

SAFEGUARDING FAMILY ANNUAL REPORT FOR PERIOD ENDING 31 MARCH 2021



Authors:

Nicola Peterson & Kerry O'Hart- Heads of Safeguarding Families

Contents

Section 1	Introduction	5
Section 2	Safeguarding Assurance	9
Section 3	Safeguarding Policy	11
Section 4	Safeguarding Activity	12
Section 5	Safeguarding Children Supervision/Support	26
Section 6	Views of Children and Families	26
Section 7	Training	27
Section 8	Recruitment, vetting procedures and allegations against staff	29
Section 9	Multiagency working	32
Section 10	Information sharing	33
Section 11	Key Achievements & Feedback	36
Section 12	Actions for 2021/22	38

Section 1 Introduction

Welcome to the ESNEFT Safeguarding Families & Complex Health Team Annual Report 2020-2021.

The Trust is committed to safeguarding and promoting the welfare of all our patients; service users and their carers and is able to demonstrate that there is safeguarding leadership and commitment at all levels of the organisation; promoting local accountability and assurance structures.

ESNEFT Strategy 2019/24

East Suffolk and North Essex NHS Foundation Trust (ESNEFT) provides hospital and community health care. We serve a wide geographical area with a population approaching 800,000 residents.

We deliver care services from two main hospitals in Colchester and Ipswich, six community hospitals, high street clinics and in patients' own homes. We have nearly 10,000 staff, with an annual budget of over £650 million. We are the largest NHS organisation in the East Anglia.

Our strategy (2019-2024) will help us to sustain and improve the quality and access to services for local residents and maintain financial control; it reflects national and local strategies and recognizes our role as a major partner in the complex system of health, care and wellbeing services.

By implementing it, we will offer services that meet national standards and best practice, such as the 'Getting It Right First Time' programme. It will deliver our organisation's contribution to the NHS Long Term Plan; the Suffolk and North East Essex Sustainability and Transformation Partnership (STP) plan and Health and Wellbeing plans in Essex and Suffolk. It builds on engagement during the merger and incorporates views from patients, local people, clinicians and partners in our health and care system.

Our ambition to offer the best care and experience is supported by five strategic objectives which will guide planning and investment:



Keep people
in control of
their health



Lead the
integration
of care



Develop our
centres of
excellence



Support
and develop
our staff



Drive
technology
enabled care

Safeguarding activity continues to increase year on year and one of the key tasks of the team has been to support the workforce in their understanding of their safeguarding responsibilities; improving their knowledge and confidence in relation to the identification of, and acting upon safeguarding concerns as well as in learning from incidents that occur both within the Trust and Nationwide.

The recently restructured team provide expert advice; support; supervision and specialist training to support all Trust staff to fulfil their safeguarding responsibilities and duties and endeavour to ensure all safeguarding processes are robust and effective.

Increasing the visibility of the Safeguarding Families & Complex Health Team has been a key feature during 2020/21.

This report provides a summary of the activities of the Safeguarding Family & Complex Health Team across ESNEFT to demonstrate to the Trust Board; external agencies and the wider community how the Trust discharges its statutory duties in relation to current safeguarding and mental health legislation; expected National Standards and Best Practice guidelines.

We are responsive to emerging local and national needs, so that we achieve compliance against all our safeguarding standards, and that the person at risk of or suffering neglect, harm or abuse have their voices heard and they remain at the centre of all assessments, decisions, actions and future planning.

The Safeguarding Families & Complex Health team is promoting the use of 2 concepts across ESNEFT via supervision and training:

- 'Making Safeguarding Personal' (MSP), which is a shift in culture and practice in response to what we now know about what makes safeguarding more or less effective from the perspective of the person being safeguarded.
- 'Think Family', which means securing better outcomes for adults, children and families by coordinating the support and delivery of services from all organisations. Neither adults nor children exist in isolation and Think Family aims to promote the importance of a whole-family approach.

The Trust is mindful of its duty in making reasonable adjustments to facilitate equitable access to healthcare delivered by appropriately skilled and knowledgeable staff for those people who have a mental health condition; learning disability; autism; dementia or delirium.

Responsibilities

The Safeguarding Adult and Child Intercollegiate Documents: Roles and Competencies for Health Care Staff set out a framework that help staff, practitioners, employers and commissioners understand the role and level of education/competence awareness/systems which correlates to a particular job purpose.

All ESNEFT staff have a statutory responsibility to safeguard and protect those who access our care regardless of their position in the Trust, but there those with specific responsibilities and accountabilities:

Chief Executive

Is the Accountable Officer of the Trust and as such has overall accountability and responsibility for ensuring it meets its statutory and legal duties and adheres to guidance.

Chief Nurse

The Chief Nurse is the Executive Lead for Safeguarding for East Suffolk North East Essex NHS Foundation Trust (ESNEFT); ESNEFT has recently appointed a Deputy Chief Nurse who will hold the portfolio for safeguarding.

Named Professionals

Named Professionals and Leads have specific roles and responsibilities for Safeguarding the Unborn, Children, Young People (CYP) and Adults, as described in the Intercollegiate Documents 'Safeguarding Competencies for Adults (2018) and Children (2019)'.

All NHS providers must identify a Named Doctor, a Named Nurse for Safeguarding Children and Young People, a Lead for Safeguarding Adults and a Named Midwife (if the organisation provides maternity services) to provide expert advice and support to Trust employees and promote good practice within their organisation as per Children Act 1989/2004 and the Care Act 2014.

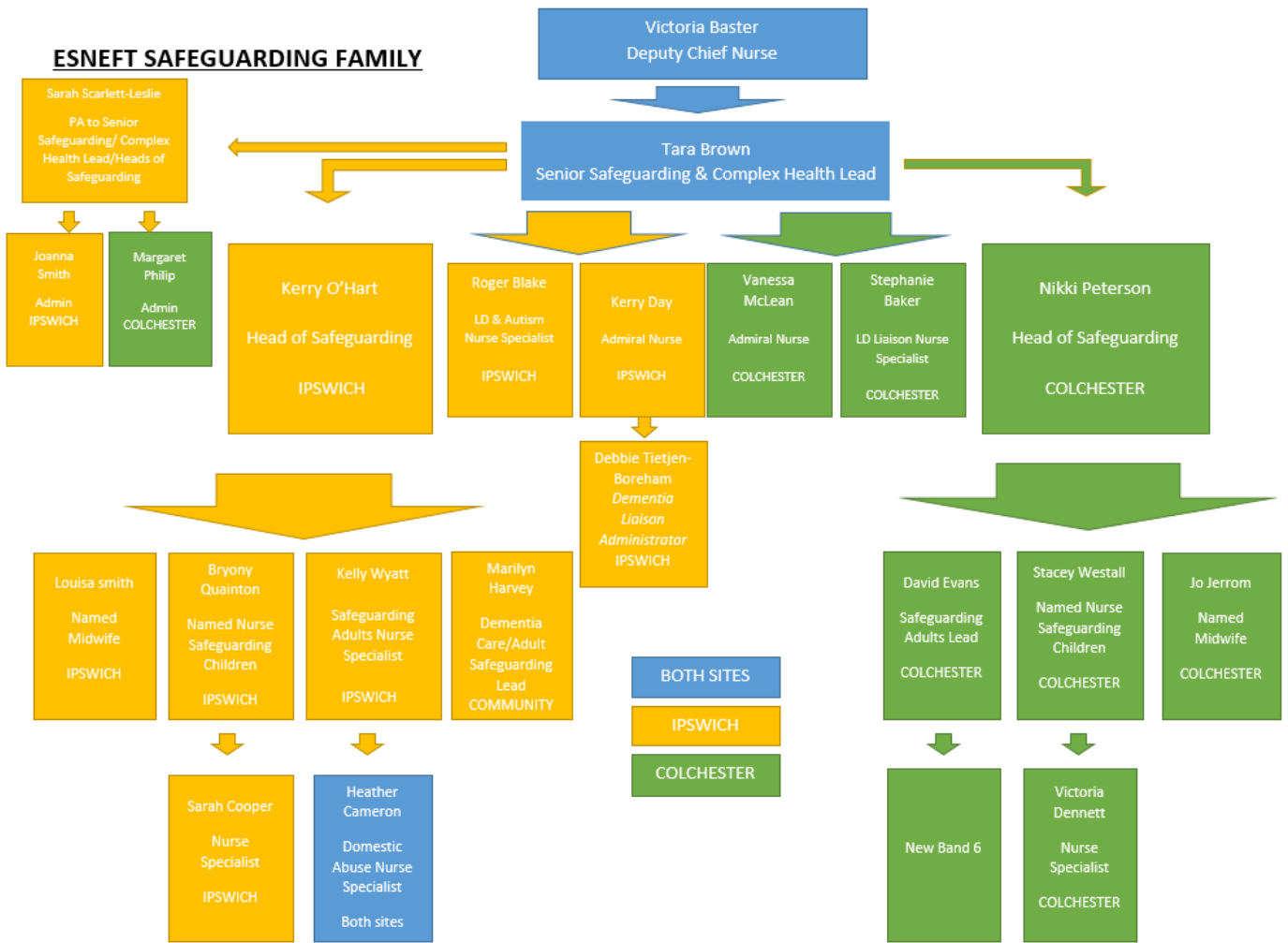
Team Structure

The senior management team undertook a review of trusts safeguarding arrangements in 2020 and this resulted in a subsequent restructure of the safeguarding team which included:

- The introduction of a Senior Lead for Safeguarding and Complex Health who works across ESNEFT and is accountable to the Chief Nurse for safeguarding arrangements across the Trust.
- A Head of Safeguarding Families was appointed for each hospital site with the aim of improving visibility and leadership at each hospital. The role of the Head of Safeguarding Families is to provide strategic development for safeguarding services provided by ESNEFT.

The new structure is illustrated below.

ESNEFT SAFEGUARDING FAMILY



Section 2 Safeguarding Assurance

The Designated Nurse and Doctor posts for Safeguarding Children and Looked after Children continued to be held within the Clinical Commissioning Groups (CCG).

As part of ESNEFT's accountability framework the Trust Board is informed of safeguarding matters via the Safeguarding Committee, which is held on a quarterly basis.

Assurance Framework



Safeguarding Operational Groups

Separate Safeguarding of Children (SCOG) and Safeguarding of Adult (SAOG) Operational groups, are held quarterly and the Terms of Reference for these meetings have recently been reviewed.

These meetings are chaired by the Heads of the Safeguarding Families and have multi-disciplinary and divisional representation to provide a forum for service leads to work together to address safeguarding issues for CYP, adults and maternity within the acute and community setting and to drive the strategic direction of safeguarding within ESNEFT.

All reporting from the operational groups is into an overarching integrated strategic Safeguarding Committee on a quarterly basis.

Safeguarding Committee

The Safeguarding Committee is authorised to liaise, as necessary, with other sub-committees of the Integrated Assurance Committee and Chairmen of formal sub-committees

that have a responsibility for ensuring that the Trust Board is advised of any risks or potential conflicts and is chaired by the newly appointed Deputy Chief Nurse who holds the portfolio for Safeguarding and this feeds directly into the Integrated Assurance Committee.

The Safeguarding Committee adopts and promotes a safeguarding families approach including the reporting from both Safeguarding Adult and Childrens Operational Groups. The Safeguarding Committee submits a quarterly exception report to the Integrated Assurance Committee.

Attendance at meetings is mandatory, except in exceptional circumstances.

Committee attendance 2020/21

The impact on staff capacity during the Covid pandemic needs to be considered when reviewing attendance.

Designation	Actual attendance (including deputies)	Possible attendance	% of attendance
ESNEFT, Consultant Physician (Named Doctor Adults, Colchester)	0	4	0%
ECC, Lead for Partnership Delivery	1	1	100%
ESNEFT Matron, MSK	3	4	75%
ESNEFT, Senior Safeguarding & Complex Health Lead (DEPUTY CHAIR)	1	1	100%
ESNEFT, Paediatric Consultant	0	4	0%
ESNEFT, Deputy OT Service Manager	0	4	0%
CCG, Deputy Chief Nursing Officer	1	4	25%
ESNEFT, Chief Nurse (CHAIR)	3	3	100%
CCG, Designated Nurse Safeguarding Children & Child Death Review	4	4	100%
CCG, Associated Designated Nurse Safeguarding Children (Essex)	0	1	0%
ESNEFT, Senior Matron Surgery	0	4	0%
ESNEFT, Safeguarding Adults Lead	3	4	75%
ESNEFT, Associate Director of Nursing Oncology, Haematology	0	4	0%
CCG, Designated Nurse Safeguarding Children	4	4	100%
ESNEFT, Consultant Paediatrician (Named Doctor Children, Colchester)	1	3	33%
ESNEFT, ESNEFT Deputy Chief Nurse (DEPUTY CHAIR)	3	4	75%
CCG, Designated Nurse Safeguarding Adults	4	4	100%
ESNEFT, Head of Safeguarding Children	2	2	100%
ESNEFT, Associate Director of Nursing Surgery & Anaesthetics	1	4	25%
ESNEFT, Consultant Geriatrician (Named Doctor Adults, Ipswich)	0	4	0%
ESNEFT, Matron Child Health	2	3	67%
ESNEFT, Named Midwife Safeguarding Children	2	4	50%
ESNEFT, Professional Lead Physiotherapist	0	4	0%
ESNEFT, Head of Nursing Integrated Pathways	2	4	50%
ESNEFT, Head of Midwifery	1	4	25%
ESNEFT, Head of Midwifery	1	2	50%
ESNEFT, Sister Emergency Department	0	4	0%
ESNEFT, Head of Safeguarding (Ipswich)	2	2	100%

ESNEFT, Associate Director of Nursing Cancer & Diagnostics	0	1	0%
ESNEFT, Consultant Geriatric Medicine	0	4	0%
ESNEFT, Associate Specialist Community Paediatrics	0	4	0%
ESNEFT, Head of Safeguarding (Colchester)	2	2	100%
ESNEFT, Associate Director of Nursing Integrated Therapies	0	4	0%
ESNEFT, Named Nurse Safeguarding Children	3	4	75%
ESNEFT, Head of Safeguarding Adults	1	1	100%
ESNEFT, Director of Midwifery	1	4	25%
ESNEFT, Interim Head of Safeguarding Children/Named Midwife Safeguarding Children/Interim Head of Safeguarding Adults	4	4	100%
ESNEFT, Matron Pathology, Diagnostic Imaging & Pharmacy	0	4	0%
ESNEFT, Head of Nursing for Women/Children	0	4	0%
ESNEFT, Associate Director of Nursing Emergency Care	1	4	25%
ESNEFT, Associate Director of Nursing Medicine & Therapies	1	1	100%
ESNEFT, Medical Director	0	4	0%
MASH, Health Lead	2	4	50%
ESNEFT, Named Nurse Safeguarding Children	3	4	75%
ESNEFT, Consultant Paediatrics (Deputy Named Doctor Children, Colchester)	0	3	0%
CCG, Designated Nurse Safeguarding Adults	4	4	100%
ESNEFT, Safeguarding Adults Nurse Specialist/Interim Head of Safeguarding Adults	3	4	75%
ESNEFT, Assistant Director for Education	2	4	50%
ESNEFT, Consultant Paediatrician (Named Doctor Children, Ipswich)	3	4	75%

Section 3 Safeguarding Policies

The following policy and procedures have been reviewed and approved through the assurance framework during 2020/2021.

POLICY/GUIDELINE/SOP	DATE APPROVED
Looked After Children/Child in Care	May 2020
Safeguarding Clinic Standard Operating Procedure Colchester	May 2020
Mental Capacity Act & Deprivation of Liberty Safeguards	July 2020
Management of Children /Young People with Safeguarding Concerns Operating Procedure	August 2020
Managing Visits by Celebrities, VIPs and Other Official Visitors (<i>Communications Policy requiring approval by Safeguarding – not Safeguarding Policy</i>)	August 2020
Care & Treatment of Adults & Children who have been Victim of Sexual Assault	October 2020
Personal Electronic Devices Acceptable Use Policy (<i>Information & Communications Technology Policy requiring approval by Safeguarding – not Safeguarding Policy</i>)	November 2020
Safeguarding Children Effective Communication Procedure Colchester	January 2021
Standard Operating Procedure for Effective Risk Assessment & Paediatric Liaison to Safeguard Children and Young People attending the ESNEFT Urgent Treatment Centre	January 2021

Section 4 Safeguarding Activity

Section 11 Audit

The Suffolk Safeguarding Partnership Section 11 Audit was submitted during Quarter 4 and feedback is awaited.

External Reporting

The Safeguarding Families & Complex Health Team produce quarterly reports based on the requirements of Section 11 of the Children's Act 2004 and NHS England.

Throughout 2020/21 the team have continued to work in partnership with Essex and Suffolk CCGs in order to align reporting requirements to enable a single trust wide safeguarding quarterly report to be developed.

This project continues to be ongoing with significant improvements and developments being evident throughout 2020/21.

Partnership Working

The Trust is committed to working with partners to improve outcomes for adults and CYP at risk. Part of that commitment takes the form of attendance at, and active participation in, the Suffolk Safeguarding Partnership and Essex Safeguarding Children Board.

The table below highlights the attendance of the safeguarding team at the external Suffolk and Essex Safeguarding Partnerships/Boards. Commitment to these meetings is substantial, not only in terms of attendance, but also with active participation and contribution to work streams:

Meeting	Frequency	Role
Health Executive Forum	Quarterly	Deputy Chief Nurse/ Senior Lead for Safeguarding & Complex Health
Health Executive Group-Children and Adults	Quarterly	Deputy Chief Nurse/ Senior Lead for Safeguarding & Complex Health
Suffolk Safeguarding Partnership-Children and Adults	Quarterly	Deputy Chief Nurse / Senior Lead for Safeguarding & Complex Health
Essex Stay Safe	Quarterly	Deputy Chief Nurse / Senior Lead for Safeguarding & Complex Health

Local Safeguarding Partnerships are the key statutory mechanism for ensuring the effectiveness of safeguarding work undertaken within the counties (in line with Section 13 of The Children Act 2004). They form a partnership of all relevant statutory, voluntary and community agencies involved in safeguarding and promoting the welfare of children and young people.

The Deputy Chief Nurse is the executive representation at the safeguarding partnership meetings in both Essex and Suffolk. The Senior Lead for Safeguarding & Complex Health will deputise when required to do so.

In addition, there are a number of sub-groups that ESNEFT safeguarding team support in Suffolk and Essex; these include the following:

- **Local Safeguarding Partnership (LSCP)** (Deputy Chief Nurse/ Senior Lead for Safeguarding & Complex Health)
- **Safeguarding Children Partnership Health Operational Group** (Head of Safeguarding Families/Named Nurse)
- **Child Death Overview Panel (CDOP)** (Named Nurse and Named Doctor Ipswich site/ CDR nurse)
- **Health Operational Group** (Head of Safeguarding Families and Named Doctor)
- **Ipswich Domestic Abuse Forum** (Domestic Abuse Lead)
- **Suffolk Domestic Abuse Partnership** (Domestic Abuse Lead)

In Essex the safeguarding team also attend and represent ESNEFT at:

- **Health and Social Care Forum** (Named Nurse/Midwife)
- **GP Safeguarding Forum** (Named Midwife)
- **Missing and Child Exploitation MACE** (Named Nurse/Midwife)
- **Stay Safe** (Head of Safeguarding Families- Colchester or Named Nurse/Midwife will deputise)
- **Local Operational Group (LOG)** (Head of Safeguarding Families)
- **Maternity Network** (Named Midwife)

In Suffolk the safeguarding team also attend and represent ESNEFT at:

- **Area safeguarding network meeting** (Named Nurse/Midwife)
- **Suffolk CYP Matrix & CIPS Group** (Named Nurse)
- **Child Mental Health Pathway** (Named Nurse)
- **Formal Child Health Service meeting** (Named Nurse)
- **National Maternity Safeguarding network** (Named Midwife)
- **East of England Safeguarding Midwife forum** (Named Midwife)

Multi Agency Case Audit (MACA)

An Essex Multi Agency Thematic Audit was completed in Q3 with the theme of Parental Mental Health and the impact on their children.

5 cases were identified for the purpose of the audit but following a scoping exercise only 1 case was identified as being known to Colchester Hospital related to ED presentations between June 2019 and October 2020.

Learning:

- The need for safeguarding representation at psycho-social mental health liaison meetings to ensure safeguarding of the wider family has been considered and appropriate information sharing takes place.
- Consideration for Pre Discharge Meetings (PDM) for parental mental health admissions to ensure safety planning and support for children and young people within the home.

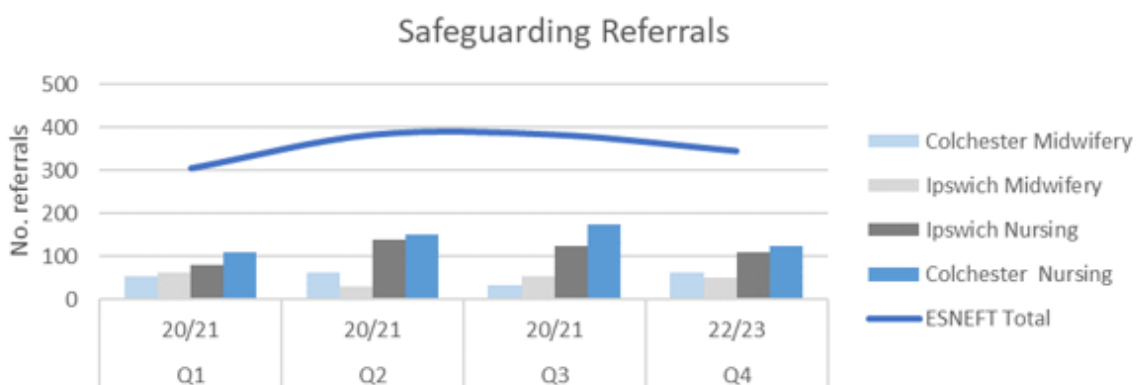
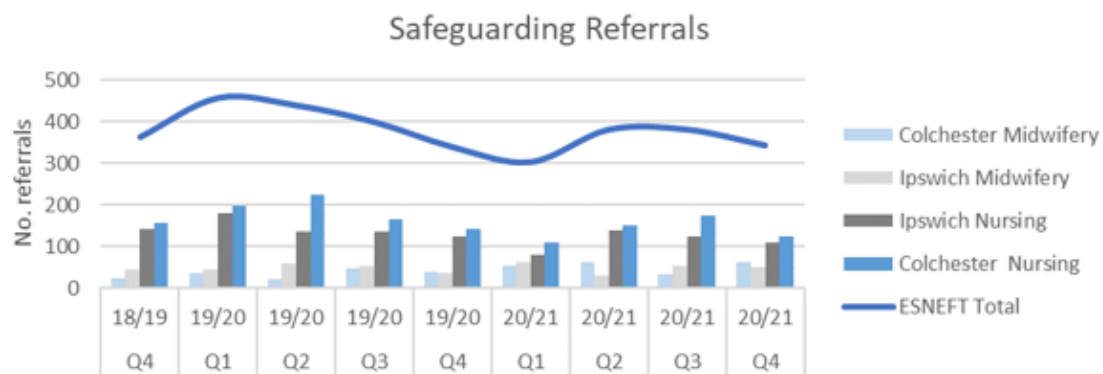
- During the Covid-19 pandemic the safeguarding team had highlighted a decrease in information sharing from urgent care possibly due to redeployment of clinical staff who were not aware of process.

Referrals to Children’s Social Care (Request for Support)

When a safeguarding referral is made it requires the referrer to identify the primary type of abuse they believe may be occurring whilst recognising there may be multiple factors and increasing complexity in presentation.

It is acknowledged that further work is required to ensure we provide high quality information within the referral to assist the Local Authority Safeguarding teams to respond appropriately and proportionately.

The charts below highlights the yearly referral numbers over the past 3 years and demonstrates the significant rise in numbers of referrals.



Maternity

There is a Named Midwife for each site (1.0 wte each) and they support both hospital and community staff, ensuring that safeguarding is embedded into practice through supervision and training.

The Named Midwives continue to have effective working relationships with the multi-disciplinary teams including the Perinatal Mental health team, Children and Young Peoples Services and MASH.

The proposed introduction of the 'Continuity of Care' Model will impact on the workload of the Named Midwives in that the previously hospital based midwives are likely to require increased support due to becoming caseload holders and working with complex families in the unfamiliar community setting.

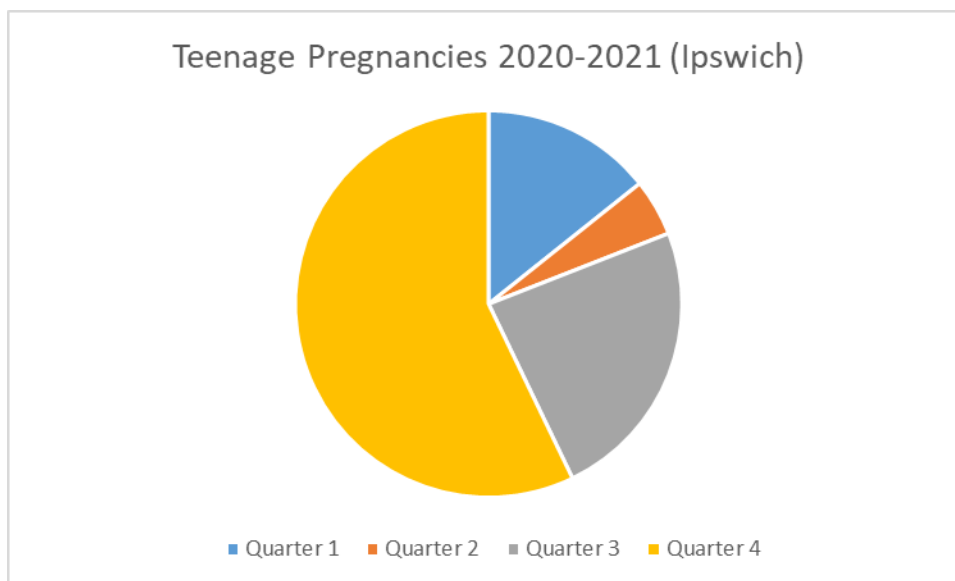
Ipswich

The Acorn community midwifery team are based in Ipswich and work with women with additional vulnerabilities and who may also have social care involvement. The Acorn midwives offer support throughout the pregnancy and birth experience whilst providing continuity of care for these families.

A significant increase in teenage pregnancies, particularly within the age group of 14-17, most notably during quarter 3 and 4, it is not known whether this is a result of young people not being in education due to Covid-19; there is a significant 50% increase in comparison to 2019-2020 figures.

This figures were contributed to by teenagers from the Romanian community, looked after children and children who were already known to social care themselves.

These statistics will be continued to be audited during 2021.



	Q1	Q2	Q3	Q4
Numbers	3	1	5	12

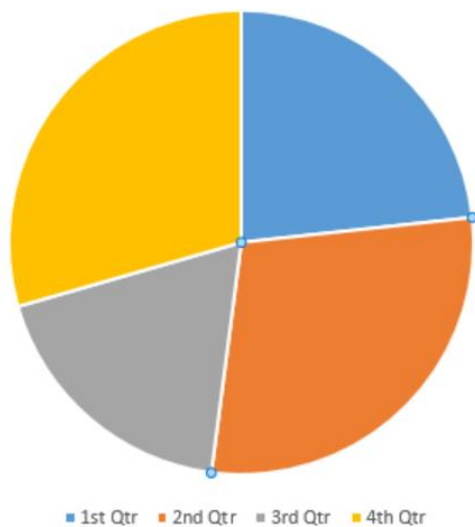
There were 5 concealed pregnancies during 2020/21 and there were a total of 23 babies removed following care proceedings by the Local Authority during this period.

Colchester

The Daisy midwifery team are based at Colchester and work with vulnerable families often with complex histories; the team consists of three midwives who specialise in mental health, teenage pregnancy, substance use and Domestic Violence.

In addition Colchester and Tendring have a Teenage Pregnancy Midwife and it is evident that the rate of Teenage Pregnancies in this area are significantly higher (in excess of 100%).

Teenage Pregnancies 2020-2021 Colchester



	Q1	Q2	Q3	Q4
Numbers	22	34	19	28

Female Genital Mutilation (FGM)

This subject is included within the mandatory Safeguarding Training and is also included within the ESNEFT Safeguarding Policies. In addition Maternity has a specific SOP for the management of FGM in pregnancy and childbirth.

The FGM Risk Assessment Tool is used to inform the need to submit a referral to social care.

Referrals

	Q1	Q2	Q3	Q4	Totals
Colchester	1	3	1	2	7
Ipswich	3	1	1	0	5

The Maternity Service also submits information for the Female Genital Mutilation (FGM) Enhanced Data Set Prevalence Report.

Child Protection Medicals

ESNEFT Colchester site continue to offer a dedicated provision to facilitate safeguarding clinic and undertake child protection medical examinations. Professionals, namely children's social care or the Police 'child abuse investigation team' (CAIT) who have concerns about a child can refer into the safeguarding clinic via a dedicated phone number and request child protection medical examinations.

There is a clear standard operating procedure and referral process in place. The clinic provides protected time for children and young people to be assessed and examined appropriately and ensures medical photography are present if required.

The safeguarding children team are present during safeguarding clinic when capacity allows. Social care, (and police if appropriate) are provided with a provisional professional opinion and diagnosis in writing immediately following examination to avoid any miscommunication and to ensure the children can be appropriately safeguarded following attendance at safeguarding clinic.

Full reports are expected to be completed and shared with social care within a timescale of 3 working days. Numbers attending and reasons for attendance are reported quarterly via SCOG and Safeguarding Committee, this allows the safeguarding team to identify any themes and trends and ensure this is shared via multi-agency networks as appropriate.

CP Medicals	Q1 2020 Apr-Jun	Q2 2020 Jul-Sept	Q3 2020 Oct-Dec	Q4 2021 Jan-March
Acute	7	8	6	8
Community	21		30	13

Colchester Hospital conducted 36 safeguarding medicals in Q3 this is the most safeguarding medicals undertaken in the last 18 months of data held.

Reasons for child protection medical examinations were not formally recorded until Q4:

Neglect	Physical
8	13

4 out of the 13 examinations for physical abuse presented with acute non accidental injury, the remaining 9 were examined in safeguarding clinic for suspected non-acute injuries

Chronic neglect appears to be an emerging theme for those children referred for Safeguarding Medicals which is in line with National trends and for those children subject to CP Plans within North East Essex.

Significant head lice infestation was a feature in 5 of these referrals and the children required medical intervention for severe anaemia. This was raised with Designated Nurse Safeguarding Children as a theme that has emerged during the COVID-19 Pandemic and the Named GP intends to liaise with the Named Doctor to develop tools to highlight the significance of chronic head lice and the impact on both the physical and emotional health of children.

Numbers of child protection medicals undertaken by paediatricians in the acute setting are now formally recorded and reasons for medical, outcome and discussion at paediatric Peer Review are documented.

Child Protection Medicals at the Ipswich site are completed by the Community Paediatricians and is commissioned by West Suffolk. Ipswich Hospital acute service complete those required to be undertaken out of hours.

Initial Health Assessment s (IHA) Children ESNEFT Colchester

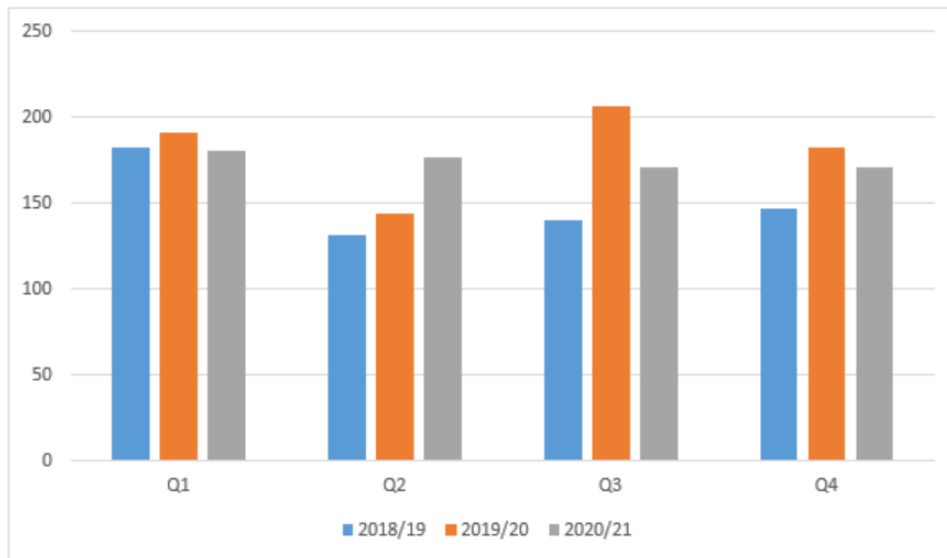
ESNEFT Community Paediatrics at Colchester are commissioned to provide Initial Health Assessments for all Looked After Children (LAC) in North East Essex up to their 18th birthday.

	Referrals received	Total within Timescale	Moved out of area	WNB to the appointment	Other	Total Breeched
Q1	15	12	0	0	0	3
Q2 data not collected due to staff sickness						
Q3	33	21	13	1	1	1
Q4	18	12	3	0	1	0

Children in Care in Suffolk have their IHA's with Community Services and therefore are not reported by ESNEFT.

Safeguarding Adults

Deprivation of Liberties Safeguards (DoLS) referrals across ESNEFT during this reporting period



The Trust ward clinical teams are responsible for the DOLS application and management.

A change in patient profiling in and improved care pathways focusing on faster discharges have seen a reduction in DoLS applications from our community hospitals.

All DoLS applications continue to be reviewed by the Adult Safeguarding Leads to ensure all measures have been taken to secure the least restrictive measures for the patients are being used.

Internal/External Audits

Due to the COVID restrictions, it was decided to place our internal audits on hold for the duration of 2020-2021. In the new financial year (2021-2022) our internal audits will recommence across both acute sites and will be completed on a monthly basis.

The audit is to establish when an MCA was recorded if a patient lacks capacity prior to the submission of a DoLS application. This has improved but it still has not shown the expected improvements considering the additional training provided and the improvement with mandatory training compliance beginning of 2021.

The Trust will continue to raise awareness of this at Matron/Ward Sisters meetings in the importance of ensuring MCA assessments are completed and recorded in patient notes prior to DoLS applications being made and as above, will target specific inpatient wards who are non-compliant.

Referrals to Adult Social Care

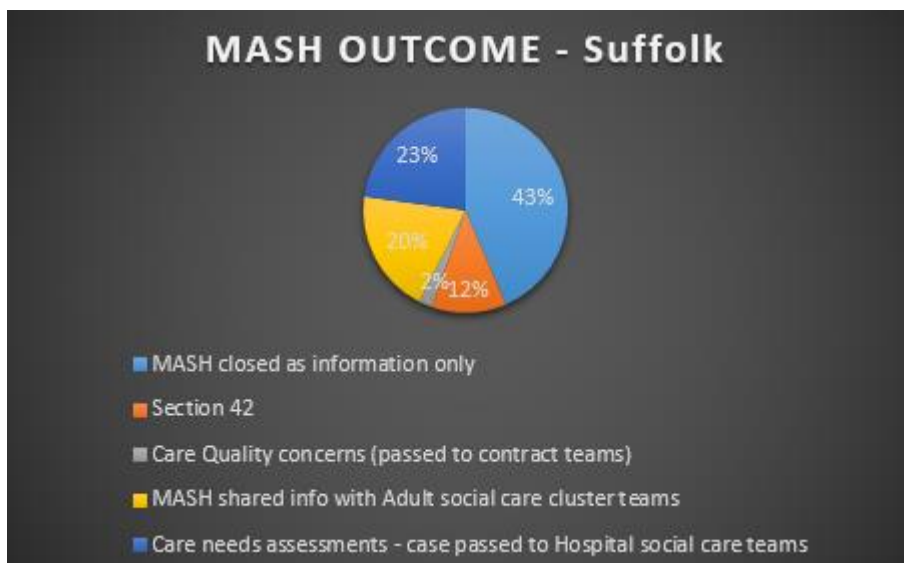
ESNEFT safeguarding leads received a number of safeguarding referrals, which were regarding the quality of care in our local care homes, and not safeguarding. These did not meet the threshold for a Section 42 safeguarding enquiry but instead these were passed to Adult Community Services (ACS) cluster or the contracts team in the community.

Adult Referral Categories 2020/21



Neglect continued to be the main category for all referrals submitted to Adult Social Care during this year.

Suffolk



Essex Referrals

Essex does not have a MASH and does not receive formal notification of referrals submitted.

Complex Health

There has been a re-launch of the work to strengthen Mental Health focus across ESNEFT with a quality improvement meeting taking place monthly involving representation from across divisions and with service user participation.

A model for mental health focus is being developed; through undertaking patient needs typing workshops involving staff from across the Trust themes arising from discussions indicate a need to direct approaches to three broad areas of patient need. These are:

- Understanding patient's mental health experiences and supporting them to understand the link between physical health and mental health
- Supporting safety, which encompasses both psychological and physical safety
- Responding to complexity; through ensuring there is strong partnership working with other organisations and agencies to enable safe, joined up approaches to complex needs.

Additionally, outcomes of the workshops identified the essential pillars which will support progress. These include education, legislation, partnership working and trauma-informed approaches. Although at early stages, initial actions and goals have been identified for different pathways including:

- Perinatal
- Children and young people
- Older people
- Dementia
- Emergency care
- Chronic and lifelong conditions
- Eating Disorders

The pathway teams are using existing forums and groups to enable a stronger focus on mental health; where required specific workgroup meetings have been set up.

As part of this work there has been a focus on ED and EAU, in particular, the ways in which we work with partner organisations to support people presenting in mental health crisis.

There are now monthly meeting in both Colchester and Ipswich, working with EPUT and NSFT as well as the ambulance and police services. Outcomes achieved within these groups have included:

- the shared development and implementation of an ED voluntary attenders form, which ensures clearer communication and safer handover by police when they bring someone to ED
- Exploration and identification of appropriate use of the environments to enable 136 assessments when a local suite is unavailable
- A formulation of a 6 hour breach process which focuses on patient experience and shared learning across organisations

In addition it has been identified that there is not yet a robust or consistent data set which usefully supports understanding of the experiences of patients, carers and staff in relation to people's mental health needs when they receive physical health care in our Trust.

The business informatics and Datix teams are supporting development in this and discussions have been held to ensure considerations which need to be held when developing a single patient electronic record.

Additionally, there has been work undertaken to identify a SLA with NSFT to provide Mental health Act Administration at Ipswich Hospital to ensure compliance with the MHA legislation. There is a SLA in place with EPUT to undertake this role within Colchester hospital.

NICE

Safeguarding Families team have NICE standards for:-

- NG 97- Dementia: Assessment, Management and support for people living with dementia and their carers
- QS 184 Dementia
- NG108- Decision Making and MCA
- NG 96/ QS187- LD: Care and Support for people with growing older –
- CG103 Delirium. Prevention, Diagnosis and Management

Learning Disabilities (LD)

The LD Reasonable Adjustment Tool has been adapted for use across all sites and is included in the Learning Disability and Autism policy. It is now on the accountability framework so all clinical inpatient areas must make reasonable adjustments for people with learning disabilities.

The tool is currently undergoing audit and update and a new version to reflect the needs of LD patients post Covid-19 will be issued shortly.

The Hospital Passport

The hospital passport is given to all inpatients and the resources are online to print off a version at home across both sites. Since March 2020 a specific Covid-19 passport and guidance has been produced for use on wards.

The LD and Autism User groups continue to shape the delivery of service and these groups have started back up with regular online meetings.

Bespoke day plans

Some patients with learning disabilities present with significant behavioural challenges that require a bespoke day plan due to the complexity of their presentation.

LD nurses continue to devise bespoke day plans taking into account the considerable reasonable adjustments required for complex behaviour. The LD nurses have assisted with 34 complex day plans.

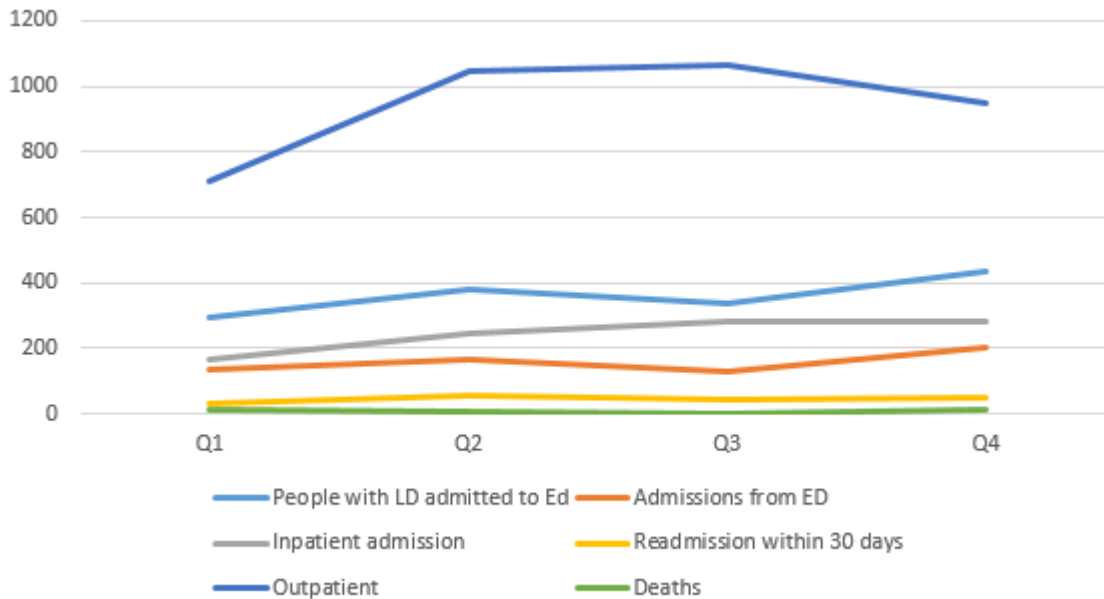
The numbers of people being admitted for elective surgery was reduced in Q1 and Q4 due to Covid.

Q1	Q2	Q3	Q4
2	11	18	5

Activity

ESNEFT participated in the National LD Benchmarking for NHSI, 2021, the results of which have not yet been released.

LD nurses have continued to liaise with LD colleagues, Advocacy groups, GP's, and other groups that support people with LD. in the community to achieve the best possible care for patients with learning disabilities.



Training

LD nurses have continued to deliver LD training throughout the pandemic via MS Teams.

Training Numbers	Full day	Induction
03/2020-03/2021	69	881

All new staff are required to complete Level 1 LD training which is delivered at Trust Induction.

As of 03/2021 LD Level 2 training has 88% compliance.

Learning Disabilities Mortality Review programme (LeDeR)

LD nurses continue to report all LD deaths to the LeDeR programme and assist with the investigations as requested.

Total LD Mortality is listed below.

Q1	Q2	Q3	Q4
13	5	3	13

Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR)

Throughout the Covid-19 pandemic it has been identified that there has been an increase in DNACPR's at both a local and national level and that some of these may have been inappropriately completed citing the presence of an LD as the primary reason.

The LD nurses have been working with the Resuscitation team; hospital staff and community partners to ensure these were correctly completed.

The LD nurses are committed to looking at all DNACPR's for inpatients and take action if needed and an audit of DNACPR's is ongoing.

Dementia

The Admiral Nurses (ANs) have continued to work during 2020-21 albeit under the restrictions imposed by the pandemic. Moving forward into 2021/22, ESNEFT will be ending the direct link with Admiral Nursing with a view to enhancing the Dementia specialist role and enable the development of a more collaborative approach within the hospital's Complex Health team.

National reporting requirements for dementia screening and onward actions for people with suspected dementia were suspended early last year and remain so, but we have continued to use the electronic lists of emergency admissions aged 75yrs and over to find, assess, investigate and refer patients with cognitive decline as appropriate. With the need to reduce footfall on the wards, only essential visits to clinical areas have been undertaken and much of the work done has been done via TEAMS and telephone. This includes meetings with external stakeholders and providers.

There have been well documented difficulties for families living with dementia due to the separation that COVID has imposed, and the isolation of shielding which is further exacerbated by the cessation of local support groups and services. Many families have experienced higher levels of stress and increased social care needs, so referral and signposting to what support is available has become more important than ever. Despite the dip in admission numbers through the first and second waves of COVID, the admission numbers are now returning to pre-COVID levels.

National reporting

Due to the Coronavirus Pandemic, national reporting requirements for dementia and delirium have been suspended since March 2020. This is currently under review. However, the dementia team continues to check emergency admissions over 75 years of age for potential problems with memory, referring onward for memory assessment as appropriate in accordance with Trust Confusion Assessment Pathways.

Non Elective Activity and Dementia and Delirium Coding

Table 1 shows the total numbers of spells of non-elective activity of people with a coded diagnosis of dementia, delirium or both regardless of age for the year ending 31/03/2021. This represents approximately 8%.

Non Electives	Both	Delirium	Dementia	Total Spells
Number of Discharges	598	1629	4545	85039
% of Discharges	1%	2%	5%	

Table 2 shows the total numbers of spells of elective activity of people with a coded diagnosis of dementia, delirium or both regardless of age for the year ending 31/03/2021. This represents approximately 0.5%

Electives	Both	Delirium	Dementia	Total Spells
Number of Discharges	1	10	367	71391
% of Discharges	0%	0%	1%	

Admiral Nurse therapeutic interventions

Type of Intervention	Numbers
Support patients, families and ward teams	418
Episodes supporting staff experiencing dementia in their own family	25
Total on DUJ/AN database 1/04/2020 – 31/03/2021	295
Request to support in outpatient clinics	3
Support offered for non-inpatient telephone enquiries	5
Virtual/face-to-face meetings with external/voluntary providers	42

Although the above table demonstrates some of the therapeutic interventions delivered at all levels, the two Admiral Nurses are frequently contacted by therapy teams and clinical staff for advice and indirect patient/family support about the care of people with dementia and/or delirium. They are sometimes involved in supporting families where a person with dementia is dying, and with outpatient visits.

Advice is regularly given about issues of Mental Capacity, consent, Deprivation of Liberty Safeguards, Best Interest Decisions, and the management and treatment of the behavioural and psychological symptoms of dementia.

Training

Most training was suspended during the last year. The ANs have responded to bespoke requests for training related to specific needs. They are also waiting for some e-learning modules to be added to Moodle and will make these known Trust-wide when they are available.

The ANs produced a '7 Minute Briefing' covering dealing with disputes arising with people holding Power of Attorney.

Quality Improvement

The ANs are currently involved in Quality Improvement Projects of their own, plus having input into 2 other projects at ESNEFT. They have recently participated in making a training film for the CAN (Cognition, activity and nutrition) project teaching about how cognitive impairment can impact on a person's ability to carry out activities of daily living, and the importance of having a personal profile to inform person centred care planning and delivery.

There are improvements being undertaken in the Constable Suite garden provide a greater range of activities and sensory stimulation along with shading from the sun and more garden furniture. They are also aiming to increase usage of the THIS IS ME personal profile, and work with the GIRFT project to support the roll out of the 4AT rapid delirium assessment tool across the Trust.

Qualitative Report

The Dementia Liaison Administrator completes a report each month of qualitative feedback from carers of people who have been in Ipswich Hospital with a known dementia but who still live at home.

Where appropriate, anonymized information is fed back to the ward either to give praise or to highlight concerns, and this data has been collected for several years. This report is submitted to PEG, and it is proposed to extend this reporting to cover families from Colchester Hospital later this year.

Participation in the National Audit of Dementia

ESNEFT was due to participate in the National Audit of Dementia Round 5 but this was suspended due to the pandemic.

Partnership working

The Admiral Nurses work with various external providers e.g. Dementia Action Alliances, Dementia Together, Family Carer groups, Memory Assessment services, mental health teams, fidget item makers.

Section 5 Safeguarding Children Supervision/Support

Colchester

The Key Performance Indicator's (KPI's) set out by Essex CCG is "95% of all staff, including midwives, working with children and young people regularly whereby they are required to make safeguarding referrals will receive group safeguarding supervision on a 3 monthly basis".

Staff Group	Q1	Q2	Q3	Q4
Neonatal Staff	0%	50%	0%	0%
Sexual Health	0%	50%	0%	84%
Paediatric Nursing	0%	0%	0%	81%
Children's Community Nursing	0%	30%	78%	78%
Paediatric Dieticians	0%	100%	57%	0%
Paediatric Peer Review	72%	54%	36%	71%
Community midwives	0%	66%	0%	0%
UTC	0%	0%	16%	0%
Clinical Psychologists				100%
Safeguarding Team	100%	100%	100%	100%

It has remained very challenging to provide consistent supervision to staff during 2020/21 due to operational pressures, particularly the impact of Covid-19.

A new Safeguarding Children Specialist Nurse for the Colchester site was appointed during Q3 and she completed her Supervision training enabling her to support the Named Nurse and compliance within the Paediatric Nursing cohort was 92% in Q4.

Ipswich

Ipswich site are compliant with Suffolk CCG Key performance Indicator for providing a safeguarding supervision service.

Colchester Peer Review

The newly appointed Named Doctor at the Colchester site reviewed the Terms of Reference for Peer review and this has been relaunched with support from the Named Nurse.

Section 6 Views of Children and Families

Section 11 of the Children Act (2004) requires that organisations evidence that children and young people are actively involved in the design, development and delivery of services. All safeguarding training and supervision sessions place great emphasis on the importance of capturing the voice of the child within documentation.

- On admission as an inpatient children and/or their parents/carers complete activities of daily living questionnaires, allowing opportunity to discuss and raise any worries or concerns about being in hospital.
- Family and friends satisfaction surveys are also completed on discharge in the assessment unit and inpatient ward.
- There is a voice for change group (young people) and parent group run by the Trust.
- Children's and young people's survey is completed annually by the CQC. An action plan is formulated and services developed from this.
- In ED there is a display dedicated to information about how patients can air their views. There is also an iPad available to patients in the waiting area for providing feedback and reviews.
- An iPad has recently been sourced and a bespoke programme written to harness feedback from CYP attending the Safeguarding Medical Clinic at Colchester Hospital during 2021/22.

Section 7 Training

Safeguarding Children

Mandatory training is regularly reviewed to ensure we are compliant with the contractual and statutory expectations in line with Intercollegiate Document (2019). The KPI for all 3 levels is 95%.

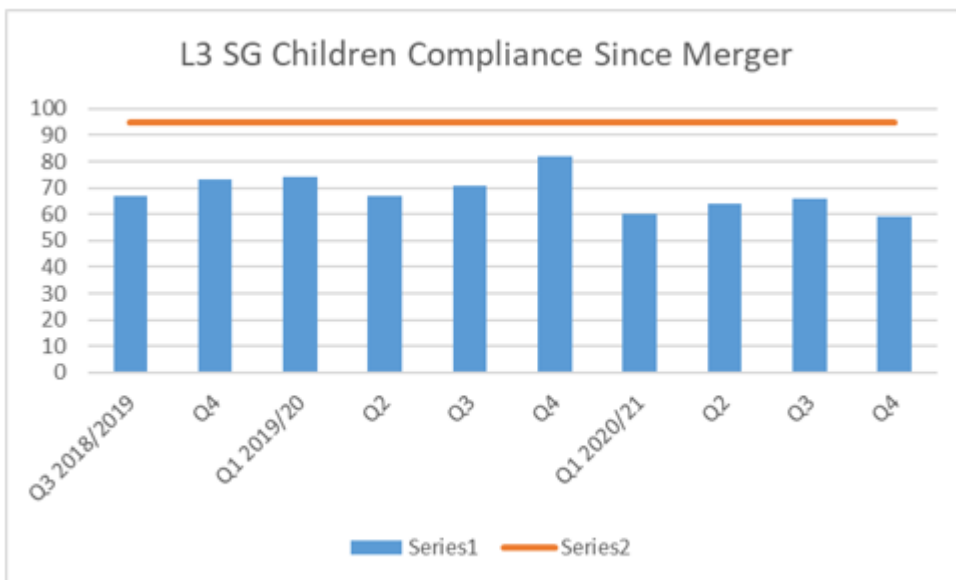
Level 1 All staff are required to complete level one annually. This package is a 2 hour online e-learning package to be completed every three years.

Level 2 – The trust has adopted and updated the Colchester site level 2 safeguarding package which was made accessible to all staff. Staff requiring L2 safeguarding children training will need to complete the online training package once every 3 years in order to gain compliance.

Level 3 – Staff requiring L3 safeguarding children training will need to complete a minimum of 8 hours every 3 years in order to gain compliance but in addition many are required to complete a total of 16 hours.

Level 4– The Named Professionals are required to complete 24 hours of education/learning over a 3 year period.

Compliance with Safeguarding Children Training



The COVID 19 Pandemic has had a significant impact on the mandatory training compliance figures, many paediatric nursing staff were seconded to work in other clinical areas.

Due to the COVID 19 Pandemic all classroom (F2F) was stopped and is unlikely to restart until towards the end of 2021.

Currently, the core 8 hours of L3 is delivered via 'E-learning for Health' (el-fh) but feedback from staff has been poor and in addition there have been difficulties in obtaining accurate completion data.

Due to concerns regarding compliance figures and staff feedback, the Safeguarding Children staff at both sites have worked together and developed, with the support of the training team, an e-learning programme containing the following modules:

- Categories of Abuse (inc Fabricated or Induced Illness)
- Adverse Childhood Experiences
- Looked After Children/Children in Care
- Honour Based Abuse (inc Female Genital Mutilation; Forced Marriage)
- Child Exploitation (inc Trafficking & Modern Slavery)
- Domestic Abuse
- Learning from Child Safeguarding Practice Reviews
- Mental Health (Parent & Child inc. Suicide & Deliberate Self-Harm)
- Gangs & County Lines

There is also a Webinar for writing a Referral/ Request for Support to Children's Social Care.

For those staff preferring to have F2F training, a new 'full day virtual package' has been developed which is being delivered by 2 members of the Safeguarding Families team.

The Named Midwives deliver additional training at the Midwives mandatory study days. The use of Mentimeter to support delivery of the Substance use package was used successfully and allowed participation of attendees via smart phones to answer and contribute to polls, quizzes and wordles.

Paediatric medical staff safeguarding training is facilitated by the Named doctor with the Named Nurse contributing to peer review sessions.

Safeguarding Adults Training

The Adult Safeguarding Training Intercollegiate guidance was published in 2018 and was to be implemented by October 2020. The guidance clarifies the competencies, knowledge, skills and attitudes required for each level of training and the staff required to undertake each level.

A new L3 e-learning training has been developed by the Safeguarding Adults Leads which includes Mental Capacity Act; Deprivation of Liberties; Domestic Abuse; safeguarding legislation for implementation in June 2021.

Level 1 All staff are required to complete level one annually. This package is an online 2 hour e-learning package to be completed every three years.

Level 2 –Staff requiring L2 safeguarding training need to complete the 3-4 hour online training package once every 3 years in order to gain compliance.

This eLearning includes: - Mental Capacity Act; Deprivation of Liberties; Domestic Abuse;

Level 3- Staff requiring L3 safeguarding training need to complete 8 hours of training every 3 years in order to gain compliance.

Level 4- Named Professionals should complete a minimum of 24 hours of education; training and learning over a 3 year period.

	Q1	Q2	Q3	Q4
Level 1	93.4%	94.1%	95%	94%
Level 2	92.4%	90.8%	92%	91%
Level 3	N/A	N/A	N/A	N/A
Level 4	100%	100%	100%	100%

PREVENT

ESNEFT has consistently remained above the national compliance standard of 85%. To ensure all staff have the best level of knowledge of PREVENT and the role they can play in preventing others from being radicalised, ESNEFT provides Level 3 (WRAP3) training to all staff at induction and again as a 3 yearly update.

Section 8 Recruitment, vetting procedures and allegations against staff

Serious Safeguarding Allegations (SSA) Panel

This panel manages safeguarding allegations against individual staff members and for specific departments or teams; this is chaired by the Deputy Chief nurse who has the portfolio for Safeguarding and the core membership is: the Senior Lead for Safeguarding & Complex Health; the Heads of Families; the Medical Director; the Head of Employee Relations and other members are co-opted in as required.

This panel is also used to discuss current S42 enquiries raised against the Trust.

The SSA has had 33 allegations about individual staff members, 6 requiring involvement of the Police and 7 referrals to be submitted to the Local Authority.

A number of these related to agency security staff and these were referred on to the company's Head of Safeguarding for investigation.

Disclosure and Barring Service

Disclosure and Barring Service (DBS) regulations are in place for the Trust. All new employees and volunteers are checked as part of the employment/volunteer process. Safer recruitment processes are followed and the safeguarding team work closely with Human Resources when concerns are raised. ESNEFT are compliant against all local safeguarding standards as identified by the CCG:

- There is a robust recruitment policy in place
- There is a robust LADO/Position of Trust policy in place
- Safeguarding responsibility is included in all new job descriptions and advertisements for all jobs
- Both interview and job offer and DBS check standards are met as per statutory requirements

Local Authority Designated Officer (LADO)/ Position of Trust (POT)

4 LADO referrals and 3 POT referrals were raised in relation to staff working within ESNEFT over the reporting year.

The Head of Safeguarding Families and Named Nurse's attended external multi agency strategy meetings in relation to these concerns to share the relevant information in order to assist decision making and safety planning. Action plans from these meetings are monitored via the Serious Safeguarding Allegations panel (SSA).

Significant Events Recording

Patient Safety Incidents (previously investigated as a Serious Incident (SI))

ESNEFT is an 'Early Adopter' for 'The Patient Safety Incident Response Framework (PSIRF) 2020' which is guidance on how to respond to patient safety incidents – with no distinction between incidents and 'serious incidents' – for the purpose of learning.

<https://www.england.nhs.uk/patient-safety/incident-response-framework/>

A patient safety incident is investigated or reviewed under this framework to understand the circumstances that led to it, for the purpose of system learning and improvement, and not:

- to determine the cause of death (where applicable); that is for coroners
- to hold any individual or organisation to account; this includes judgements on avoid ability, preventability, liability, predictability, etc.

Definitions:

- Incident for Review (IFR)
- Patient Safety Incident Investigation (PSII)

Safeguarding Adults

Investigation Type	Date raised	Synopsis	Outcome
SI	25/11/2020	A gentlemen recently released from the Mental Health unit sustained a fractured arm following a restraint incident involving ESNEFT security guards.	Learning identified and action taken related to: <ul style="list-style-type: none"> • use of Restraint • PMVA training content and compliance and training content reviewed and compliance now 100% • Restraint Policy not followed- the use of the post Restraint checklist has been disseminated via Matrons and team leads. • Inappropriate use of security for observation of patients with challenging behaviours related to their medical diagnosis. The Snr lead for Complex Health is now working to ensure that this practice is stopped.
IFR	01/02/2021	A S42 enquiry was raised following a safeguard having	The IFR was completed and, at the time of writing this report a response is awaited from Social Care.

		been raised against ESNEFT alleging Neglect of a gentleman with a LD	<p>Learning identified and action taken related to:</p> <ul style="list-style-type: none"> • Inappropriate application of a DNACPR (Substantiated) this was discussed at Consultants meeting • Inadequate management of his dehydration (Substantiated) • Lack of Nutrition (partially substantiated) • Development of Pressure Ulcers (PU) (unsubstantiated)
PSII	26/03/2021	A S42 enquiry was raised following the death of an elderly patient from sepsis secondary to a pressure ulcer that she developed in Colchester Hospital 3 weeks earlier.	<p>Case was referred to HM Coroner. The PSII was completed and, at the time of writing this report a response is awaited from Social Care.</p> <p>Learning identified and action taken related to:</p> <ul style="list-style-type: none"> • Development of a Grade 3 Pressure Ulcer (Substantiated) • Inadequate management of her pain (partially substantiated) • Inadequate management of her PU resulting in the development of sepsis (ACE community nursing)
PSII	23/02/2021	A Safeguard was raised by her Care Provider due to concerns around Neglect and an allegation of Organisational Abuse due to a PEG having fallen out and not having been re-inserted. The concern was that this decision had been reached due to a 'judgement' regarding her 'Quality of Life' (QoL) as a patient with a LD.	<p>Case was referred to HM Coroner. The PSII was completed and, at the time of writing this report a final response is awaited from Social Care. 2 Strategy Meetings have been held.</p> <p>Learning identified and action taken related to:</p> <ul style="list-style-type: none"> • Inappropriate application of a DNACPR (Substantiated) • Lack of Nutrition (partially substantiated) • Lack of Reasonable Adjustment (partially substantiated). 7 Minute Briefing produced and document amended to provide clearer guidance for staff. • Inappropriate judgement of her QoL (Unsubstantiated) • Lack of information sharing with the Care provider (Partially Substantiated). Hospital passport now amended to ensure that 1st point of contact is

			identified as opposed to using just NOK.
--	--	--	--

There were no new Patient Safety (Serious) incidents raised during this reporting year relating to the Safeguarding of Children or the Unborn, although there are 3 Actions Plans that remain 'open' related to incidents raised 2019/20.

Section 9 Multi- Agency working

Throughout 2020/21 there has been a positive increase in partnership working between ESNEFT safeguarding team, social care, police and community professionals.

Safeguarding Children Meetings

These multi-agency meetings are attended either by the Named Nurse/ Midwife or the Safeguarding Children Nurse Specialist.

	Strategy	IC/RCPC	SUDIC	Pre Discharge Planning	Professionals	Pre Birth	Core Croup	Totals
Colchester	64	68	0	41	15	14	3	205
Ipswich	29	64	6	35	16	5	9	164
Totals	93	132	6	76	31	19	12	369

Safeguarding Adult Reviews (SAR)

Cambridge Adult Safeguarding Board commissioned a SAR during Q1 and this required a chronology and an overview of interventions from Newmarket Community Healthcare Team, which has been submitted to Suffolk CCG. No further requests for assistance have been requested in this quarter.

Domestic Homicide Reviews (DHR)

DHRs were established on a statutory basis under Section 9 of the Domestic Violence, Crime and Victim Act 2004.

The Trust was part of the review panel for 1 Ipswich based DHR in this reporting period. All information was submitted within the requested time frame and there were no implications for ESNEFT identified.

Colchester site did not receive any requests for patient information although there was 1 scoping request.

Child Safeguarding Practice review (CSPR)

A case was submitted for consideration of a CSPR for a child who attended ESNEFT Colchester site by Essex Child and Family Well-being Service in Quarter 1 decision of progression of this is still awaited.

Colchester received 1 CSPR request during Q4 of this reporting year which was completed within the required timeframe. This relates to a child admitted to our children's ward following

attendance at Safeguarding Clinic where it was identified that this child was a victim of severe Neglect; Physical and Emotional abuse.

There are no other active CSPR's for Colchester at present.

The safeguarding children team has been creating an action plan for Child Safeguarding Practice Reviews, as requested by the Essex CCG.

There were 2 Essex CSPR reports (Babies A & M) published in November 2020 and a Learning Action Plan was submitted to the CCG within the allocated timeframe.

The safeguarding children team at Ipswich have been made aware of 2 CSPR's, one of which has not yet been released into the public arena. Key learning points have been shared to the safeguarding team from the designated nursing team.

Multi Agency Partnership Review

Young Person M

The ongoing actions for Ipswich site related to the following themes:

- Being confident in each other's roles and responsibilities and develop better communication
- Ensuring that culture and language is not a barrier
- Promotion of joined up SMART thinking

SUDIC (Sudden Unexplained Death in Childhood) and Child Death Overview Panel (CDOP)

These are attended by Child Death Review (CDR) nurses in both counties who have taken on the role of the lead health professional and key worker for all SUDICs, being a point of contact for information sharing and effective communication for the family and professionals.

The bereavement midwife and hospice have continued to be the key worker for neonatal and expected deaths with the CDR Nurse completing the Child Death Review.

MARAC (Multi- Agency Risk Assessment Conference)

The Domestic Abuse (DA) Nurse represents the Trust at Suffolk MARAC community based meetings. Due to team capacity there is currently no representation at Essex MARAC meetings, however a new Colchester Safeguarding Adult Specialist Practitioner has been appointed and she will hold the portfolio for DA.

Current mitigation is that the Ipswich based DA nurse, provides information to the Essex MARAC when required via teleconference. Information from the trust can prove pivotal in the decision making and safety planning for victims and their children.

There has been a total of 22 Suffolk MARAC Conferences within the reporting year with varied number of cases discussed at each meeting. This has resulted in research and review of 1264 Adult health records and 833 of children held by ESNEFT to inform decision making within these meetings.

All records of children living in potential high risk households have an entry on their Evolve record to reflect the risk on that day and to confirm information was shared as per the interagency agreement for MARAC.

Essex Safeguarding Children’s Board (ESCB) - Multi-Agency Safeguarding Arrangements (MASA)

The Head of Safeguarding Families at Colchester submitted a report as requested for inclusion in the ESCB Partnership Scrutiny Report.

Section 10 Information sharing

Child Protection – Information Sharing - CP-IS

CP-IS is an NHS England nationwide initiative that helps clinicians in unscheduled care settings (such as ED) identify vulnerable children.

Data relating to children (including unborn children) with a Child Protection Plan (CPP), or who are Looked After Children (LAC) is stored securely on the NHS Spine. Identified staff within the organisation are able to access this Data on admission to ED, Maternity and Children’s services by searching the spine through the CP-IS portal.

An alert on the system indicates if the child is vulnerable and shares the attendance with the case responsible local authority for that child or unborn.

NHS England envisage that “By sharing data across regional boundaries, CP-IS helps health and care professionals build a complete picture of a child’s visits to unscheduled care settings, supporting early detection and intervention in cases of potential or actual abuse”.

The introduction of CP – IS (Child Protection Information System) has significantly improved the gap in information sharing by enabling an automatic notification of social worker involvement. This has enabled us to identify children who attend from out of area who are subject of statutory social worker involvement.

A new CP-IS SOP has been introduced to support staff with this process.

Requests for Information

The Safeguarding team at Colchester site receive scoping enquiries for Section 17 /47 of the Children’s Act to assist social care in safeguarding and child protection cases, these must be completed within 48 hours and 24 hours respectively.

Colchester are also required to complete Channel Panel information sharing requests within 48 hours.

	Q1	Q2	Q3	Q4	Total
S17	145	156	158	137	596
S47	29	31	39	23	122
Channel Panel	3	3	5	5	16
ESCB scoping	0	0	1	1	2
Totals	177	190	203	166	736

The Ipswich based team do not receive these requests as this information is currently provided to social care by the Suffolk Multi Agency Safeguarding Hub (MASH).

Missing Persons Alerts

The Safeguarding Children Team receive notifications regarding children missing where there are safeguarding concerns which are securely shared with the relevant areas for information.

Expectant mothers missing from local authority areas in the UK are received by the Trust and the information is securely shared with the Maternity Service.

A 'Management of Safeguarding Children Missing Alerts SOP' is currently under development.

Initial Child Protection Conference (ICPC) reports

All invites to ICPC's are reviewed by the Safeguarding Children Team and forwarded to the relevant health professional for them to contribute to the completion of the required report.

Due to the acuity of the hospital setting, attendance at an ICPC may not be possible or indeed indicated, however in all complex cases where there is current ESNEFT involvement the Named Nurse will attend. Community midwives or where relevant, the Named Midwife attend all ICPC's when there is an unborn child.

Invites to the conferences are attached to both the children and parent's EVOLVE and/or Maternity Medway records.

Recording of Child Protection Plans / Safeguarding Children Alerts

ENESFT are routinely informed of ICPC's and the Safeguarding Plans are subsequently sent to enable the child's records to be updated with the relevant safeguarding alerts and contact details of the allocated Social worker.

Number of children attending the Emergency Department (ED)

Following attendance to the ED information is made available for the Safeguarding Team to review within 24 hours for review and information sharing purposes.

Ipswich ED Attendances

The Safeguarding Children team currently review all children's ED cards from the previous day to ensure effective information sharing with the community health and social care teams. For any child attending who lives outside of Suffolk the information will be shared to the designate nursing team in the area in which they live.

Q1	Q2	Q3	Q4	Total
1737	4015	3517	2262	11,531

Colchester ED Attendances

At Colchester Hospital all child ED attendances are triaged using a 1; 2; 3 system and all category 3's are reviewed by the Safeguarding Children nurses to ensure the appropriate

action has been taken by the ED Nurse and then share the information with the relevant Health Visitor or School Nurse.

Category 2's are reviewed by the Paediatric Health Visitor Liaison practitioner who may 'upgrade' to a 3 for safeguarding review or share with the relevant Health Visitor or School Nurse.

During this reporting year, **7,480** children attended Colchester ED which is a significant reduction in last year's 19,008 and is likely to be as a consequence of the COVID 19 Pandemic. Whether this is because:

- CYP not playing sport (high cause of injury)
- Parents not bringing children in due to fears around COVID
- Previous high numbers related to inappropriate attendances due to minor illness and therefore parents not bringing children in due to fears around COVID
- With schools being closed for a long period of time less children becoming unwell

Urgent Treatment Centre (UTC)

2020/21 UTC attendances 0-18 years

Q1	Q2	Q3	Q4	Total
1128	2368	2169	1695	7,360

It is evident that there has been a significant drop in attendance during this reporting year as in the period of October 2019 and March 2020 there was a total of 8,400 seen and again this is likely attributable to the impact of the COVID 19 pandemic.

Currently, there is not an UTC at Ipswich Hospital.

Section 11 Key Achievements and Feedback

Achievements

- A new core L3 Safeguarding Children's and LAC/CiC training package has been developed which will be delivered via e-learning and also virtually offering staff the choice of mediums.
- A new level three adults training package has been developed with a plan to roll this out in June 2021
- An iPad was purchased and a programme developed to start gaining feedback from parents & children attending the Safeguarding clinic at Colchester
- 16-17 year old- the Safeguarding Nurse Specialists have highlighted the vulnerability of this age group and continue to work with adult ward staff promoting recognition of them as children
- The introduction of the 1;2;3 triage system in the Ipswich ED
- Development of a Safeguarding Discharge checklist in Ipswich ED
- The Ipswich Safeguarding Children nurses have been working closely with the Designated LAC Nurse to improve communication and service provision for children in care who are frequent attenders of the hospital.
- The Safeguarding Team administrator at Colchester was a COVID volunteer 1 day per week to work as a ward liaison officer on Langham ward during the pandemic supporting patients and families to keep in touch.

Feedback

From a Social Worker

'I took two children for a CP medical in the safeguarding clinic, they had already had a CP medical in Southend however the paediatrician believed that the children should be seen again and assessed whether a skeletal was needed. We were seen by Stacey Westall and Dr Abraham. Both doctors were incredibly thorough with both children and had mentioned things that were not discussed at the previous CP medical. They had fitted us in the safeguarding clinic and both children were seen quickly. Both Stacy and Dr Abraham discussed with the mother what was happening and gained consent as well as discussing with myself what was going to happen.'

From a Consultant Paediatrician regarding Named Nurse support

'just to say how valuable it was having you both in the safeguarding assessment the other week. Having your combined experiences and knowledge make the process so much better. I really value the opportunity to discuss face to face and come to a collective decision on plans - thanks so much'.

From the ESCB

Following the submission of Baby A & M CSPR Action Plan and the evidencing the impact of the learning from reviews the Colchester Named Nurse for Safeguarding Children received the following:

'I am just writing the presentation for the workshops we are holding on evidencing impact and I wondered if you would mind me using some of the feedback you gave in the Baby M response as an example of good practice'

Section 12 Actions for next year

Progress on last year's priorities

Priorities	Priority Status	Further Actions
Harmonise the MCA recording Tool	High	
Design and deliver L3 Safeguarding Adults Training	High- National Target for compliance October 20	The training is now due to start in June 2021. There was a delay due to the significant impact of COVID 19.
Form clear pathways/links with psychiatric liaison (NSFT) and Drug and Alcohol Nurse Specialist to ensure staff are confident and competent with emotional wellbeing pathways. Psychiatric liaison to contribute to training for staff.	High- Expected National Surge post COVID-19	Incorporate into training packages and safeguarding policy. There was a delay due to the significant impact of COVID 19 however the new Senior Lead for Safeguarding & Complex Health is now driving forward with this

		action.
Review Safeguarding supervision and create new child/adult safeguarding supervision policy for ESNEFT	Low –Adult safeguarding supervision to be provided in line with best practice guidelines	Both Safeguarding Adults Leads have completed their supervision and De-brief training The new Safeguarding Children Specialist Practitioner completed her supervision training and is now working with staff in the UTC.
The Safeguarding team structure will be reviewed as set out by ESNEFT 12 months post-merger to ensure the team structure can deliver on its required responsibilities.	Medium Build on the work completed in 2019/20	

Priorities for 2021/22

Priorities	Priority Status	Further Actions
L3 Adults Training	High in accordance with the Intercollegiate Document: Adult Safeguarding: Roles and Competencies for Health Care Staff (2018) requirements KPI 95%	This will be delivered via a bespoke e-learning package developed by the Safeguarding Families Team and will be uploaded to the ESNEFT learning platform during June 2021.
L3 Safeguarding Children and LAC/CiC Training	High in accordance with the Intercollegiate Document: Safeguarding Children & Young People: Roles and Competencies for Health Care Staff (2019) requirements KPI 95%	This will be delivered via a bespoke e-learning package developed by the Safeguarding Families Team or via a full day virtual training platform delivered by the Safeguarding Children Practitioners
Safeguarding Supervision within Children's & Maternity Services	High Concerns identified during 2020/21 regarding supervision compliance KPI 95%	Structured programme to be implemented within Maternity And the Supervision Policy and Model are to be reviewed
Supporting the safeguarding of 16/17 year olds being cared for on adult wards	Medium The Safeguarding Children Nurse Specialists have the portfolio for this age group and have been working with staff on the adult wards by increasing their visibility.	SOP developed and due for approval 2 hour preceptorship has been developed and 'roll out' will begin in September 2021