

Annual Report Safeguarding Children 2011-2012



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Abbreviations Used

| | |
|-------|--|
| LSCB | Local Safeguarding Children 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 |
| CAMHS | Child and Adolescent Mental Health Service |
| ESR | Electronic Staff Record |

Executive Summary

This report gives an account of safeguarding activity across Leicestershire Partnership Trust. The annual report demonstrates the organisation's commitment to protecting local children and young people from harm across all age ranges and service areas. Leicester City Community Health Service (LCCHS) and Leicestershire and Rutland Community Health Services (LCRCHS) merged with Leicestershire Partnership Trust (LPT) on 31/3/2011 therefore this is the first LPT Safeguarding Children Annual Report.

Following the organisational changes the focus has been on integrating both the safeguarding team and clinical governance processes across LPT.

Key developments within this annual report and include:

- A Named Nurse advice line was commenced in January 2012. The advice line provides a single point of contact for all staff employed within LPT to access safeguarding children advice.
- The Safeguarding Children Policy and Domestic Violence Policy have been launched across LPT following review and harmonisation of the three legacy organisation policies.
- Front line staff are kept up to date with learning from near misses and serious case reviews, policy and practice changes through a monthly safeguarding children briefing.
- Safeguarding training requirements across LPT have been reviewed and changes to training delivery made. The Safeguarding Adults, Children and Young People Education and Training Strategy provides a blueprint for the training requirements for each staff member across LPT.

Future priorities for the period April 2012 to March 2013 include:

- A review of children safeguarding supervision arrangements across children's service areas, to inform future planning and delivery. An LPT Safeguarding Children Supervision Policy will then be launched.
- The development of a Trust wide Safeguarding Children Practice Guidance to meet the needs of all staff groups within LPT.
- Strengthen the *Think Family* delivery to improve outcomes for children and families, through the development and implementation of a Trust wide action plan.

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1. INTRODUCTION

This report gives an account of safeguarding activity across Leicestershire Partnership Trust. The annual report demonstrates the organisation's commitment to protecting local children and young people from harm across all age ranges and service areas. Leicester City Community Health Service (LCCHS) and Leicestershire and Rutland Community Health Services (LCRCHS) merged with Leicestershire Partnership Trust (LPT) on the 31st March 2011 therefore this is the first LPT Safeguarding Children Annual Report.

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 LPT we are embedding the *think family* approach within our safeguarding children training programmes and our clinical health assessment processes. Children's services 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 years 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. LPT complies with this requirement, reporting quarterly on progress against this framework, to the Quality Assurance Committee (QAC) and to Commissioners through the LPT quality account.

3. OVERVIEW OF NATIONAL SAFEGUARDING POLICY AND LEGISLATION DEVELOPMENT CHANGES MADE DURING 2011-12

3.1 Working Together to Safeguard Children (DH 2010)

This document 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. Following Eileen Munroe's review of safeguarding during 2011, a revision of Working Together to Safeguard Children is being taken forward and publication is expected later this year.

3.2 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.

3.3 The Voice of the Child: Learning Lessons from Serious Case Reviews (2011)

An 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.

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

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

3.5 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.

3.6 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. LPT SAFEGUARDING LEADERSHIP AND ACCOUNTABILITY

The Chief Executive Officer is ultimately responsible for safeguarding arrangements within the organisation supported by the following safeguarding structure:

- Executive Lead for Safeguarding (Chief Nurse/Executive Director of Quality and Innovation)
- Trust Lead for Safeguarding Children and Adults 1.0 WTE
- FYPC Divisional Lead for Safeguarding 1.0 WTE
- Named Nurses for Safeguarding Children 6.8 WTE
- Named Nurses for Adult Safeguarding 3.0 WTE
- Named Doctor (Community Paediatrician 12 sessions per week)
- Named Doctor for Child & Adolescent Mental Health (1 session per week)
- Named Doctors for Adult Safeguarding (2 sessions per week)

The accountabilities and responsibilities to comply with local safeguarding systems and procedures are included in all contracts of employment. Professional responsibilities for safeguarding leadership lies with the Designated Nurse and Designated Doctor who form part of the commissioning organisation NHS Leicester, Leicestershire & Rutland PCT cluster.

5. LPT SAFEGUARDING GOVERNANCE ARRANGEMENTS

Safeguarding leadership and accountability arrangements are summarised in Appendix 1.

5.1 Local Safeguarding Children Board

Leicestershire & Rutland Safeguarding Children Board (LSCB) and Leicester City Safeguarding Children Board (LSCB) have 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 Executive Lead for Safeguarding has been an active member of the LSCB board and executive sub-group during 2011-12. The Trust Lead for Safeguarding has been an active member of the Serious Case Review and Effectiveness Sub-Groups. The Divisional Safeguarding Lead has been a member of the Training Sub-Committee.

The LSCB sub-group areas and membership are mapped in Appendix 2.

5.2 Leicestershire Partnership Trust Board

The Executive Lead for Safeguarding is a member of the LPT board and has during 2011-12 briefed the Board on safeguarding risk areas and developmental progress. The Board have as part of a development event also received training on safeguarding provided by the Trust Lead.

5.3 Quality Assurance Committee

During 2011-12 the Quality Assurance Committee has received a quarterly safeguarding report on progress against the agreed quality schedule and progress against actions arising from serious case reviews. In addition internal reports following investigations into safeguarding areas have been tabled.

5.4 LPT Safeguarding Committee

The purpose of the Committee is to provide assurance to the Quality Assurance Committee on safeguarding areas within the remit of this Sub-Group. The Safeguarding Committee provides strategic leadership to safeguarding activity across the divisional areas. Safeguarding leads from each divisional group and named professionals are members of the Committee. The Committee oversees all quality assurance areas and activity in relation to safeguarding children or adults. The Committee is held bi-monthly and is chaired by the Executive Lead and Trust Lead for Safeguarding as deputy. The terms of reference are included in Appendix 3.

5.5 Families, Young People and Children (FYPC) Safeguarding Group

This bi-monthly meeting is chaired by the Divisional Director of FYPC and includes the Divisional Safeguarding Lead, named professionals for children and adults and service leads from across the division. The terms of reference for the group, are included in Appendix 4. This group ensures that good safeguarding practice is embedded and services for children and families effectively discharge their statutory duties in relation to safeguarding and supporting the health needs of looked after children. The group reports into the FYPC Quality and Assurance Committee on a quarterly basis and into the Safeguarding Committee bi-monthly.

5.6 Safeguarding Children's Network

The Safeguarding Children's Network is chaired by the NHS Leicester City PCT Cluster Designated Nurse 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. SAFEGUARDING ACTIVITY

LPT is working towards the presentation of data by clinical commissioning groups. Due to legacy reporting arrangements some data reflects safeguarding activity within the previous Leicester City and Leicestershire and Rutland PCT areas.

6.1 Children with Child Protection Plans (Children Act 1989 S 47)

Clinical services for children and families support this group of children through targeted and enhanced care provision. At a minimum this includes:

- Report writing and case supervision
- Attendance at case conferences; three – six monthly
- Attendance at „core groups“ six weekly
- Targeted visiting pattern, within safeguarding plans
- Police, solicitors, court statements and appearances.

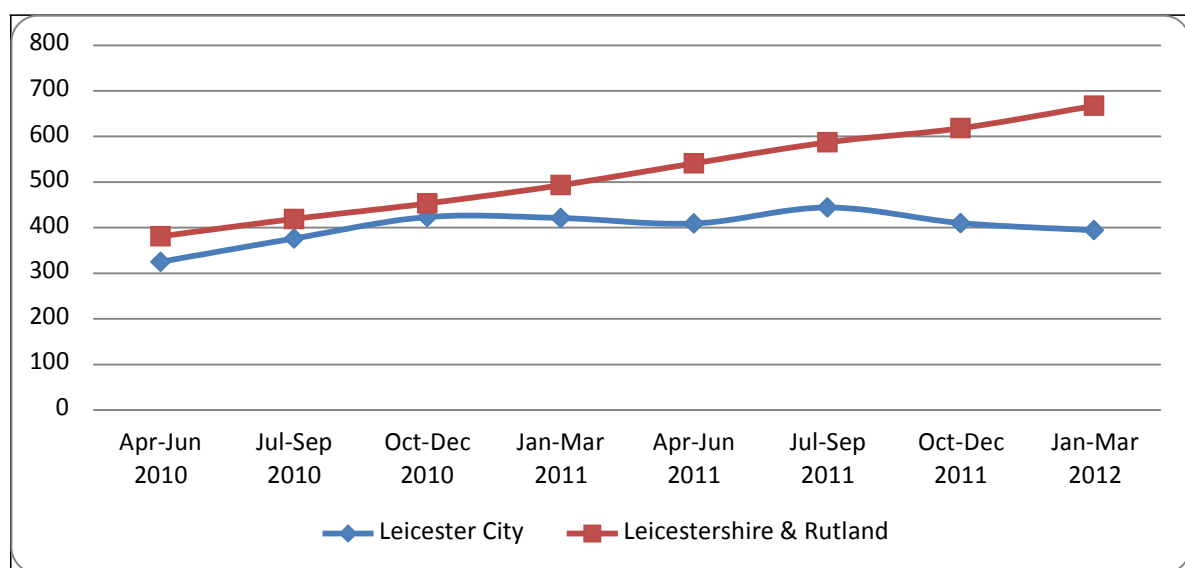
6.2 Child Protection Activity

Table 1 identifies the number of children with child protection plans, living or attending schools within Leicester city and county areas. The highest workload demands are on Health Visitor and School Nurse services who usually undertake the lead professional role for children where there are child protection concerns. Each locality has experienced an increase in children with child protection 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 across Leicester, Leicestershire & Rutland

| Quarterly Period | Leicester City | Leicestershire & Rutland | Total |
|------------------|----------------|--------------------------|-------|
| Apr-Jun 2011 | 409 | 541 | 950 |
| Jul-Sep 2011 | 444 | 587 | 1031 |
| Oct-Dec 2011 | 410 | 618 | 1028 |
| Jan-Mar 2012 | 394 | 667 | 1061 |

Graph 1: Comparative Quarterly Data - Children with Safeguarding Plans Living within Leicester, Leicestershire and Rutland 2010-2012



Graph 1 reports the significant increase and upward trend of children with child protection plans over the previous two years 2010-2012 within Leicestershire and Rutland. These children either live in or attend schools within Leicestershire or Rutland and are supported by the FYPC Division. The Leicester City data shows a steady number of children with child protection plans since October 2010. The data has been obtained from activity within the Health Visitor and School Nurse teams. There are variations in the numbers of children with protection plans living in each locality, which reflect both the differences in the size of the population and levels of need within each locality. The safeguarding figures are reported into the safeguarding children group on a quarterly basis.

6.3 Health Visitor Caseloads

The *Health Visitor Implementation Plan 2011-2015: A call to action DH 2011* sets out to expand and strengthen health visiting services. The Call to Action requires an increase of approximately 100 extra Health Visitors across LLR, with approximately 90 of these being in the city locality. A management of change process concluded in March 2012 to strengthen the role of lead practice teacher in order to meet the training and development needs for the increased number of students in training.

Currently there are 28 students in training, of which 20 will qualify in September 2012, with a further 8 qualifying in March 2013. There has also been a focused recruitment campaign to increase the number of Health Visitors through on-going advertising of posts and the development of Community Staff Nurses to train as Health Visitors within service.

Table 2: Average Health Visitor Caseload by Locality - March 2012

| Locality | Average Caseload per wte |
|--|--------------------------|
| Leicestershire County & Rutland – East | 460 |
| Leicestershire County & Rutland – West | 443 |
| Leicester City | 510 |

The increasing number of Health Visitors from September 2012 will further reduce caseloads.

6.4 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 children’s services for more intensive support. Care packages are coordinated across support agencies, with active care planning and provision of services.

6.5 Common Assessment Framework (CAF) Multi-Agency Support

The CAF is a key part of delivering frontline services that are integrated and focused around the needs of children and young people. The CAF is a standardised approach to conducting the assessments of children’s additional needs where more targeted intensive and co-ordinated multi-agency support is required. The CAF is understood across all agencies and ensures earlier identification of additional needs within children’s universal services. A multi-agency strategic group oversees local developments. See Table 3 for a snapshot of CAF activity taken on 21 March 2012.

Table 3: CAF Activity within Network Areas - March 2012

| Network Area | Current CAFs | Episode closures |
|-----------------------|--------------|------------------|
| Leicester City | 618 | 1076 |
| Leicestershire County | 799 | 1098 |
| Rutland | 468 | 50 |
| Total | 1885 | 2224 |

The CAF figures represent all agency contributions to CAF processes.

6.6 Named Doctors

The Named Doctors for the FYPC division provide 12 sessions per week divided equally across Leicester City and Leicestershire County & Rutland. They play a lead role in the supervision of paediatricians and GP's and carry out a peer review of safeguarding medical activity including child protection medical examinations.

Table 4: Child Protection Medical Requests

| | Leicester City Child | Leicestershire County & Rutland Child | Totals |
|----------------|-------------------------|---|------------|
| April 2011 | 16 | 6 | 22 |
| May 2011 | 23 | 8 | 31 |
| June 2011 | 17 | 21 | 38 |
| July 2011 | 22 | 11 | 33 |
| August 2011 | 9 | 14 | 23 |
| September 2011 | 14 | 16 | 30 |
| October 2011 | 12 | 28 | 40 |
| November 2011 | 32 | 23 | 55 |
| December 2011 | 11 | 23 | 34 |
| January 2012 | 16 | 22 | 38 |
| February 2012 | 18 | 12 | 30 |
| March 2012 | 14 | 15 | 29 |
| Total | 204 | 199 | 403 |

These are the overall figures for referrals and they can be further broken down into medical assessments for physical abuse, medical assessments for child sexual abuse, medical assessments for chronic neglect and strategy discussions which did not proceed to actual medical assessments.

Table 5: Medical Assessments Undertaken for Physical Abuse

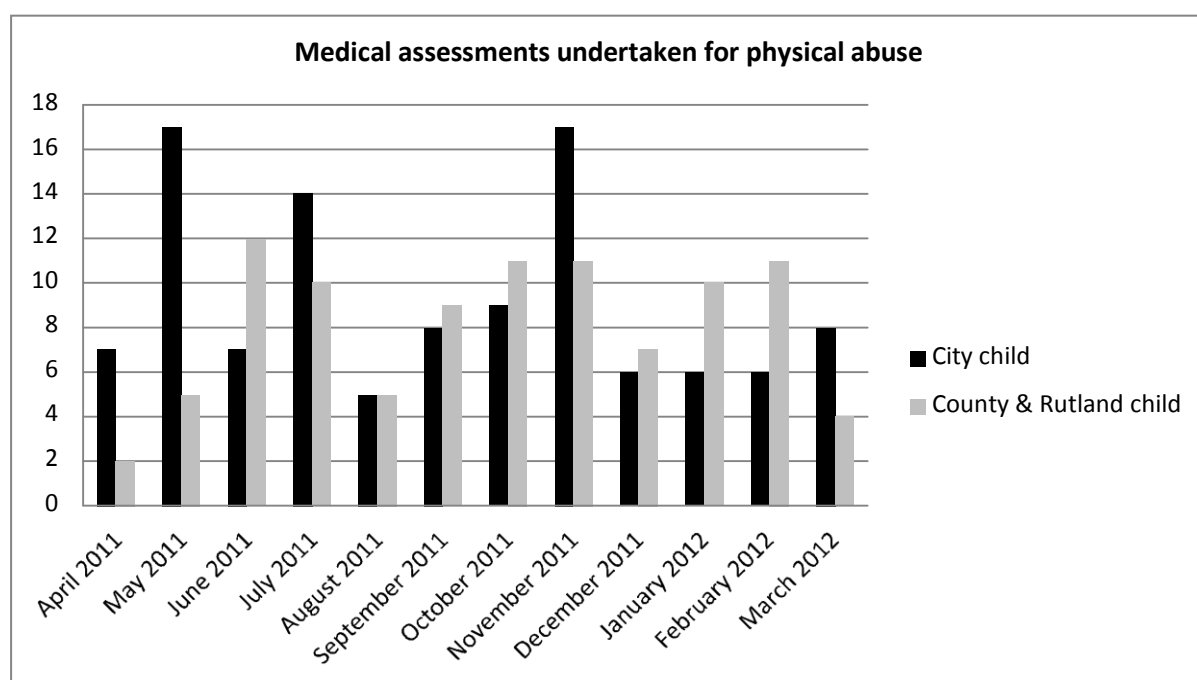
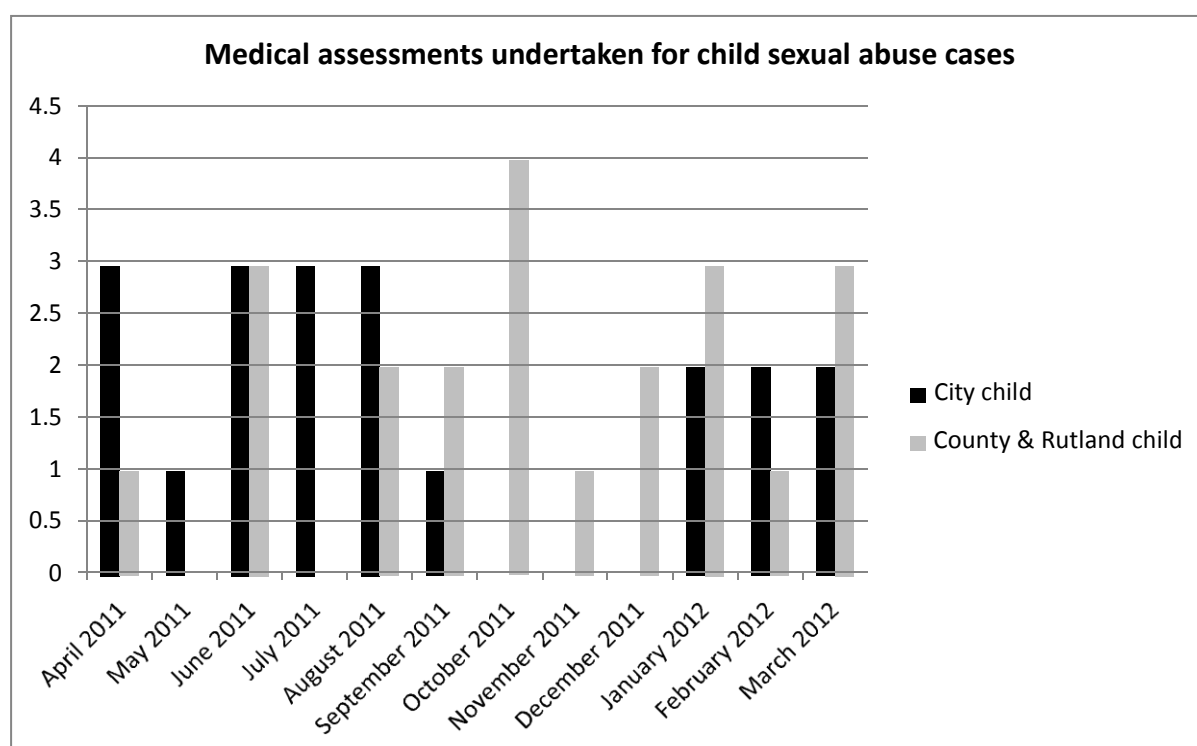
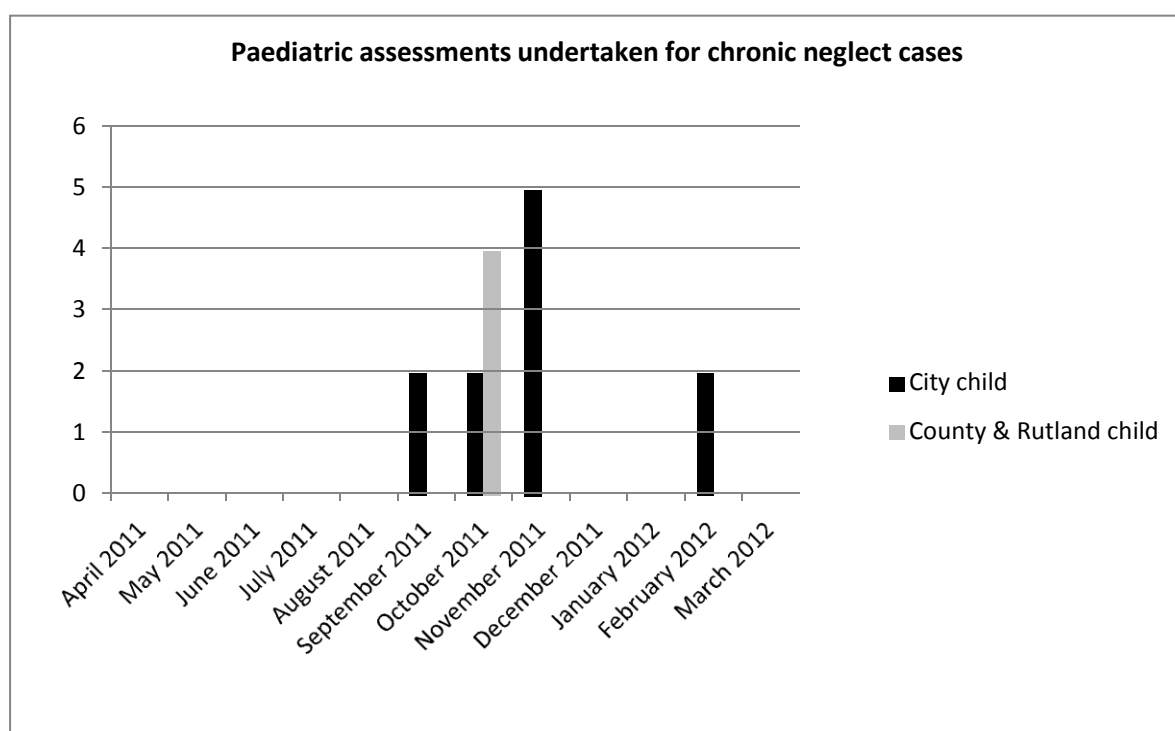


Table 6: Medical Assessments Undertaken for Child Sexual Abuse Cases



Safeguarding medical activity can be further analysed according to type. Last year there were around 200 medicals for physical abuse. The Paediatric Team work with the Police on specialist areas of investigation, 30 sexual abuse medicals were completed during this period.

Table 7: Paediatric Assessments Undertaken for Chronic Neglect Cases



In the seven months to September 2011 there were no requests received by local authorities for medical assessments of children about whom there was concern of neglect. This was discussed at a Safeguarding Improvement Team meeting and highlighted at the Leicestershire and Rutland LSCB Safeguarding Effectiveness sub-group. An audit of individual cases and a review of procedures took place. There has subsequently been an increase in Local Authority requests for medicals in suspected child neglect cases.

6.7 Safeguarding Children Training

During 2011/12 the *Safeguarding Education Strategy*, (the legacy document from Leicester City Community Services and Leicestershire County Rutland Community Services), was reviewed and updated to reflect the safeguarding training needs of the diverse workforce of the new organisation. The development of the *Training & Education Strategy for Safeguarding Adults Children and Young People* has been completed with consultation from all divisions of LPT, with support from the Academy. The strategy provides guidance to managers and staff on the competencies, knowledge and skills required for safeguarding practice. The strategy underpins chapter 4 of *Working Together to Safeguard Children* (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 LSCB safeguarding training strategy and Local Safeguarding Adult Boards competency framework.

The following safeguarding training developments took place in 2011/12:

- Safeguarding training records for staff have now been collated onto the Oracle Learning Management (OLM) system across the Trust.
- 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 2, Level 3 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 Trust Leads for Safeguarding and Named Professionals supported the delivery of 8 multi-agency workshop sessions on the Eileen Munroe review of safeguarding to staff working within Leicester, Leicestershire and Rutland.
- The Trust Lead for Safeguarding and Named Professionals delivered two full day workshops on *safeguarding supervision* and *safeguarding babies; recognition of physical abuse*, within the Leicestershire and Rutland LSCB single day training events at the NSPCC to safeguard babies.
- The development of e-learning training programmes for safeguarding children (level 2), safeguarding adults, domestic violence and deprivation of liberty safeguards is underway. These will be embedded within the trust wide training programmes when available

- The Academy provide a quarterly safeguarding training report on compliance across all divisional areas to the LPT Safeguarding Committee, this is also tabled at each divisional safeguarding groups.

6.7.1 Training Activity and Performance

Safeguarding Children Level 1 – 94.1% of a total workforce of 5324 across all staff groups working for LPT

All staff receives a basic awareness of adult safeguarding, children safeguarding, domestic violence within the core mandatory training programmes provided on a 3 yearly update requirement. This includes awareness of the essential signs of abuse and neglect, alert and refers areas and case-discussion. All staff receive within their training packs a basic summary of Mental Capacity Act, awareness of safeguarding policies and multi-agency procedures, whistle-blowing policy.

Safeguarding Children Level 2 – 57.8% of 2999 across relevant staff groups working within LPT

This level of training applies to qualified healthcare professionals who work predominantly with adults, or non-qualified healthcare workers who have direct contact with children or young people e.g. nursing or therapy assistants. Level 2 compliance falls below the required 85% target, this is being addressed, adult services have a full day programme which provided Level 2 Safeguarding Children, Safeguarding Adult Alert and Refer and Mental Capacity Act Update training with specialist speakers from the police and drug and alcohol team. The trust is delivering a conference style training programme at the NSPCC Leicester for 120 staff each month during 2012-13. Exemption reports on training are being sent by the Academy to managers across the trust to support staff to book onto programmes and improve compliance.

Safeguarding Children Level 3 – 85.9% of 776 across relevant staff groups working within LPT

Working Together to Safeguard Children (2010) requires level three training to be undertaken on a minimum three yearly basis for groups of staff who work predominantly with children and young people and/or their parents/carers who could potentially contribute to assessing, planning, interviewing and reviewing the needs of a children and parenting capacity where there are safeguarding concerns. OLM records confirms that 85.9% of staff have attended Level 3 training.

6.8 Multi-Agency Risk Assessment Conferences (MARAC)

The MARAC is a process which enables a group of representatives from a number of agencies to meet to share information on those victims of domestic violence and their children, who are at the highest risk of homicide or serious harm. A support plan to manage and reduce the risk posed by perpetrators of domestic violence is put into place for victims, their children and wider community. The sharing of information helps to increase the safety, health and wellbeing of victims and their children.

The MARAC process supports the safeguarding of both victims and children. The specialist nurse for domestic violence with support from the Named Nurse team has represented LPT at both City and County full day MARAC meetings. Each MARAC meeting discusses between 18-24 high risk domestic violence cases.

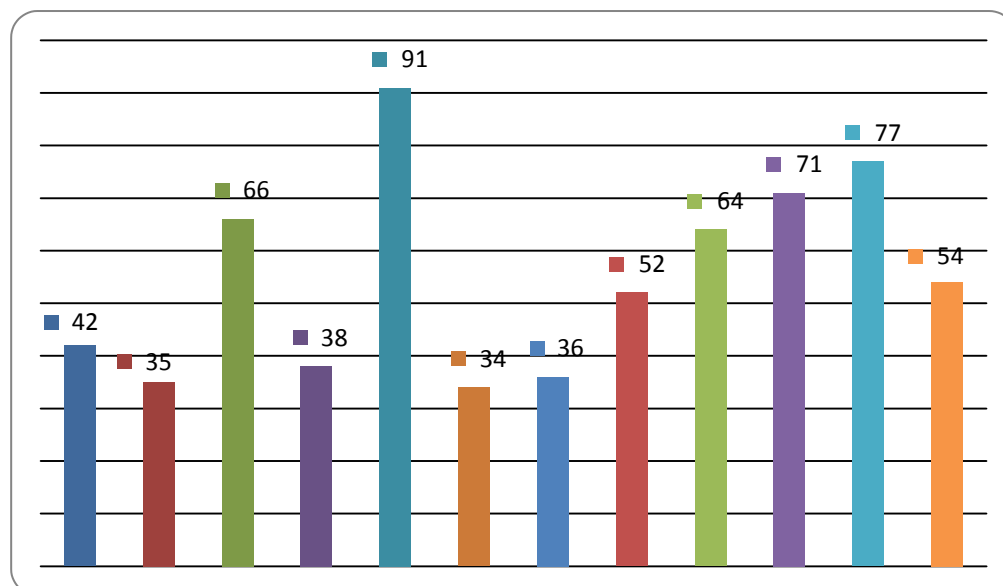
LPT have achieved 100% attendance at both City and County MARAC meetings in 2011-12.

6.9 Missing Children

Notifications are received on a weekly basis from Leicester City, Rutland and Leicestershire County Children and Young People Services. Local Authorities around the UK collate a list which shared locally across the wider Safeguarding community e.g. UHL Child Protection Team, UHL Safeguarding Midwifery Team, Travelling Families Team and Specialist Nurse for Domestic Violence and NHS Direct.

The notifications are checked against the local electronic patient record (SystmOne) to identify if the family or child is within our area. During the period of this report no children from this source were identified as living in Leicester. At the time of writing the organisation is awaiting the SHA East Midlands Safeguarding Children Network's new guidance on a regional alert system for these children and families.

Table 8: UK Missing Children Notifications - April 2011 – March 2012



A rise in the August notifications may be due to the vulnerability of children and young people who go missing during possibly school holidays.

7. THINK FAMILY / WHOLE FAMILY

The Think Family / Whole Family Strategy for Leicester, Leicestershire and Rutland (LLR) Health and Local Authority Services acknowledges the impact of Parental Mental Illness (PMI) on the children and their families, identifies key strategic goals and outcomes and requires LLR Health and Local Authority Services to provide a range of services consistent with the strategic directions to foster and improve the mental health and wellbeing of Children Of Parents with Mental Illness (COPMI), their parents and families.

The four key strategic goals are to:

1. Promote the wellbeing and reduce the risks associated with mental illness for infants, children, adolescents and their parents/carers and families
2. Identify and provide responsive services for families where a parent has a mental illness
3. Strengthen the capacity of interagency partners to recognise and respond to the needs of Children Of Parents with Mental Illness
4. Support the workforce to provide appropriate family focused interventions and care to parents with a mental illness, their children and families

This Strategy is agreed for the period 2012–2015, when it will be reviewed. The action plan will be updated yearly.

8. SAFEGUARDING PROGRESS AND ACHIEVEMENTS

In order to achieve consistency and standardisation of systems and processes for safeguarding children across the divisions of LPT, safeguarding children professionals have been integrated into one team. The following work streams have been progressed:

- A Named Nurse advice line was commenced in January 2012. The advice line provides a single point of contact for all staff employed within LPT to access safeguarding children advice.
- The Safeguarding Children Policy and Domestic Violence Policy has been launched across LPT following review and harmonisation of the three legacy organisation policies.
- Front line staff are kept up to date with learning from near misses and serious case reviews, policy and practice changes through a monthly safeguarding children briefing. The briefing is disseminated to all staff within LPT by global email and discussed at team meetings.

- Safeguarding training requirements across LPT have been reviewed and changes to training delivery made. The Safeguarding Adults, Children and Young People Education and Training Strategy provides a blueprint for the training requirements for each staff member across LPT.
- Contribution to the Inter-Agency safeguarding children training group across Leicester, Leicestershire and Rutland to shape the future training programmes, following the cessation of Leicester City LSCB and Leicestershire County & Rutland LSCB training provision in August 2011. These changes were in response to the *Working Together to Safeguard Children HM 2010* guidance, which require LSCB's to have a quality assurance role on training.
- The Named Nurse team have met with social care team managers to share information and improve working relationships. Health Visitors invitations to pre-birth conferences and School Nurse invitations to multi-agency meetings has improved, as a positive outcome to reviewing systems across agencies.
- LPT have supported 3 joint safeguarding children OFSTED and Care Quality Commission inspections for Leicester City, Rutland, and Leicestershire County, covered by LPT. Health agencies contribution to safeguarding was rated as "good" for both the Leicester City and Rutland inspections, the final report on the Leicestershire inspection is awaited.
- Following attendance at an event entitled Operation Retriever in Derby in relation to Child Sexual Exploitation, practice guidance and a risk assessment tool have been implemented.
- Led on the production of Fabricated & Induced Illness (FII) guidance across health partners in LLR.
- A Safeguarding Improvement Team meeting was initiated in May 2011 to provide a forum for Health, Social care and Police to discuss operational issues relating to the delivery of services in line with local commissioning and national frameworks and targets.
- The UHL/LPT Guidance for the Management of children under the age of two years with unexplained injuries or significant injuries or significant injuries" has been updated and launched, to improve the safety of children within admission arrangements when medical investigations are needed such as skeletal survey, or scans.

9. LOCAL SAFEGUARDING CHILDREN BOARD MULTI-AGENCY SAFEGUARDING INVESTIGATIONS

Working Together to Safeguard Children HM 2010, Chapter 8 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 2011-12 Leicester City LSCB commissioned 2 serious case reviews and Leicestershire County & Rutland LSCB 1 serious case review.

During 2011-12 the LSCB Serious Case Review (SCR) sub-groups have further developed the 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 8, *Working Together to Safeguard Children* 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 2011-12 one single multi-agency SILP investigation was commissioned by the LSCB. We submitted an internal report within the agreed timescales.

During 2011-12, reports on safeguarding investigations (IMR and SILP reports) have been scrutinised by Divisional Management Teams. The learning and actions arising from these include:

- **Improving communication between GP surgeries and Health Visitor services.** Each GP practice has an allocated link Health Visitor, who will be a point of contact with the surgery, to attend regular practice meetings. Individual practitioners are expected to contact GP"s for discussion on individual safeguarding cases.
- **Develop and implement Corporate Working Policy across Health Visitor services.** This is currently under development, when implemented this will provide a consistent approach across caseloads for targeting provision to families.

The learning from investigations has been disseminated through the Organisation by:

- Embedding learning from national and local IMR or SILP investigations into our Trust wide safeguarding training.
- Communicating key messages from local and national investigations through monthly safeguarding briefing papers to staff.
- Reporting progress against delivery of our IMR and SILP action plans to the Divisional Safeguarding Children Group, Clinical Quality Governance Committee and to NHS LCR through the agreed quality schedule.
- Provided feedback on progress against agreed actions to the LSCB sub-group.

10. CHILD DEATH OVERVIEW PROCESSES (CDOP)

The duties undertaken by the Leicester, Leicestershire and Rutland (LLR) Child Death Overview Panel are as outlined in chapter 7 of *Working Together to Safeguard Children* (2010). The child death overview process has been established within LLR since February 2009. *Working Together to Safeguard Children* (2006) outlined the duties of the Local Safeguarding Childrens Board (LSCB) to undertake a review of any child death resident within their area. *Working Together to Safeguard Children* (2010) re-emphasised the need to ensure a process is in place to undertake this work (sec 7.25). LPT are commissioned to provide and co-ordinate the CDOP process and undertake scene visits for unexpected child deaths.

The remit of the child death overview process is to co-ordinate a systematic review into the death of any child between 0 and 18 years of age (the review does not include stillbirth notifications).

All notifications are received by the CDR Manager who will co-ordinate the initial response. The work of the CDR Manager is supported by the child death overview panel secretary.

Within LLR there are a team of 7 Named Nurses who, contribute to rotational cover to undertake a home visit for unexpected deaths. As part of the visit the nurses will discuss the CDOP process with the family and provide an opportunity for families to raise questions they may wish the panel to answer. The nurses will also provide initial information about sources of support the family may wish to access. The nurses are then invited to attend the case discussions that are held prior to the case being presented to the CDOP panel. The nurses provide cover during office hours (9am – 5pm) Monday to Friday (excluding bank holidays).

Table 9: No of Unexpected Child Deaths and Home Visits Undertaken

| LSCB Area | Number of unexpected deaths | Number of Home Visits |
|-----------|-----------------------------|-----------------------|
| City | 10 | 6 |
| County | 11 | 8 |
| Rutland | 1 | 0 |

Table number 9 shows between April 2011-March 2012 across Leicester, Leicestershire and Rutland 14 home visits were undertaken by the Named Nurse Team employed by LPT.

In addition there are 2 Community Paediatricians (SUDIC Doctors) who will provide medical advice in relation to the notifications received and chair the initial meetings to discuss the case.

As a result of the themes emerging from unexpected child deaths there have been a series of developments in relation to:

- Unsafe sleeping environments
- Consanguinity
- Neonatal Deaths
- Work with Partner Agencies

Further information about the CDOP process and detail about current developments can be found in the CDOP Annual Report which is received by the respective LSCB boards.

11. SAFEGUARDING SYSTEMS AND ASSURANCE

11.1 Safeguarding Supervision

11.1.1 All practitioners involved in child protection cases involving children are required to undertake regular safeguarding supervision. These are primarily Health Visitors and School Nurses as the universal caseload holders for children and young people. 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 an agreed competency framework, which following completion leads to supervisor approval. Each peer supervisor supports between one to three practitioners. Peer supervisors 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 a 3 yearly half day safeguarding supervision update training in addition to level three update training on safeguarding children.

11.1.2 Occupational Therapy, Physiotherapy, Diana Nursing Service and the Children's Disability Service have practitioners trained in safeguarding supervision within their teams. This provides a first line contact for practitioners to access safeguarding advice within their own service, and encourages the embedding of safeguarding within clinical supervision processes and personal development reviews. Services such as speech and language therapy that have yet to train safeguarding supervisors have this planned for 2012-13.

11.1.3 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.

11.1.4 Since January 2012 a Named Nurse Advice Line has been operational for any member of staff to gain advice and support regarding a safeguarding issue. This has been very well received by staff and managers who appreciate the improved access to safeguarding expertise and guidance.

11.2 Safeguarding Audit Activity

11.2.1 Internal Audit: Health Visitor / School Nurse Case File Audit

An audit was conducted in the context of *Working Together to Safeguard Children*, HMO 2010 which sets out the relevant statutory and non-statutory guidance for all organisations. The audit was led by Safeguarding Leads working across LPT with support from the named professionals and the audit team. Audit is an important governance process for health organisations to check the quality of the safeguarding records and that internal and multi-agency procedures have been followed.

11.2.2 The audit was conducted on a sample of 49 Health Visitor and School Nurse records, on children with safeguarding plans, located on SystmOne. The children included in the case-file audit were randomly selected from the 1,000 children living within Leicester, Leicestershire and Rutland with safeguarding plans.

11.2.3 There were many examples of good practice including information sharing within multi-agency meetings, good assessment and engagement of the child and parent, referral to CAMHS to support children's mental health needs

Learning will be taken forward through staff briefings on the following areas:

- Ensuring supervision takes place if the practitioner with case holding responsibility does not attend a case-conference, to agree future plans for the child and family.
- The record of ethnicity on children's records
- Raising awareness with staff about the importance of ascertaining the "voice of the child" with safeguarding processes

11.2.4 Safeguarding Survey

An internal audit was conducted in October 2011 to establish staff knowledge and confidence around safeguarding practice for both adults and children. The methodology applied was a Zoomerang staff survey using global email systems. 382 staff participated across all divisional areas, answering questions on both children and adult safeguarding areas

The key findings were that:

- 93% staff reported they know the procedures to follow to resolve professional disagreements on safeguarding practice
- 74% of staff feel confident about alert and refer processes
- 91% of respondents felt (fairly – very confident) in their knowledge of safeguarding policies and procedures for adults or children
- 64% of staff who completed the survey reported having safeguarding issues covered within their regular supervision arrangements.
- 72 % staff felt they had access to support when dealing with cases of abuse

As a result of the findings an action plan has been progressed with the re-launch of the safeguarding policies. A supervision policy for safeguarding practice is being developed. There are plans to review the LPT safeguarding audit, targeting specific areas of safeguarding practice where practice changes have been made, to ensure they are embedded within practice.

11.3 OFSTED and CQC Inspections

The trust has supported the Joint Inspection processes for local authorities and health agencies across Leicester City, Rutland and Leicestershire during 2011/12. The outcome of the inspections for Rutland and Leicester City graded health contributions to safeguarding as GOOD, and the health of looked after children as OUTSTANDING. We are awaiting the final report from the county inspection processes.

11.4 Safer Recruitment and Employment Practice

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

11.4.2 Dedicated safer recruitment training has been delivered to managers and staff within the organisation during 2011/12, 34 managers have attended training.

11.4.3 During 2011/12 LPT worked with the Local Authority Designated Officer (LADO) on 2 allegations of harm against a staff member, in relation to a local safeguarding child investigations; in accordance with LSCB Chapter 13 procedures. These processes are an important area of safe employment practices.

12. CONCLUSION

The Annual Report describes Leicestershire Partnership Trusts commitment to safeguard children, in accordance with statutory responsibilities described within S11 of the Children Act 2004. The annual report also describes our assurance processes and compliance with Standard 7 Safeguarding of the Essential Standards for Registration, Care Quality Commission, 2010.

Safeguarding Children is embedded within practice across all of LPT's divisional arrangements, but is hosted and led by the Family Young People Children's Services. The commitment of all staff working with children and families within safeguarding processes is noted, despite the increased demands on services the dedication of staff within multi-agency frameworks need to be acknowledged. The safeguarding children team have, following the organisational changes, integrated many of the safeguarding children processes across the trust and continue to support practitioners to ensure the safety of children under our care.

13. DEVELOPMENT PLAN PRIORITIES FOR 2012-13

1. To develop a Trust wide Policy for Safeguarding Children Supervision to meets the needs of all staff groups across LPT.
2. To develop a trust wide Safeguarding Children Practice Guidance to meet the needs of all staff groups within LPT.
3. Launch the newly approved Integrated Training & Education Strategy for Safeguarding Adults Children and Young People across all divisions within Leicestershire Partnership Trust
4. To embed the e-learning programmes developed for children (level two), deprivation of liberty safeguards and domestic violence into our safeguarding education and training programmes.
5. Strengthen the *Think Family* delivery to improve outcomes for children and families, through the development and implementation of a trust wide action plan.
6. To work in partnership with local agencies to progress LSCB business plans and joint inspection recommendations on safeguarding children areas.
7. Contribute to the launch of the FII guidance across the health community, to include LPT, the acute trust and GPs.

14 Due Regard

A rigorous due regard process has been undertaken to ensure policies and procedures meet our legal obligation under the Equality Act 2010 Public Sector Equality Duty (PSED) to eliminate unlawful discrimination, harassment, Victimization; advance equality of opportunity and foster good relations.

A more integrated approach to meeting our PSED will be included in our future developmental plans to effectively analyse service user equality data to help in the development, design and review of our service delivery.

15 REFERENCES

The 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*

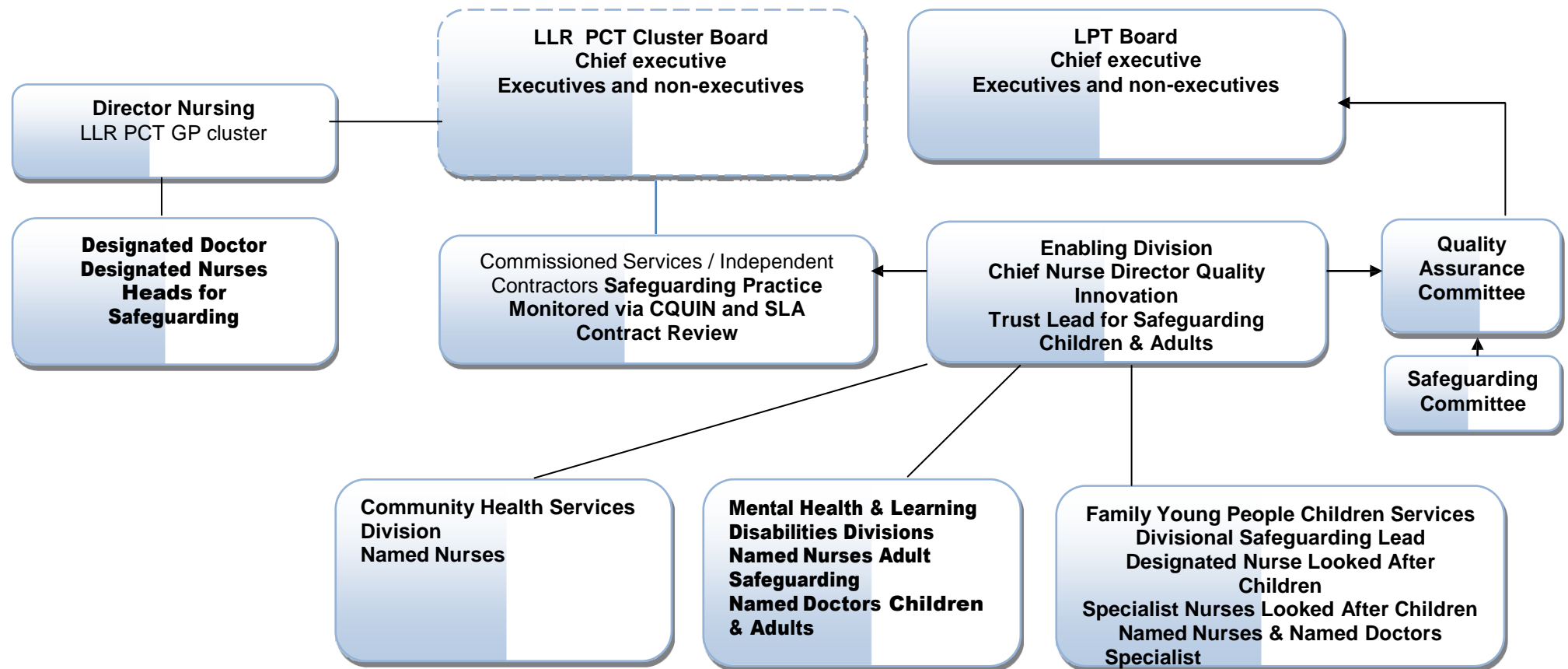
LSCB (2011) *leaflet guidance on safe storage of drugs- for parents who substance misuse.*

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

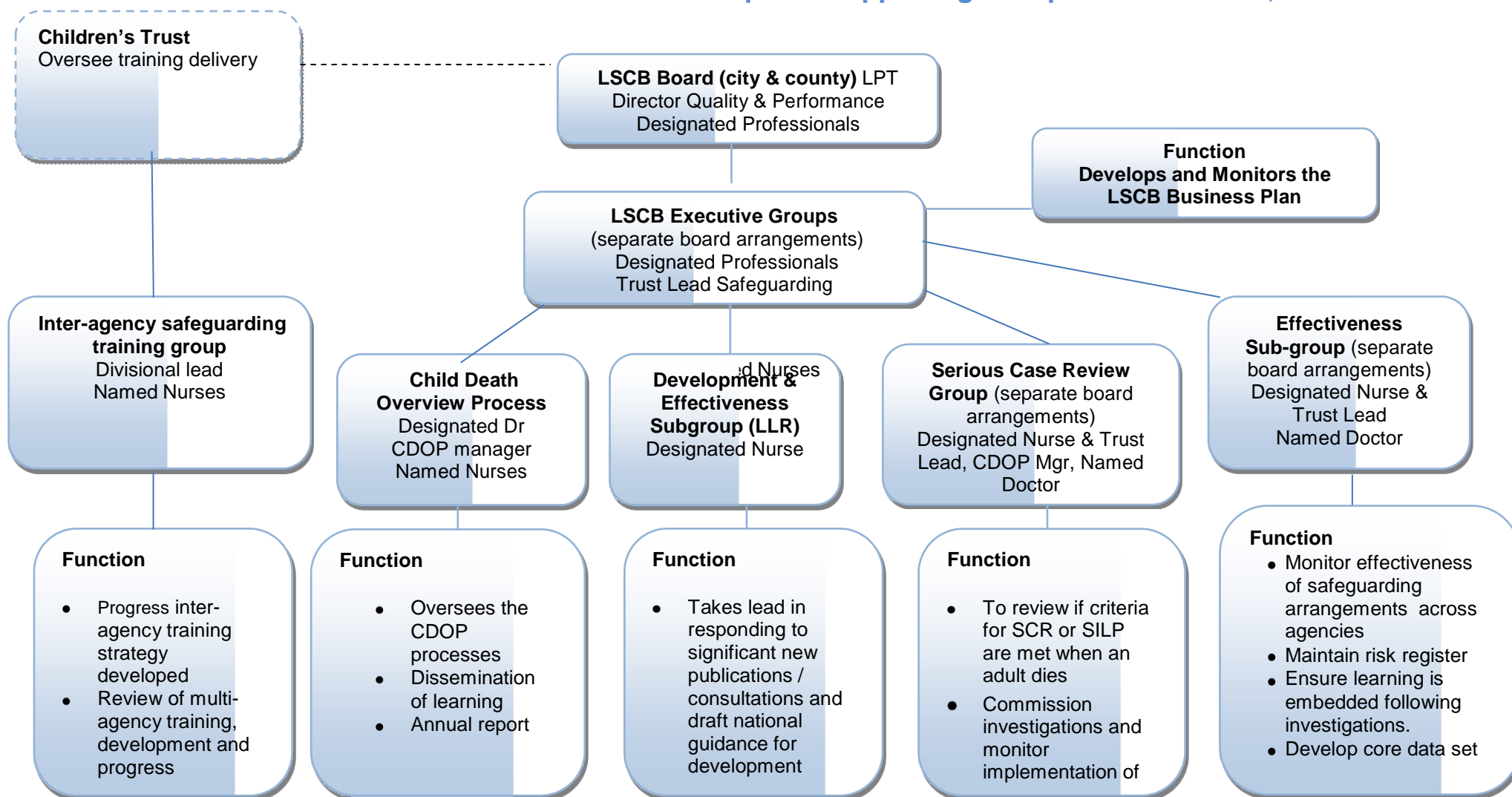
Royal College of Paediatricians and Child Health (2010) *Safeguarding Children and Young People: Roles and Competencies for Health Care Staff.*

APPENDIX 1

Children Safeguarding Leadership and Accountability across PCT / LPT 2011- 2012



LSCB Core Group and Supporting Group Interface Chart, March 2012



APPENDIX 3

LPT Safeguarding Committee – Terms of Reference

| <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="display: flex; align-items: center;"> <div style="font-size: 0.8em; margin-right: 5px;">Leicestershire Partnership NHS Trust</div> </div> <div style="text-align: center;"> <h2 style="margin: 0;">Safeguarding Committee</h2> <p style="margin: 0;">Terms of Reference</p> </div> </div> | |
|---|--|
| 1. Purpose of Group | 1.1 The purpose of the Committee is to provide assurance to the Quality Assurance Group on safeguarding areas within the remit of this Sub-Group. |
| 2. Clinical Focus and Engagement | 2.1 The Trust considers clinical engagement and involvement in Board decisions to be an essential element of its governance arrangements and as such the Trusts integrated governance aims to mainstream clinical governance into all planning, decision-making and monitoring activity undertaken by the Board. |
| 3. Authority | <p>3.1 The Sub-Group is authorised by the Quality Assurance Committee to conduct its activities in accordance with its terms of reference.</p> <p>3.2 The Committee is authorised by the Quality Assurance Committee to seek any information it requires from any employee of the Trust in order to perform its duties.</p> |
| 4. Membership | <p>4.1 The membership of the Committee is listed below:</p> <p style="margin-left: 20px;">The Chair will be: Director of Quality & Innovation</p> <p style="margin-left: 20px;">Membership will include:</p> <ul style="list-style-type: none"> - 2 representatives (suggested Named Dr and either Safeguarding Lead / Senior Manager from each division) - Enabling Division Human Resource Representative - Members from Audit / Risk management (when required). - Trust Lead for Safeguarding - Designated Nurse for looked After Children (quarterly) <p>4.2 Only members of the Committee have the right to attend Committee meetings. However, other individuals and officers of the trust may be invited to attend for all or part of any meeting as deemed appropriate.</p> <p>4.3 Membership of the Committee will be reviewed and agreed annually with the Quality Assurance Committee</p> <p>4.4 Chairmanship of this Committee will be by the Director of Quality and Innovation. In the event of the Chair not being available, the Trust Lead for safeguarding will deputise. In the absence of both, the remaining members present shall elect one of themselves to chair the meeting. If required, a designated Deputy chair may be appointed, this position to rotate every 6 months.</p> |

Safeguarding Committee

Terms of Reference

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| | 4.5 Other staff of the Trust will be invited to attend for all or part of the meeting |
| 5. Secretary | 5.1 Safeguarding Administrator will act as secretary for the Committee. |
| 6. Quorum | 6.1 The quorum necessary for the transaction of business shall be 5 members. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee. |
| 7. Frequency of Meetings | <p>7.1 The Committee shall normally meet monthly, but not less than 8 times a year and at such other times as the Chairman of the Committee shall require at the exigency of the business.</p> <p>7.2 Members will be expected to attend at least three-quarters (75%) of all meetings.</p> |
| 8. Agenda / notice of Meetings | 8.1 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed shall be forwarded to each member of the Committee and any other person required to attend, no later than 5 working days before the date of the meeting. Supporting papers shall be sent to the Committee members and to other attendees as appropriate, at the same time. |
| 9. Minutes of Meetings | <p>9.1 The secretary shall minute the proceedings and resolutions of all Committee meetings, including the names of those present and in attendance.</p> <p>9.2 Minutes of Committee meetings shall be circulated promptly to all members of the Committee and, once agreed, to the secretary of the Quality Assurance Committee. The Committee's minutes will be open to scrutiny by the Trust's auditors. .</p> |
| 10. Duties | <p>The Committee shall:</p> <p>10.1 Receive evidence of compliance with the regulatory requirements as specified within the Health & Social Care Act 2008 at all fourteen registered locations of the Trust, for the following outcomes, and report by exception to the Quality Assurance Committee</p> <p>10.2 Provide assurance to the Quality Assurance Committee of the Trust compliance with and implementation of all policies</p> |

Safeguarding Committee


Terms of Reference

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| | identified as the responsibility of the group. |
| | 10.3 Devise, implement, agree and approve policy within the remit of the group (including appropriate NHS Litigation Authority related policy work). |
| | 10.4 Receive summaries and action points from the Divisional Safeguarding groups and provide support to these groups where necessary and seek assurance of compliance from them. |
| | 10.5 Maintain and make available for Quality Assurance Committee a work plan of planned assurance activities. |
| | 10.6 Communicate exceptions and risks to the Quality Assurance Committee |
| 11. Reporting Responsibilities | <p>11.1 The Committee shall make whatever recommendations to the Quality Assurance Committee it deems appropriate on any area within its remit where action or improvement is needed.</p> <p>11.2 The Committee shall produce for the Quality Assurance Committee an Annual Report on the work it has undertaken during the course of the year.</p> |
| 12. Annual Review | 12.1 The Committee shall, at least once a year, review its own performance, constitution and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Quality Assurance Group for approval. |
| 13. Risk Responsibility | 13.1 The risk areas the Committee has special responsibility for those that fall within the remit of this Committee |
| 14. Regulated Activity Provider Assessment | <p>14.1 The Sub-Group is accountable and responsible for those that fall within the remit of this Committee.</p> <p>Outcome 7 Safeguarding people who use services from abuse</p> |

APPENDIX 4

FYPC Safeguarding Group – Terms of Reference

Families, Young People & Children's Services (FYPC) – Children's Services Safeguarding Group
– Terms of Reference – Approved by FYPC Divisional Management Team on the 19th November 2011

| <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">  </div> <div> Families, Young People & Children's Services Safeguarding Group Terms of Reference </div> </div> | |
|---|--|
| 1. Purpose of Group | <p>The purpose of the FYPC Safeguarding Group is:</p> <ul style="list-style-type: none"> ❑ To ensure that the FYPC Division can effectively discharge its responsibilities for safeguarding children, young people and adults in need of protection. ❑ Ensure the Division discharges its statutory responsibilities for supporting the health of Looked After Children in accordance with 'Promoting Health and Well-Being of LAC' Department of Health Guidance (2009). ❑ To ensure that promoting the welfare of children, young people and adults in need of safeguarding and/or protection is integral to clinical practice. ❑ To continuously improve local safeguarding systems and front line clinical practice, in accordance with national legislation and guidance. |
| 2. Authority | <p>2.1 The Group is authorised by the Board to conduct its activities in accordance with its terms of reference.</p> |
| 3. Clinical Focus and Engagement | <p>3.1 The Trust is committed to promoting the welfare of children, young people and adults in need of safeguarding within Leicester, Leicestershire & Rutland and considers it to be an essential element of all front-line service delivery.</p> |
| 4. Membership | <p>4.1 The membership of FYPC Safeguarding Group shall be made up of the following:</p> <ul style="list-style-type: none"> ❑ Divisional Director of FYPC or deputy ❑ Specialist Clinical Director ❑ LPT Safeguarding Lead ❑ FYPC Safeguarding Lead ❑ Named Nurse City/County ❑ Named Doctors – FYPC and CAMHS ❑ Child Death Review Manager ❑ Specialist Nurse Domestic Violence ❑ Mental Health representative ❑ Designated Nurse for Looked After Children ❑ Quality and Governance representative ❑ Service Lead for Health Visiting/School Nursing City/County ❑ Human Resources representative ❑ The Group will be chaired by the Divisional Director |

| <div> <div> Leicestershire Partnership <small>NHS Trust</small> </div> <div> Families, Young People & Children's Services Safeguarding Group Terms of Reference </div> </div> | |
|---|---|
| | 4.2 The Deputy Chairperson will be appointed by the Group. |
| 5. Secretary | 5.1 The Secretary to the Divisional Director or their nominee shall act as Secretary of the Group. |
| 6. Quorum | 6.1 The quorum for transaction of business shall be: <ul style="list-style-type: none"> <input type="checkbox"/> Chair/Deputy <input type="checkbox"/> 2 Named Professional representatives <input type="checkbox"/> 2 Management Representatives |
| 7. Frequency of Meetings | 7.1 The Group will meet on a bi-monthly basis. 7.2 Members will be expected to attend at least 75% of all meetings. |
| 8. Agenda/Notice of Meetings | 8.1 Meetings of the Group, other than those regularly scheduled as above, will be convened by the Secretary to the Group at the request of the Divisional Director. 8.2 The draft agenda for each meeting will be circulated 2 weeks in advance by the Secretary, with requests for additional agenda items. 8.3 Any items to be placed on the agenda are to be sent to the Secretary one week ahead of the meeting accompanied by all relevant background papers. Tabled or late papers will not be accepted unless given approval by the Divisional Director. |
| 9. Minutes of Meetings | 9.1 The Secretary will record the action notes of the meetings, including the recording of names of those present and in attendance. 9.2 Minutes of the meetings shall be circulated promptly to all members by the Secretary. |
| 10. Duties | The Group will: 10.1 Ensure an effective safeguarding children framework exists across all services. |

Families, Young People & Children's Services Safeguarding Group

Terms of Reference

- 10.2 Ensure the Division and its employees comply with current legislation, national guidance and Local Safeguarding Child Board (LSCB) procedures Local Safeguarding Adult Board (LSAB) procedures and practice guidance.
- 10.3 Provide assurance to Commissioners on safeguarding processes.
- 10.4 Provide a Safeguarding Annual report and LAC Annual Report to the Divisional Management Team (DMT).
- 10.5 Participate in the LSCB & LSAB Serious Case Review process through completion of an Individual Management Report (IMR) and by ensuring implementation of the findings of the overview report.
- 10.6 Ensure all staff within the division have access to safeguarding training, advice and supervision at a level appropriate to their roles and responsibilities.
- 10.7 Advise Commissioners on risk areas for safeguarding children and adults across Leicester, Leicestershire and Rutland.
- 10.8 Ensure mechanisms are in place to maintain quality standards and the effective audit of safeguarding practice as part of the organisation's clinical governance processes.
- 10.9 Work with emerging structures within the organisation; identify key risk issues related to safeguarding children, young people and adults and report to Leicester Partnership Trust Board and through them to the Strategic Health Authority (SHA) as appropriate.
- 10.10 Ensure the Division support the health of children who are fostered or adopted in accordance with the Children & Adoption Act 2006 and Fostering Services regulations 2002.
- 10.11 Ensure effective communication and integrated working with partner organisation on an 'inter' and intra-agency basis.
- 10.12 To develop and agree new policies and procedures and ensure ratification processes through appropriate forums.
- 10.13 To ensure that the organisation has inspection preparation processes in place to comply with Ofsted and CQC inspectorates.

| <div> <div> Leicestershire Partnership NHS Trust </div> <div> Families, Young People & Children's Services Safeguarding Group Terms of Reference </div> </div> | |
|---|--|
| 11. Reporting Responsibilities | 10.14 To ensure Safeguarding Children processes are benchmarked against other areas nationally. 10.15 To ensure the LPT annual work plan is agreed and monitored by the group. |
| | 11.1 To provide regular reports to the Divisional Management Team (DMT). 11.2 To provide reports on the clinical quality/CQUIN elements of the Service Level Agreement (SLA) to the Nursing and Quality Directorate as required. 11.3 To provide reports as required to the Trust Quality Assurance Committee. |
| | 12.1 These Terms of Reference will be formally reviewed by the Divisional Safeguarding Group and DMT annually; they may be amended at any time to reflect changes in circumstances that may arise. |

Vicki Spencer - Service Manager Safeguarding Children (12 Oct 2011)

FYPC Division – Safeguarding Structure

