Title: **SAFEGUARDING ANNUAL REPORT 2016/17**

Executive Summary

The Safeguarding Annual Report covers the period from 1 April 2016 to 31 March 2017 and:

- sets the context for safeguarding within Camden & Islington NHS Foundation Trust;

- provides an overview of the Trust arrangements in place to safeguard and protect children and adults at risk of abuse or neglect;

- demonstrates how the Trust is fulfilling its safeguarding statutory responsibilities;

- reports on Trust governance and accountability arrangements; including representation to and involvement within the Camden and Islington Local Safeguarding Children Boards (LSCBs) and Safeguarding Adult Boards (SABs);

- provides and updates on recent safeguarding reviews and identify progress made against recommendations from any Safeguarding Adult Reviews (SARs), Serious Case Reviews (SCRs) and Domestic Homicide Reviews (DHRs) in which the Trust has had involvement;

- highlights service developments and significant issues and report on progress of the Trust's 2016/17 Safeguarding objectives; and

- agrees the Trust safeguarding priority outcomes and objectives for 2017/18.

Your partner in care & improvement

Update on delivery against key actions since April 2017

1. The Safeguarding Annual Report was presented to the Quality Committee on 18 July 2017. This showed progress in a number of areas but identified two main areas to improve; Safeguarding assurance and training. These were to:

- develop and improve the way we record safeguarding adults- and enable Trust staff to access the appropriate Local Authority systems, and a select number of staff in the Local Authorities to access Carenotes; and
- improve staff attendance at Safeguarding Training, including attending PREVENT (Wrap 3) training.

Since April there has been progress made against these areas as follows:-

Plan update

1. Access

1.a) Local Authority staff in Islington and Camden are in the process of getting permission and 'Third party' access to Carenotes. This has been agreed by Information Governance in the Trust- **due to be completed by 31.7.2017**

1.b) Trust staff – these are both Local Authority employees and Trust employees are in the process of getting permission, either re- connected to, or 'Third party' access to the Local Authority systems - In Camden the system is called MOSAIC, and in Islington it is LAS**- due to be completed by 31.7.2017.**

1.c) The Trust ICT is working with the Local Authority ICT teams to upgrade and install Citrix icons for each Borough- this will be completed after access arrangements are signed off as above.

2. Training

2.a) Safeguarding Refresher training is now offered at different locations in the Trust

2.b) Learning and Development are sending out reminders to staff whose training is not up-to-date, or is about to become out of date (3 years), and copying in their manager.

2.c) The Divisional Social Work Leads are delivering training with the Safeguarding Manager and will be able to deliver this alone by September 2017. The Local Security Management Specialist is supporting the Safeguarding Manager to go to all sites and deliver WRAP 3 training.

3. Next Steps

a) The Trust HR and Local Authority HR teams will meet and keep each other up to date with the list of staff who have access in each organisation to CARENOTES/MOSAIC/LAS.

b) Local Authority staff will be offered training on Carenotes, and floor walkers/support – to be planned for September 2017.

c) Trust staff will be offered training on MOSAIC/LAS and manuals/access to a support line – to be planned for September 2017.

Recommendation to the Board

The Board of Directors is requested to:

- **RECEIVE, CONSIDER** and **ACCEPT** this Safeguarding Annual Report 2016/17.

Risk Implications

Failure to achieve the objectives set by the Safeguarding Adults Partnership Boards and regulatory standards regarding Safeguarding Adults, Safeguarding Children and the Prevent Duty Guidance is likely to be regarded as a potential breach of:

- Regulation 13 and Regulation 18. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014;
- Care Act 2014;
- Children Act 1989 and Children Act 2004; and or
- Counter-Terrorism and Security Act 2015.

This risk has been placed on the Trust Risk Register.

Finance Implications

There are no financial implications associated with this Safeguarding Annual Report 2016-2017.

Equality and Diversity Impact / Single Equalities Impact Assessment

The performance of statutory and regulated activity associated with this Safeguarding Annual Report is not relevant for the purpose of equality and diversity impact.

SAFEGUARDING ANNUAL REPORT 2016/17
MAY 2017

ALWYN DAVIES
SAFEGUARDING MANAGER

Your partner in
care & improvement

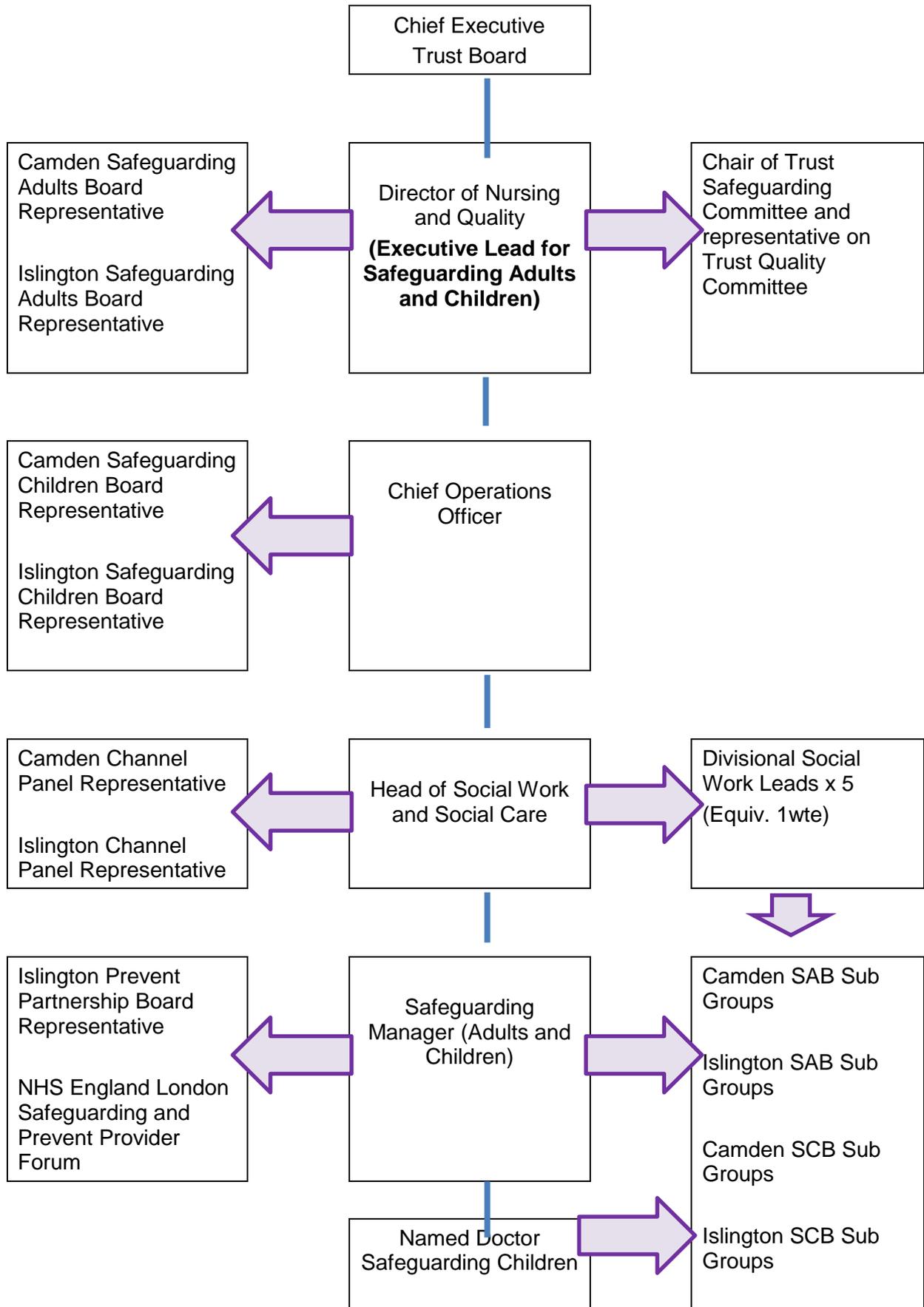| **Camden and Islington NHS Foundation Trust Safeguarding Annual Report (2016/17)**		
Contents		Page

1. Introduction

1.1   Camden and Islington NHS Foundation Trust (CIFT) is committed to the principle that safeguarding children and adults is everybody's business and that all staff have a duty to be able to recognise and manage abuse effectively and in compliance with the law. This annual report will reflect the key safeguarding activities for both children and adults from the period commencing 1 April 2016 to 31 March 2017. The aim of the report is to provide assurance to the Trust Board and our partners that we deliver sound and supportive practices to safeguard adults and children from abuse, neglect and maltreatment.

2.   Background

2.1   Safeguarding adults and children remains everyone's responsibility. In health this requirement is part of the NHS Contract and further underpinned by our duties under section 11 of the Children Act 2004, Working Together 2015, the Care Act 2014, Chapter 14 of the Care and Support Statutory Guidance 2015 and the Revised Prevent Duty Guidance 2015.

2.2   Safeguarding adults processes within the Trust are delivered and performed in accordance with the 'London Multi-Agency Adult Safeguarding Policy and Procedures' (August 2016).

2.3   Safeguarding children processes within the Trust are delivered and performed in accordance with the 'London Child Protection Procedures' (5th Edition. March 2017).

2.4   Safeguarding adults and safeguarding children processes within the Trust are delivered and performed in accordance with the statutory arrangements derived from the Camden and Islington Safeguarding Adults Partnership Boards and the Camden and Islington Safeguarding Children Boards.

2.5   A substantial proportion of the Trust safeguarding activity is delivered in accordance with partnership agreements derived from s.75 of the NHS Act 2006.

2.6   Safeguarding adults and children is a key priority for CQC. The CQC's primary responsibilities for safeguarding are:

- Ensuring the Trust has the right systems and processes in place to make sure children and adults are protected from abuse and neglect;
- Working with other inspectorates to review how the Trust works in partnership with other agencies to help and protect children and young people and adults from significant harm;
- Holding the Trust to account and securing improvements by taking enforcement action;
- Using intelligent monitoring and analysis of Trust services, and responding to identified risks to help keep children and adults safe; and
- Working with local partners to share information about safeguarding.

3.   Safeguarding Responsibilities (Executive Team)

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│ Camden Safeguard-│    │ Director of Nursing │    │ Chair of Trust   │
│ ing Adults Board │ ◄──│ and Quality         │──► │ Safeguarding     │
│ Representative   │    │ (Executive Lead for │    │ Committee and    │
│                  │    │ Safeguarding Adults │    │ representative on│
│ Islington Safe-  │    │ and Children)       │    │ Trust Quality    │
│ guarding Adults  │    │                     │    │ Committee        │
│ Board            │    │                     │    │                  │
│ Representative   │    │                     │    │                  │
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│ Camden Safeguard-│    │ Chief Operations    │
│ ing Children     │ ◄──│ Officer             │
│ Board            │    │                     │
│ Representative   │    │                     │
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│ Islington Safe-  │    │                     │
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│ Children Board   │    │                     │
│ Representative   │    │                     │
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│ Camden Channel   │    │ Head of Social Work │    │ Divisional Social│
│ Panel            │ ◄──│ and Social Care     │──► │ Work Leads x 5   │
│ Representative   │    │                     │    │ (Equiv. 1wte)    │
│                  │    │                     │    │                  │
│ Islington        │    │                     │    │                  │
│ Channel Panel    │    │                     │    │                  │
│ Representative   │    │                     │    │                  │
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│ Islington Prevent│    │ Safeguarding        │    │ Camden SAB Sub   │
│ Partnership Board│ ◄──│ Manager (Adults and │──► │ Groups           │
│ Representative   │    │ Children)           │    │                  │
│                  │    │                     │    │ Islington SAB Sub│
│ NHS England      │    │                     │    │ Groups           │
│ London           │    │                     │    │                  │
│ Safeguarding and │    │                     │    │ Camden SCB Sub   │
│ Prevent Provider │    │                     │    │ Groups           │
│ Forum            │    │                     │    │                  │
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                        │ Named Doctor        │──┘
                        │ Safeguarding        │
                        │ Children            │
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4. Governance Arrangements

4.1 As the flowchart demonstrates, CIFT is represented and an active partner of the multi-agency arrangements for safeguarding adults and children. These arrangements are supported operationally by the Trust Safeguarding Committee. The Safeguarding Committee is chaired by the Director of Nursing and is attended by appropriate representatives from across the Trust and our partner CCGs and local authorities.

4.2 The Safeguarding Committee meets on a quarterly basis and monitors relevant safeguarding information provided in the form of dashboards. This includes information on safeguarding activity, training, supervision, Safeguarding Adult Reviews, Domestic Homicide Reviews, Serious Case Reviews and other relevant data including that required by our partner Clinical Commissioning Groups. The Safeguarding Committee reports into the Quality Committee and an annual report is produced.

4.3 The Trust also reports through the relevant sub-groups to the Camden and Islington Safeguarding Adults Partnership Boards and to the Camden and Islington Safeguarding Children Boards. The Trust contributes to all four of the Safeguarding Board's annual reports.

4.4 Relevant policies, procedures and guidelines are in place to support and guide staff. These are available via the Trust intranet and are publicised and promoted to staff as appropriate. Allegations, complaints and clinical incidents are investigated and monitored in order that necessary actions are taken and any lessons learned are incorporated into on-going supervision and training.

5. Education and training

5.1 The provision and delivery of training remains a priority, with the requirement that all staff are provided with the appropriate level of training, according to their role and responsibilities. This programme of training includes: (i) Safeguarding Children levels 1-3; (ii) Safeguarding Adults levels 1-3; (iii) Domestic Violence and Abuse; (iv) Prevent Basic Awareness; and (v) Workshop to Raise Awareness of Prevent (WRAP3). There is a statutory reporting format to the Home Office of attendance at WRAP3 training and a statutory compliance target of 85% of the eligible workforce to be trained by July 2018.

5.2 Training is delivered in accordance with the Intercollegiate Document Guidance (Children 2014; Adults 2016) and the NHS England Prevent Training and Competencies Framework (2015) and is delivered at both Trust Induction and as part of the Trust Core (Mandatory) Training Programme

5.3 **Training Statistics 2016/17 – Safeguarding Children**

Intercollegiate Document Guidance: Safeguarding children and young people – roles and competences for health care staff				
MONTH	**Level 1 Compliance (Target 80%)**	**Level 2 Compliance (Target 80%)**	**Level 3 Compliance (Target 80%)**	**Level 4 Compliance (Target 80%)**
2016 – April	92%	54%	63%	100%
2016 – May	100%	56%	68%	100%
2016 – June	93%	57%	67%	100%
2016 – July	90%	58%	66%	100%

2016 – August	91%	62%	67%	100%
2016 – September	89%	37%	76%	100%
2016 – October	88%	62%	80%	100%
2016 – November	82%	63%	83%	100%
2016 – December	82%	80%	85%	100%
2017 – January	92%	85%	87%	100%
2017 – February	90%	79%	85%	100%
2017 – March	81%	77%	87%	100%
Year-end RAG rating	🟩	🟧	🟩	🟩

5.3.1 In order to achieve and maintain the 80% target for level 3 training for children, a plan is in place and being monitored by the Safeguarding Committee. This includes promoting this training to all managers and staff on a weekly basis and advising all staff to check their compliance status on the Trust intranet. Additional training sessions to those advertised are delivered in departmental and team areas. Additionally, staff can evidence compliance through the completion of an assessed Workbook should they be unable to attend any of the face-to-face taught sessions.

5.4   Training Statistics 2016-2017 – Safeguarding Adults

Intercollegiate Document Guidance: Safeguarding Adults – roles and competences for health care staff (To be re-titled *Best Practice Document in Adult Safeguarding 2017*)				
QUARTER	**Level 1 Compliance (Target 80%)**	**Level 2 Compliance (Target 80%)**	**Level 3 Compliance (Target 80%)**	**Level 4 Compliance (Target 80%)**
Q1	91%	60%	61%	100%
Q2	86%	58%	71%	100%
Q3	91%	78%	82%	100%
Q4	88%	78%	85%	100%
Year-end RAG rating	🟩	🟧	🟩	🟩

5.4.1 The data regarding workforce compliance in relation to the core Safeguarding Adults training themes is captured on the quarterly Safeguarding dashboard. The compliance target for all of the training areas is 85% of the workforce

5.5   Training Statistics 2016-2017 – Prevent

NHS England Prevent Training and Competencies Framework (2015) (Targets are statutory and are to be met by July 2018)		
QUARTER	Basic Awareness (Target 100%)	Workshop to Raise Awareness of Prevent (WRAP3) Target 85%)
Q1	70%	0%
Q2	89%	13%
Q3	93%	34%
Q4	85%	47%
Year-end RAG rating		

5.5.1   The statutory target set by NHS England based on the Prevent Duty Guidance is that the Trust needs to achieve compliance in Prevent Basic Awareness and WRAP by July 2018.

5.5.2   The data indicates that significant improvements need to be made over the next twelve months to evidence both compliance and to satisfy the CQC's fundamental standards of quality and safety.

5.6   Training Statistics 2016-2017 – Domestic Violence and Abuse (CQUIN)

NICE Domestic violence and abuse: multi-agency working. Levels 1 and 2 training. Quality standard (29 February 2016) CQUIN	
QUARTER	NICE Levels 1 and 2 (CQUIN) (Target 80%)
Q1	54%
Q2	24%
Q3	85%
Q4	81%
Year-end RAG rating	

5.6.1   For the purpose of realising the CQUIN target the achievement of the NICE levels 1 and 2 is drawn from the safeguarding adults dashboard. The requirements for this training at NICE levels 1 and 2 is incorporated into the safeguarding adults and children level 3 training.

5.7   Training Statistics 2016-2017 – Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS)

Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS)	
QUARTER	**Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS)** **(Target 80%)**
Q1	60%
Q2	65%
Q3	78%
Q4	86%
Year-end RAG rating	

5.7.1   It is a requirement of the CQC and the Safeguarding Adults Partnership Boards that the fundamentals of the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS) scheme are incorporated into safeguarding adults training delivery.

6.   Supervision (Children)

6.1   Supervision is an essential component of effective and accountable clinical practice and is essential to good safeguarding arrangements.   It is a recommendation of the Intercollegiate Document 2014 and numerous serious case reviews have cited the need for supervision to be in place. CIFT has a supervision policy that is in line with national recommendations, and staff in relevant areas access supervision as per requirements. Compliance is routinely monitored by the Safeguarding Committee and our CCG partners. The Trust is committed to achieving 100% compliance is being achieved.

7.   Safeguarding: Generic Themes

7.1   Savile Inquiry – managing visits by celebrities, VIPs and other officials

7.1.1   On 26 February 2015, Kate Lampard published her second report following investigations into the abuse of individuals by Jimmy Savile on NHS premises. The 'Lessons Learnt' report looked into Jimmy Savile's role as both a volunteer and a fundraiser in the NHS; and how he abused his celebrity status to gain access, influence and control in a number of NHS settings over a period spanning across 50 years.

7.1.2   The report made a number of recommendations for Trusts to improve their policies and practice including access, volunteering, safeguarding, complaints and governance. CIFT assessed the relevance of the recommendations which applied to this organisation and developed an action plan to ensure processes are in place to protect patients, staff, visitors and volunteers. Completion and implementation of the action plan has been monitored through the Safeguarding Committee with the most recent review and update presented to the Safeguarding Committee in May 2017.

7.2   Counter-Terrorism and Security Act 2015 – Prevent

7.2.1   The aims of the Counter-Terrorism and Security Act 2015 are to:

- disrupt the ability of people to travel abroad to engage in terrorist activity and then return to the UK;
- enhance the ability of operational agencies to monitor and control the actions of those who pose a threat, and
- combat the underlying ideology that feeds, supports and sanctions terrorism.

7.2.2   Within this overall framework the Prevent strategy will specifically:

- respond to the ideological challenge of terrorism and the threat we face from those who promote it;
- prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support;
- work with agencies where there are risks of radicalisation which we need to address; and
- establishes Channel, the government's voluntary programme for people vulnerable to being drawn into terrorism, on a statutory basis

7.2.3   CIFT works in partnership with our Camden and Islington partners and NHS England colleagues to ensure our staff are trained to recognise those vulnerable and susceptible to radicalisation and to know where they need to report their concerns. Training is delivered by two Home Office accredited Trust members of staff. The national target is to have 85% of staff trained in Prevent by July 2018. To date, we have trained 47% of the eligible workforce.

7.2.4   Prevent Duty Guidance Audit

7.2.5   In October 2016 an Audit of Progress Regarding the Revised Prevent Duty Guidance: for England and Wales (originally issued on 12 March 2015 and revised on 16 July 2015) was completed and submitted to the November 2016 Safeguarding Committee. Out of this audit a Prevent Action Plan was developed to meet Trust's responsibilities regarding the Prevent Statutory Duty.

7.3   Multi-agency Reviews

7.3.1   The purpose of a Serious Case Review, Domestic Homicide Review or Adult Safeguarding Review is to:

(i)   Establish what lessons are to be learned regarding the way in which local professionals and organisations work individually and together to safeguard children or vulnerable adults.

(ii)   Identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result.

(iii)   Apply those lessons to service responses including changes to policies and procedures as appropriate.

(i)   Improve service responses through improved intra and inter-agency working.

7.3.2   Serious Case Reviews (SCR)

7.3.3   In the period of this report one SCR was convened with the final report anticipated in the next few months. Other cases have been considered as potential SCR's but were deemed not to meet the eligibility threshold criteria. These cases have been identified as requiring a Learning Lessons event to be held.

7.3.4 Should concerns be identified relating to CIFT an action plan will be developed, monitored by the Safeguarding Committee and any lessons learned will be disseminated. There are no outstanding actions from any previous reviews.

7.3.5 Domestic Homicide Reviews (DHR)

7.3.6 Domestic Homicide Reviews were established on a statutory basis under Section 9 of the Domestic Violence, Crime and Victims Act (2004). Domestic Homicide Reviews are carried out to ensure that lessons are learnt when a person has been killed as a result of domestic violence. The Home Office multi-agency statutory guidance defines a Domestic Homicide Review as a review of the circumstances in which the death of a person aged 16 or over, has or appears to have resulted from violence, abuse or neglect by:

(ii) a person whom he/she was related or had been in an intimate personal relationship, or

(iii) a member of the same household.

7.3.7 CIFT is a member of the Camden and Islington DHR arrangements and participates fully to investigate and learn the lessons of such reviews.

7.3.8 In the period of this report there were no cases assessed as meeting the criteria for convening a DHR.

7.3.9 During the year one case from 2014-2015 was published by NHS England and the recommendations were incorporated into lessons learned.

7.3.10 Safeguarding Adults Reviews (SAR)

7.3.11 In the period of this report, three cases were dealt with under the Safeguarding Adult Review processes. One of these was for Camden and two were for Islington.

7.3.12 The key themes for learning arising from these cases included: (i) poor communication between partner agencies; (ii) lack of consistent use of Mental Capacity Act to assess a person's mental capacity for decision making; (iii) lack of engagement with the person's significant family and friendship network; (iv) inadequate recording and documentation; and (v) inadequate assessment of risk.

7.4 Managing allegations made against members of staff

7.4.1 As an NHS Trust we have a statutory duty to report any concerns of a safeguarding nature involving our staff or volunteers, to the Local Area Designated Officer (LADO) and to work with them in assessing and managing any risk. A Trust policy has been drafted regarding managing allegations made against staff. This is fully compliant with national requirements including the Care Act Statutory Guidance and the Trust's arrangements for safeguarding and human resources.

7.5 Domestic Violence

7.5.1 Domestic violence is defined as *'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members1 regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: psychological, physical, sexual, financial and emotional'.* Home Office 2013.

7.5.2 Within CIFT we have a domestic violence and abuse policy which gives guidance relating to the identification and management of domestic abuse and the management and support of staff where domestic abuse exists. These provide clear guidelines for employees in relation to their responsibilities. In addition domestic abuse awareness is part of all safeguarding training and specific training has been provided to staff in relevant areas.

7.5.2 The Trust fully participates in the Awareness and Response to Domestic and Sexual Abuse (AR-DSA) Programme and has strategies in place to address five key objectives:

Objective 1:	Promoting clear policies around, and care pathways for CIFT service users and staff who disclose, experiencing or perpetrating domestic and/or sexual abuse
Objective 2:	Promote message across Trust that domestic and sexual abuse is 'core business' for CIFT through strategic mechanisms such as Safeguarding Committee
Objective 3:	Create a workforce that is knowledgeable, skilled and confident in enquiring about and responding to disclosures of domestic and sexual abuse
Objective 4:	Develop closer links with relevant local domestic and sexual abuse multi-agency partnership structures and service providers
Objective 5:	Ensure AR-DSA is embedded in the Trust Safeguarding Programme to ensure confidence and competence in responding to domestic and sexual abuse and that it is governed via this channel.

7.5.3 During the year the Trust delivered Domestic Violence and Abuse training to 887 members of staff. This Training delivered a key CQUIN target for the Trust.

7.5.4 The Trust hosted a 'White Ribbon' conference in November 2016 and a Domestic Violence and Abuse conference in March 2017.

7.5.5 During the year the Trust's Women's Lead appeared on both Radio 4 Women's Hour and Radio 5 Live Investigates with regard the issue of domestic violence and abuse.

7.6 Female Genital Mutilation (FGM)

7.6.1 Female genital mutilation (sometimes referred to as female circumcision) refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK.

7.6.2 In 2017 guidance has been produced for the management of FGM cases at CIFT. This includes meeting national reporting requirements and making appropriate referrals. To support implementation of this guidance, FGM training has been delivered as part of the safeguarding Induction and Core (Mandatory) programmes.

7.7 Mazars Self-Assessment Report into the Southern Health NHS Foundation Trust Inquiry

7.7.1 Following the inquiry into the death of Connor Sparrowhawk (also known as Laughing Boy) through acts of neglect and omission by the Southern Health NHS Foundation Trust, the Islington Safeguarding Adults Board required that the Trust complete a self-assessment audit of the inquiry findings. This was completed in May 2016 and submitted to the Islington Safeguarding Adults Board and subsequently to the Safeguarding Committee in August 2016. There were no specified actions to be undertaken by the Trust.

7.8 Disclosure of non-recent (historic) child sexual abuse

7.8.1 The Trust has produced an easy read guide to the management of disclosures of non-recent (historic) sexual abuse. This guidance, submitted to the February 2017 Safeguarding Committee, has been drawn from the British Psychological Society,

Guidance on the Management of Disclosures of Non-Recent (Historic) Child Sexual Abuse (May 2016).

7.8.2   The Trust applies the IICSA guidance regarding the retention of records relating to disclosure of sexual abuse.

7.9   Modern Slavery and Human Trafficking

7.9.1   The Trust has produced guidance regarding the management and reporting of modern slavery and human trafficking. A Trust statement has been added to the intranet site. The guidance and report was submitted to the November 2016 Safeguarding Committee.

7.9.2   Modern Slavery and Human Trafficking formed the basis of a Trust 'White Ribbon' event in November 2016 and in March 2017 the Trust hosted a joint Modern Slavery and Human Trafficking and Female Genital Mutilation conference in March 2017 in partnership with the Helen Bamber Foundation and Solace Women's Aid.

7.10   Comms Safeguarding Month

7.10.1   Across September and October 2016 the Trust delivered a themed safeguarding month regarding both safeguarding adults and safeguarding children.

7.10.2   The themes involved safeguarding workshops across a number of Trust sites, safeguarding themed screen savers, informal information sessions and a 'Sixty Second Interview' featured in the Trust iConnect bulletin.

7.11   Multiagency working

7.11.1   MAPPA

7.11.2   Multi-agency public protection arrangements (MAPPA) are in place to manage high risk offenders post release into the community. We are represented at MAPPA by the Trust's Local Security Management Specialist. Referrals to MAPPA from the Trust have been rare events over the past year.

7.11.3   MARAC

7.11.4   Multi-agency risk assessment conference (MARAC) arrangements are in place to manage high risk victims of domestic abuse. The last year has seen a significant increase in the numbers of referrals to MARAC from across the partnership. It is unclear why we have seen this increase but in part this could be due to more people identifying concerns and referring into MARAC. Consequently, it should not be seen as a negative trend. On average 40-45 cases are discussed at each of the Camden and Islington MARACs with a substantial number known to CIFT. Representation from the Trust at each MARAC is coordinated by the Trust Lead for Women's Services with support from the Safeguarding Manager.

7.11.5   Channel

7.11.6   Channel is safeguarding and may be appropriate for anyone who is vulnerable to being drawn into any form of terrorism. Channel is about ensuring that vulnerable children and adults of any faith, ethnicity or background receive support before their vulnerabilities are exploited by those that would want them to embrace terrorism, and before they become involved in criminal terrorist related activity. Unlike Prevent, referrals into Channel must have the consent of the individual at risk. It is the local authority that has the responsibility for managing the Channel processes. CIFT is fully engaged with partner agencies to ensure the Channel Duty Guidance aims and objectives are met.

7.12 Audit and Effectiveness

7.12.1 The following audits were undertaken:

Mazars Self-Assessment Report into the Southern Health NHS Foundation Trust Inquiry into the death of Connor Sparrowhawk (May 2016)
KPMG Safeguarding Adults Internal Audit recommendations follow up. Update audit submission completed and submitted in May and June 2016.
Audit of the safeguarding concerns (adults and children) by team and category, grouped by Division as generated by the Datix incident reporting system. (August 2016 and quarterly thereafter)
Goddard Review into the Independent Inquiry into Child Sexual Abuse (IICSA). (October 2016)
Audit of Progress Regarding the Revised Prevent Duty Guidance: for England and Wales (originally issued on 12 March 2015 and revised on 16 July 2015) (October 2016)
Safeguarding Adults Self-Assessment Audit Tool completed for Islington SAB (January 2017) and Camden SAB (January 2017)
Historical sexual abuse audit regarding a number of cases where the Trust may have had some involvement. The audit examined whether families were aware of these abuses and what action was taken in relation to sexual abuse to children. (February 2017)
Child Sexual Exploitation Multi Agency Audit completed on behalf of Islington SCB. (February 2017)
Section 11 Self-Assessment Audit completed for Islington SCB (March 2017) and Camden SCB (March 2017)
Parental Mental Health Audit completed on behalf of Camden SCB. (March 2017)

7.12.2 The Trust does not have a formal programme of audit in place, but the team contributes to a number of audits at the behest of the Camden and Islington SABs and SCBs via its sub-groups and themed task and finish groups.

7.13 External Reviews – CQC Trust Quality Inspection & CCG Assurance Visits

7.13.1 CQC Inspection

7.13.2 In June 2016 the CQC published their Quality Report following inspection of the Trust's services which took place in February 2016. Patient safety and safeguarding adults and children form one of the five key themes of inspection.

7.13.3 In its headline summary the CQC stated: *Safeguarding was not always given sufficient priority. Safeguarding referrals for other services within the trust was being processed through community based adult mental health teams. The safeguarding referrals were being sent to email addresses within the community based mental health teams where the service was operating nine to five office hours. This meant referrals made out of hours were not being seen until the next working day. Staff were unclear how to make a safeguarding referral out of hours or at weekends. Staff did not always record safeguarding information appropriately and clearly.* The summary went on to state: *Compliance with mandatory training did not meet the trust target of 80% in most teams.*

7.13.4 The CQC inspection found in relation to safeguarding the Trust was in breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13, Safeguarding service users from abuse and improper treatment, and Regulation 18, Staffing.

7.13.5 Thus the overall rating for the Trust was in the category of 'Requires Improvement' with safeguarding challenged with improving compliance with Core (Mandatory) training and ensuring staff were aware of the key measures to safeguard patients. These breaches of statutory regulation have determined the safeguarding action plan over the past year and will drive the action planning into 2017-2018.

7.13.6 CCG Assurance Visits

7.13.7 In September 2016 colleagues from our partner CCGs performed a series of Assurance Visits to Trust sites to monitor the progress made since the CQC quality inspection. The subsequent CCG report in October 2016 acknowledge the progress made to date and raised a series of 'considerations' that were recommended to be incorporated into the Trust's CQC Action Plan. This was accomplished.

7.14   Divisional Social Work Leads

7.14.1 Five Divisional Social Work Leads have been appointed to post, each with a 0.2 wte commitment to safeguarding. In total this provides a 1.0 wte across the posts. The posts are responsible to the Head of Social Work and Social Care and will primarily provide a safeguarding advisory function within the Divisions.

7.14.2 The Divisional Social Work Leads support the Trust Safeguarding Manager in the delivery of safeguarding update and refresher training across the Trust.

8.   Safeguarding: Children

8.1   Looked After Children (LAC) / Child Protection Plan / Child in Need / Private Fostering Arrangements

8.1.1   There is substantial evidence that looked after children share many of the same risks and health problems as their peers, but often to a greater degree. Experience of poverty, chaotic life styles, poor parenting and abuse and neglect mean that many who enter the care system have health needs that have not been adequately addressed. Many of the Trust's patients and service users will be parents or carers with responsibilities or shared arrangements regarding the care and welfare of children. All regulated staff in patient contact positions are required to record on the Trust Electronic Patient Record whether a child is designated a Looked After Child, or a Child in Need, or is subject to a Child Protection Plan or Private Fostering Arrangements. All regulated staff are required to be familiar with the Continuum of Need regarding Level 1-4 service delivery.

8.1.2   All regulated staff with patient and service user contact are expected to be aware of the implications where parental mental ill health, substance or alcohol abuse and domestic violence coalesce to form an extremely toxic outcome for any child living in such circumstances. In all such circumstances, Children's Social Care services must be notified.

8.2   Child Sexual Exploitation (CSE)

8.2.1   *'Child sexual exploitation is a form of child abuse. It occurs where anyone under the age of 18 is persuaded, coerced or forced into sexual activity in exchange for, amongst other things, money, drugs/alcohol, gifts, affection or status. Consent is irrelevant, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation does not always involve physical contact and may occur online.'* Home Office 2016.

8.2.2 Following the publication of the Jay report into the CSE in Rotherham, an action plan was developed to ensure CIFT had appropriate arrangements in place. Staff in relevant areas have received specific training on CSE and it is included in Induction and Core (Mandatory) safeguarding training. Additionally there are tools and guidance in place to support staff and CSE forms part of the overall safeguarding policy.

8.3 Independent Inquiry into Child Sexual Abuse (IICSA)

8.3.1 In October 2016 the Trust responded to the Goddard Review regarding the IICSA using the Verita checklist. A Trust specific checklist was presented to the November 2016 Safeguarding Committee.

8.4 Section 11 Self-Assessment Audit

8.4.1 As an NHS Trust, it is incumbent on us to meet the requirements stipulated under Section 11 of the Children Act (2004). Self-assessments against these requirements are completed on a bi- annual basis and submitted to both the Camden and Islington Safeguarding Children Boards for scrutiny. The Trust has recently submitted both its completed Section 11 self-assessment audits to our Children's Boards with no concerns or gaps highlighted. This provides a robust sense check for the Trust in relation to safeguarding children and will inform the Trust's safeguarding work-plan for 2017-2018.

8.5 Safeguarding Children Referrals

8.5.1 During the year 2016-2017 CIFT recorded 30 safeguarding children concerns on the Trust's Datix Incident Reporting System. Although these concerns will have been recorded in the progress section of the Trust's Carenotes EPR, the recording of any subsequent safeguarding intervention will be held by Children's Social Care services in the boroughs.

8.6 The Wood Report – Review of the Role and Functions of Local Safeguarding Children Boards

8.6.1 The Trust contributed to the Review and Function of Local Safeguarding Children Boards through the Wood Report with our partners in the Camden SCB and the Islington SCB. A report of the Review was submitted to the August 2016 Safeguarding Committee.

8.7 Safeguarding Children Referral Pathway Flowchart

8.7.1 In June 2016 the Trust developed a common safeguarding children referral pathway flowchart. The flowchart covers the both the 'in-hours' and 'out of hours' periods across the 24/7 week. This flowchart has been circulated to all teams and sites. The flowchart has been a feature of safeguarding training since August 2016.

9.0 Safeguarding Adults

9.1 Care Act 2014

9.1.1 The Care Act 2014 provides a modern legal framework regarding adults in need of care and support, and their adult carers. Chapter 14 of the Statutory Guidance sets out for the first time the statutory provisions for safeguarding adults including a three part eligibility criteria for being taken into formal safeguarding adults processes. This requires that the patient:

(i)   has needs for care and support; and

(ii)   is experiencing, or is at risk of, abuse or neglect; and

(iii)   as a result of those needs they are unable to protect themselves against the abuse or neglect or the risk of it.

9.1.2 During the year 2016-2017 CIFT recorded 293 safeguarding concerns raised on the Trust's Datix Incident Reporting System.   (During the previous year 2015-2016 CIFT recorded 304 safeguarding concerns raised on the Trust's Datix Incident Reporting System). Data submitted by to the Trust by our borough partners presented a different analysis. (See below).

9.2   Safeguarding adults concerns raised

Safeguarding adults concerns raised by the Trust 2016-2017			
QUARTER	Concerns raised on the Datix Incident Reporting System	Concerns raised as notified by London Borough of Camden	Concerns raised as notified by London Borough of Islington
Q1	65	13	18
Q2	71	30	64
Q3	77	22	17
Q4	80	13	14
Year Totals	293	78	113
		191	

9.2.1 Caution must be exercised when interpreting the above data as the source material is flawed given that there is a known under reporting on Datix and the data notified by the boroughs is not robust. This remains an area of significant concern.

9.2.2 The current data analysis does not allow for determining whether a safeguarding adults concern raises progresses to a: (i) a section 42 enquiry; (ii) a non-statutory enquiry; or (iii) the concern is closed to formal safeguarding adults processes and the person is signposted to other services or resources.

9.2.3 Of equal concern is that the Trust is often not informed of the outcomes of s.42 enquiries regarding concerns raised with the boroughs and this prevents safeguarding cases being closed on the Trust systems. This will be taken forward in the Work-plan for 2017-2018.

9.3   Francis Report

9.3.1 Safeguarding Adult processes are fundamental to protect patients and colleagues from ill-treatment and neglect. Since the publication of the Francis Report in February 2013 into the failings at Stafford Hospital where during a three year period 1,200 patient deaths were attributed to neglect by the staff and management of that hospital, Parliament has taken the view that persons in positions of trust will be held to account through application of the law and a revised regulatory framework.

9.3.2 In addition to the provisions of the Mental Health Act 1983 and the Mental Capacity Act 2005 Parliament has introduced protections though the Criminal Justice and Courts Act 2015 s.20 which extend to all patients the offences of ill-treatment and neglect no matter what their mental and capacity state is. A person guilty of an offence under these provisions is liable to imprisonment for a term not exceeding five years or a fine or both.

9.3.3 Further, Parliament has sought to strengthen the powers of the CQC, introduced a duty of candour into the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20, and substantially increased the fines to punitive levels under the Corporate Manslaughter and Corporate Homicide Act 2007.

9.3.4 In each of these areas the Trust aims to protect patients and colleagues post Francis Report through: (i) noticing the signs of ill-treatment and neglect; (ii) checking concerns with someone more senior to them; (iii) protecting the patient or colleague at risk; and (iv) sharing concerns with the Safeguarding Adults team through the Trust's Datix system.

9.4 Safeguarding Adults Self-Assessment Audit Tool

9.4.1 In January 2017 the Trust submitted its Safeguarding Adults Self-Assessment Risk Audit Tool (2016-2017) to our partner Safeguarding Adults Boards. The Audit Tool identified areas for development as well as milestones attained. The Self-Assessment was accepted by the Boards without the need for further amendment or additional evidence.

9.5 Safeguarding Adults Referral Pathway Flowchart

9.5.1 In June 2016 the Trust developed a common safeguarding adults referral pathway flowchart. The flowchart covers the both the 'in-hours' and 'out of hours' periods across the 24/7 week. This flowchart has been circulated to all teams and sites. The flowchart has been a feature of safeguarding training since August 2016.

9.6 Safeguarding Adults Concern Form

9.6.1 In February 2017 the Trust developed a common safeguarding adults concern form to be used to record all safeguarding adults referrals originating across the Trust. The form is to be used across LB Camden and LB Islington as well as any other borough the Trust needs to raise a concern with. The form is compliant with the Care Act 2014, Chapter 14 of the Care and Support Statutory Guidance, and the London Multi-Agency Safeguarding Policy & Procedures.

9.6.2 The content of the form is intended to be uploaded onto the borough's electronic record. For Camden this will be MOSAIC. For Islington this will be LAS. An electronic copy of the form will be uploaded into the patient record section of the Carenotes EPR. Carenotes will not provide a primary platform for the management of safeguarding adults concerns.

9.6.3 The safeguarding adults concern form has been circulated to all teams and sites. The concern form has been a feature of safeguarding training since April 2017.

9.6.4 Further work will be required to ensure designated Trust staff have the necessary training and IT support from the boroughs to access the safeguarding pages on MOSAIC and LAS.

10. Human Resources

10.1 Disclosure and Barring Scheme checks

10.1.2 The Trust uses of a web based on line service for the processing of all DBS checks for prospective job candidates and renewals for existing employees. This has speeded up standard DBS checking from on average 2 weeks to within 5 working days. The cost of the DBS check administration fee is not re-charged to the candidate on appointment.

10.1.3 The Trust requires relevant DBS checks for all members of staff, agency and bank staff, contractors and volunteers. At the close of Q4 the Trust compliance for DBS checks was 87.6% with the remaining 12.4% being in progress and renewals.

10.2 Safeguarding Responsibilities

10.2.1 A staff safeguarding responsibilities paragraph has been inserted into the Trust's standard job description template and features in all job descriptions now used for recruitment and appointment purposes.

11.0   Conclusion

11.1   Safeguarding adults and children is everyone's business. People who use our services are at the heart of what we do and safeguarding is a key priority for us. Our work to help safeguard adults and children reflects our focus to protect and promote the rights of people who use healthcare services. Our responsibility is to safeguard both our colleagues who work for the Trust and the adults and children in our care who may be at risk of abuse, ill-treatment or neglect.

11.2   Whilst local authorities hold the lead and coordinating role in safeguarding adults and children we have a duty to cooperate with local Safeguarding Children Boards and Safeguarding Adults Boards. We will support our Camden and Islington Boards by developing local safeguarding policy and ensuring effective working with partners to help and protect and promote the welfare of children, and to help and protect adults who are in need of care and support. We are committed to supporting local authorities in their duties to conduct Serious Case Reviews for children and Safeguarding Adults Reviews where death or serious injuries have occurred.

11.3   We will develop and maintain quality standards and quality assurance by ensuring appropriate systems and processes are in place, and embedding a safeguarding culture within the Trust. We will achieve this through mechanisms such as safe recruitment processes including the use of Disclosure and Barring Scheme (DBS) and taking up references, delivering staff induction and mandatory training, engaging with annual staff appraisal, and learning from patient experience, complaints, audit and serious incident reviews.

11.4   We will maintain our awareness of the role of external regulators such as CQC and Monitor in regulation of safeguarding systems within the Trust and we will work with Camden and Islington CCGs and our partner local authorities to evidence the required quality assurance standards that are set for us. Our mission is to work with our partners across our partnerships to ensure adults and children are able to live lives that are free from harm and abuse.

12.0   Safeguarding Work-plan

Key Priority Outcomes and Objectives for 2017/2018

Priority Outcomes and Objectives for 2017/2018	
Priority Outcome 1: We will train, develop, inform and support our staff to the required level to enable them to safely and consistently embed safeguarding within their practice; achieving optimum outcomes and impact	
Objectives to Strengthening of Trust Safeguarding Arrangements	**Implementation Milestones / Measurement / Monitoring**
1. Produce Trust Strategic and Operational Safeguarding Training Design and Delivery Plan.	- Present three year training plan drafted May 2017 at Trust Safeguarding Committee July 2017. - Communicate with Divisional Directors prior to planned implementation (August 2017). - Communicate plan to Trust staff.
2. Produce Safeguarding Delivery Plan.	- Present to FTE June 2017. - Liaise with Learning and Development to ensure staff are allocated the appropriate level of training. - Communicate with Divisional Directors and operational managers (June 2017).
3. Establish the safeguarding information, guidance and support to Trust-wide staff.	- Review and update Trust Safeguarding Shared Drive by end Q2 2017/2018. - Review and update Trust Intranet safeguarding pages by end Q1 2017/2018. - Communicate and promote the Trust Intranet safeguarding pages with staff by end of Q1 2017/2018

Priority Outcomes and Objectives for 2017/2018	
Priority Outcome 2: We will increase, strengthen and focus our safeguarding infrastructure and resource to enable increased awareness and drive through our services, increased evidence of positive outcomes and a reduction of risk	
Objectives to Strengthening of Trust Safeguarding Infrastructure	**Implementation Milestones / Measurement / Monitoring**
1. Establish Trust representation at Safeguarding Boards and Board Subgroups multiagency safeguarding meetings/committees	• Review Trust representation at SAB and LSCB Boards and Subgroups by end Q1 2017/2018. • Monitor representation and referrals Camden and Islington MARACs through the Trust Safeguarding Committee on a quarterly basis.
2. Ensure Trust representation at safeguarding adults planning and outcome meetings and safeguarding children case conferences.	• Audit attendance at safeguarding meetings on a quarterly basis and report to the Safeguarding Committee.
3. Implement Prevent Duty Guidance Action Plan.	• Fulfill Prevent Duty Guidance Action by end of Q4 2017/2018.
4. Engage with borough partners to strengthen safeguarding infrastructure.	• Deliver pan-borough safeguarding protocols and guidance by end of Q3 2017/2018.

Priority Outcomes and Objectives for 2017/2018	
Priority Outcome 3: We will further strengthen our clinical and incident recording systems to make it easier for our staff to consistently and effectively record safeguarding practice; with the system producing automated and reliable safeguarding performance data to further develop services and provide assurance	
Objectives to Strengthening of Trust Safeguarding Performance Data, Information and Training Recording Systems	**Implementation Milestones / Measurement / Monitoring**
1. Work with borough partners to strengthen safeguarding focus and functionality on MOSAIC and LAS electronic systems	• Aim to have all borough social work staff based within the Trust using the MOSAIC and LAS workflows by the end of Q4 2017/2018. • Communicate and implement changes with Trust staff.
2. Establish DATIX within the Trust as being Care Act compliant.	• Aim to have DATIX Care Act compliant by the end of Q1 2017/2018. • Communicate and implement changes with Trust staff.
3. Establish appropriate format for the recording of Prevent queries.	• Ensure the DATIX format can hold and report on Prevent queries by the end of Q2 2017/2018 • Communicate recording of Prevent queries with Trust staff by the end of Q2 2017/2018.

Priority Outcomes and Objectives for 2017/2018	
Priority Outcome 4: We will map all safeguarding learning and recommendations to enable systematic Trust-wide dissemination and embedding and strengthening of practice	
Objectives to Strengthening of Trust Safeguarding Impact of Learning on Practice	**Implementation Milestones / Measurement / Monitoring**
1. Map key recommendations and learning	• Map learning and recommendations from CQC Quality Inspection by Quarter • Map learning and recommendations from SARs, SCR's, DHR's, and Trust Safeguarding Incidents by Quarter • Map learning and recommendations from Trust audits, SAB and LSCB multiagency audits, partner single agency audits, pan-London audit and national frameworks by Quarter • Map learning and recommendations from Trust Risk Register by Quarter • Produce Trust safeguarding audit cycle and programme focusing on SAB and LSCB priorities and audit cycles by end Q1
2. Ensure methods of dissemination of learning are efficient and effective	• Review methods of dissemination to staff via the above in accordance with Trust Strategic and Operational Safeguarding Training Design and Delivery Plan • Review and update Trust safeguarding Intranet pages by Quarter
3. Ensure safeguarding and Prevent training is focused on learning and practice as well as compliance	• Develop Trust safeguarding audit cycle programme 2017-2018 by end Q1 • Establish planned and systematic Trust wide engagement in learning using the L&D feedback evaluation.