



EXECUTIVE SUMMARY

REPORT TO THE HEALTHCARE GOVERNANCE COMMITTEE MEETING
26 OCTOBER 2015

Subject	Annual Safeguarding Children Report
Supporting Director	Professor Hilary Chapman, Chief Nurse
Authors	Sharon Clarke & Sara Thomas, Named Professionals for Safeguarding Children.
Status¹	N

PURPOSE OF THE REPORT

- To inform the Trust Executive Group and Healthcare Governance Committee of the current arrangements for safeguarding children at Sheffield Teaching Hospitals NHS Foundation Trust (STHFT).
- To provide assurance that STHFT meets Sheffield Clinical Commissioning Group (SCCG) assurance standards for safeguarding children.
- To demonstrate key achievements in safeguarding children over the last 12 months (2014/15).
- To identify the key priorities for 2015-16 to improve the processes, policies and audits, training and assurance for safeguarding children.

KEY POINTS

- Achievement of key objectives.
- Responsibilities to the Sheffield Safeguarding Children Board (SSCB) and associated sub-groups.
- External reviews and audits.
- Policies and procedures.
- Education and training.

IMPLICATIONS²

AIM OF THE STHFT CORPORATE STRATEGY 2012-2017	TICK AS APPROPRIATE
1 Deliver the Best Clinical Outcomes	✓
2 Provide Patient Centred Services	✓
3 Employ Caring and Cared for Staff	✓
4 Spend Public Money Wisely	✓
5 Deliver Excellent Research, Education & Innovation	✓

RECOMMENDATIONS

The Trust Executive Group / Healthcare Governance Committee are asked to note the contents of this report.

APPROVAL PROCESS

Meeting	Date	Approved Y/N
Trust Executive Group	26.08.15	
Healthcare Governance Committee	26.10.15	

¹ Status: A = Approval

A* = Approval & Requiring Board Approval

D = Debate

N = Note

² Against the five aims of the STHFT Corporate Strategy 2012-2013

Sheffield Teaching Hospital NHS Foundation Trust Safeguarding Children Report

April 2014 – March 2015

1.0 Introduction

The purpose of this report is to provide assurance and evidence to Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) Healthcare Governance Committee, that the Trust is meeting its statutory requirements for safeguarding children. 'All health providers are required to have effective arrangements in place to safeguard vulnerable children and adults and to assure themselves, regulators and their commissioners that these are working' (NHS Commissioning Board, 2013, p17).

The report will provide a review of the work undertaken by the Safeguarding Children Team and others in ensuring that the Trust remained compliant with Section 11 of the Children Act 2004 (Department for Education (DE), 2004) and the Care Quality Commission (CQC) Regulation 13 (CQC, 2014) during 2014/15. Furthermore, this report will highlight the work that STHFT is doing in partnership with the Sheffield Safeguarding Children Board (SSCB) to support and promote the welfare of children and young people or their parents who use our services. A review of the previous year's objectives has been undertaken and is described and consideration has been given to the team's priorities for the coming year.

2.0 Safeguarding Children Team.

The Safeguarding Children Team is led by the Chief Nurse who is the Executive Board member responsible for safeguarding children. The statutory requirement of providing named professionals responsible for safeguarding children has been achieved. The team includes Lead Nurse, Named Professional (formerly Named Nurse role), Named Doctor, and Named Midwife for Safeguarding Children. Recruitment into the team has ensured the named professional role is covered by two staff in 1.0 whole time equivalent post. Each of the Trusts nine care groups has a nominated safeguarding lead to ensure that there are clear structures and processes in place to disseminate information and coordinate training effectively across the Trust.

The Safeguarding Children Team continues to work closely with colleagues in the Safeguarding Adults Team. This relationship ensures effective sharing of resources and service development in related activities. This strong working relationship has been invaluable in the teams being able to manage additional activities including delivering further mandatory training, reporting on the incidence of Female Genital Mutilation (FGM) and the Trust's engagement with the Multi Agency Risk Assessment Conference (MARAC) process.

3.0 Safeguarding Children Objectives

Key Objectives for 2014-15	Achievements
<p>1. Ensure STHFT continues to be compliant with safeguarding children training targets.</p>	<p>STHFT safeguarding children training targets are set by the CCG and are RAG rated thus; Less than 80% - Red 80-95% - Amber 95-100% - Green</p> <p>Percentage compliance for training has decreased in both level 2 and 3 training. Level 2 - 79% Red rating (down 1% on last year) Level 3 – 81% Amber rating (down 7% on last year)</p> <p>The figures collated from the available data are disappointing as it has remained a priority for the team to increase training provision. The drop in compliance is thought to be due to a number of factors which include:</p> <ul style="list-style-type: none"> • Incorrect data collection largely affected by the introduction of the Personal Achievement Learning Management System (PALMS) although it is anticipated that this will improve • Accuracy of capturing data regarding STHFT staff who attend safeguarding updates/training off site provided by other agencies. • Poor attendance from staff with delegates cancelling due to operational pressure experienced through the winter. <p>The training target figures are discussed further in section 4.7.</p>
<p>2. Develop a robust system for the recording and monitoring of safeguarding children training for rotating medical personnel.</p>	<p>Increased training provision by the team to specific medical teams has provided additional opportunities for medical staff to receive training. The specific areas targeted include medical staff from the Oral and Dental, Ophthalmology and Ear, Nose and Throat departments. The updated Training Needs Analysis (TNA) will help inform medical staff about the level of training required dependant on their contact with children within their departments/specialties.</p>
<p>3. Review the current system of Trust wide reporting of child protection concerns to accurately report safeguarding activity.</p>	<p>The introduction of the electronic DATIX reporting system has provided a tool for staff to record electronically any safeguarding children concerns that have occurred in departments throughout the Trust. The Named Professional has been meeting</p>

Key Objectives for 2014-15**Achievements**

	with the Patient Safety Manager to streamline the reporting system. An algorithm has been developed which has been discussed at safeguarding training sessions for frontline staff and managers. It is anticipated that this will lead to an improvement in electronic DATIX reporting for next year for the number of recorded safeguarding children concerns.
4. Initiate a group to oversee the development and implementation of the Child Protection Information Sharing System (CP-IS)	The CP-IS national development project is led by NHS England to implement electronic information sharing about children known to be at risk of abuse or harm, with all NHS emergency care providers and maternity services. After some initial progress was made with the STHFT CP-IS project team there was subsequently a delay nationally in the implementation of the project. STHFT has continued dialogue with the national project team and the area manager for the North will be convening a meeting with STHFT in the near future.
5. Respond to the National Agenda in raising awareness of Child Sexual Exploitation (CSE). Deliver additional training to staff in recognition of the risk of CSE and the referral process.	The team have developed a training package and have delivered CSE training to groups of staff throughout the Trust. Nursing, midwifery and medical staff have attended from a variety of settings including the hospital and community. The Named Professionals have attended a national learning event focussing on "Exploring Exploitation and Sexual Abuse". The STHFT safeguarding team continue to respond to the national and local agenda for CSE, this is discussed further in section 4.3.

4.0 Key Achievements 2014 – 2015

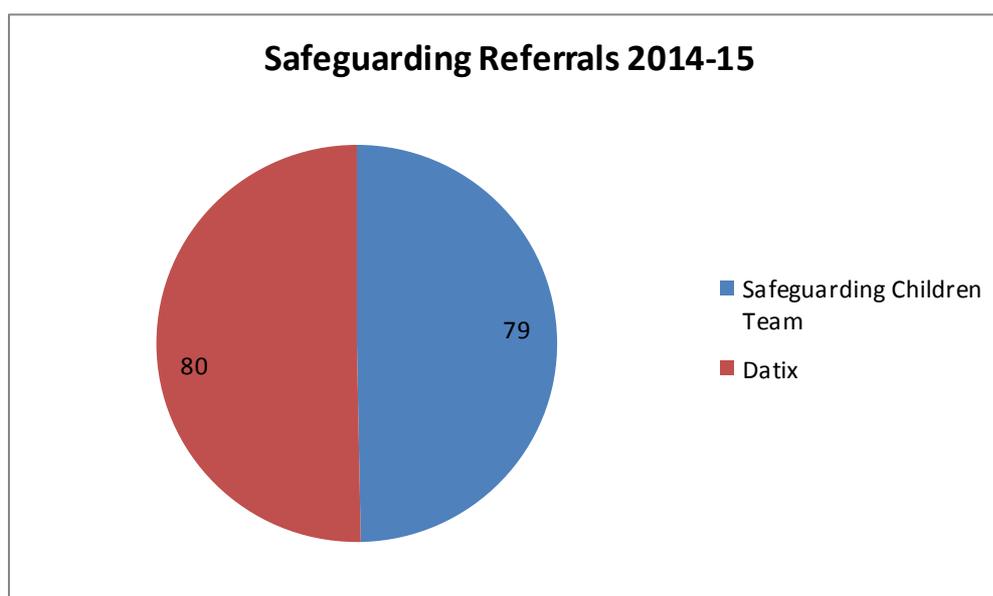
Section 4 reviews the work undertaken by the Safeguarding Children Team in more detail and also includes work undertaken over and above their agreed objectives in the last twelve months focussing on key achievements and challenges. As the largest healthcare provider in Sheffield, STHFT plays a key role in ensuring that its policies, procedures and practices safeguard and promote the welfare of children across Sheffield and South Yorkshire.

The Trust continues to fulfil its statutory requirements and the Safeguarding Annual Assurance Assessment Tool is submitted to the NHS Sheffield Clinical Commissioning Group (SCCG). Additionally the Trust is required to provide a number of declarations and report its performance against Key Performance Indicators on a quarterly basis. Much of the work undertaken by the team ensures that the Trust continues to meet these required standards.

4.1 Safeguarding Children Activity

The collation of the data for safeguarding children referrals has been taken from the bespoke database used by the Safeguarding Children Team and compared alongside the figures taken from the Datix system. The figures reflect very little change in the level of Datix reporting but significant work has continued from the team to support staff to complete an incident form following every referral. An algorithm has been developed and shared within the Trust to assist staff and this has been highlighted during all safeguarding training sessions.

Chart 4.1.1 – Activity Figures for Safeguarding Children (Excluding maternity cases).

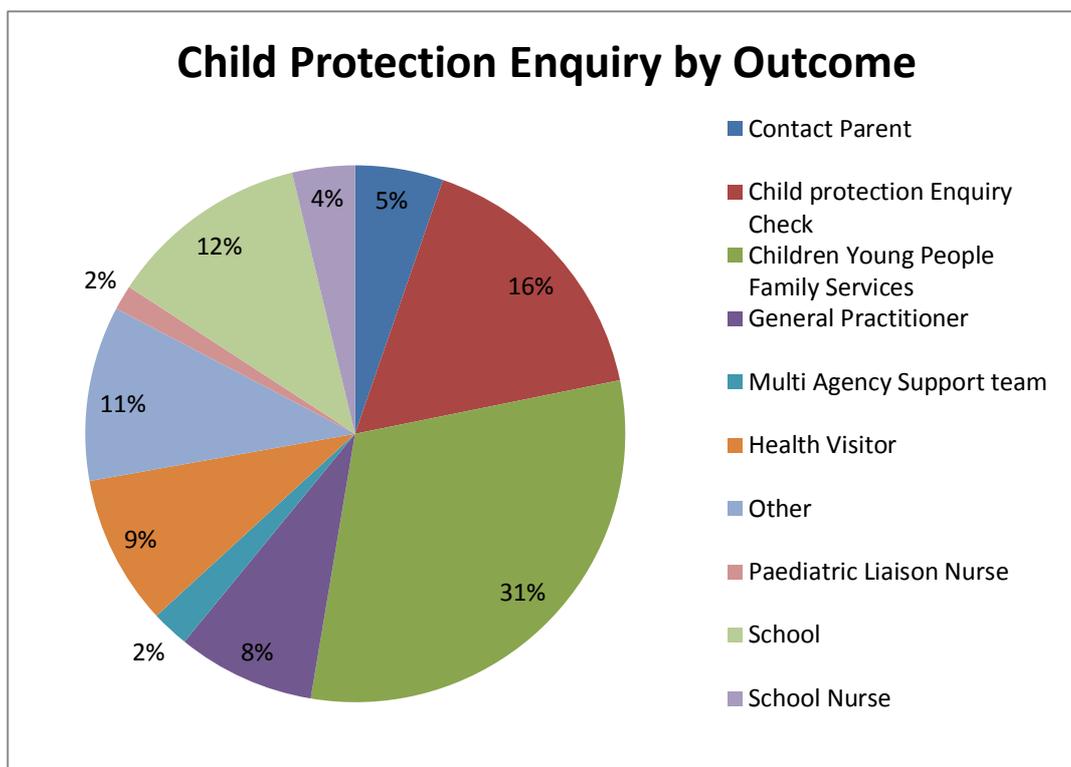


In 2014/15 there were a total of 159 safeguarding children referrals. There has been an increase in the number of direct referrals the Safeguarding Children Team recorded in the last year, up from 69 to 79, with the reports through Datix reporting remaining unchanged at 80. It is anticipated that with the development of the algorithm for reporting in Datix and the discussion that is included within training that this should steadily improve. However it is apparent that only 50% of safeguarding children referrals had been recorded on Datix. The introduction of the electronic patient record "Lorenzo" to be launched in September 2015 should help to improve reporting through the use of electronic forms that practitioners will be able to complete on the system. Although the specific safeguarding functions within the 'Lorenzo' system have yet to be determined and agreed, it presents a significant opportunity to improve information sharing, documentation, and reporting of safeguarding children activity across the Trust.

Chart 4.1.2 – Activity Figures by Outcome (excluding maternity cases)

Number of Cases referred to the Safeguarding Children Team (excluding Datix) 2014/15 = 79

Number of Outcomes from 79 cases 2014/15 = 133



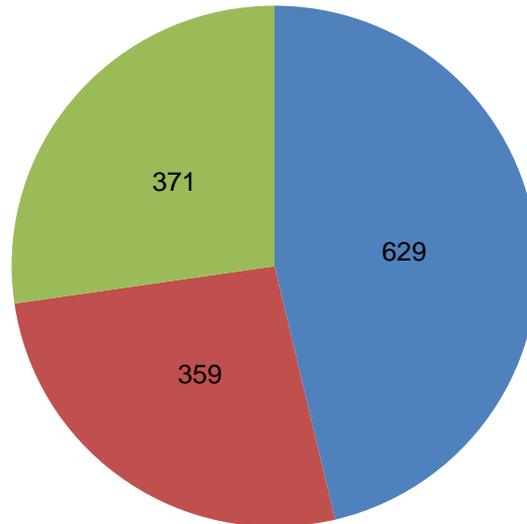
The chart demonstrates the range of services involved following referrals generated from STHFT and reflects the efforts made by staff and their teams to share concerns with a wide range of professionals. There has been an increase of 7% in referrals to Children Young People and Family Services (CYPFS), with 31% of all enquiries referred to this service. This is reassuring as it demonstrates that staff are fulfilling their responsibilities to recognise children at potential risk of harm and share information about this risk.

Jessop Wing Vulnerability Team

The Jessop Wing Vulnerability Team consists of 10.4 wte (whole time equivalent) specialist midwives who support pregnant women and their families where specific vulnerabilities are identified during pregnancy. Following a re-organisation in 2012/13 the team now cover a range of vulnerabilities including safeguarding, substance misuse, maternal mental health and homelessness. The team support midwifery, neonatal and obstetric staff in managing complex cases by having agreed referral pathways and information sharing arrangements with other agencies in Sheffield. The team are seeing a year on year rise in referrals with many complex cases having multiple vulnerabilities.

Chart 4.1.3 - Vulnerability Specialist Midwifery Team; Completed Pregnancies 2014/15

Vulnerability Specialist Midwifery Team; Completed Pregnancies 2014/15



- Active (Includes dependent / problematic substance misuse, Active Social Work involvement, Perinatal Mental Health Threshold).
- Advice Provided (Vulnerability identified unclear; homeless or asylum without social work involvement).
- Not Activated (Vulnerability managed by existing universal services or multi-agency support).

Paediatric Liaison Nurse (PLN) Referrals

The Safeguarding Children Team continues to work effectively with the Paediatric Liaison Nurse (PLN) based in the Emergency Department (ED) at the Northern General Hospital. The service is now embedded within the Emergency Department and staff of all grades liaise extremely well with the PLN based in the department. As with other areas in the Trust, the PLN has seen a year on year rise in the number of referrals from ED staff. The Safeguarding Children Team continue to work closely with the PLN in working to improve services by attending joint meetings to discuss service improvements and new developments. An example of this is that the Safeguarding Children Team continues to support the development of the Community Youth Team (CYT) pathway used in ED for managing young people presenting with substance misuse issues. During the last 12 months the ED guidance to this pathway has been updated.

Paediatric Liaison Nursing at Charles Clifford Dental Hospital (CCDH) has continued to develop following the introduction of the role in 2012. The PLN has worked closely with staff at CCDH to support them to liaise with community care providers and to improve information sharing between agencies. Work is on-going to increase the number of referrals to the PLN from all departments within CCDH. Within the last year it has also been recognised that a significant number of community health care professionals are contacting the PLN in CCDH to gather information about child attendance where there have been safeguarding concerns raised. Having a point of

contact to access such information is vital in the planning and management of complex safeguarding cases and can assist practitioners and social workers in the community to ensure that children are receiving appropriate medical care.

The PLN service provided by the Sheffield Children's Hospital NHSFT continues to communicate effectively with the Safeguarding Children Team at STHFT.

4.2 Sheffield Safeguarding Children Board (SSCB)

The Chief Nurse represents STHFT on the Executive Board of SSCB. There are identified leads for each of the SSCB subgroups and a system of deputies has ensured that STHFT is well represented at all meetings. The chair of the SSCB is reviewing all subgroups to assess the requirement to attend from all agencies. Following this review, the Safeguarding Children Team at STHFT will confirm which meetings they are required to attend.

Key Achievements in 2014-15

- The Named Midwife continues to represent STHFT at the Case Review Sub Group meeting which was introduced in 2013. The purpose of the meeting is to monitor and evaluate local practice in delivering services to children and their families. Agencies complete an audit of case notes prior to a group discussion during the meeting. The focus of the discussion is to highlight areas of good practice and reflect on areas where development or improvements are required. The cases discussed are nominated by the SSCB and although the Named Midwife has attended two meetings in 2014/15 there have been no specific cases related to children and families cared for by the Trust.
- The Named Professional has been actively involved in working with the SSCB on the Sheffield City Wide Neglect Strategy. The Neglect Strategy is a key objective in the current SSCB business plan, and its implementation will aim to improve professionals' skills in identifying and working with families where neglect is an issue.

4.3 Serious Case Reviews (SCR), Case Reviews and Domestic Homicide Reviews (DHR)

The government continue to promote the use of Serious Case Reviews (SCR) as a tool to learn lessons from individual organisations involvement in serious safeguarding cases. Working Together to Safeguard Children (HM Government, 2015) was updated in March 2015 and recommends that each Local Safeguarding Children Board (LSCB) has in place a local learning and improvement framework. As a key partner of SSCB, STHFT continue to cooperate fully with all requests to participate in learning events. Historically participation in a SCR would require the production of in-depth chronologies and independent management reviews. More recently there has been a move to include more front line practitioners in the learning events to facilitate change in practice. Although this is widely seen as a positive step in supporting the learning from case reviews, in complex cases this may require

a number of front line practitioners to be released from practice to support this process.

Serious Case reviews

None to report for 2014/15.

Case Reviews / Learning Lessons Review

Operation Alphabet, Sheffield Sexual Exploitation Case.

Operation Alphabet concerned the review of a high profile sexual exploitation case in Sheffield that involved the sexual abuse of teenage girls between the years 2004-2011. Following a 2 year police investigation the two main perpetrators were convicted in April 2014 and are now serving lengthy prison sentences. There were multiple victims that had accessed a range of services provided by STHFT during the time span of their exploitation. The main directorates involved were Sexual Health Sheffield, Obstetrics and Gynaecology, and Emergency Care. Following lengthy consultation it was agreed that a Learning Lessons review would be adopted due to the large number of victims and period of time being covered by the review. The SSCB have hosted two events which STHFT have attended. The first event invited front line workers and professionals who had provided clinical care and support to the victims. The event was well attended and resulted in a positive outcome for all involved, who were able to share good areas of practice and highlight where additional training and development may be required when caring for victims of sexual abuse. The practitioner and manager events are now all concluded. The final report is awaited. There will be no specific recommendations for organisations involved with the review focussing more on themes for developing practice in the city.

Domestic Homicide Review – Adult G

A Domestic Homicide Review DHR was commissioned to examine the circumstances surrounding the unexpected death of Adult G in March 2014. The Named Professional for Safeguarding Children and Young People completed the Independent Management Review (IMR) for STHFT as the victim and perpetrator had both accessed STHFT services. The victim had accessed STHFT maternity service covering the antenatal, intrapartum, and postnatal period, with care being transferred to the Health Visitor upon discharge. The care provided to Adult G from the community midwife was deemed to be of a high standard. The named community midwife was commended for the level of care provided, excellent record keeping and prompt and appropriate referral to multi agency services. The family were all non-English speaking and the use of the interpreting service was discussed in detail. There was no remedial action to be taken as a result of the case. One recommendation was made to the Trust to audit the interpreting service regarding the gender of interpreter used and its documentation of the gender of the interpreter within the records, as it was felt that the gender of the interpreter may prevent disclosure of sensitive information. This project has been added to the safeguarding children audit programme for 2015/6.

4.4 External and Internal Audits

The Safeguarding Children Team continue to work with the Trust's Clinical Audit Effectiveness Unit (CAEU) to deliver a robust programme of audits that provide assurance that the systems and processes used within the Trust are effective for safeguarding children. Audits undertaken by the Safeguarding Children Team are monitored by the Designated Nurse for Safeguarding Children, Sheffield, via the Health Reference Group (a sub group of SSCB).

Key achievements in 2014-15

- The Named Professional for Safeguarding Children and Young people has successfully completed a Trust wide Safeguarding Supervision Audit in areas where significant numbers of children are seen. The aim of the audit was to determine the application and effectiveness of STHFT Safeguarding Children Supervision Policy (2015b). The results demonstrated that a wide range of supervision is accessed by many staff across the Trust, although the format, frequency and duration of this supervision varies considerably between different directorates. The results have provided a constructive benchmark that the Safeguarding Children Team have used to identify positive practice and areas for improvement. These results have been used to assist in the development of the update to the Trust Safeguarding Children Supervision Policy and work is ongoing in assisting directorates to develop safeguarding children supervision strategies.
- In response to the Independent Inquiry into Child Sexual Exploitation in Rotherham 1997-2013 (Jay, 2014), that made 14 recommendations pertinent for Local Authorities and LSCBs, a city wide audit in Sheffield was undertaken. The SSCB required agencies to complete a Child Sexual Exploitation Self-Assessment Toolkit to reflect on processes in place in relation to Child Sexual Exploitation (CSE). The Lead Nurse for Children and Young People completed the assessment tool for STHFT and the results were reassuring and gave an overall rating of green, demonstrating that the Trust has good processes in place to identify and support victims of CSE.
- The Named Professional for Safeguarding Children has assisted with an audit evaluation of the effectiveness of Safeguarding Supervision within the Sunshine Day Nursery and Holiday Club. The results were excellent and reflect the commitment by the nursery to the value of safeguarding supervision for all nursery staff caring for children from ages 4 months up to 4 years. The overall response rate was 85% with 97.6% of respondents stating that they had received safeguarding supervision on a 3-4 monthly basis. In addition 100% of respondents felt able to raise safeguarding concerns with their senior team. The staff commented that they appreciated the open door policy that the senior team operate in welcoming them to discuss safeguarding concerns outside the planned safeguarding sessions.

4.5 Domestic Abuse

Domestic abuse continues to be key theme in safeguarding related activity across the Trust. Recognition of domestic abuse and appropriate referrals by adult services is key to the protection of children. The Emergency Department and Maternity Services continue to see the highest number of patients affected by domestic abuse incidents across the Trust. There are established pathways in place within these areas to manage this. Incorporating elements of domestic abuse awareness within safeguarding training has also seen a rise in the number of incidents reported from other areas.

The Named Professionals for Safeguarding Children continue to work with the Safeguarding Adult's Team in producing IMRs for Domestic Homicide Reviews.

Key achievements in 2014-15

- The Named Professional for Safeguarding Children and Young People completed a DHR into the case of Adult G (see section 4.3)
- STHFT are represented at all MARACs for high-risk victims of domestic abuse. The frequency and complexity of the meetings require substantial commitment from the team. There has been an increase from two to three meetings per month since 2014. STHFT MARAC members remain committed to the meetings, increasing the pool of STHFT representatives who can attend to maintain STHFT attendance and manage the additional workload arising from the meetings.
- The Safeguarding Children Team are currently awaiting access rights and training to allow them to access System One, the IT system principally used by Primary Care. This will enhance information sharing between professionals as the team will have up to date knowledge of families with additional safeguarding concerns who attend our services.

4.6 Policy Review and Developments

Representation at the SSCB Learning and Improvement Group ensures that STHFT actively participate in the development and review of new policies and remain up to date with national and local guidance. The named professionals continue to work with SSCB managers to update and review local policy.

By engaging with other agencies and their service developments and producing and implementing an annual audit programme the team continue to maintain, develop and improve services for vulnerable children across the Trust.

Key achievements in 2014-15

- The following policies have been updated by the Named Professional for Safeguarding Children and Young People:
 - Safeguarding Children Policy, (STHFT, 2015a)

- Safeguarding Children Supervision Policy, (STHFT, 2015b)
 - E-Safety: Safeguarding Children and Vulnerable Adults Policy, (STHFT, 2014)
- STHFT's Integrated Sexual Health Service (SHS) have successfully implemented the national toolkit 'Spotting the Signs' British Association Sexual Health and HIV (BASHH, 2014). The SHS are using the document in its original format with other areas within STHFT adapting it to suit their own speciality and client group. These include Teenage Pregnancy Services, Gynaecology and the Termination of Pregnancy service.
 - In January 2015, the Named Professional for Safeguarding Children and Young People and the Matron for the Emergency Department (ED) attended a series of meetings to establish a new information sharing pathway where there was suspected misuse of controlled drugs. This was following a number of serious untoward incidents identified by the Sheffield Safeguarding Children Board Substance Misuse Service in which adults and children had ingested controlled drugs that had been prescribed for other individuals as part of a drug treatment programme. The pathway aims to inform the prescriber of the medication that the incident has occurred. This will enable the prescribing practitioner to complete a risk assessment and if necessary, tighten the prescribing controls in place thus reducing risks to others. The development is supported by legislation in The Health Act (2006, Chapter 17, 6G) which states that there is a duty on healthcare organisations to share information related specifically to concerns over the possible misuse or diversion of controlled drugs. The final pathway was agreed in April 2015 and will be introduced into practice on 1 August 2015.

4.7 Staff Awareness and Training

In the last year the Safeguarding Children Team have responded to a number of changes at both a national and local level that have impacted on staff awareness and training provision in relation to safeguarding children.

Mandatory Training

Following the publication of the Royal College of Paediatrics and Child Health Roles and Competencies for Health Care staff in 2014 (RCPCH, 2014) the Named Professional compared STHFT current Training Needs Analysis (TNA) for safeguarding children against RCPCH guidance. Although this is 'College Guidance' and not a statutory document, it is widely recognised as the agreed standards for all health care settings, regardless of client group. The guidance is also used by Sheffield Clinical Commissioning Group and the Care Quality Commission during inspections as part of their respective assurance arrangements. The analysis showed that STHFT current TNA is fully compliant or partially compliant in all training provisions. Work is ongoing on reviewing the current training levels for some staff and the implications of increasing the level of training for additional staff groups.

In the past year the Trust has adopted the Core Skills Framework (Skills for Health, 2014) as a model of delivering mandatory training within the Trust, with safeguarding children being one of the ten key themes. In response to this the Safeguarding Children Team has undertaken the following activities:

- Reviewed and updated level one and level two safeguarding children training presentations to ensure that they meet the competencies assigned by both the RCPCH guidance and the Core Skills Framework.
- Participated in the delivery of Trust mandatory training sessions from March 2015.

Mandatory Training Compliance

Recording of safeguarding children training compliance continues; current compliance figures for the year-end show:

- Level 2 - 79% Red rating (down 1% on last year)
- Level 3 – 81% Amber rating (down 7% on last year)

Despite efforts by the team to increase training compliance, the figures remain below the target of 95%. Work is ongoing with Directorates to improve compliance with this training.

Currently the Safeguarding Children Team maintain a simple database of staff who have attended both level two and three training (level one training records are held locally). The system is not a 'live system' and relies on senior staff or mandatory training leads updating their local records which are then returned and collated by the Safeguarding Children Team into percentage compliance. Where this has been embedded into practice in local areas it has worked well. However, in some areas this information has not been readily available or submitted to the Safeguarding Children Team. The Safeguarding Children Team continue to work closely with the Educators and Safeguarding leads to maintain up to date staff lists to reflect new starters/leavers to ensure attendance figures and percentage compliance is accurate.

The introduction of the Trust's Personal Achievement Learning Management System (PALMS) as a tool to record mandatory training will be a positive replacement to the database currently used. PALMS compliance reports have been available since June 2014, but are currently not reflective of the Trust's safeguarding children training compliance. The figures are lower than anticipated and work is ongoing at addressing possible reasons for this. The Safeguarding Children Team have identified that a number of staff have been assigned an incorrect level of safeguarding competency, and that some staff have been identified as needing more than one level of training. Recording of medical staff compliance continues to be an issue, particularly for rotational trainee posts. It is anticipated that PALMS will provide a positive solution to medical staff compliance once remedial work has been completed to address the errors and staff become familiar with the system's functions. The Medical Director is currently reviewing the application of the Training Needs Analysis to medical staff roles and it is anticipated that this will also ensure that all appropriate staff groups are targeted.

In order to increase training compliance the number of face to face sessions delivered by the Named Professionals has increased in the last year. The provision of level 2 training sessions increased by 33% from 24 sessions in 2013/14 up to 32 sessions in 2014/15. Additionally some senior staff and educators are now delivering level 2 training in their directorates with support from the Safeguarding Children Team. The level 3 training sessions provided remained the same. Despite the additional training provision the team have noticed an increase in non-attendance and cancellations by staff booked onto the training sessions which may relate to operational pressures. Where specific areas are below compliance the team have arranged for bespoke sessions to be delivered. In order to try to increase training compliance the team have reiterated the other options available to staff to complete safeguarding children training including the use of E-learning. The team will continue to work with directorates where compliance is below standard.

One of the challenges for 2015 will be incorporating additional training options into the PALMS System as currently not all training will automatically update a user's compliance. This has resulted in a number of staff who have completed the required training/ competence, not having this reflected in their PALMS profile or the Trust's overall compliance figures. Action to address this continues.

SSCB Training Requirements

STHFT are represented at the SSCB Training and Improvement Group which ensures that the Trust actively participate in training developments. The Safeguarding Children Team continues to work in partnership with colleagues from SSCB ensuring that staff receive appropriate training. Active links are in place on the Trust's child protection internet site and communication pathways are in place to promote attendance at SSCB training. The Named Professionals are also members of the SSCB health training pool for the delivery of level 3 training to health professionals across the city.

Key achievements in 2014-15

- Provision of Child Sexual Exploitation awareness session for staff.
- The community midwifery safeguarding supervision strategy was implemented in October 2013 to increase access and staff engagement with safeguarding supervision. The compliance with the Key Performance Indicators (KPIs) for safeguarding supervision for midwives has demonstrated an improvement since the new strategy was implemented in 2013 with 99% of all community midwives receiving safeguarding supervision for the year 2014/15.

5.0 Key Objectives for 2015 - 2016

The Safeguarding Children Team will continue to face a number of significant challenges in the coming year that rely on changes managed by other directorates and organisations. The team have recognised that safeguarding children training compliance is below the expected standard, yet despite a number of measures to address this, figures are slow to improve. Therefore

improving safeguarding children training compliance for all staff will remain the key priority for 2015/6.

Additionally the team have identified the following objectives for 2015/6:

- Ensure that the Trust's current system for Child Protection Alerts is transferred to the new 'Lorenzo' system to commence from September 2015. This will also require the associated policy to be rewritten.
- Continue the work of the SSCB in raising awareness of Child Sexual Exploitation by delivering the enhanced training at level 2 and 3. The Safeguarding Children Team will continue to engage with the SSCB in responding to learning lessons from Operation Alphabet. This will include implementation of learning throughout the Trust in response to the findings of the review of the Lessons Learnt Review.
- Reporting of Female Genital Mutilation cases identified within STHFT as required by the Department of Health. STHFT will continue to submit data quarterly and respond to local and national developments in raising awareness to staff through enhanced training.
- Ensure that all staff who attend child protection case conferences have been trained in the new 'Strengths Based Approach' which is being implemented as the new model for managing these conferences from June 2015.

6.0 Conclusion

The 2014/15 year has been a demanding and challenging year for the Safeguarding Children Team. The team have had to respond to a number of organisational changes that have had a significant impact on the team's current processes. The team have remained committed to maintaining their statutory duties in relation to safeguarding children, adapting new ways of working in response to organisational changes.

The team frequently receive positive feedback from staff across all disciplines following their attendance at training, or from direct case supervision. This is very encouraging as it reflects increased knowledge and confidence of staff to discuss concerns with the team. As a small team which works well together, we have endeavoured to maintain a safe and effective service that promotes best practice in safeguarding users of our services.

7.0 References

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