



*To provide a high level of service and quality
previously unknown in this country*



Musgrove Park Hospital

Taunton and Somerset NHS Foundation Trust

Annual Report for Safeguarding Children and Young People 2016 – 17

Emma Clothier
Named Nurse for Safeguarding Children

Dr Louise Newbury
Named Doctor for Safeguarding Children

July 2017

Introduction

The Safeguarding Annual Report provides an overview of Safeguarding Children for the period 1 April 2016 – 31 March 2017.

The purpose of the annual report is:

- to provide assurance to Taunton and Somerset NHS Foundation Trust Board that it is fulfilling its statutory responsibilities in relation to Safeguarding Children
- to analyse any existing or potential areas of risk in relation to its statutory responsibilities
- to provide an update to the Board on service developments in relation to Safeguarding
- to seek the Board's approval of the proposed objectives for the period 1 April 2017 to 31 March 2018.

Background

The Children Acts 1989 and 2004 provide comprehensive legislation to protect and safeguard children and *Section 11* of the Act places a duty on all agencies to:

'make arrangements to ensure that in discharging their functions, they have regard to the need to safeguard and promote the welfare of children'

In addition, *Working Together to Safeguard Children 1999* and its revisions of *2006, 2010, 2013 and 2015(DOH)* include the need for:

- senior management commitment and clear lines of accountability
- a clear statement of the agency's responsibilities
- appropriate service development and supported training programmes
- safe recruitment
- effective inter-agency working and information sharing.

Following the deaths of Victoria Climbié and Peter Connolly, further reports by Lord Laming were published identifying that very much more needs to be done to protect children.

“Working together to Safeguard Children 2015 defines safeguarding and promoting the welfare of children as:

- Protecting children from maltreatment
- Preventing impairment of children’s health or development
- Ensuring children grow up in circumstances consistent with the provision of safe and effective care
- Taking actions to enable all children to have the best outcomes

In this updated version of *Working Together*, there are some significant changes incorporating a new definition and links with Child Sexual Exploitation (CSE) and radicalisation guidance and training requirements. The Named Professionals have updated the Trust Safeguarding Children Policy to reflect this.

Local Overview

The last financial year has seen a number of changes and challenges in Safeguarding Children and young people.

Over the past 12 months, the number of Child Protection Plans has increased. At 31st March 2017, 413 children were subject to Child Protection Plans. This is significant increase as in March 17, there were 284 children subject to a Child Protection Plan in Somerset.

In March 2017, there were 476 Children Looked After (CLA) which is a decrease from 2016 at 503.

Somerset has seen a decrease in the number of domestic abuse crimes between April 2016 and March 2017, dropping by 3.6%. This has been replicated by a Force wide decrease by 2.2%. The number of Child Protection Crimes (excluding Domestic Abuse) has reduced further in the last 12 months with 779 recorded in the latest 12 month period and 910 being recorded in the previous 12 months. This is a reduction of 14.4% which is in line with the reductions being experienced Force wide.

A reduction in the number of child protection Serious Sexual Offences and number of Non-Familial Sexual Crimes against a child has also decreased 18 crimes and 94 crimes respectively. These reductions are replicated Force wide. Finally the number of Child

Protection Crimes for Cruelty and Neglect of Children has also declined, by 15 when comparing the latest 12 months to the previous 12 months.

Safeguarding Team

All NHS organisations providing services for children have a statutory duty to identify a Named Doctor and a Named Nurse for safeguarding children. They have a key role in promoting good professional practice and provide advice, expertise and supervision to fellow professionals.

They should have specific expertise in children's health and development, child maltreatment and local arrangements for safeguarding children. Named professionals support the organisation in its clinical governance role and are responsible for conducting internal case reviews with implementation of recommendations resulting from the review.

They also have a key role in ensuring a safeguarding training strategy is in place and delivered across the organisation.

The safeguarding team at Taunton and Somerset NHS Foundation Trust are:

Executive Lead for Safeguarding	Hayley Peters
Named Doctor for Safeguarding Children	Dr Louise Newbury
Deputy Named Doctor	Dr Pieter Van-Hensbergen
Named Nurse for Safeguarding Children	Emma Clothier
Named Midwife for Safeguarding	Angie Soughton
Matron with Safeguarding responsibility	Suzanne Pilkington
Safeguarding Liaison Nurse	Amanda Toogood
Paediatric Safeguarding Team Administrator	Caitlin Budge
The Juniper Team	Diana Jones, Tracy Gay, Sally Bryant, Lucy Falloon
The Juniper Team Administrator	Analia Verna

The Named Professionals provide a significant amount of expertise and experience to Taunton and Somerset NHS Foundation Trust. Named Professionals also have

professional accountability to Designated Professionals who have a strategic safeguarding role within the Somerset Clinical Commissioning Group

The designated leads are:

Designated Doctor	Post vacant since October 2015
Designated Nurse	Maria Davies

Link Professionals

The Safeguarding Link Professional network was relaunched in March 2016. There are currently 27 nursing, midwifery and allied health professionals who are responsible for maintaining awareness of safeguarding issues and supporting/advising their teams regarding management. One to one Safeguarding Supervision is provided by the Named Nurse and Safeguarding Midwife, to look at specific cases and learning in safeguarding development plans.

Human Resources (Isobel Clements – Director of People)

Any potential safeguarding issue that is raised either formally or informally regarding a member of Trust staff (including a staff bank or agency worker) should be raised with the Director of People or a senior member of the HR Team and a risk assessment should be undertaken (with relevant managers), with a view to the following recorded course of action:

- Role is adjusted, according to the risk,
- Redeployment,
- Exclusion/suspension

The information will also be stored on the HR Monitoring database (held by the HR Advisor team), to be reported, on a six monthly basis with the Safeguarding Committee.

The HR team are also responsible for reporting these types of concerns and recommended actions to the Local Authority Designated Officer (LADO) at County Hall and for ongoing monitoring of the situation.

The HR team also provide the Trust Board with information on a monthly basis regarding suspensions for staff and exclusions for medical and dental staff, any reputational and whistleblowing issues and details of particular cases.

Formal concerns

- 1.4.2017 - Maintenance Craftsperson. Duties restricted following LADO/social services intervention and discussion. Individual restricted and not working in patient-facing areas. Further updates awaited from LADO/Social services, formal risk assessment undertaken.
- 19.4.2017 - Individual on a non-paid work placement via Aspire (supporting adults with learning difficulties). A decision around duties being restricted/placement end due 28th April, awaiting further information to be made available from LADO.

Informal concerns

None reported

Multi-agency working

The safeguarding team have a good programme of interagency communication.

The Named Professionals contribute to the activities of subgroups of the LSCB (Professional Development, Quality and Performance, Learning and Improvement, Audit, Child Sexual Exploitation Subgroup and the Health Advisory subgroup). All the Named Professionals deputise on occasions for the Executive Lead at the main LSCB Board meetings.

The Named and Deputy Named Doctors continue to contribute a significant amount of time to the LSCB multiagency training programme.

The Named Nurse has taken on the role of Child Sexual Exploitation Champion (CSE) for the trust. This role involves being a key contact within the organisation for staff to seek specialist advice and support in relation to Child Sexual Exploitation alongside being a key contact for the Somerset Safeguarding Children Board to share updates, resources and examples of good practice. The Safeguarding team have plans to widen the CSE Champion role to include staff from the Emergency department and Maternity.

In addition to this, the Named Nurse has taken part in the development of a Neglect strategy and both the Safeguarding Midwife and Named Nurse have sat on the working party in the updating of the Pre-birth Protocol.

Child Protection Conferences

A Child Protection Case Conference is held to determine whether a child is at risk of significant harm and needs to be subject to a Child Protection Plan. A conference should be held within 15 days of the initial Strategy Discussion and all agencies should be represented. Invitations to Named Nurses, Health Visitors and School Nurses continue as standard.

Case conferences now follow the “signs of safety” framework which focuses on the family’s strengths and resources as well as risks and deficits.

All requests for information from Children’s Social Care are now sent electronically via the safeguarding team referral email address. The request will then be forwarded to the relevant professional. The Named Nurse completes chronologies for children who have been seen in the hospital over the last 6 months. For any cases where there has been significant involvement the Named Nurse will attend the case conference.

Multi Agency Risk Assessment Conference MARAC

There are four Multi-Agency Risk Assessment Conference (MARAC) groups working in the different operational areas across Somerset to identify support for victims of serious domestic abuse incidents.

The Ofsted Report (2015) [OFSTED reports](#) outlined that minutes of MARAC meetings show that full discussions take place at the monthly meetings, with risks identified and actions put in place to support highly vulnerable victims of domestic abuse. These actions include contacting other local authorities where adults may have contact with children from previous relationships.

Amanda Toogood (Safeguarding Liaison Nurse) attends the Taunton and Sedgemoor MARAC conferences. Information is disseminated as needed to relevant professionals and patient’s medical records are flagged to highlight potential risk.

Clinical activity

The sustained high levels of activity reflect the increase in child protection activity by Children's Social Care both nationally and locally. Each child protection medical assessment takes at least one hour per child. Report writing takes a further 60 – 90 minutes not including typing time. Liaison between agencies, arrangement of further investigations and attendance at strategy meetings can add several more hours to each individual case. Often whole families of 2-4 children are brought in simultaneously for assessment putting a strain on acute paediatric services particularly as they often present "out of hours" when there are fewer medical staff present. This reflects the timing of reporting of suspected abuse via schools, nurseries and GP late afternoon surgeries. Management of this workload, given the unpredictable nature of the case presentations is difficult.

Child Protection Clinic

In November 2012 the paediatric department piloted the running of a designated Child Protection clinic from 3 - 5pm every day. This service was most successful in achieving swift care for children who have been abused and this did not have to be managed within the demands of a busy on call paediatrician's acute clinical workload. The model was demonstrated to be effective in reducing the delay in children being seen for assessment, avoided Social Workers being "stuck" in the paediatric department with a negative impact on their capacity to deal with other cases and allowed the service week Consultant to focus on acute admissions. Agreement was gained from Somerset CCG to fund this additional workload and the clinic commenced in November 2014. Unfortunately they would only agree to fund 50% of the business plan therefore the clinic is only resourced for three days per week. This service is audited with the ultimate aim to resource the clinic for five days as in the original business plan. Due to the unpredictable nature of the presentation of child abuse, many children are seen outside of this clinic within the emergency paediatric service which is available at all times.

The benefits of this initiative have been shown in audit. There are shorter waiting times for patients and our colleagues in the Police and CSC. There is a provision of expertise at the frontline and an expert opinion can be given immediately. There are still some patients that need to be admitted to the ward e.g. babies requiring complex investigations and those presenting out of hours requiring a place of safety. On the whole patients have been seen quickly and safely as outpatients.

Examinations for physical abuse &/or neglect (referred by Children's Social Care CSC)

	2012/13	2013/14	2014/15	2015/16	2016/17
Cases	170	274	170	132	153

N.B: These figures do not include those cases identified during clinical presentations to the Trust.

Examinations for possible child sexual abuse

Acute CSA Examination	Historic CSA Examination	Total new patients seen 2015/16	Number of referrals for CSA	New + follow up examinations
21	13	39	34	48

Peer review

There is quarterly regional peer review of CSA cases. T&SFT cases are presented at these meetings for scrutiny and further opinion. In addition the Named and Deputy Named Doctor review each other's work (as they are responsible for the majority of this service). This contributes to the quality assurance of local CSA work. This is only made possible by the use of photo documentation via a colposcope. Images are stored on the Trust secure server and managed according to national guidelines.

Peer review has been subject to quality improvement work in 2016-17, see audit section of annual report for full information.

Maternity - The Juniper Team (Angela Soughton)

The Juniper team comprises of Specialist Midwives in substance and alcohol misuse, Teenage pregnancy and complex care. This activity is undertaken by 3.1 whole time equivalent (wte) staff. The Named Midwife for Safeguarding is included in the 3.1 wte.

The team work closely with professional and voluntary groups to support women and their families throughout the antenatal and postnatal period. The team provides support to practitioners in the form of advice, signposting, care planning, report writing, attendance at meetings, and co-ordination of services. Robust care planning and management of extremely complex cases is provided to ensure safeguarding and child protection processes are followed safely and effectively.

The team supports women and their families, and keeps the voice of the child at the centre of their care.

Activity 2016-2017

Risk identified at booking appointment	2016/17
Teenage pregnancy (bookings aged <19yrs)	211
Female Genital Mutilation	1
Learning disabilities/difficulties	2
Substance & Alcohol Abuse	256
Mental health concerns/history at booking	889
Significant Mental health diagnosis data collected from October 2016 to 31.03.17	83

There has been a significant increase in the number of families with complex social concerns notably teenage pregnancy, substance and alcohol, domestic abuse, and learning disabilities/difficulties.

Number	2016/2017
Referrals made to CSC	163
Babies born on Child Protection or Child in Need plan	100

(This data collection is reliant on a manual process)

The Juniper Team receives 15 hours per week administrative support.

The lack of service provision for Perinatal Mental Health remains a significant risk factor within Somerset. This risk has been mitigated for women having their babies at MPH by the launch of a perinatal mental health team, consisting of obstetricians and midwives from Juniper team with specialist interest in perinatal mental health. Women with pre-

existing mental illness are referred to the team and are seen in joint perinatal mental health clinics, which are “virtually” supported by the advice and guidance from the hospital liaison psychiatrist.

The increase in clinical and social complexities of pregnant women and their families has continued to increase in 2016/2017. This activity (increased detection, referrals, attendance at meetings, report writing, documentation processes) has placed significant demands on resources and staffing including emotional and psychological wellbeing of all staff. It is predicted that the workload of the Juniper team will increase due to the increase number of women booking in pregnancy with complex social factors.

The withdrawal of funding for the Specialist Midwife for Substance and Alcohol Misuse has led to the development of a new joint pathway with the SDAS teams across Somerset.

Neonatal Unit

The Somerset Neonatal Intensive Care Unit has a robust approach to safeguarding with a lead nurse for safeguarding identified. If safeguarding concerns are raised at any time throughout the child’s stay on the NICU then there is liaison with partner agencies and a referral to Children’s Social Care if warranted. The neonatal team holds multiagency discharge planning meetings when indicated.

During the reporting period 24 multiagency discharge planning meetings were held, this is a significant decrease from 2015 -16 where 40 discharge planning meetings were held.

Mandatory reporting

Since April 2014 health service providers including T&SNHSFT are mandated to report instances of Female Genital Mutilation (FGM) in children and young women. This is reported monthly through the coding department directly to Department of Health. Practitioners must then make accurate and comprehensive notes in order for the coding department to report meaningful figures.

With the introduction of the Serious Crime Act in October 2015 there is also mandatory reporting of FGM to Police. Failure to do so will result in the practitioner being reported

to their regulatory body. Training on FGM has been delivered to the O & G and Paediatric departments and an e – learning module is available on MOLLIE. Details of National guidance and learning packages are also circulated to relevant staff.

Child Death Reviews – Child Death Response Team

In response to national statutory responsibilities to review all child deaths a Child Death Response Team was established in 2008. The team is currently managed by Melanie Munday (Associate Nurse Safeguarding Children) at the Somerset Clinical Commissioning Group and works in partnership with a health team from Taunton and Somerset NHS Foundation Trust. The child death reports are then considered at the Child Death Overview Panel (CDOP). Dr Christopher Knight is the Designated Doctor responsible for the Child Death Review process.

During the year 2016 - 2017 there have been 24 deaths notified to the Somerset Child Death Review Manager. This is a decrease from the previous year 2015-2016 of 26 deaths. All cases are discussed at a multi – agency meeting with the professionals involved to inform and agree the submission to the Child Death Overview Panel (CDOP).

Clinical Governance

The assurance of safeguarding practice in the Trust is reported via the Trust Safeguarding Committee bimonthly. Governance is also provided through the paediatric departmental Clinical Risk Group and Directorate Governance Committee.

Trust Safeguarding Committee

This committee met 4 times in 2016/17. It is chaired by the Deputy Director of Patient Care on behalf of the Trust's Executive Lead for Safeguarding Children. The Committee has continued to enable the Named Professionals to pursue the safeguarding agenda, to support service delivery and monitor/support achievements. Safeguarding audits are either presented in full or the committee receives summaries for consideration. Safeguarding policies are agreed by the committee and ratified by the Trust Governance Committee. However they must first pass through the Paediatric Guidelines Group which can prolong the ratification process.

Serious case reviews

A Serious Case Review was published in December 2016 of two infants, who were half siblings who presented with suspected non-accidental injuries. There had been previous concerns and a child protection enquiry for the first child ten months before the second child presented with injuries. This case was a Yeovil District Hospital NHS Foundation Trust case, however there were several actions/activities within the action plan that were pertinent for T&SNHSFT. The learning from this case has been disseminated to staff and the action plan is almost complete.

There are two ongoing serious case reviews, which have yet to be published one of which an infant who presented with injuries typical of the shaken – impact syndrome and the other was a consequent of Operation Fenestra – an extensive Police investigation centred on child sexual exploitation. The publication of these two serious case reviews is anticipated in the autumn of 2017.

Incident Reporting

There were six incidents in 2016 - 2017 that were classified as green/near miss incidents, all of which were managed and resolved at a local level. This level of incident should be investigated by the local team who detected and reported the incident. There is an electronic system in place across the trust which ensures that incidents at all levels are managed.

There were no amber or red incidents within the reporting period.

Policies and Communication

All policies and guidelines are ratified in accordance with standard Trust process. They are located on the Trust intranet database and there are also direct links from the Trust Safeguarding Children intranet web page. There are also links to LSCB policies, which have been adopted. Communication of new or updated policies occurs via Trust notifications, weekly bulletins, team briefs, teaching sessions and dissemination through the Clinical Governance structure.

The Safeguarding Team maintains a dashboard, indicating when policies are due to expire/need updating.

The following Trust policies or guidelines are available on the Trust database:

- Child protection cases involving a difference of opinion between professionals

- Weighing of children attending ED
- Child protection for Anaesthetists
- Child protection policy and procedures
- Clinical supervision policy for staff involved in safeguarding children
- Discharge policy for babies, children and young people
- Management of children who are not brought for their outpatient appointments
- Management of children who are in hospital for more than three months
- Management of Sudden Unexpected Death in Childhood (SUDIC)
- Guideline for investigation of suspected physical abuse
- Guideline for use and reporting of skeletal surveys during investigation for non-accidental injury
- Follow up for children and families with factitious or induced illness
- Management of victims of serious sexual abuse and rape – arrangements for follow up
- Competencies for Paediatricians undertaking intimate examinations for possible child sexual abuse.
- Domestic violence
- Management of parents with learning disability
- Management of substance abusing parents
- Pre-birth planning
- Management of Bruising or minor injury in the non-mobile infant
- Guidance on consideration of Gillick competence
- Safeguarding Children (including CSE)
- Management of girls and young women at risk of Female Genital Mutilation (FGM)
- Caring for Pregnant Teenagers
- Mental health guidelines(Maternity patients)
- Women who drink Alcohol in Pregnancy
- Substance Misuse in pregnancy
- Domestic Abuse in Pregnancy
- Pregnant Women who attend A&E or who are admitted elsewhere in the hospital
- Maternity Safeguarding Unborn babies
- Surrogacy

Policies are updated according to Trust standards (i.e. every three years) but also in response to changes in national guidance or policy. Policies may also be developed or adjusted in response to local case reviews (including recommendations from Serious Case Reviews).

Resolving Professional Differences

This policy was developed by the LSCB in line with the guidance set out in Working Together to Safeguard Children, to develop quick and straightforward means of resolving professional differences of opinion in specific cases, in order to safeguard the welfare of children and young people. Subsequent revisions reflect Working Together 2015 and the South West Child Protection Procedures. The policy links to our internal escalation process in *“Managing Child protection cases involving a difference of opinion between professionals”*. Effective working together depends on resolving disagreements to the satisfaction of workers and agencies, and a belief in a genuine partnership.

During 2016 - 17 the Safeguarding team have been auditing the use of the escalation policy. The policy was used a total of 6 times, this is a decrease on the year before of 23.

Safeguarding Children Intranet Page

The Named Nurse maintains a safeguarding children webpage on the hospital intranet, which hosts all the relevant policies, referral information, and training information and is regularly updated with a news section, including relevant video clips. The Named Nurse and Named Midwife are looking at developing this in 2017 as a single point of access for Safeguarding for both children and adults.

Audit Activity

The safeguarding team run an annual audit plan, which relates to local and national policies and practices. Results with action plans are submitted to the Paediatric Department Clinical Risk Forum, Paediatric/ED Liaison group and to the Trust Safeguarding Board.

Completed audits include:

- Use of the Safeguarding tool
- Compliance with weighing

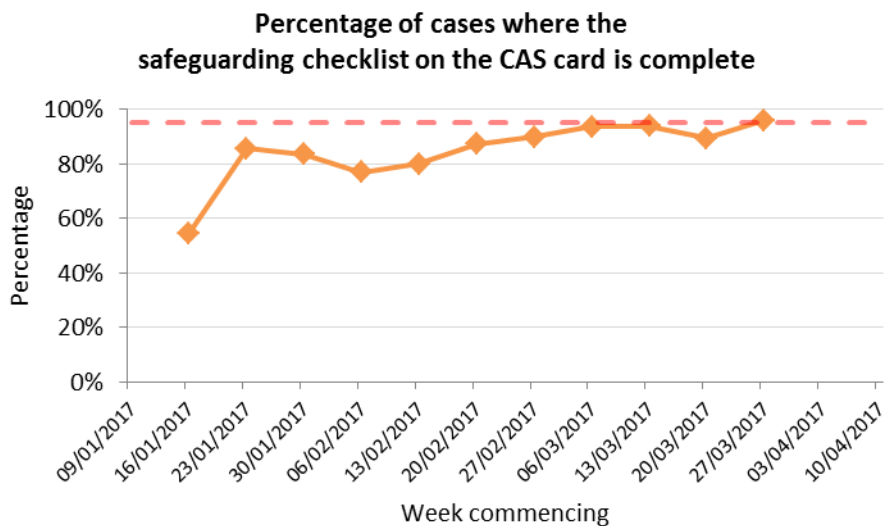
- Documentation audit
- Peer review audit

Use of the Safeguarding Tool Audit

This audit relates to the use of the safeguarding tool in the Emergency Department patients paperwork. The Audit was set up to capture compliance in the Emergency Department for three key areas:

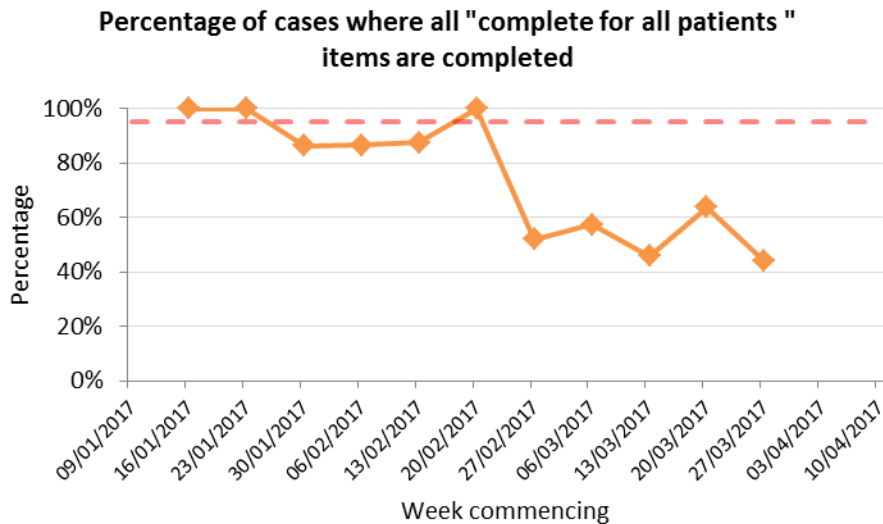
1. Completion of the Safeguarding checklist on the front of the Emergency Department card
2. Completion of the Safeguarding tool and the weighing of under 1's
3. Whether a safeguarding concern has been identified and if the right action has been taken.

1.



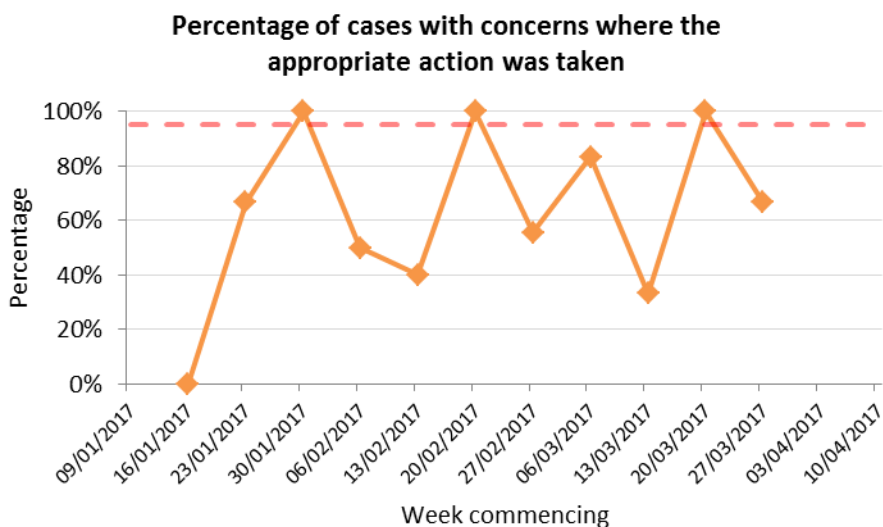
The Safeguarding checklist is usually completed by the triage nurse. There was an improvement seen in the compliance rate of 55% at the start of the audit to 95% at the end.

2.



The safeguarding tool was adapted from one that is used in Birmingham, which was recommended by CQC. The completion of the tool is the responsibility of the Doctor or the Emergency Nurse Practitioner. There were some initial difficulties with the implementation of the tool but as we progress to a paperless system it is anticipated that the tool will become embedded in the electronic ED documentation and it might be possible to make the completion of the tool mandatory.

3.

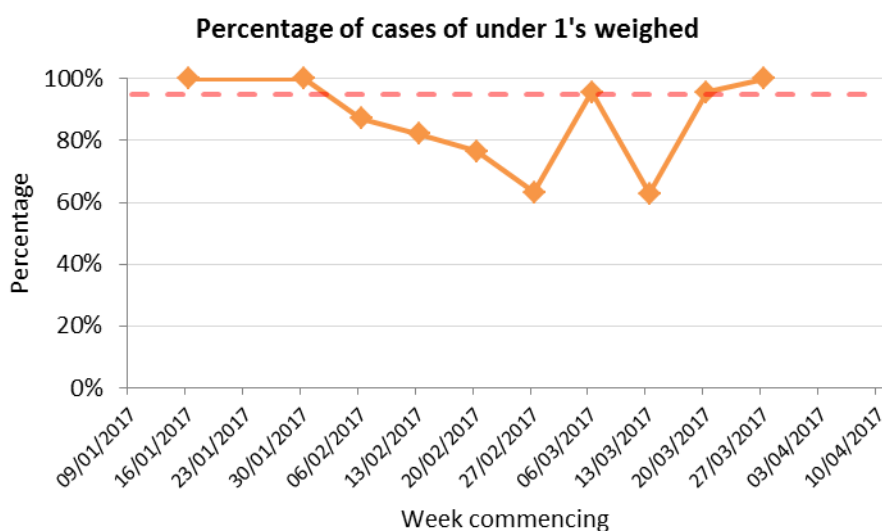


There were no serious incidents where there were cases of concern where the appropriate action wasn't taken. However, there were some cases where actions were not completed e.g. not informing the allocated Social Worker that a child had attended the department. The Safeguarding Children's team continue to review the past 24 hours children's attendances therefore providing a safety net to these issues.

The use of the safeguarding tool continues to be part of our regular teaching and peer review for the Emergency department staff.

Compliance with Weighing Policy Audit

This audit relates to the weighing of infants attending ED. This year the audit was covered in the audit of the use of the safeguarding tool looking at compliance against the policy in which all children under 12 months are weighed and information shared with the primary care team (following recommendation from SCR). The Safeguarding Liaison Nurse continues to reinforce the use of this policy and ensure understanding of its relevance on the ED study days.



Documentation Audit

Author - Dr Louise Newbury (Named Doctor for Child Protection)

Background

All patients who attend for a child protection medical, or in whom child protection concerns are identified, have a child protection integrated care pathway completed and a child protection report generated. All cases have their report and paperwork scrutinised by a senior member of the team in order to quality assure the documentation generated. The care pathway is based on standards prescribed by the RCPCH (Royal

College of Paediatrics and Child Health). The audit also allows for analysis of the types of cases seen, and where the cases are seen – in clinic or on the wards, and the seniority of doctor seen. It also allows immediate feedback to those who have not completed the paperwork to the required standard (a rapid audit cycle).

Methods

All cases in whom a child protection report is generated, have their paperwork and reports reviewed by a senior child protection doctor. The paperwork is audited against several standards, and any documentation that is incomplete is sent back to the examining doctor and then reviewed again later. Any problems with reports are fed back to the doctor concerned. Individual performance data is fed back to the individual, their supervisor and the Clinical Lead.

Results

Documentation audit - ICP completion		apr	may	june	july	august	sept	oct	nov	dec	jan	feb	march	total
Total number medicals		18/	20	25	15	22	14	16	9	8	16	18	17	198
2. Do the notes show that the case was discussed with the on call consultant?	Yes	18	20	25	15	22	14	16	9	8	16	18	17	198
	No													
	n/a													
7. Was the outcome of the strategy meeting clearly recorded in the notes?	Yes	18	20	25	15	22	14	16	9	8	16	18	17	198
	No													
	Don't Know													
12. Were body maps used?	Yes	18	20	25	15	22	14	16	9	8	16	17	17	197
	No											1		
13. If yes, were they signed, dated & timed?	Yes	17	20	25	14	22	14	16	8	8	15	12	17	188
	No	1			1				1		1	6		10
20. Was the permission of the consultant sought and documented on ICP/CP2 prior to the patient's discharge?	Yes	17	20	24	15	21	14	16	9	8	16	18	17	195
	No													
	Don't Know	1	0	1		1								3
	n/a													
Completion of CP2	Full	17	20	24	14	21	14	16	8	8	13	12	14	181
	Partial													
	None	1		1	1	1			1		3	6	3	17
	CONS	9	13	12	11	12	9	16	8	5	11	12	10	128
SpR	9	7	13	4	10	5	0	1	3	5	6	7	70	
Seen CP clinic		5	3	8	2	3	3	4	3	3	3	4	7	48
Seen ward		12	17	17	13	19	11	12	6	5	13	14	10	150
Phys		17	15	16	13	15	7	11	7	3	11	14	11	140
neglect		0	1	5	0	2	2	0	2	2	2	2	4	22
csa		1	4	4	2	5	5	5	0	3	3	2	2	36

Analysis

1. All cases are discussed with a consultant
2. All cases have clear recording of the strategy discussion regarding the process for examination.
3. Almost all cases have body maps used -only one case did not and this was fed back to the individual concerned with immediate improvement in practice.
4. Although all body maps were dated, one was not signed – again the individual received feedback, this was corrected and performance improved. Several had no time on the body maps – this related to new individuals starting in the trust. This highlights a need for teaching at the start of placement. Once feedback was given, this improved for most individuals immediately.
5. All cases had permission from the consultant for discharge – documentation of this was difficult to find in some cases but the vast majority had clear documentation of this decision.
6. The CP2 is a form at the end of the paperwork, used to check the address the child has gone to (vital for foster care placement), and to check that the relevant professionals have been informed of the admission. This is not filled out in 8% of cases. Feedback is given to individuals, however the block to practice appears to be when the patient is admitted by one individual and discharged by another. This needs to be highlighted to the ward teams, that it is the responsibility of the discharging individual to check this is completed in CP cases.

Recommendations

1. Feedback to ward team that it is the responsibility of the discharging individual to check the CP2 is completed in CP cases.
2. To continue the rapid audit cycle
3. To ensure that starters are given information on how to complete the ICP and on report writing at induction

Actions

Action	By whom	Timescale	Completion Date
Remind ward team regarding completion of CP2	LN	1 week	17.8.17
Ask college tutor for slot at induction of new	LN	1 week	17.8.17

staff			
Continue rapid audit cycle	LN	ongoing	

Peer Review Audit

Purpose of peer review (taken from RCPCH guidance):

- To provide a proactive culture of learning, professional development and support, education and training, case supervision, service improvement and improvement of multiagency processes
- To provide support in a non-hierarchical environment, decrease professional isolation, sharing of best practice and understand the complexities of common but uncertain situations
- Peer review provides assurance that the case findings and report meet a measure of standard and are more reliable.

Issues with previous system:

- No records kept of cases to be discussed
- Lead professional not always present when cases discussed
- Lack of multi-professional attendance and attendance by all members of safeguarding team
- Lack of consistency in logging attendance and detailed minutes

Improvements:

- All safeguarding cases from previous month now circulated with request for lead clinician to present at meeting
- New form to document attendance, cases, learning points and suggested outcomes
 - Consideration also given to multi-agency processes and documentation of team/communication issues
- Meetings better attended by range of levels and roles (including Named Nurse and safeguarding children link professionals)
- Photos being accessed (and documented) more regularly to illustrate cases
- Following RCPCH peer review good practice guidance:

GOOD PRACTICE RECOMMENDATIONS

1. All relevant organisations should formally establish peer review processes for safeguarding
2. All paediatricians should participate in safeguarding peer review
3. All paediatricians should attend peer review meetings at least monthly
4. All paediatricians should engage regularly with other forms of reflective practice, including clinical supervision
5. Detailed Terms of References should be produced and agreed; outlining membership and frequency of meetings
6. Minutes should be kept; documenting attendance and non-attributable learning points and actions
7. The examining doctor must be present when cases are discussed, unless agreed in advance
8. The lead consultant always retains accountability and responsibility for any subsequent document changes
9. All participants must ensure a challenging yet supportive environment
10. Colleagues' names or opinions should not be used without consent
11. All participants must ensure that all forms of bias are avoided
12. Participants must produce all the evidence when presenting a case
13. Peer review should form part of the evidence for both annual appraisal and subsequent revalidation
14. Peer review should be adequately reflected in job plans

Audit:

Audit Measure	Old System (Apr – Oct 16)	New System (Nov 16 – July 17)
Session took place	4/7 (57%)	9/9 (100%)
Minutes kept	4/4 (100%)	7/9 (78%)
Attendance (Avg)	8.5	10.8
Multiprofessional attendance	2/4 (50%)	6/9 (67%)

Further areas for improvement:

- Issues – number of cases too great for all to be discussed at peer review, do we need more sessions? Is this realistic in context of teaching rota / service pressures?
- Meeting on set day (Thursday) vs part timers – could we have occasional meetings on a Monday?
- Can be difficult to chair meeting and keep minutes – could the Safeguarding Administrator take minutes?
- Plans to document attendance electronically (via Mollie) and for people to use this as part of their appraisal information.

Supervision

Individual Supervision

Effective, high quality supervision is recognised as a necessity for all staff who work with children and families (Laming 2009). This is regularly offered to the 27 Link Safeguarding Professionals who represent the areas of the Trust where children may be frequently or intermittently seen. There is *ad hoc* supervision available for consultants/junior medical staff from the Named and Deputy Named Doctors and Named Nurse.

All staff within Taunton and Somerset NHS Trust has access to the Named Professionals for *ad hoc* supervision. However in accordance with Lord Laming's recommendations to improve and broaden supervision, the Named Nurse for Safeguarding Children has developed group supervision for all staff that regularly come into contact with children. Using Action Learning as a model, a rolling programme of supervision sessions are facilitated by the Named Nurse for Safeguarding Children and Paediatric Liaison Nurse for staff from the Paediatric Department, Neonatal Unit, Emergency department and also the Children's Community Nurse Teams.

Monthly safeguarding peer review provides group supervision for the Paediatric department. Peer review for safeguarding cases seen within the Emergency Department has also commenced in 2016. The Named or Deputy Named Doctor reviews all child protection reports giving a measure of quality control. Any concerns are immediately discussed with the author.

Specialist Supervision

The Named Nurse receives regular bimonthly and *ad hoc* supervision from the Designated Nurse for Safeguarding Children a post that sits within Somerset Clinical Commissioning Group. She also seeks peer supervision from the Named Nurse for Safeguarding Children at Yeovil District Hospital and is supported by the Named Doctor and Children's Services Matron at Musgrove Park Hospital.

The Named Doctor receives professional supervision from the Designated Doctor on a bimonthly and *ad hoc* basis. However since October 2015 this has not been available due to the retirement of the Designated Doctor. This has been raised as a risk via the

Paediatric Clinical Director, and Executive Lead at T&SNHSFT and also the Director of Nursing and Quality at Somerset CCG.

In addition all child sexual abuse work is subjected to local and regional peer review (see above).

Specialist Midwives access supervision via the Named Nurses for Safeguarding at Taunton and Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust, and from their Named Supervisor of Midwives.

Training

The Safeguarding Team deliver Level 1, 2 and 3 safeguarding training throughout the Trust by both face to face teaching and via the Trust's e learning platform (MOLLIE). A recent CQC visit highlighted that level 3 training must have a multiagency component according to the Intercollegiate Guidance¹. Several challenges have arisen. Firstly Somerset LSCB does not provide any Level 3 training fit for health staff (unlike other LSCBs). Provision of multiagency training implies that all agencies have the same requirement and graded levels as in the Intercollegiate Document; this is not so.

The LSCB subsequently planned some level 3 sessions but the Local Authority took the decision that they were to start charging for these programmes (previously this had been funded by the multiagency contributions to the LSCB – the CCG contributes on our behalf). A rapid assessment of costs incurred from additional staff requiring level 3 multiagency training put the cost to the Trust at c£45k. Given the financial situation of the Trust this is clearly neither possible nor sustainable. Recognising the contribution that the Trust's Safeguarding Team make to the work of the LSCB and its subgroups (see section above), the LSCB have offered 3 free places per course for Trust staff. This is laudable but makes little dent in the figures.

The Safeguarding Team have reviewed the Mandatory Training Matrix (see Appendix 1) in the context of this challenge and with the Intercollegiate Guidance (NB this is not a statutory document) and have developed a plan to ensure staff are placed in a category

¹ Safeguarding children and young people: roles and competencies for health care staff March 2014.

(level) of training relevant to their practice and considering whether they work within a team or are independent workers.

Additional methods for learning from multiagency practice (rather than sitting in a classroom) are suggested with the focus being on reflective practice following multiagency meetings and discussions attended as part of everyday practice. A recording proforma (see Appendix 2) has been developed to enable practitioners to upload to their electronic portfolio. This has particular relevance for those practitioners who are subject to Revalidation (i.e. Nursing and Medical staff).

Inspections

In April 2015 the Care Quality Commission (CQC) undertook a thematic review of safeguarding and the provision of healthcare for Children Looked After. The focus of the review was on evaluating the experiences and outcomes for children, young people and their families who receive services in Somerset and also on the leadership and governance of their safeguarding by the CCG and NHS providers. The report was published 08 December 2015.

Taunton and Somerset NHS Foundation Trust developed an action plan (01 May 2015) in response to the CQC review (Appendix 5) and whilst good progress has been made in implementing the actions there is still further work being progressed, particularly in developing the risk assessment document in the Emergency Department. In response to the initial verbal feedback from CQC immediate action was taken by the Safeguarding team to complete a Common Request for Involvement Form (CRIF) when referring child protection concerns to Children's Social Care.

In January 2016 CQC carried out a further comprehensive announced inspection of Taunton and Somerset NHS Foundation Trust. An unannounced inspection was also undertaken in February 2016. The CQC report found the care at Taunton and Somerset NHS Foundation Trust was outstanding and the trust overall had a rating of good.

In relation to safeguarding children it was identified that the appropriate policies and procedures were in place and also that staff knew who to contact for guidance and advice. It was highlighted the challenges of staff being able to access face to face level three training and recommended that the trust work with other agencies to progress this.

Appendix 1

Safeguarding Children Learning Framework 2017/18

(Note: due to the complexity of this topic, please also refer to the Safeguarding Training Strategy)

EVIDENCE BASE REFERENCES:

Safeguarding Children and Young People: Roles and Competence for Health care Staff, Intercollegiate Document 2014	Working Together to Safeguard Children 2015
Children’s Act 1989 & 2004	Laming report 2009
National Service Framework for Children, Young People and Maternity and the Common Core Skills and Knowledge for the Children’s Workforce, 2005	

GENERAL AWARENESS TRAINING / COMPETENCE

Staff Group	Induction		Update	
	Mandatory Learning events/opportunities/evidence	Method of delivery	Mandatory Learning events/opportunities/evidence	Method of delivery

<p>Level 1</p> <p>Mandatory for all staff working in health care settings</p>	<p>Local induction relevant to the role / area specific requirements in relation to MPH</p> <p>Staff new to the Trust only:</p> <p>Attendance at the first available Corporate Essential Learning Session from start date (includes F1/F2's induction programme and induction e - learning)</p> <p>Note: Staff transferring between posts within the Trust need to attend the 3 yearly update when they are next due</p>	<p>Cascade / Specialist led session</p> <p>Corporate Session</p>	<p>Refresher training: minimum of 2 hours in a 3 year cycle</p> <p>Attendance at the Corporate Essential Learning session (or e - learning).</p>	<p>e- learning</p> <p>Corporate session</p>
<p>MORE DETAILED TRAINING / COMPETENCE (role specific)</p>				
<p>Staff Group</p>	<p><u>Induction</u></p>	<p><u>Update</u></p>		

	Mandatory Learning events/opportunities/evidence		Mandatory Learning events/opportunities/evidence	Method of delivery
<p>Level 2</p> <p>All non-clinical and clinical staff who have any contact with children, young people and parents/carers</p> <p>2a – Non clinical staff (SG & LAC admin teams, CU receptionists, OP receptionists where children are seen)</p> <p>2b – Clinical staff with any contact with children (radiologists, general surgeons, ENT, ophthalmology, orthopaedics, GUM clinicians, anaesthetists,</p>	<p>Attendance at in-house level 2 child protection session within 12 months of start date</p> <p style="text-align: center;">or</p> <p>Successful completion of the MOLLIE Child Protection Module</p> <p>Learning opportunities:</p> <ol style="list-style-type: none"> 1. In-house level 2 child protection session within 12 months of start date 2. Level 2 Somerset Local Safeguarding Children Board 		<p>Refresher training equivalent to 3 – 4 hours over a 3 year period</p> <p>Learning opportunities:</p> <ol style="list-style-type: none"> 1. Case study & reflection 2. Attendance at multiagency meetings with reflection 3. Attendance at in-house level 2 child protection session 4. Attendance at the relevant Somerset Local Safeguarding Children Board multi-agency training <p>As above</p>	

PAMs)	multi-agency training including MAPIGs 3. Generic Training for Foundation Doctors 4. Bespoke training (departmental)			
MORE DETAILED TRAINING / COMPETENCE (role specific)				
Staff Group	<u>Induction</u>		<u>Update</u>	
	Mandatory Learning events/opportunities/evidence		Mandatory Learning events/opportunities/evidence	Method of delivery
Level 3 All staff working predominantly with CYP and who are decision makers in the care of CYP (including parenting capacity) where there are SG concerns Level 3a (core) Link professionals in key	Demonstrate understanding and experience of multiagency working. Learning opportunities: 1. Experiential learning with reflection e.g. involvement in strategy meetings, ICPC, case reviews, debriefs etc 2. Multi-agency level 3 LSCB		Minimum training requirements: Core: 2 hours/year (6 hours over 3 years) Specialist: 12-16 hours (over 3 years)	

<p>areas:</p> <p>Children's Day Surgery, OPD, SNICU</p> <p>Children's Unit & GUM</p> <p>Medical staff:</p> <p>O&G Consultants</p> <p>Paediatric Anaesthetists</p> <p>ED Consultants</p> <p>Paediatric Orthopaedic Lead</p> <p>Paediatric ENT & ophthalmic lead</p> <p>Nursing & PAMs:</p> <p>Community Children's Nurses</p> <p>A and E nursing staff</p> <p>Paediatric physios, dieticians</p> <p>Midwives</p>	<p>training</p> <ol style="list-style-type: none"> 3. Link professional updates 4. Annual midwifery updates & supervision as per policy 5. Attendance at departmental modular level 3 training 6. Departmental & regional peer review 7. External training course (accredited e.g. RCPCH/ALSG) 8. Attendance at a Somerset Local Safeguarding Children Board training course or MAPIG 9. Successful completion of level 3 modules on MOLLIE 		<p>See learning opportunities</p>	
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Level 3b (specialist) Paediatricians				
MORE DETAILED TRAINING / COMPETENCE (role specific)				
Staff Group	<u>Induction</u>		<u>Update</u>	
	Mandatory Learning events/opportunities/evidence	Method of delivery	Mandatory Learning events/opportunities/evidence	Method of delivery
Level 4 Named Doctor(s), Nurse(s) & Midwife for Safeguarding, Specialist SG midwives & nurses	Attendance at Specialist Child Protection Training – high level training accessed via external courses <p style="text-align: center;">or</p> Attendance at specific in-house session with external speakers <p style="text-align: center;">or</p> CPD e.g. peer review of CSA examinations done cross county &	External course Specialist Led session CPD Portfolio	CPD - Evidence of attendance at external courses e.g. Forensic training or LSCB special conferences	CPD Portfolio External courses

	regionally, peer review of complex cases			
Board – CEO and Executive lead	Level 1 training plus Bespoke training package as per intercollegiate guidance (externally commissioned)	Externally commissioned training	Annual update via annual report	

April 2017

Level 3 safeguarding training: experiential record

This document should be completed and uploaded to the practitioner's appraisal/developmental portfolio every year and discussed with their appraiser.

A copy must be sent to the Named Professional for monitoring purposes (Consultants – Named Doctor, for nursing staff – Named Nurse and for midwifery - Named Midwife)

See end of the document for a list of competencies required. **NB:** level 1 & 2 competencies need not be repeated once level 3 training is underway.

Learning opportunities include:

1. Experiential learning with reflection e.g. involvement in strategy meetings, ICPC, case reviews, debriefs etc
2. Multi-agency level 3 LSCB training
3. Link professional updates
4. Annual midwifery updates & supervision as per policy
5. Attendance at departmental modular level 3 training
6. Departmental & regional peer review
7. External training course (accredited e.g. RCPCH/ALSG)
8. Attendance at a Somerset Local Safeguarding Children Board training course or MAPIG
9. Successful completion of level 3 modules on MOLLIE

Summary of training requirements

1. Within a year of appointment additional education will be completed equivalent to a minimum of **8 hours** of education and learning related to safeguarding/child protection, and those requiring specialist-level competences should complete a minimum of **16 hours**.
2. Over a three-year period, professionals should receive refresher training equivalent to a minimum of **6 hours** (for those at Level 3 core this equates to a minimum of 2 hours per annum) and a minimum of **12-16 hours** (for those at Level 3 requiring specialist knowledge and skill).
3. Training, education and learning opportunities should be multi-disciplinary and inter-agency, and delivered internally and externally. It should include personal reflection and scenario-based discussion, drawing on case studies, serious case reviews, lessons from research and audit, as well as communicating with children about what is happening.

Experiential learning

Activity	Date
<p>Reflection</p> <p>What did you learn?</p> <p>How will this change your practice?</p> <p>What have you learned about interagency working?</p> <p>Has this episode identified any other learning needs?</p>	
Activity	Date
<p>Reflection</p> <p>What did you learn?</p> <p>How will this change your practice?</p> <p>What have you learned about interagency working?</p> <p>Has this episode identified any other learning needs?</p>	
Activity	Date
<p>Reflection</p>	
Activity	Date
<p>Reflection</p>	

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Learning log

Date/Time	Activity/meeting/learning event	What was your role?	CPD points

Learning outcomes: core (level 3a)

1. To be able to identify possible signs of sexual, physical, or emotional abuse or neglect using child and family-focused approach.
2. To know what constitutes child maltreatment including the effects of carer/parental behaviour on children and young people.
3. To be able to demonstrate a clear understanding, as appropriate to role, of forensic procedures in child maltreatment, and knowing how to relate these to practice in order to meet clinical and legal requirements as required.
4. Where undertaking forensic examinations as part of their role, to be able to demonstrate an ability to undertake forensic procedures and demonstrate how to present the findings and evidence to legal requirements
5. To know how to undertake, where appropriate, a risk and harm assessment.
6. To know how to communicate effectively with children and young people, and to know how to ensure that they have the opportunity to participate in decisions affecting them as appropriate to their age and ability.
7. To know how to contribute to, and make considered judgements about how to act to safeguard and protect a child or young person.
8. To know how to contribute to/formulate and communicate effective management plans for children and young people who have been maltreated.
9. To be able to demonstrate an understanding of the issues surrounding misdiagnosis in safeguarding/child protection and to know how to effectively manage diagnostic uncertainty and risk.
10. To know how to appropriately contribute to inter-agency assessments by gathering and sharing information.
11. To be able to document concerns in a manner that is appropriate for safeguarding/child protection and legal processes.
12. To be able to undertake documented reviews of your own (and/or team) safeguarding/child protection practice as appropriate to role. (This can be undertaken in various ways, such as through audit, case discussion, peer review, and supervision and as a component of refresher training.)
13. To be able to deliver and receive supervision within effective models of supervision and /or peer review, and be able to recognise the potential personal impact of safeguarding/child protection work on professionals.

Additional (level 3b)

14. To know how to work effectively on an inter-professional and interagency basis when

there are safeguarding concerns about children, young people and their families.

15. To know how to ensure the processes and legal requirements for looked after children, including after-care, are appropriately undertaken.
16. To know how to advise other agencies about the health management of individual children in child protection cases.
17. To know how to apply the lessons learnt from audit and serious case reviews/case management reviews/significant case reviews to improve practice.
18. To be able to advise others on appropriate information sharing.
19. To be able to appropriately contribute to serious case reviews/case management reviews/significant case reviews, and child death review processes.
20. To know how to work with children, young people and families where there are child protection concerns as part of the multidisciplinary team and with other disciplines, such as adult mental health, when assessing a child or young person.
21. To know how to obtain support and help in situations where there are problems requiring further expertise and experience.
22. To be able to participate in and chair multi-disciplinary meetings as required.

References

Intercollegiate guidance roles and competencies 2014

E Thomas & K Gurney Devon LMC

Safeguarding Annual Plan			Date Created	June 16		
Plan Owner:	Deborah Stalker – Named Doctor for Safeguarding Children		Date last updated: (And version no)	V1		
Core implementation Group:	Emma Stockdale– Named Nurse for Safeguarding Children Angie Soughton - Named Midwife for Safeguarding Children		Next review due by - Group / Committee: Date:	May 20176		
Links to key documents - T&SFT Child protection policy, Children’s Act1989 & 2004, Every child matters 2004, Standards for Better Health C2, Laming report 2003, 2009, Healthcare Commission Review 2009, Intercollegiate Document 2010 &2014, Haringey Children’s Services Review, Multi-agency near miss reviews, results of local audit, SCRs. Working together 2013						
Driver	Monitoring/ Measurable	Actions	Resource demand / constraints	Person Responsible	Time-Frame To Achieve	Status
Specific Issue / gap / objective requiring action	How we know we have succeeded	Specific, Achievable Stated clearly, communicated widely			Time bound	

Ensure that lessons from recent LSCB learning event are disseminated throughout trust	Audit of head circumference measurement Supervision of staff	Teaching ward staff and medical staff at peer review Dip sampling of records	Currently awaiting formal recommendations from IRO	ES AT LN	March 17	
Ensure appropriate monitoring and compliance of level 3 training	All staff requiring level 3 training can demonstrate this	Circulate L3 training programmes/courses Appropriate use of training matrix and experiential record L&D to develop improved recording system	L&D systems	DJS LN L&D	March 17	
Ensure administrative support to safeguarding team is appropriately banded and has enough time to fulfil all the requirements of the role	A safeguarding administrator should be at least band 4 and should be solely responsible for SG administrative duties	Review administrator job description Remove additional duties	Money (but this is VERY high risk)	Directorate Management Team	December 16	
Formalising cross county CSA examinations	Implementation of business plan	Receipt of video colposcope		DS LN	December 16	

Appendix 5

Safeguarding Annual Plan	Date Created	June 2017
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Plan Owner:	Dr L Newbury – Named Doctor for Safeguarding Children	Date last updated: (And version no)	V1
Core implementation Group:	Pieter Van-Hensbergen – Deputy Named Doctor for Safeguarding Children Suzanne Pilkington – Manager for Safeguarding Children & Matron for Children’s Services Emma Clothier– Named Nurse for Safeguarding Children Angie Soughton - Named Midwife for Safeguarding Children	Next review due by - Group / Committee: Date:	September 2017

Links to key documents - T&SFT Child protection policy, Children’s Act1989, 2004, and 2015, Every child matters 2004, Standards for Better Health C2, Laming report 2003, 2009, Healthcare Commission Review 2009, Intercollegiate Document 2010 &2014, Haringey Children’s Services Review, Multi-agency near miss reviews, results of local audit, SCRs. Working together 2015

Driver	Monitoring/ Measurable	Actions	Resource demand / constraints	Person Responsible	Time-Frame To Achieve	Status
Specific Issue / gap / objective requiring action	How we know we have succeeded	Specific, Achievable Stated clearly, communicated widely			Time bound	
Ensure appropriate representation at Somerset Safeguarding Children’s Board sub- groups	Having a representation from Safeguarding team at all sub-groups	Allocate at Safeguarding team meeting	Time and workload	LN PVH EC	May 2017	

Ensure appropriate monitoring and compliance of all training	All staff requiring safeguarding children training can demonstrate this	Circulate training programmes/courses Appropriate use of training matrix and experiential record L&D to develop improved recording system	L&D systems	LN PVH L&D	March 18	
Safeguarding team to update all MOLLIE modules in line with national modules	All modules to be updated	Liaison with L&D team Safeguarding team to develop modules	Awaiting decision as to which national modules will be used across Somerset	Safeguarding team	March 18	
Formalising supervision arrangements	Formalising group supervision Recording of ad hoc supervision	Safeguarding team to decide staff groups and frequency Audit of ad hoc supervision records		LN PVH EC AS	June 17	
Formalise quality assurance of all Level 4 referrals to Children's Social Care	High conversion rates of referrals to assessments	Arrange regular meetings with Manger from First response to look at quality of referrals made by the trust Feedback to trust staff about quality of their referral and address any learning points	Time constraints of First response team	LN PVH EC AS	June 17	

Audit of referrals for Early Help	Ensure correct referrals are being made to Early Help	Liaison with Early help team to establish referrals Audit to quality assure referrals	Identifying someone within Early help to assist with piece of work	LN PVH EC AS	March 18	
Safeguarding team to provide health support to Serious Case Reviews cross county	Ensure correct support to Serious case reviews	Allocation at safeguarding team meetings	Time and workload	LN PVH EC AS	March 18	
Review and update Safeguarding Children/Maternity dashboards	Review and update in line with all acute and community trusts in Somerset	Update as required	Currently awaiting formal recommendations from Designated Nurse.	LN PVH EC AS	December 17	
Progress the alignment of Safeguarding service according to the Somerset Transformation Plan	Continued alignment with YDH and Somerset Partnership	Attend all strategic and operational meetings Align services where possible	Consideration to own trusts requirements	LN PVH EC AS	March 18	

