

**Annual Report
Safeguarding Children and Adults
2010-2011**

**Prepared by the former Leicestershire County and Rutland
Community Health Services**

innovative

responsive

personalised

effective

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Abbreviations used

LSCB	Local Safeguarding Children Board
LSAB	Local Safeguarding Adult Board
SCR	Serious Case Review
SILP	Significant Incident Learning Process
LLR	Leicester, Leicestershire and Rutland
CQC	Care Quality Commission
MARAC	Multi-Agency Risk Assessment Conference
HV	Health Visitor
SN	School Nurse
LSM	Locality Service Manager
CDOP	Child Death Overview Process
LAC	Looked After Child
LCCHS	Leicester Children's Community Health Services
CAMHS	Child and Adolescent Mental Health Service

Safeguarding children arrangements declaration

The former Leicestershire County and Rutland Community Health Services (LCRCHS) has reviewed the national safeguarding expectations as set out by the NHS CEO directive 16.07.09 and Care Quality Commission (July 2009) against our local safeguarding children arrangements. Our declaration of assurance to the public and service users is as follows:

- We meet the statutory requirements in relation to Criminal Records Bureau (CRB) checks and comply with Local Safeguarding Childrens Board (LSCB) safer recruitment guidance.
- Our child protection policies and systems are up to date and robust. We adhere to LSCB guidance and systems which inform our local policies and procedures. All staff have access to these documents on our website. In addition, we have a robust system of child protection supervision in place, as well as clinical supervision which ensures an ongoing environment of reflection, challenge and inquiry.
- We have a process for following up children who miss outpatient appointments and record systems for flagging children where there are active safeguarding processes in place.
- All staff, clinical and non clinical, receive safeguarding children, adult and domestic violence training as part of their induction and three year mandatory training updates. The Leicester, Leicestershire and Rutland Community Health Services, Children Education Strategy 2010/11 clearly defines the knowledge, skills and competencies required of staff within different roles working within the organisation, in accordance with the Royal College of Paediatricians' and Child Health Intercollegiate Guidance document. A robust programme of safeguarding training is delivered locally by the named nurses for safeguarding.
- We employ 4.0 whole time equivalent (WTE) named nurses for children's safeguarding who are clear about their roles and have dedicated time and

support. They are non-case holding and provide support and expert advice to all front line practitioners as well as a rapid response to cases of sudden unexpected death in childhood. The named doctor for Leicestershire and Rutland is a consultant paediatrician, with expertise in safeguarding children. There are six dedicated sessions of named doctor time to support GPs, medical arrangements for the Out of Hours Service, Loughborough NHS Walk in Centre and local minor injury units.

- Our Associate Director (AD) for Nursing and Quality Assurance has fulfilled her obligations as the executive board-level lead for safeguarding during 2010/11; she has also chaired the Clinical Governance and Quality Forum and the LCR CHS Safeguarding Children Group during 2010/11.
- The LCR CHS Board receives an Annual Report on Safeguarding Children and Adults which outlines achievements during the year and plans for the forthcoming year. Progress reports against the integrated safeguarding development plans are submitted to the Board on a six monthly basis and monitored quarterly by the Clinical Governance and Quality Committee.
- Our safeguarding work is monitored by NHS Leicestershire County and Rutland (the PCT) through the clinical quality schedule; which includes our position and compliance with *Markers of Good Practice* and organisational learning from Serious Case Review (SCR) investigations and Significant Incident Learning Process (SILP) investigations.
- We have developed a programme of safeguarding *spot audits* to regularly review the quality of front-line practice to safeguard children and adults. The actions arising from spot audits are progressed. The spot audit process enables us to continually review and improve the quality of safeguarding practice in our service areas.

1. Introduction

This report gives an account of safeguarding activity across the former Leicestershire County and Rutland Community Health Service, the majority of which transferred to Leicestershire Partnership Trust on 1 April 2011. The annual report demonstrates the organisation's commitment to protecting local children, young people and adults in need of safeguarding from harm; across all age ranges and service areas.

The previous Government's "think family" or new coalition Government's "whole family" approach describes how children's, adults and family services work together in a coordinated way. This approach means that staff must take account of how individual problems affect the whole family. Within LCRCHS we have embedded the "think family" approach within our safeguarding children training programmes and our clinical health assessment processes. Children's service staff provide targeted support for children and families in need, based on agreed operating procedures and healthy child programmes.

2. Statutory responsibilities to safeguard children

A child is defined within the Children Act 1989 and 2004 as anyone less than 18 yrs of age. Safeguarding and promoting the welfare of children, is defined in preventative terms as:

“Protecting children from maltreatment is important in preventing the impairment of health or development though that in itself may be insufficient to ensure that children are growing up in circumstances consistent with the provision of safe and effective care.....ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully”. 1.20 Working together to Safeguard Children HM (2010)

The Government recognises that early intervention is essential if children and young people are to be safeguarded effectively. This shift in focus from child protection to preventing abuse and neglect forms part of the Government's whole system reform for children's services as part of the *Every Child Matters: Change for Children* programme and reforms within the Children Act 2004.

Safeguarding Children is everyone's responsibility. Section 11 of the Children Act 2004 places a duty on key persons and bodies to make arrangements to ensure that, in discharging their functions, they have regard to the need to safeguard and promote the welfare of children.

NHS East Midlands requires all NHS organisations to demonstrate how they meet, or are working towards the 24 *Markers of Good Practice*, which are taken from the *National Service Framework (NSF) for Safeguarding Children, Young People and Maternity Services* (2003:2004) Standard 5 and Section 11 duties (Children Act 2004). This is the annual performance management tool to measure organisational progress against the NSF. LCRCHS complies with this requirement, reporting quarterly on progress against this framework, to the Clinical Quality Governance Committee (CQGC). During 2011 the LSCB required local agencies to complete a section 11 audit on compliance against Children Act 2004 requirements. The AD nursing and quality submitted our response as the executive board member.

3. National guidance and procedures for adults in need of safeguarding

The Department of Health published 'No Secrets' in March 2000, which is the key national guidance for safeguarding adults. The Association of Directors Social Services (ADSS) published the *National framework for Service Standards*, October 2005; its local application is monitored by Leicestershire and Rutland Local Safeguarding Adults Board and Working Groups.

"Vulnerable adults" became "adults in need of safeguarding" to recognise a shift in service philosophy and practice since the launch of *No Secrets* in 2000. The term "vulnerable adults" can be disempowering and can also suggest that the cause of abuse is located with the victim rather than acts or

omissions of others. Following the consultation on *No Secrets* undertaken in 2009, we are awaiting the Government's response in revised national guidance and legislation.

'Safeguarding Adults' reinforces that all adults have the right to live free from abuse and degrading treatment, but that some people may have that right compromised. Since the launch of *No Secrets* (2000) it has been demonstrated that certain groups of people with community care needs are more likely to experience abuse and may have difficulty accessing mainstream and/or specialist services to keep them safe. Adults in need of safeguarding, are unable to protect themselves from abuse or neglect from others, and may include those with learning or physical disabilities, mental health difficulties, adults with drug and alcohol dependence, or frail elderly.

4. Overview of national safeguarding policy and legislation development changes made during 2010/11

4.1 Working Together to Safeguard Children (HM 2010)

Sets out how organisations and individuals should work together to safeguard and promote the welfare of children; it defines the roles of named and designated professionals and provides a national framework within which agencies and professionals at a local level work together to safeguard and promote the welfare of children.

4.2 The Munro Review of Child Protection: the child's journey (2011)

Professor Eileen Munro's second report into an independent review of child protection systems makes some early recommendations and considerations for reform, covering inspection, performance monitoring, referral and assessments which will be further developed in the final review phase.

4.3 The voice of the child: learning lessons from serious case reviews (2011)

analysis of 67 serious case reviews evaluated by Ofsted evaluated between April-September 2010; identifies lessons for practice arising from these investigations; the importance of listening to the child being paramount.

4.4 Forced Marriage & Learning Disabilities Multi-Agency Practice Guidance (HM 2010)

Guidance to prevent people with learning disabilities becoming victims of forced marriage.

4.5 Vetting & Barring Scheme Remodelling Review – Report and Recommendations (HM 2011)

The coalition Government's review of the vetting and barring scheme has resulted in a number of key recommendations; the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) will be merged into a single non-departmental public body or agency, to provide a single barring and criminal records disclosure service. Plans for registration with the scheme will be scrapped.

4.6 Multi-Agency Statutory guidance for the conduct of domestic homicide reviews: (HO 2011)

Implements section nine of the Domestic Violence, Crime and Victims Act (2004) putting into place

statutory domestic violence reviews following death of persons 16 years or over, as a result of violence, abuse or neglect by a member of the same household or intimate relationship.

- 4.7 Safeguarding Adults: The role of health service providers; (HM 2011)** Reminds health staff of their statutory duties to safeguard adults; it aims to assist practitioners in preventing and responding to neglect harm and abuse. The document provides principles and practice examples to achieve good outcomes.

5. Former LCRCHS safeguarding leadership and accountability

The Managing Director is ultimately responsible for safeguarding arrangements within the organisation supported by the following safeguarding structure.

Executive Lead for Safeguarding (Associate Director (AD) Nursing & Quality)

Head of Safeguarding Children and Adults (1.0 WTE)

Named Nurses Children's Safeguarding (4.0 WTE)

Named Nurse for Adult Safeguarding (1.0 WTE)

Named Doctor (Community Paediatrician employed by LCCHS/ 6 sessions)

The accountabilities and responsibilities to comply with local safeguarding systems and procedures are included in all contracts of employment.

6. Safeguarding governance meetings

Reporting arrangements are summarised in Appendix 1.

6.1 LCRCHS Safeguarding Children Group

This bi-monthly multi-agency meeting includes the named and designated nurse for safeguarding children and service leads from health and social care agencies across Leicestershire and Rutland. The terms of reference for the group, are included in Appendix 2. This group actively co-ordinates and reviews safeguarding children activity across the organisation and reports into the Clinical Quality and Governance Committee on a quarterly basis.

6.2 LCRCHS Safeguarding Adult Group

Bi-monthly meeting includes membership from adult service managers, human resources, named nurse and community hospital matrons across Leicestershire and Rutland. The group coordinates and reviews safeguarding adult activity across community services; reporting into the Clinical Quality and Governance Committee on a quarterly basis. This group is chaired by the AD Nursing & Quality. Terms of reference for the group are included in Appendix 3.

6.3 LCRCHS Board

During 2010/11 the Board received a six monthly safeguarding report on progress against the agreed quality schedule. In addition internal reports following investigations into safeguarding areas have been

tabled in the confidential section of the meeting. Robust scrutiny by non-executive and executive Board members in relation to the rigour of internal reviews can be evidenced through the minutes of the confidential Board meetings

6.4 Local Safeguarding Children Board

Leicestershire & Rutland Safeguarding Children Board (LSCB) has the statutory responsibility to oversee the working arrangements for all agencies involved in safeguarding children, young people and families. The LSCB is responsible for ensuring multi agency policies, procedures and guidance reflect national practice guidance. They are responsible for quality assurance on delivery of local multi-agency safeguarding training and ensure that agencies locally meet their statutory responsibilities and work together effectively to safeguard children and young people.

The AD Nursing and Quality has been an active member of the LSCB board and executive sub-group during 2010/11. The Head of Safeguarding has been an active member of the serious case review and effectiveness sub-groups. The Head of Learning and Development has supported the education sub-group and a named nurse has been part of the Child Death Overview Process (CDOP) sub-group. The LSCB sub-group areas and membership are mapped in Appendix 4. The named nurse team have contributed alongside other professionals to revision of the LSCB procedures. These will be published later in 2011.

6.5 Local Safeguarding Adult Board (LSAB)

The disaggregation of the Leicester, Leicestershire and Rutland joint adult board took place in April 2010. Membership includes statutory organisations, voluntary and private sector areas. The AD Nursing & Quality and Head of Safeguarding have actively contributed to the Local Safeguarding Adult Board and sub-group areas during 2010/11.

The LSCB & LSAB are planning to combine their business office functions during 2011. A separate board and executive group will be retained for children and adult safeguarding. However, there are plans to combine the children and adult serious case review sub-group and effectiveness and training sub-groups during 2011. These arrangements will help to strengthen the “whole family” agenda.

6.6 Safeguarding Children’s Network

The Safeguarding Children’s Network is chaired by the NHS Leicester City Safeguarding Nurse Advisor and is attended by the named doctors and named nurses from Leicester, Leicestershire and Rutland health providers and private and voluntary providers across Leicester, Leicestershire and Rutland. The network cascades information to named professionals and service leads for safeguarding from both local and regional perspective. It also facilitates peer supervision and learning, including lessons from safeguarding investigations.

- 6.7 Leicester, Leicestershire & Rutland “Think Family” group**
Membership includes associate directors and heads of service from health commissioning and provider organisations across the area. This group reviews and strengthens the children and adult safeguarding interface areas in line with the “think family” or “whole family” national agenda. Terms of reference are attached as Appendix 3.
- 6.8 Local Implementation Network (LIN)**
The Deprivation of Liberty Safeguards (DoLS) Team deliver a service hosted and managed by Leicestershire County Council. They undertake delegated functions associated with deprivation of liberty on behalf of local supervisory bodies, including responding to requests, conducting assessments, recommending timescales and conditions for the authorisations and conducting reviews. The Local Implementation Network reviews the local DoLS processes. The Head of Safeguarding has been an active member on this group throughout 2010/11.

7. Safeguarding activity and achievements

- 7.1 Children with Child Protection Plans (Children Act 1989 section 47)**
Children's services support this group of children with targeted and enhanced care provision. At a minimum this includes:
- report writing and case supervision
 - attendance at case conferences; three monthly – six monthly
 - attendance at ‘core groups’; six weekly
 - targeted visiting pattern as determined in the safeguarding plan
 - police, solicitors, court statements and appearances.

- 7.2 Child protection activity**
Table 1 identifies the number of children with child protection plans, living or attending schools within the three children's services localities. The highest workload demands on school nurse and health visitor services are within the east and west localities. Each locality has experienced an increase in children with safeguarding plans over the previous four quarter periods. This has also increased the clinical demands placed on named nurses and safeguarding supervisors, for practice support.

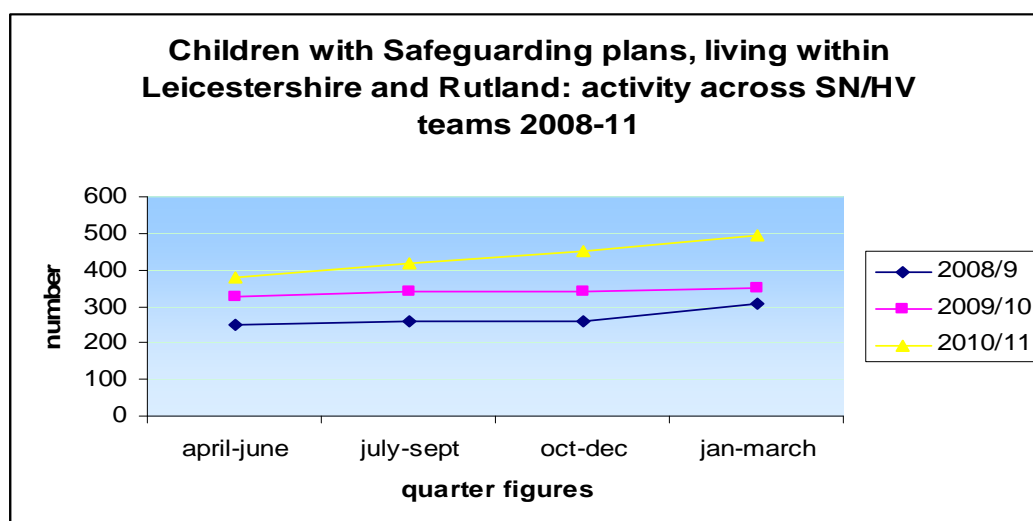
Table 1: Children with child protection plans within locality areas:

Quarterly Period	East	West	South
Apr-Jun 2010	177	142	62
Jul-Sep 2010	179	170	70
Oct-Dec 2010	196	186	71
Jan-Mar 2011	221	175	97

Graph 1 reports the significant increase and upward trend of children with safeguarding plans over the previous three years 2008-11. These children either live or attend schools within Leicestershire or Rutland and are supported by children's services. The data has been obtained

from the health visitor teams. Different numbers of child protection plans in each locality reflect both the different sizes of the populations served and levels of need in each locality. The safeguarding figures are reported into the safeguarding children group on a bi-monthly basis.

Graph 1: Comparative quarterly data 2008-2011:



7.3 Health Visitor Caseloads

During 2010/11, progress has been made towards reducing the size of health visitor caseloads in the areas of highest need. This remains a high priority in the coming year. Additional investment has been secured through the Local Operating Plan to strengthen responsive safeguarding capacity. New recruitment has been targeted towards Charnwood, North West Leicestershire and Hinckley and Bosworth, which has resulted in a strengthened workforce. During 2010/11 we trained five student health visitors and supported two health visitors back to practice. The annual caseload count using SystmOne data provides an average caseload per 1.0 WTE health visitor, see table 2.

Table 2: Average health visitor caseload by locality 2010-2011

Locality	Jan 2010	Jan 2011	HV (wte)	Average Caseload per wte
East	12399	12189	27.8	438
West	10456	10866	25.7	423
South	10362	10444	26.7	391
Total	33217	33499	80.2	418

7.4 Tier 3 – children in need

This group of children are defined as in need within the Children Act 1989, section 17(10) if:

“he/she is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority”...or...”he/she is disabled”

This group of children are targeted within health visitor caseloads and school nurse workstreams for more intensive support. Care packages are coordinated across support agencies, with active care planning and provision of services.

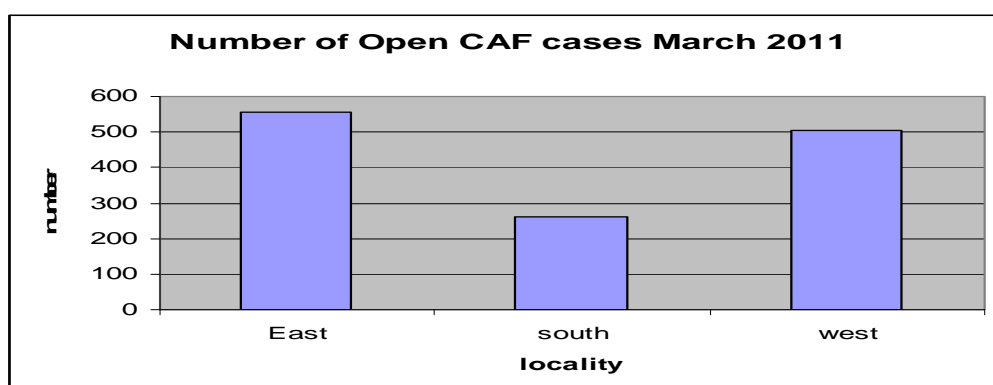
7.5 Common Assessment Framework (CAF) multi-agency support

The CAF is a key part of delivering frontline services that are integrated and are focused around the needs of children and young people. The CAF is a standardised approach to conducting the assessments of children’s additional needs and deciding how they would be met. The CAF provides a more effective, earlier identification of additional needs within children’s universal services. A multi-agency strategic group oversees local developments. See Table 3 and Graph 2 for a snapshot of CAF activity taken on 21 March 2011.

Table 3: CAF activity within network areas, taken March 2011.

Network area	Current CAFs	Episode closures
Castle Donnington	11	10
Charnwood	362	411
Hinckley & Bosworth	223	190
Lutterworth	30	14
Melton District	109	79
North West Leicestershire	320	341
Blaby	67	75
Harborough	90	79
Oadby & Wigston	75	81
Rutland	35	129
Total	1322	1409

Graph 2: Number of Open CAFs March 2011 across localities:



7.6 Adult safeguarding activity

Safeguarding adults is an integral part of patient safety and clinical governance care systems within LCRCHS. We operate a robust clinical governance system - investigating incidents and complaints, which are trend reviewed so we can identify and act on emerging themes. Serious incident investigations are reported to the CQGC and Board.

The types of incident investigations reported on the DATIX system categorised under adult safeguarding during 2010/11 are reported in Table 4. The potential neglect areas, related to carers or family members of vulnerable adults, were progressed according to multi-agency safeguarding adult procedures. Incidents relating to patients who were confused or diagnosed with dementia are the highest categories of incidents reported. These incidents include patients attempting to wander off or leave hospital ward areas, and verbal or physical interactions between confused patients on ward areas.

Each incident is investigated and managed on an individual basis, including an assessment of specific risk areas and patient needs. They are positively managed with hospital staff, in the least restrictive way, by:

- notifying and discussing cases with senior managers
- providing additional supervision
- engaging family members in care planning and provision
- making DoLS applications according to local guidance
- notifying the police (missing patients).

Table 4: DATIX incidents reported as adult safeguarding 2010/11

Type of Incident	Number
Potential neglect – carers/ family	22
Patient wandering / leaving premises – confusion /dementia	25
Verbal / physical interaction between patients on ward areas	32
Incidents - potential deprivation of liberty safeguards	8

We work within our internal “Being Open” policy (CHSQCD001), providing feedback to clients and families following investigations or complaints. During 2010/11 our partnership working with local authorities, police and commissioners is demonstrated within our active participation in multi-agency safeguarding adult meetings and active engagement within the LSAB working groups.

The largest area of adult safeguarding activity locally is with vulnerable adults living within residential and nursing homes. During 2010/11 the NHS LCR continuing care team appointed a quality officer to review quality of care provision against contract arrangements. LCRCHS district nursing teams are linked with the large number of private residential homes located across Leicestershire and Rutland. The teams provide nursing care and support the training of care staff on specific packages of care for residents. A robust notification system is

in place between local authority social workers, contract teams, health commissioners and providers, to notify agencies of adult safeguarding investigations and concerns that arise in private residential or nursing homes locally.

The named nurses for adult safeguarding and district nursing teams, have during 2010/11, supported 17 separate multi-agency safeguarding investigations. These related to clients living within residential homes. Staff attended and contributed to multi-agency meetings and safeguarding action plans.

Health agencies are required under local multi-agency procedures to lead on safeguarding adult investigations when concerns arise on health premises. We have managed two separate safeguarding concerns within our community hospitals in 2010/11. Both cases related to safeguarding risks to vulnerable adults posed by family members. The risks were managed under multi-agency procedures and safeguarding plans were put into place.

The named nurse for adult safeguarding is an approved “best interests” assessor and has supported four assessments locally of adults who lacked capacity during 2010/11. A best interests assessment is required when an application is made under the deprivation of liberty safeguards procedures by a local provider agency. The named nurse supports assessments made by other agencies of vulnerable adults who lack capacity, which are health related.

7.7 Progress and achievements

Progress has been made against the Markers of Good Practice action plans for both children and adult safeguarding during 2010/11. The safeguarding team have:

- launched the new *Policy for Safeguarding Children and Young People: (NP092)* and updated the *Safeguarding Children & Young People Practice Guidance (NP118)* across children and adult services during March/ April 2011 through professional meeting briefing sessions. Learning from local safeguarding investigations have been embedded within the updated practice guidance and safeguarding training programmes.
- updated the *Adult Safeguarding Policy (NP018)* to comply with the revised LSAB multi-agency procedures and launched this through services. The *Guidance for implementation of DoLS in Community Hospitals (NP096)* has been updated following the requirements to notify the Care Quality Commission (CQC) of DoLS applications and outcomes. The new CQC notification systems have been implemented. During 2010/11 there were eight applications made.
- progressed the action plan arising from the external audit approved during 2010 with the Walk In Centre (WIC) Out Of Hours Service (OOH) and minor injury units (MIUs) located within community

hospitals. The quality and completeness of safeguarding referrals undertaken by the OOH service was audited in March 2010. The audit provided significant assurance on the completeness of information sharing.

- engaged with local Multi Agency Risk Assessment Conference (MARAC) processes since November 2010. This is a police-led process for managing high risk domestic violence cases. This process supports both adult and children safeguarding. A named nurse attends the monthly meeting which discusses between 15-18 cases to support information sharing and actions to reduce the risks to victims and dependent children.
- led SystmOne record developments for safeguarding templates and recording and produced practice guidance for staff which has been disseminated through professional meetings.
- finalised the recruitment for specialist nurses for Looked After Children living within Leicestershire and Rutland, to coordinate the care and delivery of children in the care of the large number of private residential care homes within Leicestershire and Rutland. This will strengthen safeguarding arrangements of these children. The specialist nurse team are working closely with the dedicated CAMHS specialist team to improve outcomes for these children.
- agreed and implemented targeted information sharing following children's attendance at A&E and children's ward areas to health visitor and school nursing services. The Health Informatics Service are leading a technical project to enable the safeguarding team at University Hospitals of Leicester (UHL) NHS Trust to access children's records on SystmOne, to support information sharing.
- supported the multi-agency planning and delivery of a local conference to raise awareness of the needs of disabled children within safeguarding across agencies. This was held in March 2011 at Rainbows Children's Hospice and was evaluated positively.
- engaged with a monthly meeting to improve hospital liaison between maternity and community services on ante-natal safeguarding areas.

8. Safeguarding investigations

Working Together to Safeguard Children DcSF 2010, chapter eight defines statutory requirements for LSCBS to undertake reviews of serious cases. Serious Case Reviews are local enquiries into the death or serious injury of a child where abuse or neglect is known or suspected to be a factor. During 2010/11 the LSCB commissioned one serious case review locally; we undertook an internal management review (IMR) of our involvement in the case which was submitted within the agreed timescales. OFSTED

subsequently graded the quality of our IMR as good. The action plan from the IMR has been progressed internally.

During 2010/11 the LSCB Serious Case Review (SCR) sub-group developed a local Significant Incident Learning Process (SILP). The SILP is a multi-agency approach to investigating incidents of serious harm to a child or young person, in cases that do not meet SCR definitions within the Chapter eight, *Working Together to Safeguard Children* DcSF 2010. Each agency involved in the case is required to produce a chronology and internal report on their involvement against the agreed terms of reference determined by the LSCB. Practitioners who were actively involved in the case are brought together, to participate in two learning days organised by the LSCB. An independent author is appointed to lead the investigation process and report back to the SCR sub-group. The recommendations arising from the SILP are progressed and overseen by the sub-group. The SILP actively engages front line staff in the investigation and is completed in a short timescale of 16 weeks. During 2010/11 one single multi-agency SILP investigation was commissioned by the LSCB. We submitted an internal report within the agreed timescales.

During 2010/11, reports on safeguarding investigations (IMR and SILP reports) have been scrutinised by the LCRCHS board. The learning from these has been disseminated through the organisation by:

- embedding learning from national and local IMR or SILP investigations within our safeguarding training.
- communicating key messages from local and national investigations through monthly safeguarding briefing papers to staff.
- reviewing and updating the *Safeguarding Children Practice Guidance* NP118 in relation to the learning from local investigations and launching this through professional briefing sessions, to both children and adult services.
- reporting progress against delivery of our IMR and SILP action plans to our internal Safeguarding Children Group, Clinical Quality Governance Committee and to NHS LCR through the agreed quality schedule.
- feedback on progress against agreed actions to the LSCB sub-group.

8.1 Changes in practice following local safeguarding investigations

We have provided feedback to practitioners, locality service managers, and clinical operational leads involved with specific cases to disseminate the learning from safeguarding investigations. The following actions were also progressed during 2010/11:

- a caseload weighting tool was developed to review health visitor caseload areas.
- we re-launched through staff meetings, the revised LSCB 2010, *leaflet guidance on safe storage of drugs- for parents who substance misuse*.
- following periods of extended leave or absence, staff are updated on clinical and safeguarding practice by the clinical operational lead and named nurses, within their first week of return.

- we reinforced good information sharing practice by disseminating the DcSF 2008, *Information sharing – pocket guide*.
- we updated safeguarding training programmes to emphasise to staff the importance of remaining “respectfully uncertain” when working with children and families in safeguarding practice.
- we established notification systems between child adolescent mental health service (CAMHS) and school nurse service when children are in receipt of mental health services.
- we developed a school nurse management pathway for children who self-harm; which has been piloted and will be rolled out to the wider school nurse service with dedicated training during 2011/12.
- we developed a “transfer in pathway” to standardise the response from health visitor services on new entrant visits to families who move into the area. The pathway has been included in the recently revised health visitor standard operating procedures.

9. Child Death Overview Processes (CDOP)

The Child Death Review Process (CDOP) was established in Leicester, Leicestershire and Rutland February 2009. LSCBs are required under chapter seven of the DcSF (2010) guidance *Working Together to Safeguard Children* to put in place processes to review all unexpected child deaths within their area. Locally an overview of all child deaths (from birth up to 18th birthday, excluding babies stillborn) in the Leicester, Leicestershire and Rutland area is undertaken by a panel drawn from key organisations. A rapid response visit is undertaken jointly by a named nurse and police, to enquire into and evaluate each unexpected death, according to the response process agreed within the LSCB procedures. The CDOP panel collect and analyse information about each child's death to identify:

- any case giving rise to the need for review under Regulation 5 (1) of the LSCB regulations 2006
- any matters of concern affecting the safety and welfare of children in the area
- wider public health or safety concerns.

Between April 2010 - March 2011 across Leicester, Leicestershire and Rutland 24 rapid response visits were undertaken by the named nurse team employed by Leicester City Community Health Services (LCCHS) and Leicestershire and Rutland Community Health Services (LCRCHS). The county team members undertook 13 visits. Families are supported by both the named nurses and health visitor or school nurse involved with the child following these tragic events. A review of LSCB CDOP processes is being taken forward currently. The CDOP annual report is due to be received by the respective LSCB boards within the next three months.

The following CDOP developments have taken place within the previous year:

- delivery of multi-agency training.
- changes to the on-call rota for named nurses and paediatricians has resulted in stopping the weekend on-call cover. Services now respond to visits from Monday-Friday, 9 am – 5 pm excluding Bank Holidays.

During 2010/11, the county named nurse team evaluated whether health visitors and school nurses in contact with CDOP processes felt adequately supported. This area of work is particularly distressing for staff. The named nurse team undertook a brief telephone contact to interview children's service staff. Staff reported they had received good support from the named nurse and CDOP coordinator.

10. Safeguarding systems and assurance

10.1 Safeguarding supervision

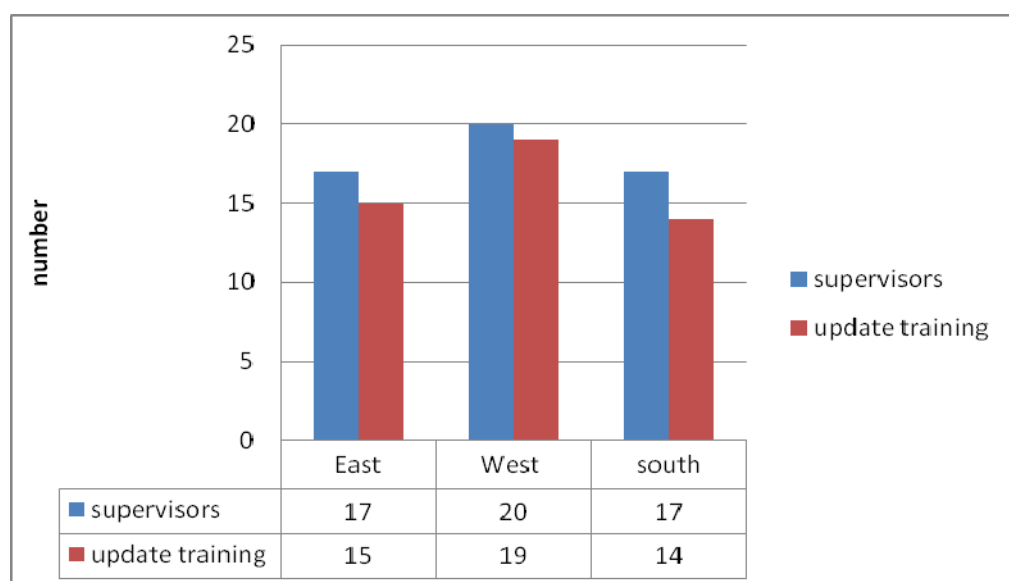
Health visitors and school nurses are required to undertake quarterly safeguarding supervision. Supervisors are experienced practitioners who receive two days dedicated supervisors training to prepare them for this important role. Following training the named nurses assess their practice against the agreed competency framework. If they are successful they are approved as supervisors. Each peer supervisor supports between one to three practitioners.

During 2010/11 the named nurse team undertook over 600 hours of supervision activity. The named nurse team support supervisors with more complex safeguarding cases. They directly supervise and support the development of newly qualified staff, or where there are any practice development needs.

We currently have 55 supervisors (including the four named nurses) whose practice is supported and developed by attending quarterly supervisor meetings. The supervisors meetings are facilitated and led by the named nurse team. There is an expectation that supervisors will attend at least two supervisor meetings a year and they are required to attend an annual half day safeguarding supervision update training in addition to half day level three update training on safeguarding children. Graph 3 shows supervisor training compliance.

A recent unavoidable cancellation of a supervisors course accounts for the compliances shown. Staff who aren't compliant are booked on the next available training course. We have one supervisor currently on maternity leave.

Graph 3: Supervisors attendance on supervisor update training 2010/11



10.2 Safeguarding Audit Activity

External Audit

East Midlands Internal Audit Service evaluated the knowledge and skills of our staff working within adult services on adult safeguarding in March 2010. The auditors used the piloted 'spot audit' criteria developed by the named nurses and interviewed 136 adult staff across community hospitals. Significant assurance was provided in relation to safeguarding knowledge within front-line practice. The final report was published June 2010 and concluded that:

- a robust governance structure is in place and accountability is demonstrated with regard to safeguarding adults.
- comprehensive policies and procedures have been produced in conjunction with the Local Safeguarding Adults Board and other agencies
- multi-agency and internal training programmes are in place for safeguarding adults.
- there is a high level of basic awareness and understanding about safeguarding adults, demonstrated by staff.

East Midlands Internal Audit Service had previously evaluated the knowledge and skills of our front line practitioners around children's safeguarding during October 2009. The auditors observed and talked to 35 children's service staff and 128 adult service staff within the process.

The final report concluded that significant assurance was provided in relation to safeguarding children's knowledge within front-line practice. The actions arising from this audit were completed June 2010.

Internal Audit:

A trust-wide spot audit on children's safeguarding was undertaken during 2010/11 by the named nurse team. The children's workforce spot audit focused on key learning areas from both national and local safeguarding investigations, to ascertain whether recommendations were embedded within frontline practice. We asked our approved supervisors to check safeguarding record keeping areas. The findings were that:

- 95% of children's service staff understood "respectful uncertainty" and were able to describe how this concept relates to safeguarding practice with children.
- 100% demonstrated preparation for child protection case conferences with a report based on the assessment framework and evidenced analysis of signs of safety and risk.
- 100% said they would seek guidance when faced with a professional dispute on a safeguarding matter from their named nurse or supervisor; they were familiar with procedures on managing professional disagreements.
- the staff interviewed were able to describe how they would support the "voice of the child" within safeguarding practice.

The findings from the wider workforce audit were that:

- 100% said they would discuss concerns with their line manager or named nurse and follow the LSCB procedures.
- staff were able to identify vulnerable groups of children within society, who may because of their circumstances be more at risk of abuse or neglect.

The action plans arising from the spot audits, have been progressed.

During 2010/11, we conducted a review of inpatient areas across all of our community hospitals to ascertain if patients were appropriately receiving referrals for the Independent Mental Capacity Advocacy (IMCA) Service. An IMCA referral is recommended if a patient lacks capacity, is not supported by family or friends, and is faced with either a serious health decision or change of accommodation. The advocate will support the patient's best interests within this process. It is an important area of safeguarding. We identified only one patient within our community hospitals who fit these criteria, and had been referred to the local IMCA service and was in receipt of support. This provided assurance that at the time of the audit taking place we complied with the recommendations. An annual audit follow-up has been recommended.

In March 2011 we undertook a spot audit of staff awareness of adult safeguarding and knowledge of Mental Capacity Act and DoLS across community and hospital ward areas. The findings from 50 staff responses are currently being analysed. The final report will be received by the CQGC during 2011/12.

10.3 Safeguarding training development:

During 2010/11 the *Safeguarding Children and Young People Training and Education Strategy* was updated to reflect the intercollegiate document *Safeguarding Children and Young People: Roles and Competencies for Health Care Staff*, published by the Royal College of Paediatricians and Child Health (April 2010), DH. This provides guidance on the competencies, knowledge and skills required by all healthcare staff. This framework underpins chapter four of *Working Together to Safeguard Children* (HM Government, 2010) and the safeguarding children review undertaken by the Care Quality Commission in February 2009. The content is consistent with the Leicester, Leicestershire and Rutland Local Safeguarding Children Board (LSCB) safeguarding training strategy.

The following safeguarding training developments took place in 2010/11:

- safeguarding training records for staff are now on Electronic Staff Record (ESR) which collates training information. We are now able to send regular reports to Locality Service Managers on compliance.
- fabricated and Induced Illness and Domestic Violence training have been added to the core safeguarding training programmes available to staff.
- the named nurse team have reviewed and updated the core mandatory safeguarding training which includes children, adult safeguarding and domestic violence. The training embeds the “think family” or “whole family” approach to safeguarding and utilises case study approaches to support learning.
- level two, Level three initial and update safeguarding children training programmes and supervisor’s update programmes have been updated in relation to national and local serious case review findings and national policy changes.
- the development of e-learning training programmes for children safeguarding (level two), adult safeguarding, domestic violence and deprivation of liberty safeguards is underway. When these are available, they will be embedded within the safeguarding training programmes for all local health providers and commissioning organisations.

Training Activity and Performance

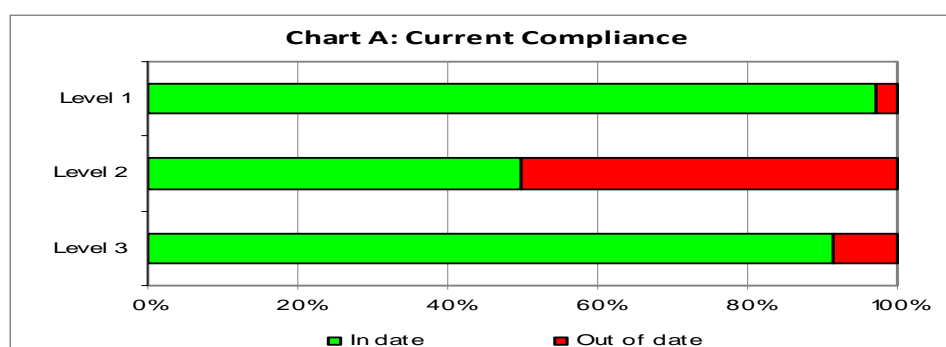
97% of staff on ESR has attended three yearly core mandatory training programmes. Mandatory training includes children safeguarding (level one), adult safeguarding (competencies one to eight) and domestic violence. These programmes include definitions and signs of abuse and neglect and local safeguarding referral procedures.

Working Together to Safeguard Children DcSF (2010) requires level three training to be undertaken on a minimum three yearly basis for groups of staff in regular contact with children. The initial report on ESR confirms that 91.6% of staff has attended level three training. Further validation of training records is underway. Staff who have no training record for the previous three years are being followed up by

locality service managers, to further validate the data and improve attendance.

Confirmed level 2 safeguarding children training records on ESR currently sits at 50% of the workforce. It is only in recent months that safeguarding children training records have been migrated onto ESR. Further validation of training records is needed to improve the accuracy of reporting, although it is recognised that further progress in this area is required. An action plan for improvements is underway. See Graph 4.

Graph 4: Safeguarding training records on ESR, levels 1, 2 & 3



The named nurse team deliver a range of safeguarding training programmes. Staff book onto these using the on-line booking system. Table 4 provides an overview of numbers of staff who attended safeguarding training during 2010/11:

Table 4: Children's safeguarding training activity, 2010/2011

Children's safeguarding training programme	Staff trained 2010/11
Level 1 Children's	969
Level 2	281
Level 3 initial	25
Level 3 update	229
Supervisors initial training	13
Supervisors update training	40
Fabricated and induced illness	30
Domestic violence	40

The adult named nurse for safeguarding completed the "train the trainers" course during 2010/11 and has provided Alerters Part B adult safeguarding training to community staff from September 2010. Alerter's Part A is included within our core mandatory training. We have achieved 97% compliance of staff attendance against the three yearly requirement. Training records from adult multi-agency safeguarding training delivered by the LSAB in the previous two years have been added onto ESR. Table 5 provides an overview of numbers of staff trained on adult safeguarding programmes during 2010/11. LSAB multi-agency programmes are based on the LSAB

approved training competency framework. There is currently no update requirement for staff to attend multi-agency adult safeguarding training programmes.

Table 5: Adult safeguarding programmes activity 2010/2011

Adult safeguarding training programme	Training provider	Trained
Adult alerters Part A	LCRCHS	969
Adult alerters Part B	LCRCHS & LSAB multi-agency	239
Referrers	LSAB multi-agency	10
Investigators	LSAB multi-agency	5
Training for trainers	LSAB multi-agency	5
MCA & DoLS update	LCRCHS & NHS LCR	143
DoLS update	NHS LCR	76

10.4 Safer recruitment and employment practice:

We operate sound recruitment and selection procedures throughout the organisation for all positions advertised either internally or externally. Our safer recruitment procedures are based on national standards, legislative requirements and recognised good practice, which are followed by the human resources department and managers involved in recruitment, selection and induction processes. Our compliance with procedures is audited and evaluated internally.

We have delivered dedicated safer recruitment training to 29 managers and staff within our organisation during 2010/11 and discussions have taken place to embed safer recruitment within mandatory training programmes during 2011/12.

During 2010/11 we worked with the Local Authority Designated Officer (LADO) on one allegation of harm against a staff member in relation to a local safeguarding child investigation. Local agencies are required to follow LSCB Chapter 13 procedures. This is an important area of safe employment practices.

We comply with increased safeguards introduced under the vetting and barring scheme (VBS) in October 2009:

- it is now a criminal offence for individuals barred by the Independent Safeguarding Authority (ISA) to work or apply to work with children or vulnerable adults.
- employers face criminal sanctions for knowingly employing a barred individual across a wider range of work
- employers have a duty to refer information about individuals working with children or vulnerable adults to the ISA where they consider them to have caused harm or pose a risk of harm. During 2010/11 we made one referral to ISA under these arrangements.

11. Development plan priorities for 2011/12

Our development priorities for 2011/12 are as follows:

1. To embed the e-learning programmes developed for adult alterer's, children (level two), deprivation of liberty safeguards and domestic violence into our safeguarding education and training programmes.
2. To validate the level two safeguarding children training records and improve uptake.
3. To finalise the audit report on adult safeguarding / MCA & DoLS and progress the agreed action plan.
4. To undertake a review of supervision arrangements across children's service areas to inform future planning and delivery.
5. To work with Leicestershire Partnership Trust Business Units and safeguarding leads to identify the organisation's key safeguarding priorities for 2011/12.
6. To work in partnership with local authorities to prepare for joint inspection on safeguarding children areas and continually strengthen partnership working.
7. To work with other agencies to progress the LSCB business objectives for 2011/12.

12. Conclusion

This is the final safeguarding report from the former Leicestershire County and Rutland Community Health Service. From 1 April 2011 the services were transferred to a range of other providers. This report provides an account of our compliance against statutory safeguarding requirements, safeguarding activity and developments during 2010/11. It demonstrates a strong commitment to safeguarding children and adults throughout our organisation. The assurance processes around safeguarding are robust, evidenced through external and internal audit processes. This is the first year we have applied staff safeguarding training records to ESR; further validation of records is needed. An action plan is in progress to improve level two figures.

Despite the significant increase in safeguarding activity within community services over the preceding three years, our staff are prioritising our most vulnerable groups of children and adults to deliver an ever increasing complex safeguarding agenda. Improvements in health visitor service establishment will improve early support for families in need. We have strengthened safeguarding arrangements with the large number of children living in private residential homes within the area by commissioning a dedicated specialist nurse team for looked after children. The specialist nurse team are working closely with CAMHS to provide enhanced targeted levels of support to a particularly vulnerable group of children.

Jackie Wilkinson

Head of Safeguarding Children and Adults

13. References

ADSS (2005) *National framework for Service Standards*.

Children Act 1989 & 2004

DcSF (2008) *Information sharing – pocket guide*

DcSF (2010) *Working together to safeguard children; a guide to inter-agency working to safeguard and promote the welfare of children*
www.education.gov.uk/publications/standard/publicationdetail/page1/DCSF-00305-2010

Dept Education (2011) *The Munro Review of Child Protection: Interim report, the child's journey*, www.education.gov.uk/munroreview/

DfES (2004) *Every Child Matters: change for children programme*

DH (2000) *No Secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse*

DH (2004) *National Service Framework for Safeguarding Children, Young People and Maternity Services (NSF) (2003:2004)*

HM 2010 *Forced Marriage & Learning Disabilities Multi-Agency Practice Guidance*

HM (2011) *Vetting & Barring Scheme Remodelling Review – Report and recommendations*

HO (2011) *Multi-Agency Statutory Guidance for the conduct of domestic homicide reviews*

LSCB (2011) *leaflet guidance on safe storage of drugs- for parents who substance misuse*.

Royal College of Paediatricians and Child Health (2010) *Safeguarding Children and Young People: Roles and Competencies for Health Care Staff*.

Ofsted (2011) *The voice of the child: learning lessons from serious case reviews*

Internal LCRCHS policies:

CHSQCD001 "Being Open" policy

NP092 *Policy for Safeguarding Children and Young People:*

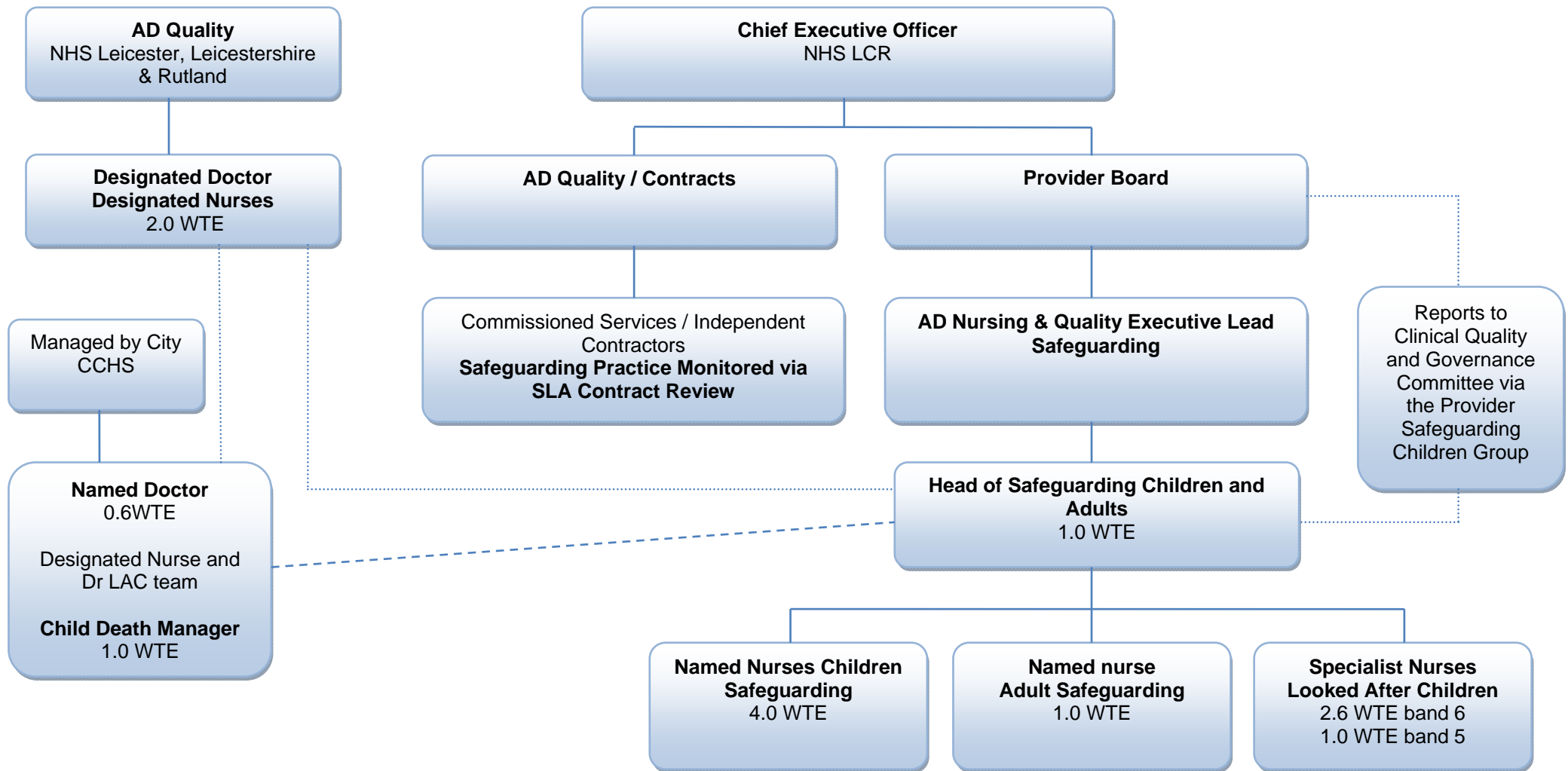
NP118 *Safeguarding Children & Young People Practice Guidance*

NP018 *Adult Safeguarding Policy*

NP096 *Guidance for implementation of DoLS in Community Hospitals*

LCRCHS, 2010 /11 *Safeguarding Children and Young People Training and Education Strategy*

Appendix 1: Safeguarding Leadership and Accountability 2010/ 2011



Appendix 2: Safeguarding and Protection Children Working Group Terms of Reference

LEICESTERSHIRE COUNTY AND RUTLAND COMMUNITY HEALTH SERVICES

Safeguarding and Protection Children Working Group

Terms of Reference

Purpose

LCR CHS is committed to safeguarding and protecting Leicestershire and Rutland's children and young people through the continuous improvement of systems and front-line clinical practice, in line with national guidance.

The group will ensure a multi-agency local approach to safeguarding children and joining up systems to enable early identification and protection of the most vulnerable children and young people

The aim of this group is to ensure that safeguarding and promoting the welfare of children is integral to everybody's practice and the clinical governance and audit arrangements within the organisation.

Membership

- Associate Director for Children's CHS (Chair)
- Public Health representative
- Clinical Quality and Governance representative
- HR representative
- Designated and Named Child Protection and LAC professionals within LCR area
- Local Authority Children and Young People representatives
- Locality Service Manager Children's services.

Purpose and Duties

- To receive child protection guidance from the Local Safeguarding Children Board (LSCB) and consider implications for LCR CHS/partners and report these through the formal governance processes
- To receive and comment on policies agreed within LSCB and / or the Child Protection Team managed through Leicester City CHS
- To develop and agree new safeguarding policies and procedures and ensure ratification processes through appropriate forums.
- To engage in the serious case reviews (SCRs) by supporting individuals involved in the SCR process, receiving SCR reports and planning, monitoring and reporting on agreed and implemented action plans

- To ensure clinical staff are skilled and knowledgeable, competent and influence clinical standards and education programmes ensuring Trust employees and independent contractors are competent to provide child protection services whilst minimising the risks.
- To consider techniques / mechanisms for engaging general practitioners (and other independent contractors) in child protection service provision.
- To act as a conduit between front line clinicians and LCRCHS to ensure robust systems are in place and all Trust employees and independent contractors are familiar with structures, policies and procedures and communication pathways.
- To consider and agree the process for establishing a single database for recording and retrieving all training received by employees and independent contractors.
- To work in partnership with Children and Young People's Service colleagues to ensure a co-ordinated approach to safeguarding children across Leicestershire and Rutland County Councils.
- To review and agree any relevant documentation pertaining to safeguarding children.
- To provide regular reports to the Clinical Quality and Governance group and Board ensuring members are briefed on policies, procedures and their implementation.
- To ensure the Records Management Action Plan incorporates records management for child protection and receive regular reports on audits and actions from Record Management Group

Frequency of Meetings and Quoracy

The meeting will be quorate on the attendance of 6 of the membership. There should be at least representative from;

- Named Doctor
- Named Nurses
- Looked After Children
- Children's Services

Meetings will be held bi-monthly

Standard Agenda Items

- Performance Monitoring
- Report from LSCB
- Report from LAC
- Progress Report from Named Nurses
- SCR's and SUI's action plan assurance

Appendix 3: Safeguarding Adults Group Terms of Reference

Leicestershire County and Rutland Community Health Services Safeguarding Adults Group Terms of Reference

1. Purpose

- 1.1 To develop and implement policies and guidance in accordance with the No Secrets document for safeguarding adults.
- 1.2 To ensure that clear processes are in place to safeguard vulnerable adults, whilst maintaining their right to independence, wellbeing and choice.
- 1.3 To review trend analysis and agree the process for sharing learning.
- 1.4 To implement and endorse the Mental Capacity Act and Deprivation of Liberty Safeguards.

2. Membership

- 2.1 The membership shall be made up of the following:
 - ❑ Associate Director Nursing and Quality (chair)
 - ❑ HR Lead
 - ❑ Local Authority Manager for Safeguarding Adults
 - ❑ Community Service Manager
 - ❑ Hospital Matron
 - ❑ Safeguarding adults nurses
 - ❑ Head of Nursing Governance and Community Hospitals
 - ❑ Children's Service Representative
 - ❑ Dental Lead
 - ❑ Continuing Care Lead
 - ❑ Palliative Care Lead
 - ❑ Therapy Lead
- 2.2 Additional colleagues will be invited to attend as appropriate.
- 2.3 Representatives must be sent as appropriate.

3. Chair

- 3.1 The Safeguarding Adults Group will be chaired by the Associate Director Nursing and Quality or in their absence Head of Safeguarding.

4. Secretary

- 4.1 The Personal Assistant to either Associate Director Nursing and Quality or Head of Safeguarding.

5. Quorum

- 5.1 The quorum for transaction of business shall be 5 members and must include the Chair or deputy, Hospital Matron, Community Service Manager, Therapy Lead and Continuing Care Lead.

6. Frequency of Meetings

- 6.1 The Safeguarding Adults Group will meet 2 monthly, to be reviewed in 6 months.

7. Conduct of Business

- 7.1 The agenda for each meeting will be circulated two working days in advance; together with any supporting papers.

8. Minutes of the Meeting

- 8.1 The minutes of the meeting will be circulated 10 working days in advance together with any supporting papers.

9. Duties

- 9.1
- Promote safeguarding interest of vulnerable adults to enable their wellbeing and safety.

- To interpret and disseminate national guidance regarding the protection and safeguarding of vulnerable adults, the Mental Capacity Act and Deprivation of Liberty Safeguards.
- Progress local actions agreed through the multi-agency Safeguarding Adults Board.
- Develop an in-house training programme for safeguarding adults embedding the principles of MCA and DOLS in practice.
- Receive reports on safeguarding adult's incidents and review actions taken.
- Develop systems of audit and evaluate the impact and quality of safeguarding work.
- Trend analysis and lessons learnt.
- Ensure effective responses when there are concerns for safety and wellbeing of any vulnerable adults.
- Raise awareness, knowledge and understanding of abuse and neglect in order to respond effectively.
- Develop and maintain a strong and evolving network of stakeholders.
- Promote best practice in prevention and investigation by learning from and contributing to local and regional research and policy development.

10 Reporting Responsibilities

- 10.1 The Safeguarding Adults Group will report to the Clinical Quality and Governance Committee.

11 Review of Terms of Reference

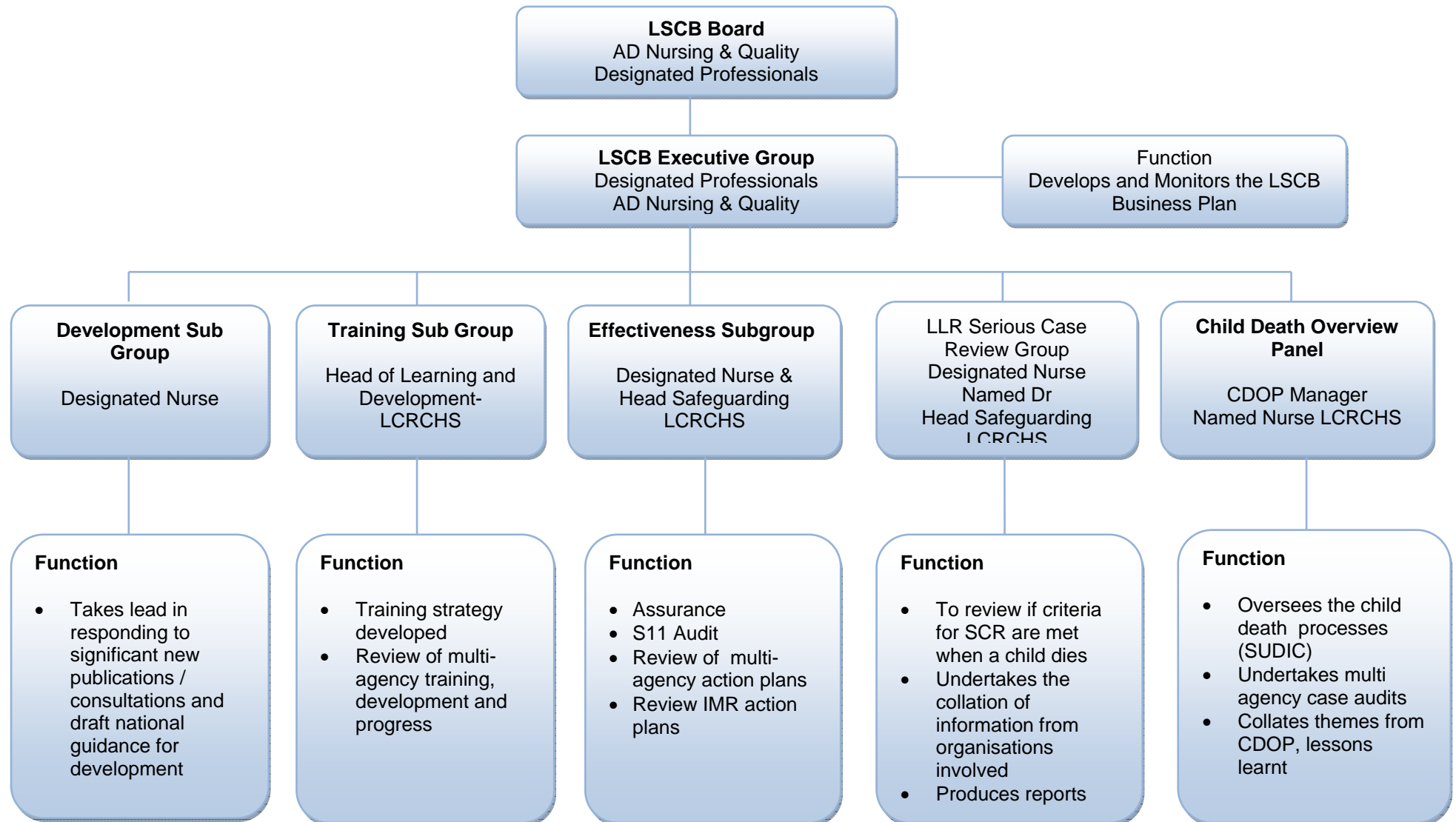
- 11.1 These terms of reference will be formally reviewed by the Safeguarding Adults Group in December of each year, and may be amended at any time to reflect changes in circumstances that may arise.
- 11.2 Any such changes made by the Safeguarding Adults Group to the terms of reference will be presented to CHS Clinical Quality and Governance Committee for approval.

Date Agreed; December 2010

Date of Review; December 2011

Appendix 4:

LSCB Core Group and Supporting Group Interface Chart, March 2011



Appendix 5: Think Family Strategic Group Terms of Reference

Leicester, Leicestershire and Rutland

(HEALTH) 'THINK FAMILY' STRATEGIC GROUP

TERMS OF REFERENCE

1. Translation of national into local health implications in light of National Safeguarding Unit.
2. To receive the two LSCB papers and one Adult Safeguarding Board recommendations, policies, guidance, Serious Case Reviews and annual reports.
3. To interpret above documentation and translate into practical application across health organisations within LLR.
4. To ensure that each health organisation utilises its own governance systems and processes for the adoption and performance management of local and national recommendations, policies, guidance and procedures in relation to all safeguarding matters.
5. To establish a Health specific Safeguarding Strategy for LLR reflecting priorities of both LSCBs (City/County & Rutland) and Adult Board working plans that combine commonality of the agenda with the different aspects of provision and commissioning and informs the commissioning process.
6. To receive reports of performance and learning in relation to Child Death Reviews and Serious Case Reviews for Children, Young People and Adults.
7. To consider the learning from Child Death Reviews, Serious Case Reviews, Serious Untoward Incidents and disseminate these findings by way of the LLR annual work programme with performance management of such issues being integrated within the quality schedules for provider organisations. Translate and coordinate health responses to national expectations SDU.
8. **Membership** – see attached
9. **Duration and Frequency of Meetings**
Six weekly for two and half hours split 50:50 between Children and Young People and Adults agenda.
10. **Quorum**
Minimum of four organisations with representation.
11. **Chair**
Executive Director for one year rotating
Vice Chair
Executive Director for one year progressing to chair thereafter.