Safeguarding Children/Child Protection Annual Report 2014-15

<table>
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<th>Trust Board – Part 1</th>
<th>Item:</th>
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<td>Date of meeting: 29th July 2015</td>
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**Purpose of the Report / Paper:**
The purpose of this annual report is to inform members of the committee of the child protection activities within Kingston Hospital during the year 1st April 2014 - 31st March 2015.

**For Information ☒ Assurance ☐ Discussion/Decision ☒ Performance Management ☐**

<table>
<thead>
<tr>
<th>Sponsor (Executive Lead):</th>
<th>Duncan Burton, Director of Nursing and Patient Experience</th>
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<tbody>
<tr>
<td>Author/s:</td>
<td>Anne Boatman, Named Nurse Child Protection</td>
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<tr>
<td>Author Contact Details:</td>
<td>Extension 3401</td>
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<tr>
<td>Financial / Resource Implications:</td>
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<td>To comply with Care Quality Commission requirements to maintain license to practice</td>
</tr>
<tr>
<td>Impact on Patients and Carers:</td>
<td>To enable the executive team to assure patients and carers that there is a robust framework in place for child protection</td>
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<td>Document Previously Considered By:</td>
<td>Safeguarding Children Committee (20th May 2015) Clinical Quality Improvement Committee (10th June 2015)</td>
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**Recommendations by the Board:**
The Trust Board requested to:

a) **note** the report, the improvements made during 2014-2015 and those scheduled for implementation during 2015-2016.

b) **Approve** the Safeguarding Children Declaration 2015/16.

c) **Note** the addition of the approval of the declaration to the Trust Board work plan.
Executive Summary

This report informs the Trust of its compliance in safeguarding children against the guidance set out in the Department of Educations (2013) ‘Working Together to Safeguard Children’ document, and provides assurance that it is discharging its duties for observing both the safety and wellbeing of children and young people attending Kingston Hospital NHS Foundation Trust. The report also informs the Trust of children’s safeguarding activities during 2014-15, and outlines the Trust’s progress and activities in ensuring that a robust child protection framework is in place for all children and young people who are treated at Kingston Hospital NHS Trust.

The report summarises the progress made on the Safeguarding Action Plan. It also outlines both child protection activity and training figures.

Context

Child Protection continues to have a high profile on a national basis. Kingston Hospital safeguarding team work closely with Children’s Services and the Commissioners (CCG) to ensure that new processes are clearly implemented ensuring staff are made aware of changes at the earliest opportunity. A joint inspection from the CQC and Ofsted of health services for Kingston’s children took place in June 2012 when improvements in Children’s Services were recommended. In July 2014 the CQC carried out a review of health services for safeguarding and looked after children with recommendations recorded. The Trust compiled an action plan and is regularly monitoring progress and reporting to the executive lead. Following the Munro Review in 2011 which formed part of a national drive to improve the quality of child protection services in England, the Governments “Working Together to Safeguard Children” document has been reviewed with the latest edition being published in March 2013. This latest guidance aims to help professionals understand what they need to do, and what they can expect of one another, to safeguard children. It focuses on core legal requirements, making it clear what individuals and organisations should do to keep children safe. Continuing reform of child protection national strategies necessitates continuing relevant changes are made to local policy and guidance. It is important that robust performance monitoring is in place for the Trust to provide assurance in safeguarding children to the CQC, CCG, and Kingston Local Safeguarding Children Board (LSCB).

The Trust must ensure that it meets its responsibilities for safeguarding children through:

- Working with commissioners to continue to improve arrangements for protecting children and maintain responsibilities for safeguarding children
- Meeting statutory requirements in relation to the Disclosure & Barring Service
- Ensuring the requirements of the training strategy are met, monitored and reported annually.
- Maintaining databases of child protection training and reporting progress.
- Maintaining a database of child protection activity within the Trust and reporting quarterly.
- Effectively conducting serious case reviews with partner agencies from the LSCB, reporting management reviews and action plans internally and implementing recommendations within an agreed time scale.
- Maintain and update the alerts on the electronic patient records system of children ‘subject to a child protection plan’ and ‘vulnerable children’.

Key Issues

- The Child Protection agenda has a high profile and the continued reform requires translation and embedding to the local context.
- Changes to the local health economy following the NHS reform plans create opportunities for gaps in governance to emerge. The Trust continues to work with partnering organisations to ensure any changes do not have a negative impact.
The activity in child protection continues to increase, and the resultant resource requirements are kept under review.

Following joint CQC/Ofsted Inspections in June 2012 looking at Safeguarding Children and Care of Looked after Children, Children’s Services continue to be undergoing a period of development and change. Kingston Hospital safeguarding team work closely with Children’s Services and the Commissioners (CCG) to ensure that new processes are clearly implemented ensuring staff are made aware of changes at the earliest opportunity.

In July 2014 the CQC carried out a review of health services for safeguarding and looked after children with recommendations made. No major concerns were highlighted and areas for improvement have been included in the Trusts action plan which are regularly monitored and reported to the Executive Lead.

**Recommendations & Action required by the Trust Board:**

The Trust Board is requested to note the report, the improvements made during 2014-2015 and those scheduled for implementation during 2015-2016.
Safeguarding Children/Child Protection

Annual Report

April 2014 – March 2015

Report prepared by
Anne Boatman, Named Nurse Child Protection
1. Purpose of report

The report outlines the Trust’s progress and children’s safeguarding activities during 2014-15 in ensuring that a robust child protection framework is in place for all children who are treated at Kingston Hospital NHS Foundation Trust.

The report summarises the progress made on the Safeguarding Action Plan. It also outlines both child protection activity and training figures.

2. Introduction

Child Protection continues to have a high profile on a national basis. Kingston Hospital safeguarding team work closely with Children’s Services and the Commissioners (CCG) to ensure that new processes are clearly implemented ensuring staff are made aware of changes at the earliest opportunity. A joint inspection from the CQC and Ofsted of health services for Kingston’s’ children took place in June 2012 when improvements in Children’s Services were recommended. In July 2014 the CQC carried out a review of health services for safeguarding and looked after children with recommendations made. No major concerns were highlighted and areas for improvement have been included in the Trusts action plan which are regularly monitored and reported to the Executive Lead. Following the Munro Review in 2011 which formed part of a national drive to improve the quality of child protection services in England, the Governments “Working Together to Safeguard Children” document has been reviewed with the latest edition being published in March 2013. This latest guidance aims to help professionals understand what they need to do, and what they can expect of one another, to safeguard children. It focuses on core legal requirements, making it clear what individuals and organisations should do to keep children safe. Continuing reform of child protection national strategies necessitates continuing relevant changes are made to local policy and guidance. It is important that robust performance monitoring is in place for the Trust to provide assurance in safeguarding children to the CQC, CCG, and Kingston Local Safeguarding Children Board (LSCB).

3. Safeguarding Activities in the Trust

3.1 Disclosure & Barring Service

The Care Quality Commission published a report of their review of arrangements in the NHS for safeguarding children on July 16th 2009. The report was accompanied by a letter from David Nicholson, NHS Chief Executive asking NHS Trust Boards to take urgent action to ensure that children are safeguarded in their community. Trust Boards were required to publish declarations locally on their websites showing that the minimum requirements to safeguard children were being met, helping to support ‘Standards for Better Health’ (DH 2004, updated 2006). As a minimum Trust Boards were required to ensure that: Their organisation meets statutory requirements in relation to Disclosure & Barring Service (DBS) checks. A recent review has taken place by the Director of Workforce to strengthen the process for checking staff records to ensure statutory requirements in relation to DBS are maintained. All relevant staff employed at the Trust undergo a DBS check prior to employment and those working with children undergo an enhanced level of assessment.

3.2 Safeguarding Children Structure

‘Working Together’ document states that all health organisations providing services for children should identify a Named Doctor and a Named Nurse (and a Named Midwife if the organisation provides maternity services) for safeguarding. The document also outlines the
need for a person with a strategic role in relation to safeguarding and promoting the welfare of children within their organisation to be a member of the LSCB. The diagram below informs the Trust of the professionals in post and their reporting lines demonstrating the required structures are in place.

3.3 Safeguarding Meetings

The Safeguarding Children’s Committee (SCC) meets monthly (10 meetings occurred during 2014-15) and attendance includes Kingston Hospitals’ safeguarding team, representation from risk and human resources, along with children’s social care and CCG designate nurse. The Safeguarding Children’s Committee reports into the Clinical Quality Improvement Committee (CQIC) quarterly.

At Kingston Hospital, a Maternity Concerns meeting continues to be held on a monthly basis to ensure that respective agencies are alerted where prospective mothers (and subsequently their babies) may be considered to be at risk. Members of note include; a Social Worker from the Borough of Kingston, Named Nurses from Kingston Hospital and Your Healthcare for Kingston, and Health Representatives from surrounding Boroughs who have client’s booked to deliver their baby at Kingston Hospital. The meeting is chaired by the Safeguarding Midwife along with the Specialist Midwife for Mental Health and minutes are recorded.

As part of continuing professional development and to promote joint working the named/designate professionals attend quarterly meetings for London’s named/designate professionals along with annual conferences. The named/designate professionals are also participants on the main LSCB and attend appropriate multi agency sub group meetings. Individual 1:1 safeguarding supervision sessions also took place during 2014-2015.

3.4 Kingston Health Economy Forum

This forum is chaired by the Designated Doctor with the group meeting three monthly. The main purpose of the forum is to provide a coordinated approach to NHS Kingston safeguarding practices through reviewing current key issues, risks and actions. The Forum enables local health organisations to oversee the agreed Key Performance Indicators (KPI’s) for safeguarding children across Kingston’s Health Economy, in both provider and commissioning services. Representation from Kingston Hospital includes both the Named Doctor and Nurse. One of the priorities of the Forum is to ensure that children living in the Borough remain safe during the NHS reforms, and that the Clinical Commissioning Group include an assurance framework for safeguarding and looked after children in Kingston.
Kingston health economy monitoring is achieved through:

1. Regular quality assurance meetings (6 weekly) at Royal Borough of Kingston
2. Monitor CQC inspection action plans
3. Review key performance indicators for all health sectors
4. Serious case review subgroup meetings (8 weekly)
5. Quarterly Local Safeguarding Board Meeting
6. Monthly hospital safeguarding children committee meetings
7. Weekly Paediatric team meetings to discuss /advise on safeguarding cases
8. Regular advice /supervision for Named GP for safeguarding / Named Doctor for Kingston Hospital /Designated Doctor for LAC

3.5 Maternity

Bridge Team (Specialist Midwives)

Major changes in the team was the introduction of an assessment tool to use when assessing referrals, this tool was started in September 2014 but after some alterations has been used in its current format since October 2014. With increasing workload especially perinatal mental health the Trust is now appointing we are now a Band 6 midwife to join the team initially for 22.5 hrs a week on a 12 month secondment.

Figures below show the activity of the bridge Team by quarters for the financial year 2014-15.

Figure 1: Total Activity for bridge team by Quarter for 2014/15
Figure 2: Clinical Activity for 2014/15

Figure 3: Bridge Team referrals received by Quarter & Risk Threshold for 2014/15

Figure 4: Number of women discussed at the Maternity Concerns meetings by month 2014/15
Midwives attend mandatory focus training days annually which includes safeguarding children updates (level 3); they also attend training sessions provided by the LSCB (level 3). The maternity unit is now training all its midwives to Level 3 as is recommended in the Intercollegiate Document 2014, the Practice Development and Safeguarding Midwives take the lead; the topic for 2014-2015 was Female Genital Mutilation (FGM) and will change annually.

3.6 Serious Case Reviews

Kingston Hospital NHS Foundation Trust has contributed to two SCR’s with regard to Kingston families that have used our services:
1. Death of three children from one family 2014: The chronology and individual management review has been completed and sent to form part of the health overview report. The final report is awaited along with publication.
2. Suicide 2014: The chronology and health overview report have been completed. The final report is awaited along with publication.

3.7 Safeguarding Key Performance Indicators (KPI's)

The key headings include:
- Governance
- Activity
- Training

The Trust is compliant with governance requirements which include professionals in post, attendance at meetings and appropriate updating of policies and guidelines. Child protection activity is also monitored quarterly from data captured electronically.

3.8 Safeguarding Alerts

The Care Record Service which was implemented by the Trust in November 2009 continues to be used to flag children with Child Protection Plans ‘Child at Risk’ and ‘Vulnerable Children’ who are Kingston Borough ‘Looked after Children’ (LAC) alerting the user in any department to the child’s status. For both alerts the relevant social worker and specialist nurse for LAC continue to be informed of any attendance. An Audit for the ‘Child at Risk’ alert has been carried out to provide assurance that the system is working. A policy is in place to provide guidance for staff, this is updated every three years or sooner if changes to the system occur.

Children who are subject to a ‘Child Protection Plan’ are identified to Kingston Hospital by local councils with the exception of Surrey who elected not to share this information with the Trust as it is not a statutory obligation. The local LSCB, Designated Doctor, and Nurse were made aware of the outcome through the Executive Lead.

3.9 Safeguarding Reviews

CQC Review:

Following the CQC inspection in 2012 Kingston Hospital was able to report compliance with Outcome 7, Safeguarding people who use services from abuse. The Performance Accelerator tool is used to populate evidence to support compliance; regular local meetings are held to maintain and update the evidence in readiness for future CQC inspections.

In July 2014 the CQC carried out a review of health services for safeguarding and looked after children with recommendations made. No major concerns were highlighted and areas for improvement have been included in the Trusts action plan which are regularly monitored
and reported to the Executive Lead. Main themes emerging from the recommendations were:

- Review of Named Nurse/Midwife role descriptions to reflect the Intercollegiate Guidance 2014 and Working Together 2013
- Ensuring maternity records reflect plans of care discussed.
- Ensure that all young people A&E receive an age appropriate risk assessment of their vulnerability to identify and child protection concerns reflects age appropriate assessments and care planning.
- Amend the A&E electronic triage process for identifying child protection concerns so that completion is mandatory for all attendances of children and young people including implementing amendments to the triage process for all children and young people which identifies child protection concerns

3.10 Organisation Training Figures

Education and Training:

A system is in place providing data of staff who have received child protection training throughout the year; this also includes quarterly reports sent from the Human Resource Department. Compliance with training is monitored through the Divisional Management structure.

The Intercollegiate Document ‘Safeguarding Children and Young people: roles and competencies for health care staff’ September 2014 is used as guidance to determine the levels of training required by staff throughout the Trust. The document states in its underpinning principles that staff who require:

- **Level 1**: over a three year period staff should receive refresher training equivalent to a minimum of 2 hours
- **Level 2**: over a three year period professionals should receive refresher training equivalent to a minimum of 3-4 hours.
- **Level 3**: over a three year period professionals should receive refresher training equivalent to a minimum of 12-16 hours
- **Level 4**: Named professionals should attend a minimum of 24 hours education over a three year period

Kingston Hospital currently provides Level 1-3 training in partnership with the Royal Borough of Kingston.

- **Level 1** training on induction (all staff) and via statutory and mandatory training/booklets – all non-clinical staff annually
- **Level 2** – statutory and mandatory training/booklets for clinical staff who have any contact with children, young people and/or parents/carers, annually.
- **Level 3** training internally, with the Royal Borough of Kingston and via external sources – for all clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to the child protection process, annually.

The compliance figures for levels 1/2/3 for 2014-2015 reached the recommended 80% for the financial year. Training figures are monitored by the Safeguarding Children Committee quarterly and fed back to the Executive Lead to ensure the Trust has robust planning in place to ensure compliance with annual training requirements.
4. **External Partnership**

Kingston Local Safeguarding Children Board (LSCB):

Working under the direction of an Independent Chair, Deborah Lightfoot, Kingston Local Safeguarding Children Board’s (LSCB) role is to ensure that relevant agencies and professionals work together to protect the borough’s children from abuse, harm and neglect. The LSCB develops, monitors and reviews child protection and child safety policies, procedures and practice within Kingston. It also co-ordinates and provides inter-agency training for staff across the borough who work with children and families. The LSCB’s job is to have an overview of how effectively children are safeguarded and identify improvements where necessary. For this reason, the LSCB is an independent body that can check on the work of all organisations working with children and families.

5. **Audit**

Safeguarding children audits carried out include:

1. **Section 11 of the Children Act 2004:**
   a. **Objective:** Ensure that the Trust has arrangements in place to show that their functions are discharged with regard to the need to safeguarding and promoting the welfare if children.
   b. **Result:** The results showed that arrangements are in place and therefore compliant in their responsibilities. Areas assessed included interagency working, safe recruitment and working with individual children and families.
   c. **Action:** No specific actions were required but the need to maintain and update these arrangements to ensure ongoing compliance is ongoing.

2. **NHS England Survey for Safeguarding Children Supervision Assurance:**
   a. **Objective:** To ensure that appropriate systems are in place for safeguarding professionals to both provide and receive specialist supervision.
   b. **Result:** These showed that safeguarding professionals have received training to deliver safeguarding supervision. They also showed that records are kept of supervisee sessions and staff are able to feedback on the effectiveness of sessions.
   c. **Action:** The survey highlighted good practice; however, safeguarding supervision has not been audited in the Trust and will be included in the 2015/16 audit programme.

3. **Young People under 18yrs presenting in A&E with misuse of drugs and alcohol where ‘young people services’ (YPS) should be informed:**
   a. **Objective:** The main objective for this audit was to assess whether the YPS were informed of young people attending the A&E department with drug and alcohol misuse presentations.
   b. **Result:** The total number of young people presenting at A&E during the three month audit period was 18, and of those, 14 (78%) were from Kingston and Richmond. Of the 18 young people 7 YPS forms were completed and faxed (39%), information was shared with safeguarding services on 8 young people which would have been forwarded to the YPS, and there was nothing recorded for the other 3.
   c. **Action:** Following a visit from the CQC in 2014 A&E are now reassessing systems in place for these young people; along with looking into teaching sessions facilitated by the YPS. An audit in one year will be able to assess progress and any further actions required.
6. Safeguarding Activities

6.1 Policies/Guidelines:

All Safeguarding Policies and Guidelines are currently up to date with the following having been reviewed in 2014-2015:

- Guideline for attendance at case conferences for medical personnel
- Guideline for emergency presentation of a lone parent for admission who has dependent children
- Safeguarding Children Policy

6.2 Risk Register

There are two items logged on the Service Line Risk Register:

- The Named Nurse Child Protection/Liaison Health Visitor job plan was initially risk assessed in January 2012 and is recorded on the Women and Child Health Risk Register. The job description and allocated time is assessed and discussed on a 6 monthly basis with the Line Manager.
- Delay of up to 3 days or more in providing CRS health visitor reports for children seen in A&E as documentation not being completed immediately on discharge. The Liaison Health Visitor assesses for risk daily when preparing A&E Health Visitor reports for information sharing.

6.3 Child Protection Activity: (Appendix 1)

The tables in appendix one show detailed information on the child protection activity during the year 2014-2015.

In summary, the number of referrals made to children’s services showed no major changes

44 (2013-14) 35 (2014-15). During the year the team started recording all information
shared with safeguarding services, not only referrals, these accounted for 709 in total with
351 Kingston children.

The top ages of children/young people being referred to safeguarding services have been
the 14-17 year age group followed by <2 year olds. The teenagers were top with self-
harm/overdose followed by alcohol/substance misuse; for the younger age group social
concerns included parenting issues for example burns and lack of supervision resulting in
injury, in these cases health visitors where informed along with safeguarding services as
appropriate.

The activity figures for 2014-2015 show that the trend in adolescent’s attending A&E with
91 (2024-15), and other mental health concerns 40 (2013-14) 51 (2014-15) have shown no
major changes. These young people would have been referred to CAMHS or Young
Peoples Services.

A new category introduced in 2013-2014 following recommendations from a serious case
review was young people attending A&E following hitting out at either a person or an object
in anger. Six male teenagers were seen then but during 2014-2015 this figure had risen to
42, in all cases children’s services were informed in case anger management issues
needed addressing. Data is now being recorded separately for this concern which is
providing more accurate information, hence the rise in numbers.
The Child Protection Admin Coordinator is a key person working alongside the safeguarding professionals in the Trust to assist in the organisation of medical examinations and producing reports that are disseminated to relevant agencies.

Any children attending the hospital with suspected non acute sexual abuse (where there is no forensic evidence available) continue to be transferred to St Georges Hospital for care following interviews with the police and children’s services; any acute sexual abuse cases attend the specialist Haven units in London referred through the police.

6.4 Child Death Review Process

Government legislation (Children Act 2004 section 11) required every local authority to review the circumstances of all child deaths of 0-18 years (excluding stillbirths). The aim is to increase understanding of why children die.

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

A Kingston Hospital child bereavement group meets quarterly to ensure the Trust meets the obligations of the child death process whilst communicating with the family in a sensitive manner. The Trust now has a family support worker for both maternity and paediatrics who are available to support families during their early bereavement period.

In 2014-2015, sixteen child death reviews were undertaken for children who lived in the Royal Borough of Kingston. There were 7 expected and 9 unexpected deaths. The unexpected deaths included a suicide, road traffic accident and the death of three children from one family. Four of these children were subsequently subject to serious case reviews. Five of the expected deaths were extremely preterm babies with associated problems, with others having life limiting illnesses.

Overall during 2014-2015 the Trust recorded a total of 35 child deaths of which 22 were expected and 13 unexpected.

Rise in perinatal mortality:

The maternity service noted an increase in the perinatal mortality between April 2014 and January 2015. This also resulted in a CQC maternity outlier alert in June 2015 and a comprehensive review and report has been produced.

An initial review of all 21 perinatal mortality cases looked at antenatal and intrapartum risk factors over a 6 month period from November 2013 to April 2014. Due to ongoing raised perinatal mortality rates, there followed two further reviews, a distinction was made between stillbirths (SB) and neonatal deaths (NND) as these were likely to have differing underlying causations:

- A review of all 26 SBs over an 8 month period April -November 2014 (inclusive of 6 terminations of pregnancy) No SBs occurred between January-March 2014.
- A review of all 20 NNDs over an 11 month period January -November 2014 (4 cases over 24 weeks gestation, 16 cases under 24 weeks gestation inclusive of 3 TOPs)

A clear cause for the rise has not been identified, but areas for improvement have been noted, which may or may not have contributed to the observed increase in perinatal
It has also been recognized that the data on gestation has not always been available on data submitted externally. This may have resulted in the unit appearing to have a higher perinatal mortality rate, particularly in the group of extremely low birth weight babies. Action plans have been formulated to address required improvements and these will be monitored closely until completion.

Joint working through the CDOP, local child death meetings and bereavement group ensure that the Trusts professionals continue to learn and strive for best practice when faced with such sensitive issues. After a child death staff are offered support and debriefing sessions take place as appropriate.

7. Proposals and Action Plans

7.1 Child Protection Objectives:
Highlighted below are actions that have been completed within the time frame with one outstanding which includes joint working with IT and A&E regarding changes to the CRS system.

Completed actions from 2014-2015 include:

1. The review of child protection supervision training for professionals. A two day training session was arranged with an external training team with a good take up.
2. To ensure relevant questions regarding dependants (adults) and information sharing (children) are asked when patients attend A&E when records are computerised. A&E staff involved with the changeover to participate in practice sessions with the new system in readiness for the change later in 2013. Positive audit feedback was given to the SCC in February and a decision made to repeat a dip audit in 2017.
3. To ensure effective record keeping for information sharing with partner agencies regarding child protection medicals. Training and feedback to medical staff took place with ongoing monitoring by the named doctor.
4. Full review of Safeguarding Children Policy following the publication of the Working Together to Safeguard Children document in March 2013 now on PIMS

Action to be carried over for further completion from 2014-2015 into 2015-2016:

1. To ensure that CQC recommendations are completed in a timely fashion. The outstanding action requires amendments to the A&E electronic triage process for identifying child protection concerns so that completion is mandatory for all attendances of children and young people. Work is ongoing with A&E and the IT team with work scheduled to be completed by the end of 2015.

7.2 Child Protection objectives for the financial year 2015-2016

The following recommendations will be incorporated to inform the 2015-2016 work programmes as required:

1. Review Safeguarding Children Guidelines / Policies within appointed time frame
2. Undertake safeguarding audits working alongside the audit department
3. Update the safeguarding children Trust’s declaration
4. To monitor training closely to ensure ongoing compliance
5. To complete CQC recommendations
8. **Conclusion**

Kingston Hospital NHS Foundation Trust provides high quality services which ensure children are safe. In line with other health and social care organisations, the key recommendations arising from national (and other local) publications will be implemented during 2015-2016 to ensure the continued delivery of appropriate and up to date safeguarding activities.

The Trust Board is asked to note the content of this report and the improvements made to date as well as those scheduled for implementation during 2015-2016.
### Appendix 1: Safeguarding Children/Child Protection Activity Figures

#### Table 1.1 Information sharing between the Trust and Children’s Services

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<th>BOROUGH</th>
<th>REFERRALS from A&amp;E, wards &amp; CP team</th>
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<td><strong>Totals</strong></td>
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Referrals as a result of child attendances 21
Referrals as a result of adult attendances (parents of 28 children) 14
Total number of referrals to Children’s Services (all boroughs) **35***

Referrals made to safeguarding services following child attendances (by age/gender)
Total 21 children – 9 female & 12 male

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#### Table 1.3

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</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>2</strong></td>
<td><strong>2</strong></td>
</tr>
</tbody>
</table>

**Parents declined to take child to the Haven**
### Table 1.4 - Hospital attendances logged by Child Protection Department:

<table>
<thead>
<tr>
<th>Social Concerns (breakdown in table below)</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children attending who were known to Social Services</td>
<td>344</td>
<td>178</td>
<td></td>
</tr>
<tr>
<td>Children attending following RTA</td>
<td>103</td>
<td>121</td>
<td></td>
</tr>
<tr>
<td>Children attending with deliberate self-harm (overdose/cutting/poisoning)</td>
<td>136</td>
<td>110</td>
<td></td>
</tr>
<tr>
<td>Concerns re adults (parents of children)</td>
<td>77</td>
<td>92</td>
<td></td>
</tr>
<tr>
<td>Children attending following alcohol / substance misuse</td>
<td>84</td>
<td>91</td>
<td></td>
</tr>
<tr>
<td>Children subject to a CP Plan</td>
<td>60</td>
<td>80</td>
<td></td>
</tr>
<tr>
<td>Children attending with mental health issues (hallucinations/depression/anxiety)</td>
<td>40</td>
<td>51</td>
<td></td>
</tr>
<tr>
<td>Children attending as a result of bullying / assault</td>
<td>62</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>Children attending for hitting out / punching</td>
<td>6</td>
<td>42</td>
<td></td>
</tr>
<tr>
<td>Looked after Children</td>
<td>15</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Children attending following acute sexual abuse</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Children attending following non-acute sexual abuse</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Children attending as a result of gun / knife crime</td>
<td>-</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>994</strong></td>
<td><strong>1051</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Table 1.5 - Social Concerns / attendance following:

<table>
<thead>
<tr>
<th>Lack of supervision resulting in injury</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family dynamics - parental behaviour in A&amp;E, unaccompanied child in A&amp;E</td>
<td>9</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>Burn</td>
<td>3</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>Accidental overdose / poisoning</td>
<td>4</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Health concerns – weight (over/under), illnesses</td>
<td>6</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Behavioural / mental health issues (anxiety / autism etc)</td>
<td>13</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Delay in presentation</td>
<td>3</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Attendance re sexual activity / genital trauma</td>
<td>5</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Concerns raised re parenting skills</td>
<td>2</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Unexplained injuries</td>
<td>8</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Dog bites</td>
<td>1</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Refused treatment</td>
<td>3</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong> (majority are highlighted via Health Visitor Liaison Form)</td>
<td><strong>63</strong></td>
<td><strong>218</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Table 1.6 - Information shared for follow up / action by external partners:

<table>
<thead>
<tr>
<th>Attendance of child who -</th>
<th>2013</th>
<th>2014</th>
<th>Social Services</th>
<th>Health Visitor</th>
<th>School Health / Child Health Dept's</th>
<th>CAMHS</th>
<th>YPSMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is on a CP Plan</td>
<td><strong>60</strong></td>
<td><strong>80</strong></td>
<td>80</td>
<td>45</td>
<td>35</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attended following punch / hitting out</td>
<td>6</td>
<td>42</td>
<td>42</td>
<td>42</td>
<td>42</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attended following assault / bullying</td>
<td>62</td>
<td>50</td>
<td>1</td>
<td>43</td>
<td>2</td>
<td>48</td>
<td></td>
</tr>
<tr>
<td>Attended following alcohol &amp; substance misuse</td>
<td>84</td>
<td>91</td>
<td>2</td>
<td>76</td>
<td>89</td>
<td>5</td>
<td>62</td>
</tr>
<tr>
<td>Attended following deliberate self-harm</td>
<td>136</td>
<td>110</td>
<td>3</td>
<td>102</td>
<td>101</td>
<td>95</td>
<td></td>
</tr>
<tr>
<td>Attended with other mental health concerns</td>
<td>40</td>
<td>51</td>
<td>47</td>
<td>51</td>
<td>41</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Not all figures above will add up to equal the total column
Appendix 2: LSCB Structure

Richmond Local Safeguarding Children Board

Child Sexual Exploitation and children missing from home, care or education Sub Group

Learning and Development Sub Group

Safeguarding Children Online Sub Group

Joint Policy and Procedures Sub Group (virtual)

Child Death Overview Panel

Quality Assurance Sub Group

Serious Case Review Sub Group

Kingston Local Safeguarding Children Board

Quality Assurance Sub Group

Serious Case Review Sub Group

Hounslow Local Safeguarding Children Board