Safeguarding children annual report 2022/23

1. Introduction

1.1 The Children Act (1989 and 2004) and Working Together to Safeguard Children (2018) specify that the Trust Board has a legal responsibility to safeguard and promote the welfare of children and young people, and all staff within the organisation have a statutory responsibility to safeguard and promote the welfare of children. The purpose of this annual report is to update the committee on the work of the safeguarding children's team so that it can be assured that systems and process are in place to ensure the safety and welfare of children and young people at Guy's and St Thomas' NHS Foundation Trust. Systems and structures are in place within the organisation in line with Section 11 of the Children Act. These are regularly reviewed and monitored to ensure their effectiveness.

1.2 The safeguarding children agenda remains substantial and complex in nature. At a national level children's safeguarding remains a focus with high levels of vulnerable children identified in need of support and protection. In England in 2022 there were 404,310 children in need, this is up 4.1% from 2021. Additionally, there are 50,920 children subject to child protection plans; this is up 1.8% from 2021. There were 650,270 referrals made about vulnerable children in 2022 in England; this is an increase of 8.8% 2021. The appendices set out the detail of the annual activity within the organisation, which as demonstrated in previous reports, the activity within the service remains considerable.

1.3 The context of safeguarding continues to change in line with societal risks both locally and nationally, large scale inquiries and legislative reforms. The safeguarding of children remains a national focus. For example:

- A number of media reports highlights children suffering abuse or fatalities at the hands of a parent or significant carer. At least one child on average is killed a week in the UK, a briefing from the NSPCC warns.
- The Independent Inquiry into Child Sexual Abuse published its final report in October 2022. The report makes a number of powerful recommendations, based on separate investigations and a unique body of research. It also includes the voices of victims and survivors of child sexual abuse.
- A report has revealed that children with additional needs and disabilities have suffered abuse, including violence, neglect and sexual harm at residential children's homes within Doncaster.

1.4 This report provides an overview of the performance of the different components of the safeguarding children agenda over this year and specifically areas of key developments, identified service risks and learning and improvement. We have continued to be busy with both case activity and complexity. The report highlights the drive for quality practice which is effective, efficient and continually improving. Despite a number of challenges, the team have maintained a responsive and comprehensive service input to meet the needs to those that are identified as vulnerable and in need of support.

2. The request to the Quality & Performance Committee is to:

- Note the information contained within the report and the actions being taken.
- Confirm the Executive lead as the Chief Nurse.

3. Safeguarding Children within the Trust

3.1 The Chief Nurse is the Executive Director Lead for the Trust and delegated responsibility is given to the Director of Nursing, Evelina London. The Trust has a dedicated safeguarding children team which acts on behalf of the Chief Nurse in delivering and fulfilling the legislative requirements and risk management standards. This includes ensuring that structures, systems, policies and processes are in place so that safeguarding activity is effectively coordinated across the Trust. A central role of the safeguarding children team is to act as the lead experts within the organisation. This includes providing expert advice, guidance, supervision and case management for all issues relating to the care of vulnerable children.

3.2 The safeguarding children establishment is as follows:

Area	Role	Grade	WTE
Trustwide - Hospitals and Community	Head of Nursing Safeguarding Children	Band 8C	1 WTE
	Lead Nurse Safeguarding Children	Band 8B	1 WTE
	Safeguarding Trainer	Band 7	0.6 WTE
Hospital based team GSTT	Named Doctor Safeguarding Children (across GSTT Inc. RBH)	-	4 PA
	Deputy Named Doctor Safeguarding Children (across GSTT Inc. RBH)	-	2.5 PA

	Senior Safeguarding Nurse Specialist	Band 8A	1 WTE
	Safeguarding Nurse Specialists	Band 7	2 WTE
	Named Midwife	Band 8A	1 WTE
	Safeguarding Midwife	Band 7	1 WTE
	Liaison Health Visitor	Band 7	1 WTE
Royal Brompton & Harefield team	Senior Safeguarding Nurse Specialist	Band 8A	1 WTE
	Safeguarding Nurse Specialists	Band 7	0.8 WTE
Lambeth & Southwark Community Safeguarding teams	Named Doctors Safeguarding Children		4 PA
	Named Nurses Safeguarding Children	Band 8A	2 WTE
	Safeguarding Nurse Specialists (Inc. MASH)	Band 7	8.5 WTE

3.3 A number of establishment changes and new appointments have been made in the year:

- A new Named and Deputy Named Doctor for safeguarding children for the hospital sites. This role now encompasses the Royal Brompton and Harefields Hospital sites. The previous arrangement for the Named Doctor cover for the Royal Brompton and Harefields Hospital that was provided by Chelsea and Westminster Hospital ended in July 2022.
- A new Named Doctor and Designated Doctor for safeguarding children have been appointed to Lambeth community services.
- A new Named Nurse for Safeguarding Children has been appointed to Southwark community.
- A Business Support Manager for the safeguarding children team has been created from the existing establishment. This role will provide invaluable support to the Head of Nursing and strategic leads in ensuring that the safeguarding work plan to meet the busy agenda is accomplished.
- A reconfiguration of administrative roles in the hospital team has been undertaken to create additional capacity.
- Due to some staff attrition and maternity leave a number of new appointments have been made to the safeguarding children nurse specialist vacancies in the team. A number of posts are currently at recruitment stage.

3.4 The maternity safeguarding team establishment has not been reviewed for a number of years. Due to the increasing safeguarding activity within women's services a business case has been devised with the view to increasing the safeguarding midwifery team complement of staff. Dedicated administrative support has been sourced for the maternity team.

3.5 There have been ongoing challenges in recruiting to the Named Nurse Looked after Children roles. The Directorate Management Team have explored various options in terms of service configuration and have established one nursing team

covering both Lambeth and Southwark. This revised model and approach provides synergy of practice and also provides greater service cover. The Named Nurse and Doctor for Children Looked After now work pan borough. The line management of the newly appointed Named Nurse Looked after Children has been changed from the Head of Nursing Safeguarding Children to the Head of Nursing Universal Services. This will align with the wider reporting of the service to the Community Directorate Management Team who are responsible for the delivery of service. Professional responsibility reporting will be maintained to the Head of Nursing Safeguarding Children.

4. Governance and corporate standards

4.1 The 3rd NHS England Safeguarding accountability and assurance framework was published in July 2022. The guidance has been updated to reflect national policy and legislation. The framework covers both children and adult safeguarding. While there are some similarities, the safeguarding of children and adults are distinct and separate entities which need different approaches. A key focus is identification of how the new Integrated Care Boards (ICB) will work with place-based leadership teams. The SAAF governance processes will replicate ICB guidance and the ICB executive Chief Nurse will be accountable for the statutory commissioning assurance functions of NHS Safeguarding as per the agreed timelines with the regional Chief Nurse. The framework outlies the key distinction between providers' responsibilities to provide safe and high-quality care, and commissioners' responsibilities to assure themselves of the safety and effectiveness of the services they have commissioned. However, as a provider there is also a key requirement that we demonstrate assurance. Central to the guidance is provider leadership and how the Trust demonstrates that safeguarding is embedded at every level in the organisation. This links to Section 11 Children Act requirements highlighted below.

4.2 Section 11 of the Children Act 2004 places duties on a range of organisations, agencies and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children. Organisations and agencies should have in place arrangements that reflect the importance of safeguarding and promoting the welfare of children. A self-assessment audit is required to be undertaken a minimum of once every 2 years and is overseen by the LSCP. A Section 11 audit was completed in July 2022.

4.2.1 There are 10 core standards that the organisation is required to be assessed against:

- A clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children.
- A senior board level lead with the required knowledge, skills and expertise or sufficiently qualified and experienced to take leadership responsibility for the organisation's safeguarding arrangements.

- A culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services.
- Clear whistleblowing procedures.
- Clear escalation policies.
- Arrangements which set out clearly the processes for sharing information with other practitioners and with safeguarding partners.
- A designated practitioner/ named practitioner for child safeguarding.
- Safe recruitment practices and ongoing safe working practices for individuals whom the organisation or agency permit to work regularly with children, including policies on when to obtain a criminal record check.
- Appropriate supervision and support for staff, including undertaking safeguarding training.
- Creating a culture of safety, equality and protection.

4.2.2 The Trust is able to provide evidence of meeting each of the standards. The key area of concern is in relation to safeguarding children training which is below the expected compliance rate. This is further discussed in the report. Following the Section 11 completion an action plan has been developed to build on current working to further enhance the safeguarding arrangements. Progress of this is monitored through the Safeguarding Children Operational Committee.

4.3 The Vulnerable Persons Assurance Committee (VPAC) provides an overarching framework to coordinate, lead and develop services to protect vulnerable children, young people and adults within the Trust. The committee's function is to ensure that the Trust executes its statutory, national, and local responsibilities in relation to safeguarding children, young people and adults; to provide expert advice to the Trust in relation to aspects of safeguarding, and to ensure systematic review of clinical services to ensure compliance with its responsibilities. The Vulnerable Persons Assurance Committee is constituted as a standing group of Guy's and St Thomas' NHS Trust and reports to the Board's Quality and Performance Committee. Three quarterly safeguarding children reports and an annual report are provided to this committee. These reports highlight activity, risks and mitigation, learning from incidents and any service development.

4.4 The Vulnerable Persons Assurance Committee is chaired by the Chief Nurse who is the identified Executive Lead for Safeguarding for the Trust. Delegated responsibility for safeguarding children is to the Director of Nursing for Evelina London. This delegated responsibility oversees and delivers the key strategic objectives and responsibilities as they relate to the safeguarding of children. The Safeguarding Children Operational Committee is a sub-group of the Trust's overarching Vulnerable Persons Assurance Committee. The Safeguarding Children Operational Group provides a

framework to coordinate, lead and develop services to protect vulnerable children and young people, embracing both acute and community services. During 2022-23 all the meetings were convened as planned.

4.5 The Trust works in line with the multi-agency safeguarding arrangements that are in place and continues to be a member of the Local Safeguarding Children Partnership (LSCPs). The LSCP has a shared responsibility between organisations and agencies to safeguard and promote the welfare of children. The statutory lead representatives for safeguarding partners are: the local authority chief executive, the accountable officer of a clinical commissioning group, and a chief officer of police. In addition to the 3 core members the Trust is represented on the Lambeth LSCP; this is via the Director of Nursing for Evelina London. All meetings during the year were attended by Trust representatives. The Trust is not a member of Southwark Executive LSCP but is a member of the partnership meetings. The Trust became a member of the Kensington and Chelsea LSCP in 2023. There is active membership from the Trust at each of the sub groups of the LSCPs.

4.6 The Trust's safeguarding children's policy has been updated in 2022-23. This has been updated to reflect national changes highlighted above in relation to the safeguarding accountability framework and additionally the integration of the Royal Brompton and Harefields Hospitals to the Trust. The Trust's safeguarding children's procedure document is overdue a review. However, it remains safe for staff to refer to in the meantime pending a review.

5. Activity for the year

5.1 Hospital safeguarding children team

5.1.1 The hospital based children safeguarding teams has received notification of 1897 children and young people of concern during the year. (Table 1). This is comparable to the previous year. This figure excludes the Royal Brompton and Harefield sites. Numbers of referrals and contacts to the team have been fairly consistent throughout the year with a reported drop in activity in quarter 2. It is felt that this may have been a data reporting issue in that quarter.

- As expected the Emergency Department remains the area where most referrals are generated. During the year 544 children and 400 parents were identified as vulnerable and requiring safeguarding input.
- The team saw an increase in children presenting with physical injuries. This includes a number of children with unexplained fractures. These cases have required input from a number of specialities within children's services in order to provide a comprehensive safeguarding assessment and response.
- Violent related injuries continue to be notable with 23 stabbing victims and 108 victims of assault being identified.

- A significant proportion of young people presenting with violence related injuries either have a diagnosed or suspected learning, cognition or communication needs. A high proportion do not have formal Education Health Care Plans (EHCP) in place due to being out of education. EHCPs are being subsequently assessed post the significant incident that has brought them to the attention of services.
- Concerns about child mental health consistently features with the safeguarding children activity. (Chart 2). There is a growing year on year increase in presentations; this year there is an increase of 12% on 2021-22 figures which saw a 25% increase on the preceding year. The three most common presentations were overdoses, suicidal thoughts and unusual behaviours. These children require joint assessments to be undertaken by the safeguarding children team and Child Adolescent and Mental Health teams (CAMHS) in order to formulate clear safety plans and discharge arrangements. A review of these cases demonstrates that almost all children and young people are safe to be discharged home with ongoing or enhanced CAMHS support in the community. The majority of children and young people who require ongoing acute mental health inpatient care have been admitted voluntarily.
- In addition to acute presentation of injuries the team are identifying increasing safeguarding concerns of children that have chronic health needs or disabilities.
- There have been instances of increased length of stay for children due to the unavailability of suitable foster or care placements available to meet the needs of children with complex needs. This has in some instances been between 3-7 weeks. Finding suitable foster placements and specialist units is a national challenge.
- Neglect underpins a significant number of referrals and children's basic needs not being met. This is in part in some situations due to financial difficulties families are experiencing.
- Was not brought to appointments and non-concordance with treatment plans remains prominent within the referrals.
- The teams across both hospitals are seeing increasing concerns about perplexing conditions and or possible fabricated and or induced illnesses. These need careful and coordinated management to address.
- 493 (26%) of all referrals to the safeguarding team were in relation to adults who presented to hospital services. These adults were parents or had caring responsibilities for children and consideration needed to be made in respect of any safeguarding children concerns that may be present due to the parent's attendance i.e. domestic abuse, substance misuse etc.

5.1.2 The Royal Brompton and Harefield sites have generated 43 referrals to Children's Social Care in the first 3 quarters of the year. (Table 2). These figures included 5 Section 85 notifications for children in hospital over 3 months. The main reason for referrals includes children who were not brought to appointments and or non-concordance with medical treatment. Data for quarter 4 is not available due to systems issues. A new data recording system will be in place in April 2023 to monitor activity and referrals going forward.

5.2 Maternity Safeguarding

5.2.1 The maternity safeguarding team continue to see high levels of vulnerabilities of women. (Table 7). These cases require early identification and management throughout the pregnancy in order to ensure that a safe and robust plan has been determined at the point of delivery of the baby. During the year the team have had 2321 contacts in relation to safeguarding regarding the mother or the unborn baby; this equates to 1034 separate women and comparable to the previous year.

- The highest number of referrals for support is associated with women affected by domestic abuse, families with Children's Social Care already involved, and women with mental health concerns. The referrals included any combination of other issues such as poor housing, lack of antenatal engagement or no recourse to public funds (NRPFs).
- Data for homelessness / housing issues does not demonstrate any increase in activity, as it frequently co-exists with other predominant risks. However, this is one of the most significant challenges reflecting the London wide housing crisis, the increase in asylum submissions and those with no recourse to public funds requiring support. A significant amount of input is required from the maternity safeguarding team to facilitate discharge. Midwives appropriately complete homeless referrals to the Local Authority housing departments in pregnancy and when unresolved, referrals around the time of birth to the Trust Homeless Team. A number of women do not disclose housing needs until admitted in labour / post birth when they then advise they cannot return to their current address. The Trust Homeless Team has been supportive with resolving housing issues in the past, but advise that due to the significant increase in maternity referrals they are unable to provide the same level of input. Options are currently being explored to address some of the issues. In the month of August 2022 three women remained inpatients in the maternity unit for a combined total of 21+ days.
- There has been an increase in women presenting for care with transient lifestyles which present a particular challenge where there are safeguarding concerns. This invariably involves contacts with a number of Local Authorities to determine case responsibility.
- An additional challenge is presented by the delay with court hearings where care proceedings are planned, as newborns are not considered a priority due to being in a place of safety. A lack of availability of mother and baby units (MBU) compounds this problem and is a similar issue where a psychiatric MBU is required with searches frequently extending beyond London and Home Counties.

5.3 Community safeguarding activity

5.3.1 Currently there are 561 children subject to child protection plans across Lambeth and Southwark. (Chart 10) compared to 646 one year previously. Southwark has seen a downward trajectory in the numbers from the start of last year - currently 268 down from 327 at March 2022. In comparison Lambeth has maintained more consistent numbers - currently 293 down from 329 at March 2022. 73.8% of the children subject to child protection plans are of school age and therefore have implications for school nursing capacity (Chart 11). There has been no change to the primary reason given for the category of child protection plans i.e. Emotional Abuse and this remains consistent month by month. It is likely that the high number plans in the category of emotional abuse relates to the volume of domestic abuse incidents.

5.3.2 A significant proportion of the community safeguarding teams' activity is related to activity associated with Children's Social Care in terms of requests for Multi Agency Safeguarding Hub (MASH) enquires, strategy meeting, child protection case conference attendance and child protection medicals. Additionally, the team are available to community health practitioners in terms of providing advice and safeguarding supervision.

- Health intelligence is gathered as part of MASH screening. MASH activity in Southwark is out of line with the activity within Lambeth MASH. This appears to be due to different thresholds of how MASH operates. The number of MASH referrals processed by the safeguarding team in Southwark has maintained an upward trajectory throughout the last year. The increased numbers have led to a delay in submitting intelligence checks over the 24-hour time stipulation due to some capacity issues.
- The numbers of requests for child protection medicals in Lambeth has been fairly consistent throughout the year, with a dip in quarter 2. The Lambeth team have undertaken 271 non-accidental injury examinations and 34 child sexual abuse examinations over the year. (Chart 12). The number of children seen for child protection medicals has doubled over the last 4 years. In comparison the Southwark team have undertaken 210 non-accidental injury examinations and 20 child sexual abuse examinations. The team do not have an explanation for the current dip in child protection medical referrals. We are seeking to understand whether there has been an overall fall in the numbers of referrals from schools or whether a different threshold is being applied.
- Good practice outlines that where possible the child protection medical appointment should be undertaken within 24 hours of referral. In Lambeth this was achieved in 78.6% of referrals. In Southwark we were able to offer appointments for 85.2%. (Chart 13). This difference is not surprising due to the lower number of referrals received to the Southwark team. The decision on the time of appointment is based on clinical need and additionally affected by clinical availability. Availability will be affected by numbers of children in a family that need a medical review.
- It is good practice that child protection medical reports should be submitted to Children's Social Care within 10 days of the medical assessment being undertaken. Within Lambeth this was only achieved in 52.1% of instances compared with

82.5% in Southwark. (Chart 14). Reasons for some of the delayed reports in Lambeth include staff sickness, rota management and IT issues. The team provide a summary report to the Social Worker on the day of the child protection medical, highlighting the main findings and agreed risk assessment for the child. The team have now moved to a senior doctor of the week rota to support this further.

- Requests for and expectation for doctor attendance at child protection strategy discussions increased exponentially from 2019. This was after Southwark Children's Social Care implemented the requirement for Health (interpreted as Community Paediatrics) to participate in all child protection strategy discussions as per Working Together 2018. In recognition of the inherent risks associated with such a level of expectation of direct paediatrician input into strategy meetings, from April 2022 following discussions at Director level in Children's Social Care (CSC), Community Paediatrician input to child protection strategy meetings/discussions were managed via a dedicated 2-hour period each day; into which CSC could book in strategy meetings where the doctor's input is required. Doctors and nurses are contributing to strategy discussions and we have seen a fall in the overall number of requests post covid 19 lockdown.

5.4 Allegations against staff

5.4.1 Any allegations in relation to staff concerning children are reported to a dedicated allegation panel with representation from the Director of Nursing Evelina London, the Head of Nursing Safeguarding Children and Human Resources (HR). The panel provide advice and support to managers and the HR workforce team in regards to any potential safeguarding concerns. During the reporting period there has been 11 allegations that have been raised against a staff member of the organisation in relation to child safeguarding concerns. This number is increased from 6 the previous year. Of these allegations 7 related to personal capacity and not work-related incidents. Staff members can also have vulnerabilities and have been affected adversely by the pandemic. Appropriate actions have been taken. A new risk assessment tool has been devised to aid decision making in relation to determining the impact of identified concerns from a staff member's personal life and how this could impact their working role.

6. Key priorities / developments of the safeguarding children agenda

6.1 The growing children's safeguarding agenda, includes for example Child Sexual Exploitation, Gang Violence, Knife Crime, Substance Misuse, Domestic Abuse, Children Looked After, Trafficking, Modern Day Slavery and increased lack of social inclusion all of which affect children and young people. The safeguarding team keep abreast of any changes as they emerge and update both the Vulnerable Person Assurance Committee and the Board of Directors of any changes that will have an impact on safeguarding requirements and practice.

6.2 Quality Practice and Getting Child Protection right

6.2.1 Having a knowledgeable workforce in relation to the safeguarding of children is paramount in terms of ensuring that we deliver quality practice and get child protection right. Staff need to have the requisite knowledge, skills and support in order to be able to appropriately recognise and act upon any safeguarding concerns. Safeguarding training provision is in place and the material is regularly reviewed to ensure that it meets best practice guidance. Please see section below in terms of safeguarding children training compliance.

6.2.2 Staff support, supervision and visibility of the safeguarding team is of vital importance to ensure that we get child protection right. Safeguarding supervision provides a safe and supportive means of oversight and challenge of case management. The uptake of supervision is monitored as part of monthly key performance indicators. Over the year the uptake of supervision has generally been over 90%. (Table 12). However, there was a drop in compliance for the delivery of safeguarding supervision for both Health Visitors and School Nurses at the end of quarter 3 in Southwark. This drop was due to staff attrition within the safeguarding team and availability of supervisors. Measures were put in place and compliance was subsequently achieved by the beginning of quarter 4.

6.2.3 Good working with our partner agencies is vitally important for getting child protection right.

- The community safeguarding nurses continue to research, analyse and contribute to the recommendations for children referred to the Multi Agency Safeguarding Hub (MASH). This information feeds aids decision making in terms of making appropriate plans to safeguard children.
- MASH notifications are sent to the Health Visiting and School Nurse Single Point of Access (SPAs) with details of the referral, outcome and contact details for the allocated Social Worker. This enables appropriate sharing of information to enable ongoing care delivery.
- Partnership working within MASH has been strengthened by the initiation of daily MASH huddles to review workload for the partnership and weekly threshold meetings to review decision making and partner contributions to the MASH decision making process.
- Monthly health and social care meetings are in place to discuss any practice or interagency working issues. This allows for challenge and or escalation of case management for review.
- Monthly Maternity Partnership meetings (MPMs) with Southwark and Lambeth Children Social Care, midwives and health visitors continue and enable health and social care to review and monitor plans for unborn babies.

6.2.4 Monthly key performance indicators are collated to monitor that safeguarding processes are being adhered to. This includes attendance at case conferences, follow up of domestic abuse cases and supervision compliance. Any variance in activity and compliance is addressed with the relevant service area. New monthly agency core data sets have been agreed with Lambeth LSCP Performance & Quality Assurance (PQA) sub-group meeting. There is an opportunity with EPIC to further develop in terms of data collection.

6.2.5 A limited audit programme has been undertaken in the reporting year.

- A reality round was undertaken to test staff knowledge of domestic abuse. This was a structured questioning to staff in practice. Areas covered included definition of domestic abuse; safe conditions to make enquiries; what to do if someone discloses domestic abuse and referral pathways. The results were generally positive and staff were aware of making onward referrals to relevant agencies. Further work will be undertaken in building staff confidence to make a routine enquiry.

- It is evident that there is a lack of a full understanding of the role of Children's Social Care in some areas. On review of referrals across the Trust's adults and paediatric services, it is noted that there are ongoing issues in some instances in relation to poor quality of referrals containing limited information. This evidences the lack of understanding of thresholds and the need for bespoke educational interventions. On audit and review of all Emergency Department referrals it has been found that a number of referrals were completed in relation to adult patients presenting with psychiatric concerns who have children, but not ongoing contact, therefore it is not proportionate to share/breach their confidentiality in relation to medical intervention/health with no direct risk posed to their children. In order to quality assure the standard of referrals and ensure proportionality of information sharing in relation to adult presentations a member of the safeguarding team reviews all referrals in the ED each day prior to them being sent to external agencies. In addition, there is work underway by the Lead Nurse to explore a change in the process of how referrals are submitted and sent out to manage the identified risk and offer quality assurance.

- A Lambeth multi agency audit in relation to domestic abuse has been undertaken. The scope and key lines of enquiry for the multi-agency domestic abuse audits was directly influenced by Lambeth's serious case incidents and Children Safeguarding Practice Reviews over the last 12 months. 5 cases were audited across multi-agency partners. This limited the generalising of the findings to wider practice. There were some positives within the audit with timely MARAC referrals and risk assessments and multi-agency working. However, the audit identified insufficient evidence of safety planning being done directly with children or recording of safety planning; insufficient recording of the voice of the

children and their lived experience. The Named Nurses for Safeguarding Children are planning a study day to further develop and equip Health Visitors in relation to domestic abuse, routine enquiry and safety planning.

- In conjunction with the South East London Integrated Care Board a MASH audit is currently underway. This audit has been commenced to ensure standards of record keeping are in line with record keeping policy and processes are adhered to by practitioners. This audit has not concluded to date. However, early feedback includes the need to ensure that all new MASH partners to be linked to MASH Framework on MOSAIC (Children's Social Care IT) to enable access. Practice areas for improvement include: Think Family: Mother, Father / partner need to be linked with children's records and address updated. When MASH information is requested, there should be critical analysis of the feedback in line with the health guidance. Information should be summarised and documented in the electronic record. A robust and user friendly excel form is to be identified to support data collection for health.

6.3 Extra-Familial Harm - **Serious Youth Violence and Child Exploitation**

6.3.1 All types of violence and exploitation have a negative effect on all those who live or work in the local boroughs. The tackling of serious youth violence and child exploitation remains one of our key priorities in the local boroughs and our safeguarding work plan. The prevalence of this in both local boroughs and London wide are of significance and can have devastating impact on a young person, their family and wider community. Lambeth experienced an increase of 13% in the year to June 2022 compared to the previous year and a 7% increase across the capital.

6.3.2 Lambeth has adopted a 10 year Public Health approach to violence. The partner-led approach, is set out in the Lambeth Made Safer Strategy. The associated dangers of gang affiliation are the prevalent concern, this predominantly, although not exclusively, affects Black boys. The root causes are multifactorial; adverse childhood experiences, poverty, peer pressure, racism, lack of inclusive learning environments, domestic abuse, emotional health and wellbeing difficulties, and the wider role of society and the state in perpetuating the social and economic factors that lead to these issues. However, it is the multi-agency partners' ambition to make Lambeth one of the safest places in London for children and young people to grow and thrive.

6.3.3 The Trust is represented on the various multi agency panels at both an operational and strategic level in terms of tacking extra familial harm and exploitation. The safeguarding team continue to undertake risk assessments and follow up of young people that attend the hospital due to injuries secondary to serious youth violence.

6.3.4 There is ongoing work to determine the youth service model for the Trust. A new national Social Prescribing Model has been produced. A gap analysis has been undertaken and this will form the basis of the youth violence steering group moving forward in 2023-24 in determining the approach and resources required to meet the needs of this vulnerable cohort of young people. Currently there is a review of the Oasis youth worker services based in the Emergency Department underway; this includes a review of the Standard Operating Procedures and governance framework. The OASIS youth service has seen an increase in the number of referrals to the service in the later part of the year. A number of cases referred are awaiting intervention as the service has had a vacancy and the cases pending intervention have been marked as awaiting intervention until they can be allocated to new practitioner.

6.3.5 The majority of referrals to the EOTAS (Educated Other Than At School) school nurse are in relation to young persons not in education who are known victims of violence and child criminal exploitation. The current caseload consists of 108 children: of these 28 are subject to a child protection plan; 23 children in need; 5 children looked after; 52 requiring targeted and 51 requiring specialist input. The engagement from young people remains high with positive impacts on meeting health needs using an intervention-based model. The EOTAS service continues to hold significant risk on a case by case basis. Due to the known criminality of individuals, known weapon flags and risks to assess/locations in the community, there has been an impact on undertaking home visits. This has been counterbalanced by offering contact within community safe locations such as GP surgeries, health centres and youth offending offices. In addition, there has been an increase in the number of areas that young people identify as 'unsafe' resulting in a further reduction of spaces that can be considered for use.

6.4 To ensure practice is trauma-informed, anti-racist, and anti-oppressive

6.4.1 The development of ensuring staff are culturally competent in relation to the safeguarding of children is central to all internal safeguarding children training delivery. The training material has been updated in the year to ensure that this is up to date and fully covers equality, diversity and inclusion. This training includes a discussion about Adultification which is a form of bias where children from Black, Asian and minoritized ethnic communities are perceived as being more 'streetwise', more 'grown up', less innocent and less vulnerable than other children. This particularly affects Black children, who might be viewed primarily as a threat rather than as a child who needs support. Children who have been adultified might also be perceived as having more understanding of their actions and the consequences of their actions.

6.4.2 The team have seen an increasing number of children and young people with gender identity challenges. This is often identified during mental health assessments. LGBTQ+ children and young people face the same risks as all children and young people, but they are at greater risk of some types of abuse. For example, they might experience homophobic,

biphobic or transphobic bullying or hate crime. They might also be more vulnerable to or at greater risk of sexual abuse, online abuse or sexual exploitation. Safeguarding training has been updated to reflect this important area.

6.4.3 Work is underway in terms of developing the input in relation to the safeguarding of children as part of the Gender Identity Disorder Service. The safeguarding of children will be integrated throughout the pathway. This workstream will be further developed in the forthcoming year.

6.4.4 A rolling training programme is delivered within the Emergency Department in relation to trauma informed practice, particularly focused on the management of young people who present and are at risk of violence. There is good uptake of this training and it is positively evaluated.

6.5 Female Genital Mutilation (FGM)

6.5.1 FGM remains a significant safeguarding risk. The Trust no longer has a specific FGM service. However, staff may still see clients or patients that may have been subject to FGM when these clients attend for other care, for example maternity, sexual health or urology. Therefore, staff still need to be aware of actions to undertake when they have a concern about possible or actual FGM. National FGM Support Clinics are a place for women with FGM to discuss their health needs in a sensitive environment. Where there is concern about a potential FGM in a child advice is sought from the Head of Nursing Safeguarding Children and or the Community Named Doctors for Safeguarding Children. To help professionals, the Local Safeguarding Partnerships have developed decision-making flow charts for FGM. The Trust FGM policy is currently in date.

6.5.2 In 2022-23 there were 231 disclosed or identified FGM in maternity services; this is comparable to the previous year. (Table 9). All FGM data on mothers who have disclosed FGM and have baby girls is validated on a monthly basis and the central spine uploaded with FGM-IS (Female Genital Mutilation Information Sharing) alerts.

6.6 Domestic Violence

6.6.1 Domestic abuse remains prevalent in society and is a feature in a significant proportion of safeguarding cases within both hospital, maternity and community services. (Table 10). There has been a significant increase in the number of adults presenting to services that subsequently report domestic abuse to hospital teams. The team have undertaken a number of

interventions with individuals whom were not specifically referred to the team due to a disclosure of domestic violence, but domestic abuse was identified in the process of assessment for another safeguarding issue.

6.6.2 MARAC representation is through the community safeguarding nursing team. Proportionate information is gathered and shared in the meeting and outcomes shared with relevant practitioners. Health Visitors prioritise and follow up children and families within 10 working days where domestic abuse is a feature on receipt of MARAC notification in line with the Standard Operating procedures (SOP). However, due to the current attrition within the School Nursing service, a contingency directive is for MARAC notifications to school nurses to be on hold since March 2022. Health MARAC pathways and processes are being reviewed as part of current service improvement work.

6.6.3 Housing is a big factor for women when trying to flee domestic abuse, especially if they have no recourse to public funds or if the abusive partner owns the home. The teams are seeing clients that are trying to make ends meet, and are often worse off because they own their home, or privately rent, thus making it harder for them, as it is more difficult to gain financial support to just walk away from the abusive home.

6.6.4 The Trust has two separate domestic abuse services. The current arrangements are fragmented across the organisation with different teams and different reporting lines. There is no group collective in regards to strategic direction, policy development and ensuring that the Trust services and provision are in line with national guidance, NICE guidance etc. This can lead to disparate services with no overall Trust direction and accountability. The need for review is compounded by significant staff leave of absence in one of the services that has led to the service having a lone worker for a significant period of time. A decision was made to review the services and to see if a revised service offer could be provided. This review was commenced but has paused temporarily due to competing priorities. This review is overdue and will be prioritised for progress in quarter 1 of the forthcoming year.

6.6.5 A Violence Against Women and Girls Strategy is in place with the local partnership. The Trust Domestic Abuse policy has expired and is currently under joint review with the adult safeguarding team. The current policy remains safe for staff to refer to in the meantime. Domestic abuse awareness is a core component of all safeguarding children training.

6.7 Mental health

6.7.1 As evident in Chart 2 child mental health prominently features in ED attendances and referrals to the safeguarding children team. As we emerge from the Covid pandemic, we are continuing to see a high number of children and young people presenting with mental health crisis' in our Children's Hospital Emergency Department (ED). Mental Health attendances to

our Children's Emergency Department have stabilised and are comparable compared to 2021; 325 mental health presentations between January – December 2022 and 339 during the same period in 2021. However, we had the highest number (35) of children and young people with mental health presentation in January compared to January in previous years. A smaller number of patients were admitted to the children's wards in 2022 when compared with 2021; 108 admissions in 2021 versus 90 admission in 2022. Not all these children will be required to be referred to the safeguarding children's team.

6.7.2 We continue to see a rise in the presentation of Children and Young People (CYP) requiring acute support from Child and Adolescent Mental Health Services (CAMHS) and an increase in the complexity of their social situation and behaviour. A significant percentage of CYP presenting in crisis are either a Looked After Child (LAC) or have been previously. A number of CYP have significant safeguarding concerns. Abuse and or neglect can compound children and young people's mental health and this impacts significantly on their well-being. A proportion of these children and young people at the time of presentation are either missing from home or their placement. Our Children's Hospital receives a high number of out of area patients presenting via the ED. These out of area attendances unfortunately cannot be prevented by improved local care pathways, crisis lines or intensive outpatient programmes in SLaM.

6.7.3 Due to various circumstances it may not be safe or appropriate to discharge a child home. This adds additional complexity in planning for discharge as placements are often not considered appropriate to return to and alternative care arrangements are required. This has led to instances of delayed discharge for hospital with the need to find appropriate suitable foster carers or placements to meet the needs of this vulnerable group of CYP. This includes examples of between 3-7 weeks delays in terms of finding appropriate accommodation. The views of the young person need to be considered in terms of discharge is very important. However, meeting their needs and their expectations can at times be constricting due to available options of placements. Short term solutions are often needed to facilitate discharge from hospital whilst longer term therapeutic work and or placements are sought. A number of successful escalation meetings have been held in later part of the year that have reduced the length of stay of children and young people who should either be discharged home with additional support or receive care in an alternative inpatient setting. Key to this success has been utilising the escalation pathway and adhering to the pathway timescales by the children's ED and Paediatric Nurse Practitioner teams. The frequency of meeting has also been found to have a positive outcome, with some cases requiring three planning meetings per day in extreme cases.

6.7.4 Restraint incidents in relation to children is monitored; the numbers are low and demonstrate the fluctuation and unpredictability of incidents involving CYP with acute mental health needs and are entirely dependent on the cohort of

inpatients at the time. The reviews identify that incidents related to restraint being required to deliver appropriate care to the children. A number of the children had a diagnosis of autism and or additionally required the support of CAMHS to ensure appropriate management. We continue to deliver our implementation plan for restraint training of children and young people working with CPI at foundation level training to provide key frontline staff members with skills in risk assessment, de-escalation, and restrictive interventions for children and young people. Our initial timescale for completion of this first stage was the end March 2023; this will be revised due to vacancies in the paediatric site team and a new timescale is being produced.

6.7.5 The School Nursing Service has been working to expand its reach to identify and support emotional health and wellbeing. CYP can be referred into the service for support with various emotional well-being needs. Targeted concerns outlined on a referral, or issues brought up in a session may be approached through listening, discussion, the use of motivational interviewing techniques, utilising online resources, signposting and referring on to other services. The Child Outcome Rating Scale (CORS) is used to assess different aspects of a child's life such as: 'me', 'home', 'school' and 'everything' – they mark each aspect out of 10 and this can then generate discussion around why they have chosen a particular score. Often this can provide more insight around the voice of the child. Additionally, the School Nursing Service has developed a universal year 7 questionnaire to improve identification of physical and emotional/mental health concerns following the transition point to secondary school. This initiative is currently on pause, as critically low staffing levels means the service is unable to respond to any needs that would be identified through this initiative. It is hoped that this will restart in the Autumn/Spring terms.

6.7.6 The Evelina London Health Visiting service is strengthening its perinatal and infant mental health offer to families. A series of training events have been commissioned from the Institute of Health Visiting for our workforce and we have formulated intervention packages of care for families, including partners and fathers. An evaluation of the intervention packages will be undertaken in forthcoming year.

6.7.7 An Evelina London mental health group strategy delivery plan is in place. This has 4 key domains as a focus:

- Education and training and ensuring our staff have access to training and education across the system.
- Escalation processes: High quality and safe care should be personalised for the needs of the child or young person. This would include joint escalation processes across the wider integrated care system, with reasonable adjustment made where required.
- Making the environment positive and learning from our service users: A paediatric setting can be the right place for children and young people with mental health needs to receive care.

- Take all opportunities to make each contact count: Children and young people showing early signs of distress are always able to access the right help in the right setting when they need it.

6.7.8 The following risks and challenges are evident in relation to CYP mental health:

- Risk 1: Clinical teams not having the right skills and training to face complex mental health critical problems and care.
  Mitigation: There are delivery plans in place. However, this requires ongoing resource and attention to maintain the expertise. We are participating in the Health Education England (HEE) funded 'We Can Talk' offer which involves leading a quality improvement initiative that will be led by a Band 7 Sister in Paediatric ED. This initiative will allow clinical teams to access the "We Can Talk" project run by Health Teen Minds. This national programme has been able to demonstrate an improvement in knowledge and confidence for acute healthcare staff supporting CYP in crisis that has led to success in other area of care, e.g. reduction in numbers of CYP absconding.

- Risk 2: Lack of out of hour's service and mental health bed availability.
  Mitigation: Since January 2022 the out of hours service provision has been extended by one hour. However, recent operational experience demonstrates this remains challenging in terms of bed capacity, particularly PPIC (Paediatric Psychiatric Intensive Care) beds.
- Risk 3: There was previously no clear guidance on how to manage complex and acutely unwell 16-17 year olds in crisis particularly whilst on the emergency floor.
  Mitigation: New escalation guidance and processes are now in place to enable active decision making regarding the ongoing care and management of this group of CYP. But this will continue to be an ongoing challenge as and when it happens.

6.7.9 Work is continuing to improve the environment to ensure it can be adapted where possible to meet the needs of acutely unwell CYP as well as those who benefit from a less stimulating environment, using guidance from national recommendations, such as "It's Not Rocket Science". Work is underway to develop a clear Standard Operating Procedure (SOP) to follow when caring for CYP admitted acutely to ED, the Children's Short Stay Unit or the ward, to provide ongoing mental health resource and to signpost families of CYP and clinical staff.

6.8 Children Looked After (CLA)

6.8.1 Strategically, the health and well-being of children looked after remains a priority. The full details of activity and performance metrics are reported through the Safeguarding Operational Committee and Corporate Parenting Boards. The population

factors are strongly associated with children being taken into care i.e. high levels of adult mental health difficulties, high levels of drug and alcohol abuse and high deprivation. A significant proportion of our Lambeth and Southwark CLA are placed outside the borough boundaries. This places a great challenge on the ability to provide an equitable service for all of these children and young people. Co-ordination with health providers across the country is core to the function of the health team. The health of CLA has been recognised as poorer than other children nationally and locally. We have concentrated on improving the quality of health assessments, tracking processes to improve the quality and follow-up of recommendations in health care plans.

6.8.2 As can be seen from the data in Table 13 there are ongoing challenges in terms of Initial Health Assessments (IHA) and Review Health Assessments (RHAs). Factors affecting performance over the year include:

- Late / batched referrals from Children's Social Care to health: The majority of RHA referrals are being sent to health within 30 days of the due date. IHA referrals are currently referred more than 5 days after entering care; for example the average time in August was 7 days for Lambeth (31 days in July) and 35 days for Southwark. These delays then impact on the following months' reporting. However, the team have consistently been completing the majority of IHAs within 20 days of completed referral.
- IT issues: The Trust IT and Carenotes outage has had an impact on service delivery. Initial access issues to the S drive led to delays in report distribution as the team were unable to access drafted summaries and templates. Workarounds to mitigate this increased admin formatting times. The continued issues in relation to Carenotes has meant in some instances limited access to full medical history and demographic information. This had invariably increased admin time to book appointments and distribute reports, whilst verifying information through liaison with Children's Social Care. Additionally, this increases the clinical time required to collate the history and ensure reports have detailed and relevant health care recommendations.
- Staffing and capacity: The service has had vacancies within the Named Nurse posts; these posts have been difficult to recruit to. The Named Nurse for Lambeth was working across both boroughs prior to leaving in July. This resulted in a reduction in nursing capacity for Lambeth during this period. An Interim Nurse Manager was put in place until mid-September. A new Named Nurse has taken up post on 26 September 2022 and is now working pan borough. Additional capacity has been made to the nurse specialist roles to support the Named Nurse. This pan borough working allows for synergy of practice across the borough and provide a more collegiate response to operational delivery.

Other developments.

6.9 A number of cases have progressed to family or criminal courts and staff have been required to attend to give evidence. This is not something that the majority of staff have undertaken previously. It is recognised that there is a significant delay with some criminal trials at present. Further guidance has been produced by the legal team to assist staff in preparation for attending courts to give evidence.

6.10 An Apollo Rapid Decision Group was established to determine the requirements for safeguarding documentation and assessments within the new electronic patient record system. This work is overseen by the Director of Nursing Evelina London. The safeguarding team have worked collaboratively with colleagues at King's College Hospital in determining the safeguarding requirements and agreeing workflows.

6.11 Proxy access to another individual's MyChart account is an important feature of EPIC, and can help many patients to manage their care effectively, with the involvement of trusted relatives, friends or carers. Proxy access raises a range of risks and benefits for different users, and raises particular risks relating to the Trusts' obligations under data protection legislation, in particular in relation to proxy access to records of paediatric patients and adult patients who lack capacity. Access to medical information is highly sensitive and protection needs to be in place to reduce the risk of inappropriate access or abuse. There are relevant legal, regulatory, ethical and practical considerations in determining the right policy and processes. Proposals have been determined in terms of access following consultation with various stakeholders and legal advice. This considered children's access to their own records or consent to a proxy having access on their behalf and parental responsibility.

6.12 There have been some functionality issues in terms of CP-IS (Child Protection Information Systems) within ED in the early part of 2022-23. CP-IS is a national programme that shares information for children subject to Child Protection Plans, Looked After Children and pregnant women whose babies are subject to Child Protection Plans with the local authority where the children and families live, if they present to the Trust unscheduled care settings. Issues have been addressed with IT and system provider. There is ongoing monitoring of CP-IS by the ED team to ensure that any functionality issue is identified early in order to evoke business continuity plans and escalation. The NHS Long Term Plan mandates that by March 2023, CP-IS (Child Protection Information Sharing system) will be expanded to extend and cover all healthcare settings including general practice, dentistry, paediatric community, 0 to 19 services including health visiting and school nursing, mental health and sexual health services. This is being considered as part of Apollo.

6.13 In the NHS Long Term Plan, NHS England has committed to moving to a 0-25 years' service model, where appropriate, to enhance children's and young people's experience of health, continuity of care and outcomes. Key to this will be transitional safeguarding. This would need further consideration at local level in terms of model of approach and delivery.

6.14 Lambeth LSCP have launched a new Neglect Strategy and toolkit in September 2022. This is with the aim of wanting to make sure neglect is identified early and that the right kind of help is available at the right time; reduce repeat referrals and end the cycle of neglect. The Neglect Strategy sets out the vision and principles, along with understanding neglect and learning to improve practice. The Neglect Toolkit is a tool to assist in identifying and assessing children who are at risk of neglect. The implementation of this toolkit within health services is being led by the Named Nurse for Safeguarding Children in Lambeth. Health Visitors will be central to utilising the toolkit. A similar strategy is planned for Southwark in 2023.

6.15 Children who are 'was not brought' (WNB) to hospital appointments can be an indicator of neglect. The safeguarding children team at Royal Brompton and Harefield have worked closely with the Royal Borough of Kensington and Chelsea LSCP around addressing WNB and have taken part in a Podcast to be used as an educational tool to help address this concern.

6.16 Following a number of meetings with the Trust Addictions Team, obstetric and obstetric medicine teams, specialist midwifery team and maternity safeguarding team, the first pregnant woman requiring detox from substance misuse was admitted to the Antenatal Ward, St Thomas' Hospital in May 2022. The draft guidelines were subsequently reviewed and additional support needs addressed. St Thomas Hospital is the only hospital in South London offering in patient detox, and our maternity unit is the only unit in London where this service is available. With the availability of this service, the potential for positive change and outcomes in the lives of such mothers and babies is vastly improved.

6.17 We had the opportunity to showcase innovative safeguarding training practice at the ASPiH (Association for Simulated Practice in Healthcare) National Conference in November 2022. A poster submitted from the innovative practice of delivering virtual child protection simulation training during the Covid-19 pandemic to trainee Paediatricians, subsequently extended to an interdisciplinary group including student Health Visitors and Community staff nurse was accepted for poster presentation. Poster Title: Virtual safety. Using online simulation to prepare trainees for their community safeguarding roles.

6.18 The following policies, pathways and tools have been developed:

- The Safeguarding Children policy has been revised.

- Safeguarding Children Business Continuity Plans (BCPs) were developed due to the IT outage and lack of availability of Carenotes and impact on safeguarding work.
- The Terms of Reference (TOR) for the Safeguarding Children Operational Committee have been revised.
- Maternity mental health pathway developed.
- Maternity Safeguarding Escalation pathway developed.
- Surrogacy Guidelines developed.

7. Risks, concerns and challenges.

7.1 A recent Family Court case related to fabricated and induced illness/perplexing presentation has identified a number of concerns in relation to information governance, clinical and safeguarding case management:

- Disclosure of information held within the Trust: Process for how disclosure requests are implemented within the Trust to allow for central point of contact.
- Information governance and the way records are held to ensure effective provision of full information in a timely way upon requests being made. Providing information (including by way of reports and statements) when requested by the Court within proceedings (public or private).
- Liaison with third party agencies including social services, including pre-proceedings.
- Record keeping.
- Safeguarding processes.

7.1.1 As a result of this a number of actions have been undertaken:

- Revised Trust Safeguarding Children Policy to ensure a clear escalation guide for safeguarding and clinical teams, including detailed guidance on escalation of cases to the Clinical Legal Services team. This includes the need for a senior internal planning meeting to occur as early as possible. Review of record keeping in relation to safeguarding cases managed as outpatients to ensure all MDTs and decision making discussions are appropriately documented.
- Ensuring an appropriate named clinical lead (consultant) is assigned to all safeguarding cases – which may or may not be the child's original named consultant.
- Ensuring adequate resource within the hospital safeguarding team to provide clinical supervision/peer review to the safeguarding team.
- Ensuring legal support to all safeguarding cases escalated in accordance with revised guidance to be included in the Trust's Safeguarding Children Policy.

The Update Trust Safeguarding Children procedures is currently under review and will be updated to include the current RCPCH Perplexing Presentations (PP) /Fabricated or Induced Illness (FII) in Children guidance. This guidance has been circulated to all clinical teams.

7.2 The Trust's Risk Register is used to record incidents which are deemed to pose a potentially serious and or ongoing risk to patients and or staff. At present there are 17 open risks that have a safeguarding children or Looked after Children related element. Risk mitigations are in place against each of the identified risks.

Systems and process issues	
Historical patient record will not be available in EPIC which will limit information to make clinical decisions which could result in harm	12
Inability to transfer Health Visiting records to the new provider when a family move to a different borough.	9
CP-IS functionality	9
Health Visiting SOP for discharge not followed thereby increasing risk of children being lost to follow up out of area.	8
Delays in being able to see children within the Looked After Service due to late/ incomplete referrals from Local Authorities.	8
Adopted children still linked to birth parents on Carenotes could result in information being wrongly shared with birth parents.	6
Mental health	
Children with challenging and violent behaviour admitted and requiring one to one care	12

Lack of facilities and resources for CAMHS patients increases risk of patient harm.	9
Training	
Safeguarding children level 3 training compliance	12
Workforce / activity	
Increased safeguarding impacting clinical activity and RTT in all areas increasing risk of harm to children.	12
Health visitor vacancies compounded by sickness adversely affecting safe service provision and children may not be safeguarded.	15
School Nursing workforce challenges impacting on safe and timely provision of service which poses a risk of harm to clients.	12
Reductions in Southwark funding impact ability to deliver a comprehensive, safe 0-19 universal service	12
Proposed disinvestment in universal services resulting in an increased caseload size/acuity and safe service delivery.	12
Healthcare risk to pupils with complex medical needs due to lack of educational leadership and trained staff at Michael Tippet school.	9
Risk of harm to children from delayed response to safeguarding referrals and delivery of mandated contacts of HCP due to staff shortage	9
Reduced capacity in the CLA nursing team impacting on service workload increasing risk of harm to children/young people	9

7.3 Training compliance

7.3.1 Staff training in relation to the safeguarding of children remains a key priority. However, challenges remain in terms of compliance with safeguarding children training. (Tables 14-17). The Trust's Level 3 compliance is currently 80.1% and Level 2 compliance is 87.18% at the time of reporting (excluding Royal Brompton and Harefield). These are against a minimum target of 80%, with the aim of 95% optimal compliance. Throughout 2022-23 Level 3 training compliance has ranged between 75-78%. Figures for the Royal Brompton and Harefield sites show Level 3 compliance at 72.7% and Level 2 at 86.2%. At present the figures are not reported as one entity of a Trust wide figure. However, the aggregated figures of combining both sites provides the following overall figures: Level 3 training 79.1%; Level 2 training 86.9%. Training compliance by staff groups is outlined in Table 17: For Level 3 Nursing and Midwifery compliance within the Trust (inclusive Royal Brompton and Harefield) is 84%; Medical and Dental staff 62% and Allied Health professionals 86.9%.

7.3.2 Training capacity is in place in order to be able to deliver training; however, class uptake has not always been optimal and places remain unfilled. There have been some difficulties in releasing staff from clinical areas. E learning is also available. If staff can show evidence of training being completed in another organisation within a three year period this can be accepted to negate the need for repeating training. An up to date list of staff has been received from the Education, Training and Development Department and a targeted approach has been undertaken to make contact with each individual to advise that training needs to be completed. Staff training profiles have been reviewed to ensure that the correct profile is assigned to staff based on their role and area of work.

7.4 IT issues affecting safeguarding children

7.4.1 On 4 August 2022 a number of IT systems provided by Advanced, including Carenotes and Adastra, were subject to a cyber-attack. Carenotes is used by many mental health and community services in Trusts nationally. Work to manage the cyber-attack, and to resolve the associated IT issues, was led by NHS England and the National Cyber Security Centre, who are working closely with Advanced. We managed the incident through our critical site incident management arrangements, working closely with relevant clinical and management teams.

7.4.2 All affected services activated their business continuity plans for this eventuality. A specific business continuity plan was developed for the community safeguarding teams to ensure that appropriate actions were undertaken to mitigate any risk to

vulnerable children. Significant time and attention was dedicated to understanding and mitigating the risks associated with this outage, particularly the limited access and ability to share historical clinical and safeguarding information. Using historical log data, our informatics team were able to create an interim report that provided access to some historical patient information from before the outage on the 4 August 2022, which went some way to mitigating this risk, although not completely. Following the reintroduction of Carenotes in October 2022 a period of reconciliation work was undertaken to ensure that children's records were all updated accordingly.

7.4.3 The volume of MASH referrals processed by the Southwark MASH health team fell significantly during July and August due to the IT outage and lack of access to the full health intelligence previously available. Incomplete health intelligence checks were completed for part of this period using the available systems but risks mitigated as much as possible through signposting to other partner agencies / sharing available information / and communication with practitioners.

7.4.4 As part of the children's attendance to the Emergent Department there is a requirement to notify the health visitor or school nurse of this attendance. In the majority of these instances no immediate follow up is required and information is provided for information purposes to gain an overview of the child's clinical history. This process has also been affected by IT issues of a move of location of a site file that has meant there has been a delay in notifying relevant community practitioners of children's attendances to the ED. Where a follow up is required a referral as opposed to a routine notification is required; this process was not been affected. The team is continuing to work with the IT team to rectify the issue experienced and provide a longer term working arrangement with the advent of EPIC.

7.4.5 Access to CP-IS was affected during the Trust IT issues in the summer. To mitigate this, weekly lists of children subject to a child protection plan for the local boroughs to the hospital were made available to the clinical teams. A low threshold was had for undertaking network checks with the Local Authority if staff had any concerns about a child and background history was required to contribute to decision making. The system is currently working appropriately. A weekly audit has been put in place to ensure that an identification of any connectivity issues is recognised early.

7.5 Capacity and demand

7.5.1 The team have had a number of vacancies over the last year at various intervals due to turnover of staff through either internal transfers, retirement, maternity leave or voluntary resignation. The majority of vacancies have been recruited to and staff have taken up their positions and settling in to their new roles. Further recruitment is planned currently to fill remaining vacant posts.

7.5.2 However, the increasing complex cases and interagency requests for information and attendance at an increasing number of meetings has challenged the current capacity of the team and in particular the maternity safeguarding team and Southwark community teams. Of note is the number of strategy meetings that are required to be attended by health partners. These requests are triaged to ensure that they are appropriate to attend and to determine the right discipline of staff to attend. As the skill set of the community safeguarding nursing team has increased more of these meetings are appropriately attended by nurses as opposed to Doctors. A business case for full time administrative support for MASH has been prepared by Southwark ICS; this is awaiting an outcome. If successful, the addition of an administrator would release the MASH nurse from administrative based functions and create more nursing capacity and enable more of a focus on specialist safeguarding functions and provide capacity to keep pace with the usual volume of referrals received in previous quarters. As part of reconfiguration of the current establishment, two part time administrator roles have been created for the maternity safeguarding team and safeguarding children's teams. These roles will support the team and enable the release of some safeguarding nursing capacity.

7.5.3 A safeguarding team away day was held in December 2022 as part of service improvement development. This is an important area for the team to explore current working practices and possible new ways of working. A number of workstreams have been identified as part of the ongoing work.

- Supervision: To ensure that safeguarding supervision is fit for purpose and that staff are receiving appropriate support in managing vulnerable caseloads. To review and determine the model and approach; this to include 'Think Family' and group supervision.
- Processes: To ensure processes are fit for purpose and that any inefficiencies are reduced. Unifying processes between teams to reduce variabilities and have agreed standard.
- Roles and responsibilities: To determine skills needs of team members. To enable vulnerable children to receive expert input from safeguarding – this to include possible case management and specialist safeguarding roles.
- KPIs and outcomes: Developing KPIs and ensuring that we have key measurables to show that what we are doing is making a difference to vulnerable children. Presently KPIs are process driven and do not measure quality.

7.6 Pressures on Universal Services

7.6.1 Previous reports have highlighted pressures within Universal Services and in particular Health Visiting. This is compounded by planned disinvestment over the coming year. The community Directorate Management Team have worked with commissioners and public health colleagues in Lambeth and Southwark and clinical teams to develop a new service model and approach. The Bright Beginnings Pathway is a new service offer created in response to the decision to discontinue the Family Nurse Partnership (FNP) service in both Lambeth and Southwark and expand on the previous Early Intervention

Health Visiting (EIHV) service offer by broadening the referral criteria to include all young mothers aged 19 and under. The Bright Beginnings Pathway will address the following future service priority areas identified by the clinical teams and commissioning partners in Lambeth and Southwark:

- Ensure that vulnerable families are identified and provided with a targeted offer that meets their needs, in order to address health inequalities in the early years.
- Keep children safe through preventing avoidable injuries in the home.
- Focus on parental and child mental health.
- Reduce inequalities in developmental milestones and school readiness.
- Support young parents.
- Reduce the impact of domestic violence and parental conflict.
- Focus on the parent-infant relationship.

7.6.2 There are significant pressures in relation to School Nurse capacity and the ability to safely manage vulnerable caseloads. Voluntary turnover of staff has reached a concerning level and has impacted on staffing levels and the delivery of care. Some of the reasons cited for leaving included: excessive safeguarding caseloads; feeling ill equipped to deal with the complexity of the cases they have to deal with and feeling overwhelmed in practice. This impacts on the team's ability to meet the health needs of vulnerable children in a timely manner. Multi-agency working is prioritised in terms of attendance at child protection case conferences. A number of measures have been implemented in the short term to mitigate this risk and maximise clinical capacity. This includes a review of case conference attendance requirement and changes to follow up of MARAC notifications.

7.6.3 A School Nurse review was commissioned by the Director of Nursing for Evelina London. Findings of the review are identified under key headings of processes and protocols; practice and service delivery; staffing and safeguarding. As a result of this a School Nurse working group has been established to deliver against a number of recommendations. Safeguarding team membership is fundamental to the delivery of changes.

7.6.4 As part of the service redesign of school nursing a safeguarding caseload audit has been undertaken. This audit explored caseloads, allocation, information sharing, direct interventions with child or young person, system and process issues. Findings from this audit are feeding in to wider service transformation work. Caseload cleansing has been undertaken post this review.

8. Learning and development

8.1 There is a continued focus on ensuring that staff within the organisation have the required knowledge and skills in order to recognise and appropriately manage any safeguarding concerns that may present.

8.2 The Trust has been required to participate in a number of reviews in the last year; this includes Child Safeguarding Practice Reviews (CSPRs) and case reviews. The CSPR have been undertaken for a number of different Local Safeguarding Children Partnerships.

- Child 'Olivia': Young person has been under the care of the Local Authority since 2017 after a family breakdown. Since then, there have been significant concerns about the young person's mental health, as well as evidence to suggest that she is the victim of sexual and criminal exploitation. She has had multiple placements, all of which have broken down and periods of going missing. At the end of March 2022, a serious incident was reported whereby she was reported a significant sexual assault. A Child Safeguarding Practice Review is underway and Internal Management Review (IMR) has been completed.
- Child 'Hannah': Young person with ASD went missing from her placement in November 2022. She subsequently alleged a significant sexual offence from an older man. This young person is known to children Looked After team after being in care from an early age. A CSPR is underway and an IMR is being completed.

  Both of these reviews have identified some good practice. The full learning of these reviews will be shared once they are complete. However, there are some areas of development required including ensuring that Children Looked After (CLA) health team are involved in strategy meetings regarding vulnerable CLA; understanding of DoLS; development of a pathway for neuro-diverse children and young people including explicit guidance regarding seeking consent and documenting understanding with regard to child protection medicals including child sexual abuse examinations. The recommendations and actions will be monitored via the Safeguarding Children Operation Committee.

- Two domestic homicide reviews are underway that the Trust is required to provide information on due to some historic attendances by family members.

8.3 In addition there are two CSPR from the previous year that have carried over in to the year. These include the 'Barton' family review and 'Ethan' review. The full details of these reviews are shared with the Safeguarding Children Operational Committee which also monitors any recommendations and action plans. Once the reviews are complete and the reports

published the learning will be incorporated in to the Trust's internal safeguarding training provision. In addition, learning is cascaded via various forums and briefings.

8.4 In addition to the CSPRs identified above a number of other reviews and learning reviews have been undertaken; these include serious incident notifications and local learning reviews for cases that do not meet the threshold for a CSPR.

- Rapid Review following the death of a young person following a stabbing.
- Learning Review following the presentation to hospital of a baby with a fractured femur which is being investigated as an inflicted injury by the mother's partner. This child was not known to our services prior to the injury and we provided acute management of the injury and safeguarding management.

8.5 A number of reviews over the last couple of years have included young people who have been a victim of serious youth violence. As a result of this we have taken some specific actions. This includes reviewing the referral and discharge criteria for the EOTAS school nursing service. Intervention packages for the EOTAS school nurse in regards to those at risk of serious youth violence have been developed which includes core subject areas of safety and first aid, staying safe, weapon awareness, sexual health, substance misuse and developing healthy relationships. Follow up case management is undertaken by a safeguarding nurse specialist when the young person attends follow up appointments i.e hand therapy following a stabbing injury. The interventions and making every contact count are in line with the interventions by the EOTAS nurse outlined above.

8.6 Domestic abuse features strongly in the various case and learning reviews. As a result of this a renewed focus has been made in training and supervision in terms of risk assessments in relation to domestic abuse and safety planning.

8.7 As a result of the 'Angela' case that has been completed a reviewed pathway for genital herpes has been produced.

8.8 The LSCP have developed seven minute briefing documents that summarizes learning from our Child Safeguarding Practice Reviews and other learnings from Local and National publications. The following learning and themes to improve practice were identified from our local reviews: Neglect; Domestic Abuse; Sexual Abuse; Anti-racist Practice; Serious Youth Violence, Exploitation and Contextual Safeguarding; Trauma-informed practices; Families moving between local authorities. These are disseminated across the partnership led by the LSCP training and development manager and LSCP panel CSPR members.

9. Assurance Statement

9.1 The Quality and Performance Committee is to be assured that the Trust continues to adhere to its statutory duties in line with Section 11 of the Children Act. The safeguarding the welfare of children is a priority of the Trust. Systems and structures are in place to support staff through the early recognition, responding to and reporting concerns of children at risk. This includes having a dedicated safeguarding team, policies and procedures and training in place. The Trust meets its statutory requirements in relation to pre-employment clearance of staff, including enhanced DBS checks. Compliance is monitored centrally.

9.2 There is a robust governance process for reporting and reviewing of all safeguarding concerns through the safeguarding children operational groups. The Vulnerable Persons Assurance Committee leads and supports all safeguarding activity and ensures that the Trust executes its statutory duties in relation to safeguarding children and adults. This Committee receives quarterly reports from the individual safeguarding children and adult's operational groups responsible for ensuring that the safeguarding statutory duties are adhered to by all clinical services.

9.3 The Trust will continue to review and challenge its arrangements in order to support safe and consistent practice, adhere to its statutory duties and will respond positively and assertively to the changing guidance and national reviews. The safeguarding team's main priority is to ensure that safeguarding arrangements are safely maintained and that the Trust continues to develop a competent and capable workforce in relation to recognising and appropriately responding to safeguarding concerns.

Septepmber 2023

Appendix 1:

Breakdown of activity

Table 1: GSTT safeguarding children referrals	**Q1**	**Q2**	**Q3**	**Q4**
Total referrals GSTT (non RBH)	524	379	494	500
Top five reasons for referrals to acute based team (GSTT)				
Parental mental health	69	63	87	83
Physical injuries	68	74	53	77
Child mental health concerns	58	37	73	74
Neglect and concerns regarding parenting abilities/ care issues	46	33	54	57
DNA (was not brought to) appointments	50	34	45	32

Table 2: RBH safeguarding children referrals	**Q1**	**Q2**	**Q3**	**Q4**
RBH	26	28	18	Not available
Main reasons for referrals to RBH Safeguarding team				
DNA (was not brought to) appointments	6	9	10	Not available
Neglect	6	3	3	Not available
Domestic abuse	5	4	1	Not available

Mental health of child	2	3	1	Not available
Other	7	9	3	Not available

Table 3: Local authority area GSTT				
	Q1	Q2	Q3	Q4
Bexley	13	8	7	14
Bromley	10	3	6	9
Croydon	12	13	13	8
Greenwich	22	19	17	10
Kent	58	26	57	58
Lambeth	101	85	97	110
Lewisham	40	20	24	23
Other London Boroughs	43	36	54	53
Out of London	28	24	39	29
Southwark	139	81	114	137
Surrey	7	11	5	7
Sussex	14	10	13	7
Wandsworth	9	11	10	11
Westminster	19	15	23	17
Unknown	9	13	4	2

Table 4: Local authority RBH				
	Q1	Q2	Q3	Q4
Other London Boroughs	9	7	7	*
Bromley	-	1	-	*
Bedfordshire	1	-	-	*
Berkshire	1	1	-	*
Buckinghamshire	1	-	-	*
Devon	-	1	-	*
Essex	5	3	1	*
Hampshire	-	1	-	*
Hertfordshire	4	5	1	*
Kent	1	2	2	*
Kingston		2	-	*
Lambeth	-	1	-	*
Surrey	2	2	4	*
Sussex	2	-	-	*
Other outside London		1	3	*

Table 5: Areas of referral (GSTT)				
Ward/Dept.	Q1	Q2	Q3	Q4
Adult A&E	92	77	105	126
Adult Outpatients	10	4	8	5
Adult Wards	15	17	13	11
Maternity (child related)	7	9	10	5
Paeds ED & UCC	142	105	149	148
Paeds inpatient	113	71	87	75
Paeds OPD-professional consultation	145	96	122	130

Table 6: Areas of Referrals RBH				
Ward/Dept.	Q1	Q2	Q3	Q4
Adult Inpatient & Outpatients	0	0	1	*
Paeds OPD	22	22	14	*
Paeds inpatient	4	6	3	*
Fetal	0	0	0	*

Chart 1: Age distribution of referrals to the children hospital safeguarding team (inc.RBH)

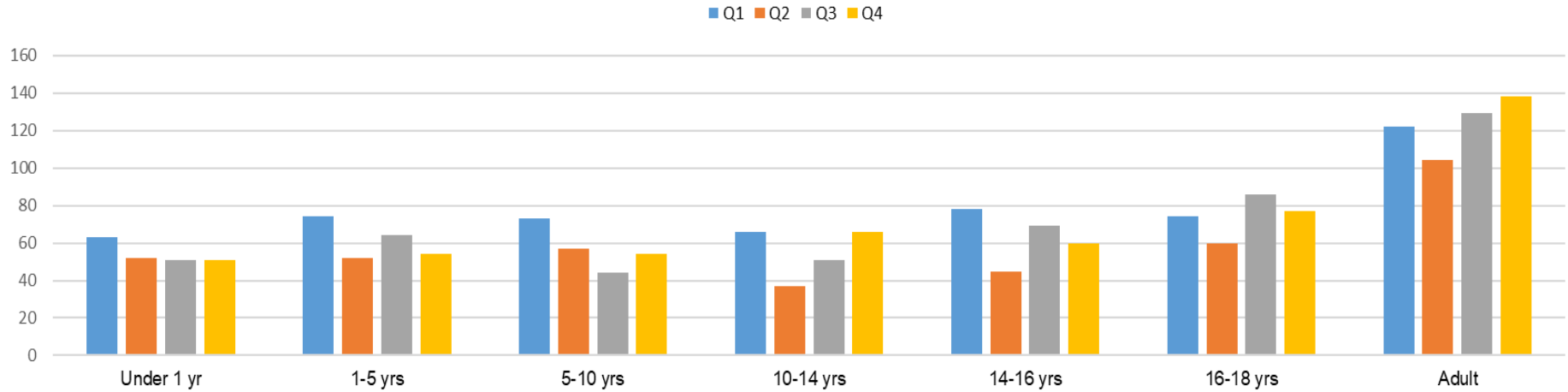
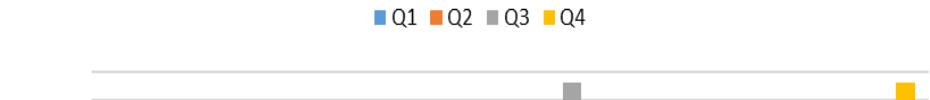


Chart 2: Child mental health

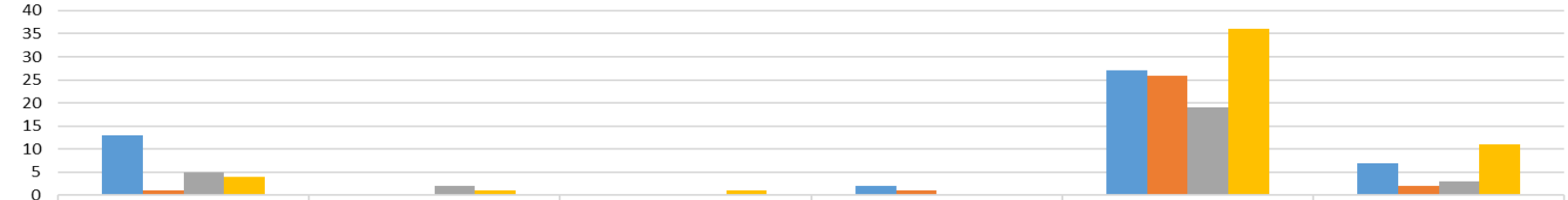


	Anxiety/ Depression	Behavioural issues	Bullying	Deliberate ingestion of toxic substances	Deliberate overdose	Deliberate self-harm	Psychosis/ Paranoia	Suicide attempt/ Suicide ideation
Q1	11	12	0	1	14	6	3	10
Q2	4	8	0	2	7	4	0	11
Q3	12	11	0	3	23	6	3	15
Q4	10	10	1	0	19	9	2	23

Chart 3: Parental mental health

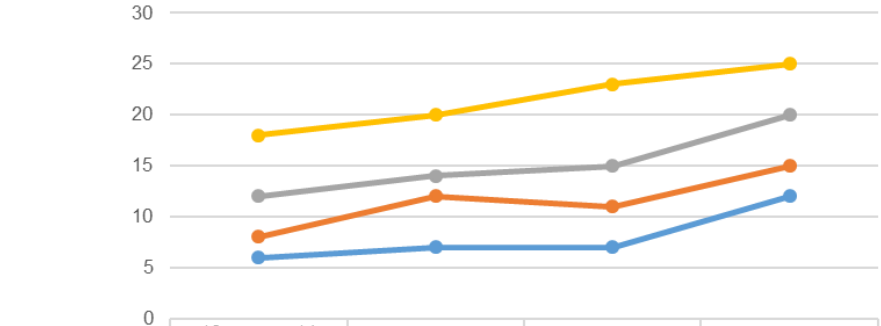
	Alcohol/ Drug Addiction	Anxiety/ Depression	Behavioural issues	Deliberate overdose	Deliberate self-harm	Postntal depression	Psychosis/ Paranoia	Suicide attempt/ Suicide ideation
Q1	19	8	2	5	3	6	12	14
Q2	18	4	3	4	1	1	15	17
Q3	16	6	3	9	3	0	21	29
Q4	11	8	0	11	3	1	21	28

Chart 4: Recorded attendances with violence related injuries



	Child Criminal Exploitation	Gang involvement of a child	Gang involvement of a parent	Gunshot injury	Physical harm (assault)	Stabbing Injury
Q1	13		0	2	27	7
Q2	1	0	0	1	26	2
Q3	5	2	0	0	19	3
Q4	4	1	1	0	36	11

Chart 5: Reported age range of attendances realted to physical harm (assault)



	10 years – 14 years	14 years-16 years	16 years - 18 years	Adult
Q1 2022/23	6	6	8	5
Q2 2022/23	4	2	4	5
Q3 2022/23	2	5	4	3
Q4 2022/23	6	7	7	12

Chart 6: Reported ethnicity of attendances related to physical harm (assault)- Q4

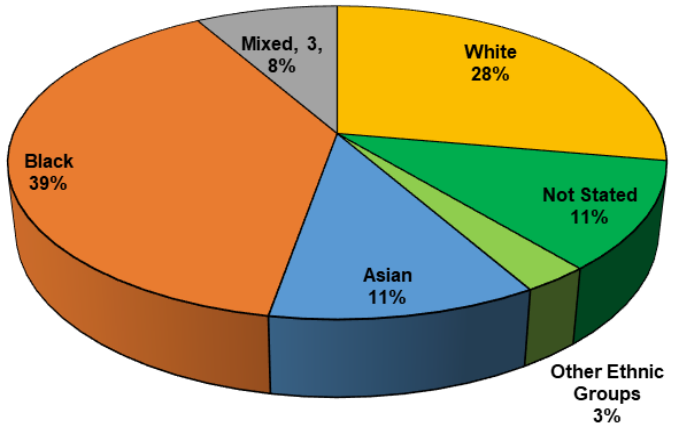
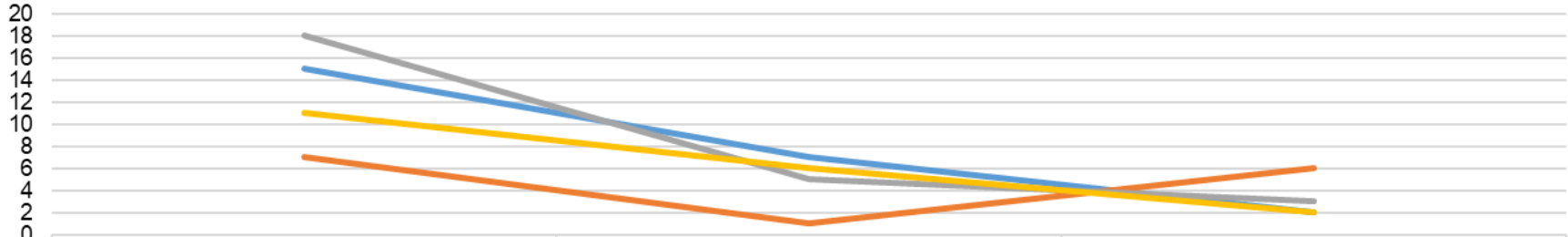


Chart 7: Recorded attendances related to child sexual exploitation and sexual health



	Allegations of possible sexual abuse/ sexual health concerns	Child Sexual Exploitation	Teen Pregnancy
Q1	15	7	2
Q2	7	1	6
Q3	18	5	3
Q4	11	6	2

Chart 8: Reported age of attendances related to child sexual exploitation and sexual health

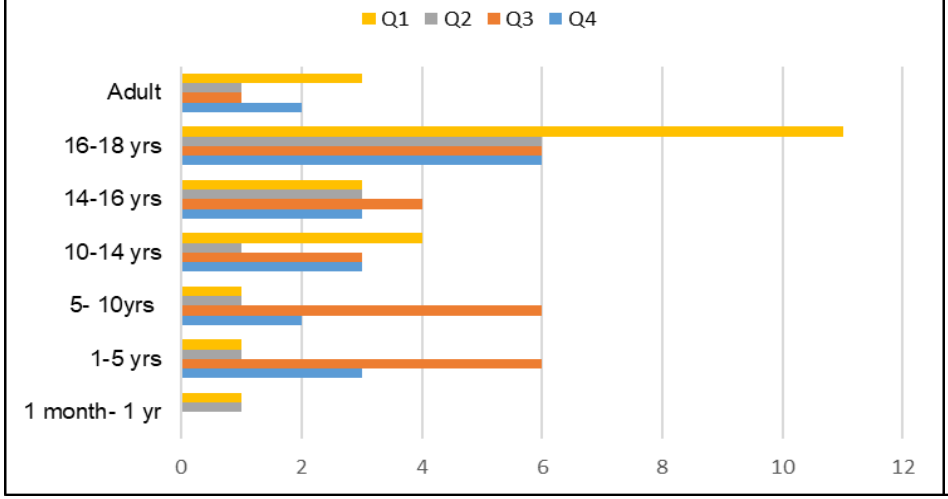


Chart 9: Reported ethnicity of attendances related to child sexual exploitation and sexual health-Q4

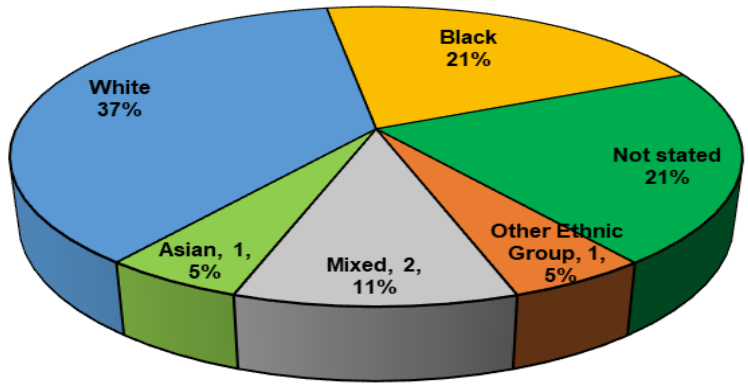


Table 7: Maternity safeguarding data				
Reason for referral	**Q1**	**Q2**	**Q3**	**Q4**
CSC involved	119 (52)	110 (52)	126(59)	189 (67)
Domestic abuse	140 (52)	119 (54)	87 (45)	103 (58)
Mental health	82 (35)	62 (22)	61 (33)	94 (44)
Homeless / housing	44 (23)	52 (20)	61 (31)	61 (28)
Poor antenatal care	29 (17)	31 (20)	34 (14)	34 (17)
NRPFs	18 (9)	11 (3)	18 (7)	7 (6)
Substance misuse	20 (7)	4 (4)	1 (1)	2 (2)
Teenage pregnancy	41 (19)	66 (27)	34 (14)	26 (11)
Learning disability / difficulty	10 (5)	27 (7)	29 (6)	18 (9)
Physical disability	7 (4)	12 (4)	9 (5)	0
Paternal mental health	0	0	0	4 (2)
Aggressive behaviour	11 (6)	3 (1)	0	1 (1)
CSE	4 (3)	9 (5)	9 (2)	11 (4)
Family concerns	21 (11)	9 (5)	26 (15)	53 (22)
Asylum Seeker	35 (12)	19 (9)	51 (8)	18 (11)
Other**	9 (5)	5 (4)	19 (10)	6 (5)
Total	**590 (260*)**	**539(237*)**	**565(250*)**	**627(287*)**

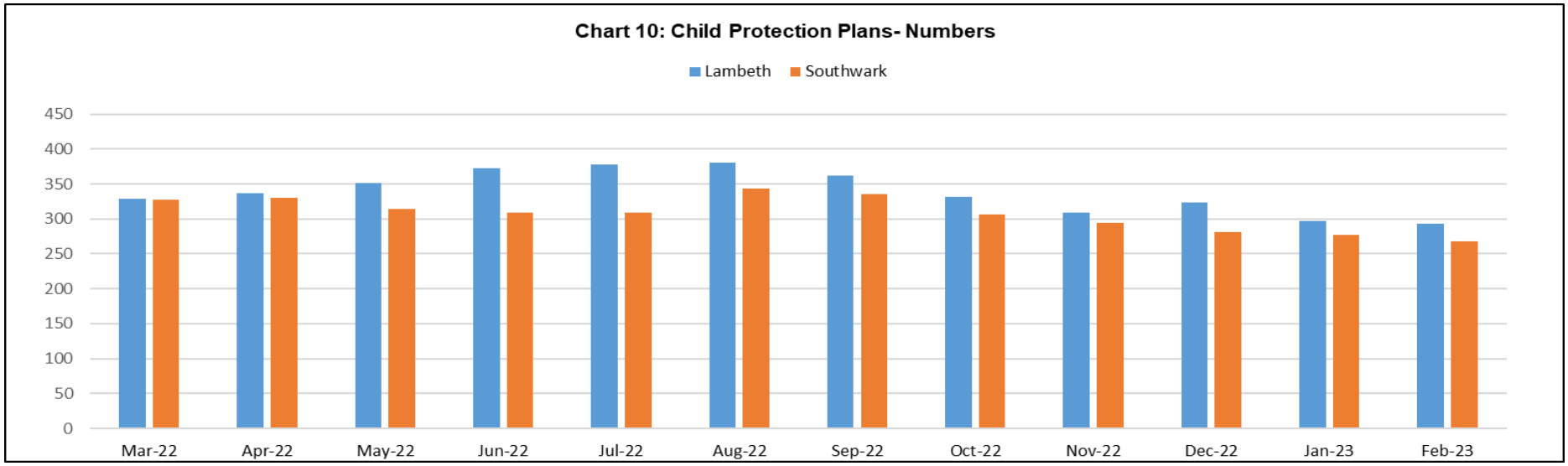
** indicates actual number of women whilst main number denotes the number of referrals. In this quarter a total of 162 women were referred to maternity safeguarding not previously known to the team*

Table 8: Maternity Referrals to Children's Social Care				
	Q1	**Q2**	**Q3**	**Q4**
2020-2021	72	61	*	79
2021-2022	107	76	82	61
2022-2023	67	68	52	66

Table 9: FGM	
	No. of women booked who had FGM
Q1	57
Q2	61
Q3	53

Table 10: Domestic abuse (hospital)									
	REACH					**MOZAIC**			
	Q1	**Q2**	**Q3**	**Q4**		**Q1**	**Q2**	**Q3**	**Q4**
Number of total referrals	45	40	42	60		41	36	35	32
Number of referrals that have children in family	17	12	13	10		36	29	25	26
Total number of children in families	32	20	22	15		59	37	39	46
Initial engagement from victim	36	30	35	56		40	35	32	32
Follow up post discharge / ongoing work	30	20	30	55		36	35	30	27
Number of referrals to MARAC	5	5	0	5		0	0	0	2

Community safeguarding data



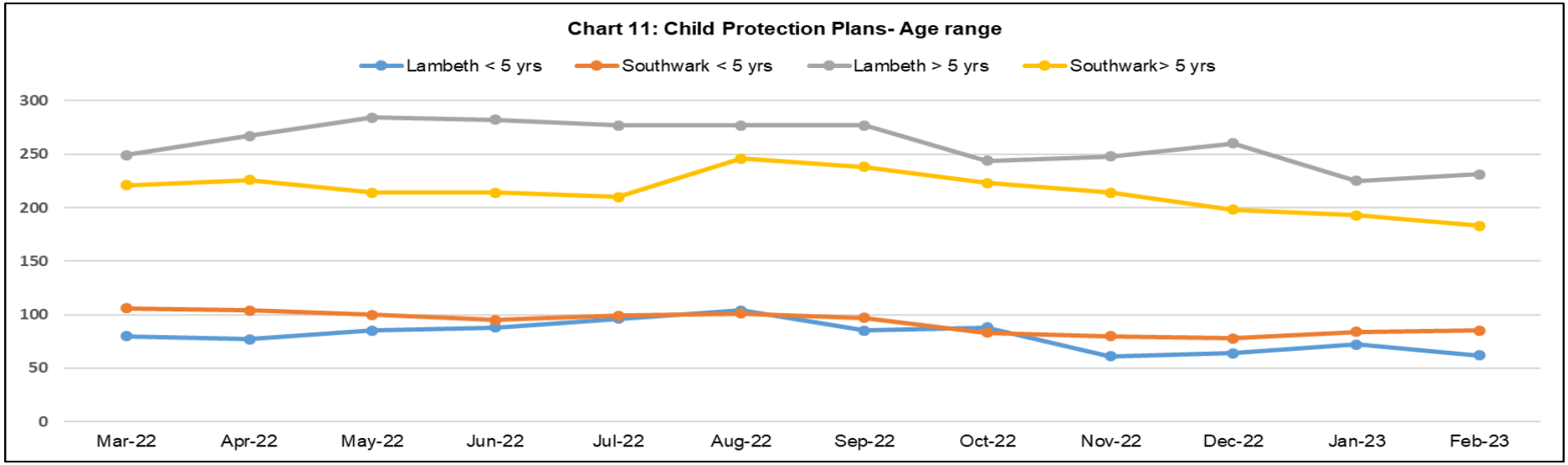


Table 11: Case conferences								
	Lambeth				Southwark			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Initial conferences	56	61	52	50	56	67	42	50
Attendance	55 (98.2%)	55 (90%)	*Not available	41 (82%)	49 (84.4%)	65 (97%)	40 (95%)	45 (90%)
Review conferences	135	145	180	111	110	97	120	90
Attendance	123 (91.1%)	134 (92.4%)	*Not Available	89 (80%)	98 (89%)	91 (93.8%)	102 (85%)	81 (90%)

Table 12: Safeguarding Supervision												
	Q1			Q2			Q3			Q4		
	Mar	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb
HV Supervision: Lambeth	100%	100%	100%	95%	96%	97%	95%	100%	94%	96%	97%	97%
HV Supervision: Southwark	93%	91%	94%	92%	90%	79%	Not available	Not available	68%	70%	92%	94%
SN Supervision: Lambeth	100%	100%	100%	95%	97%	96%	97%	95%	91%	95%	95%	96%
SN Supervision: Southwark	86%	86%	86%	94%	82%	95%	Not available	Not available	58%	78%	93%	90%

Chart 12: Child Protection medicals- numbers

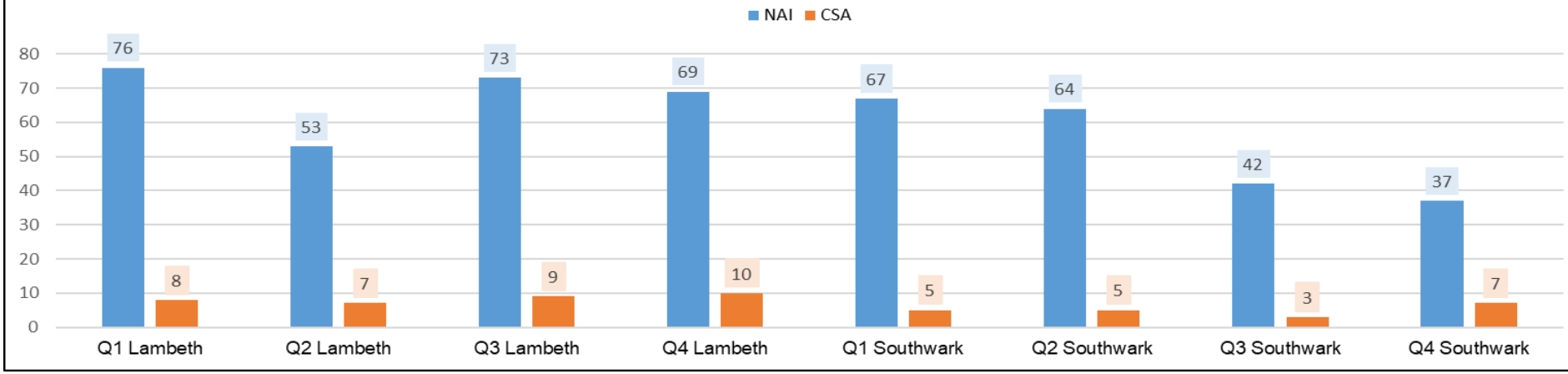


Chart 13: Child protection medicals- timeliness

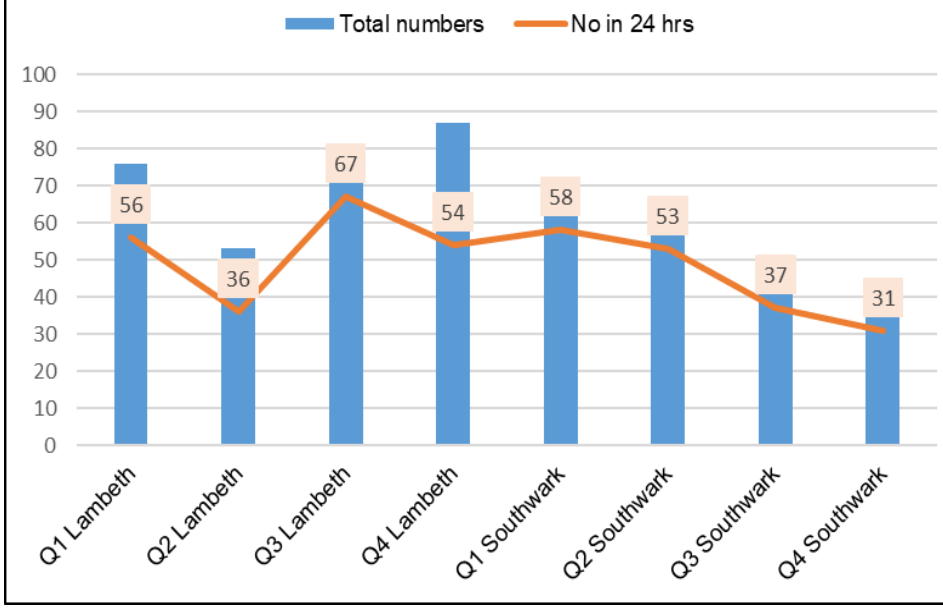


Chart 14: Child protection medicals- reports

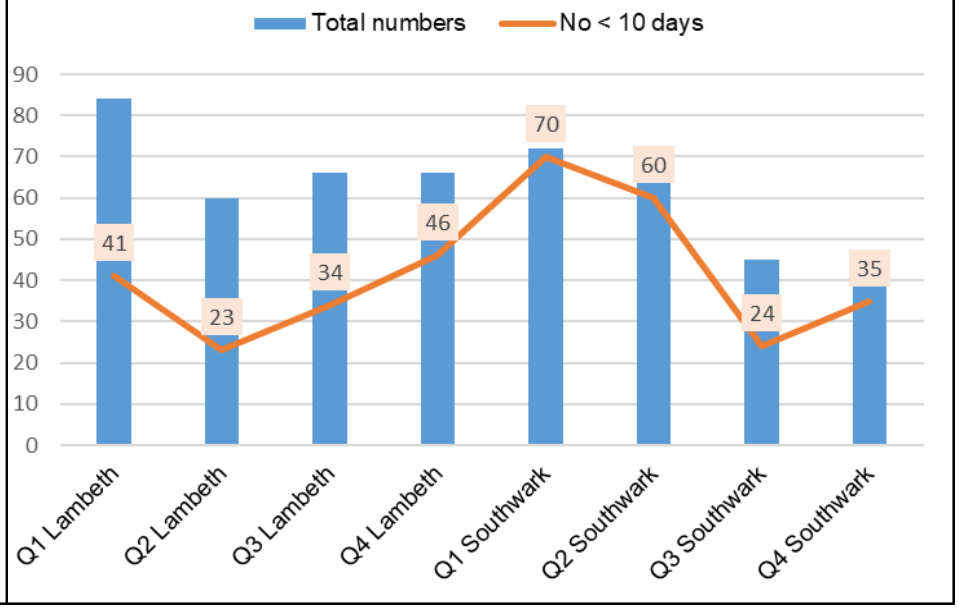


Table 13: Looked after Children

		Q3						Q 4					
		Sep 22		Oct 22		Nov 22		Dec 22		Jan 23		Feb 23	
CLA Metric	Target	Lambeth	Southwark	Lambeth	Southwark	Lambeth	Southwark	Lambeth	Southwark	Lambeth	Southwark	Lambeth	Southwark
IHA													
Seen within 20 days of referral	**98%**	100% (12/12)	89% (8/9)	76% (16/21)	73% (11/15)	79% (15/19)	80% (8/10)	64% (9/14)	56% (10/18)	61% (11/18)	78% (7/9)	67% (8/12)	80% (4/5)
Seen within 20 days of BLA	**50%**	92% (11/12)	67% (6/9)	29% (6/21)	33% (5/15)	32% (6/19)	50% (5/10)	43% (6/14)	22% (4/18)	28% (5/18)	33% (3/9)	33% (4/12)	80% (4/5)
RHA													
Seen by due date	**90%**	54% (14/26)	78% (18/23)	60% (12/20)	78% (18/23)	59% (19/32)	83% (35/42)	60% (12/20)	60% (18/30)	43% (9/21)	55% (21/38)	51% (23/45)	68% (25/37)
Completed IHA and RHA Part C returned to social care within 10 days of being seen for assessment	**80%**	65% (22/34)	49% (19/39)	43% (20/46)	57% (17/30)	69% (33/48)	42% (19/45)	64% (28/44)	21% (5/24)	51% (18/35)	44% (4/9)	79% (41/52)	54% (13/24)
DNA													
DNA – GSTT Nurses (RHA's)	**15%**	18% (4/22)	5% (1/19)	5% (1/19)	14% (3/22)	10% (2/21)	8% (2/24)	22% (6/27)	17% (2/12)	19% (5/26)	30% (3/10)	19% (4/21)	14% (4/28)
DNA – CLA Doctors (IHA's and RHA's)		0% (0/24)	20% (5/25)	16% (6/37)	18% (5/28)	10% (5/48)	11% (4/35)	9% (3/31)	43% (9/21)	18% (8/44)	10% (3/29)	20% (12/60)	5% (2/38)

Table 14: Safeguarding training: year to date as of 2 May 2023 (excluding RBH)			
	Total number to train	**Numbers compliant**	**Overall Trust compliance**
Level 2	8165	7118	87.18%
Level 3	2829	2266	80.1%

Table 15: Safeguarding training: year to date (RBH)			
	Total number to train	**Numbers compliant**	**Overall Trust compliance**
Level 2	2538	2188	86.2%
Level 3	432	314	72.7%

Table 16: Level 3 child protection training by area			
Area	**Staff Count**	**Compliant**	**% Target = 95.00**
Evelina London	1980	1579	79.75%
• Evelina Central	53	43	81.13%
• Evelina Children Cardio Respiratory & Critical Care	365	258	70.68%
• Evelina Children Community	318	276	86.79%
• Evelina Medicine and Neonatology	732	544	74.32%
• Evelina Surgery, Theatres and Anaesthesia	199	174	87.44%
• Evelina Women's Services	308	279	90.58%
Inpatient services (SNP)	37	36	97.3%
Acute & General Medicine	254	196	77.17%
Specialist ambulatory services	106	82	77.36%
Integrated Local Services	45	35	77.78%
Dental	142	128	90.14%
St Thomas Nursery	22	22	100%

Table 17: Level 3 Child protection level 3 training by staff groups						
	Child Protection Level 3 (exc. RBH)			Child Protection Level 3 (RBH)		
Staff Requiring this training:	2829			430		
Staff Groups	**Required**	**Trained**	**Percentage**	**Required**	**Trained**	**Percentage**
• Add Prof Scientific and Technic	177	163	92.09 %	5	2	40%
• Additional Clinical Services	104	76	73.08 %	28	21	75%
• Administrative and Clerical	24	16	66.67 %	16	8	50%
• Allied Health Professionals	228	200	87.72 %	24	19	79%
• Healthcare Scientists	53	36	67.92 %	22	10	45%
• Medical and Dental	524	328	62.60 %	98	58	59%
• Nursing and Midwifery Registered	1719	1447	84.18 %	236	196	83%