexpected child deaths (CDOP) continues to be commissioned in line with Department of Health requirements and this programme of work has been well established and is reported to the LSCB.

All health safeguarding leads are members of the Kingston LSCB and contribute to the multi-agency decision making to oversee safeguarding standards in Kingston. Members provide significant input to the subcommittees and to the annual plan. Health roles have been reviewed to ensure cover arrangements are in place and there is membership on all the LSCB subgroups.

Kingston CCG works in partnership with the local authority children’s services and other statutory and non-statutory services. The CCG risk register for Safeguarding Children and CLA is updated regularly and there is a regular report into the CCG Integrated Governance Committee by the Designated Nurse. This is supported and monitored by NHS England Safeguarding Lead, and South London Region Director of Nursing. There is an LSCB escalation process in place which is regularly updated with the aim to address issues, concerns or professional disagreements between agencies in relation to children’s safety and welfare.

The Scrutiny panel established on October 2012 to facilitate greater multiagency challenge and avoid drift in cases of children subject to a child protection plan continues to review cases in Kingston. Membership includes health, education, police, and the local authority service manager for safeguarding with an independent chair.

There is senior CCG representation at the Health and Wellbeing Board. The CCG governing body and executive team receive an annual safeguarding awareness session, highlighting their safeguarding responsibilities as a CCG as well as individuals.

The Designated Professionals attend London wide Designated Professionals safeguarding forums and NHS England South London meetings. The complex commissioning and health provision landscape makes it vital that safeguarding governance principles are embedded in all organisations and with all staff and that those monitoring these arrangements work collaboratively to support providers in providing the evidence that is required and that accountability is clear.

The Designated Nurse has worked closely with the commissioning team and children’s commissioner and the public health team to ensure that safeguarding is incorporated into all commissioning strategies and service development and design.

In November 2016, the CCG governing bodies and CCG Committees in Common agreed a series of proposals for the introduction of a new operating model in South West London. The new operating
model seeks to strengthen collaborative commissioning arrangements and to consolidate leadership and accountability arrangements amongst the CCGs in South West London.

The Kingston & Richmond LDU operating model already included a leadership role for primary care

10.2 Quality Performance Monitoring

Service issues, key risks and priorities are reported within each health provider organisation and via Kingston CCG contract arrangements. These standards are monitored using the performance quality indicators. South West London and St Georges Mental Health Trust have had these indicators included in the contract, giving the CCG assurance that all providers are compliant with the key areas included in the ‘Dash Board’.

Safeguarding Children is reviewed quarterly in Kingston Hospital via the Clinical Quality Review Group meetings, with minutes of these meetings received (and attendance when safeguarding children is discussed) by the Designated Nurse. In those organisations where Kingston CCG is not the Lead Commissioner, attendance at or receipt of minutes is established to monitor and assess how effective these arrangements are. All health key performance quality indicators have been monitored as part of the contract for:

- training uptake
- recruitment of safeguarding leads
- attendance at LSCB meetings.
- Section 11 compliance under the Children Act 2004

In addition, Health Economy meetings take place to monitor implementation of recommendations from OFSTED / CQC inspections, deep dive audits of safeguarding and children looked after services, LSCB priorities, learning from serious case reviews and the health response to the national enquiries, guidance and legislation. In addition, each provider organisation has a safeguarding action plan in place.

All children with a child protection plan or child in need plan are reviewed to ensure there is an appropriate application of thresholds in place to monitor, challenge and to seek assurance that children are being protected.

11. Kingston CCG safeguarding activity and development

11.1 Section 11 Audit (Children Act 2004)

The Section 11 audit is a means of assessing whether all agencies are compliant with their statutory duty to safeguard children (Children Act 2014) and is coordinated and requested by the LSCB. The last audit was completed in 2016 using the online audit tool to facilitate the Section 11 audit programme. All statutory health agencies have completed the audit and the GPs will be asked to participate in 2017/18.

11.2 CCG GP TeamNet

GP TeamNet is the CCG intranet, it is available to all CCG and GP practice staff. A dedicated Safeguarding Children Page has been developed, with the aim to have an easily accessible page to give staff advice on what to do if they have concerns about an adult or a child and contact numbers for local services.

There are also links to:

- A range of guidance documents, policies and procedures
• Local authority and e-learning training
• Domestic abuse advice and local resources
• LSCB escalation protocol and links to the LSCB website
• Contact details of Safeguarding Professionals and GP Safeguarding Leads

Pages are updated regularly and expansion includes new information on:

• Multi Agency Risk Assessment Conference (MARAC) – victims of domestic abuse.
• Local Authority Designated Officer (LADO) details
• Female Genital Mutilation (FGM)
• Child Sexual Exploitation (CSE)
• Honour based violence and forced marriage

11.3 Multi Agency Safeguarding Hub (MASH)

The MASH is a partnership between a range of local authority departments, health, the police, education and probation. Agencies are co-located to provide holistic informed responses to referrals that are made to children’s social care, assessing risk and directing services effectively.

The Designated Nurse is part of the strategic board. There have been some issues with the timeliness of information requests from GPs on occasions however the Named GP and Designated Nurse continue to work with GPs to improve this.

The Designated Nurse will continue to contribute to the multi-agency team that undertakes regular reviews of governance and performance arrangements of the MASH to include the updated information sharing protocol.

11.4 Female Genital Mutilation

Female genital mutilation (FGM) is a form of child abuse which has devastating physical and psychological consequences for girls and women. The practice is described by The World Health Organization as "procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons" (WHO, 2013).

The Designated Nurse continues to work with the LSCB and safeguarding midwives at Kingston Hospital to ensure the FGM policy is updated. All acute hospitals are required to report on the numbers of women who present having experienced FGM. A review of FGM service provision will be carried out in 2018 to ensure that health agencies are compliant with national guidance.

11.5 Child Sexual Exploitation

Health Providers are represented on the Multi Agency Sexual Exploitation (MASE). The MASE is aimed at service delivery and brings together a range of partners to review cases where young people have been identified as potentially risk of CSE. The Designated Nurse attends the CSE strategic group and the CSE and Missing Person (MISPERS) operational group.

Kingston practice nurses and GPs have received training on CSE incorporated into their training seminars. The Designated Nurse, health providers and the wider multiagency group have been involved in CSE peer audits to apply scrutiny and challenge to improve practice.

11.6 Domestic Abuse

Provider safeguarding representatives including safeguarding midwives represent health at the monthly Multi-Agency Risk Assessment Conferences (MARAC) where agencies meet to discuss
victims of domestic abuse formulate action plans to address need and maintain the safety of the victim and where appropriate, provide feedback on specific cases to relevant GPs.

Information sharing following MARAC with GPs remains problematic as it is unclear if the consent discussed with clients is explicit about information sharing with partner agencies.

The Designated Nurse is a member of the Kingston Domestic and Sexual Violence Operational Group. The definition of domestic abuse now includes 16 and 17 year olds and will provide another area of development in the design and commissioning of services for that age group.

14.7 PREVENT anti-radicalisation training

PREVENT is part of the Government’s counter-terrorist strategy CONTEST. PREVENT aims to reduce the risk of terrorism, by stopping people becoming terrorists or supporting terrorism. The strategy promotes collaboration and co-operation among the public sector to ensure vulnerable individuals are diverted away in a pre-criminal space before any crime is committed.

The NHS is a critical partner in PREVENT, along with charitable organisations and private sector bodies which deliver services on behalf of the NHS. The health sector has no enforcement or surveillance role. Health services have a responsibility to raise awareness of the process of radicalisation and work with vulnerable individuals at risk of being exploited and subsequently drawn into terrorist-related activity. Training of CCG staff and GP practices continues to take place over 2017/2018.

15. Progress on the priorities for 2017/2018

All priorities were completed and monitored through the CCG Integrated Governance Committee.

16. Priorities for 2018/2019

Priorities for 2018/2019 are contained within a more detailed work plan (available on request, reported through Integrated Governance Committee).

- Develop one consistent tool for South West London St Georges Mental Health Trust (SWLSTG) to capture safeguarding KPI's. Currently each CCG requests different information and this is in not sufficiently focussed.
- Raise awareness and deliver training sessions across the CCG
- Review and advise on the safeguarding contractual requirements for providers within the primary care co-commissioning.
- To further strengthen the monitoring of safeguarding children activities in General Practice.
- To strengthen the safeguarding contribution, in support of procurement, contracting and commissioning arrangements to more robustly include child safeguarding.
- To continue to monitor the compliance with CP-IS with Achieving for Children.
- The designated nurse to continue to monitor provider trusts safeguarding arrangements and compliance.
• Review the attendance of health agencies considering the changes to the Local Safeguarding Children's Board.

• Undertake an audit of compliance of the child protection process in regards to GPs.

• To continue to develop an effective safeguarding page for GP Team net, so GPs have up to date information.

• To ensure the learning from all SCR/DHR is disseminated across health agencies. SCR/DHR will be reported through the CCG Committees within the safeguarding quarterly reports.

• Continue to drive and raise awareness of PREVENT training for CCG employees and support awareness within member practices.

• Review the role of the newly joint Designated CLA nurse post.

• To recruit a substantive named GP for Kingston (in partnership with Richmond)

16.0 Conclusion

The duties and responsibilities of health providers, commissioners and regulators is well documented in statutory guidance. Board level focus is essential to ensure that the needs of children across all health organisations (commissioners and providers) include the safeguarding of children is an integral part of their governance arrangements.

CCGs commission health services and in doing so carry significant responsibility for the whole health economy within their area. Commissioning is becoming increasingly complex and CCGs are committed to safeguarding and promoting the welfare of children and young people, so their commissioning intentions reflect the needs of children across the Royal Borough of Kingston.

The challenge for safeguarding professionals in Kingston (and Richmond) during 2017/2018 was to work in collaboration to map the needs of each area and look to create a safeguarding team that provides strategic safeguarding leadership to ensure that children receive high quality services, maintain safety and well-being, build networks, develop and improve partnerships with other commissioning organisations, to influence decision making and manage risks as they emerge. This will continue to be a priority for 2018/ 2019 to ensure children within the borough of Kingston continue to receive the highest quality services giving them the opportunity to reach their full potential.