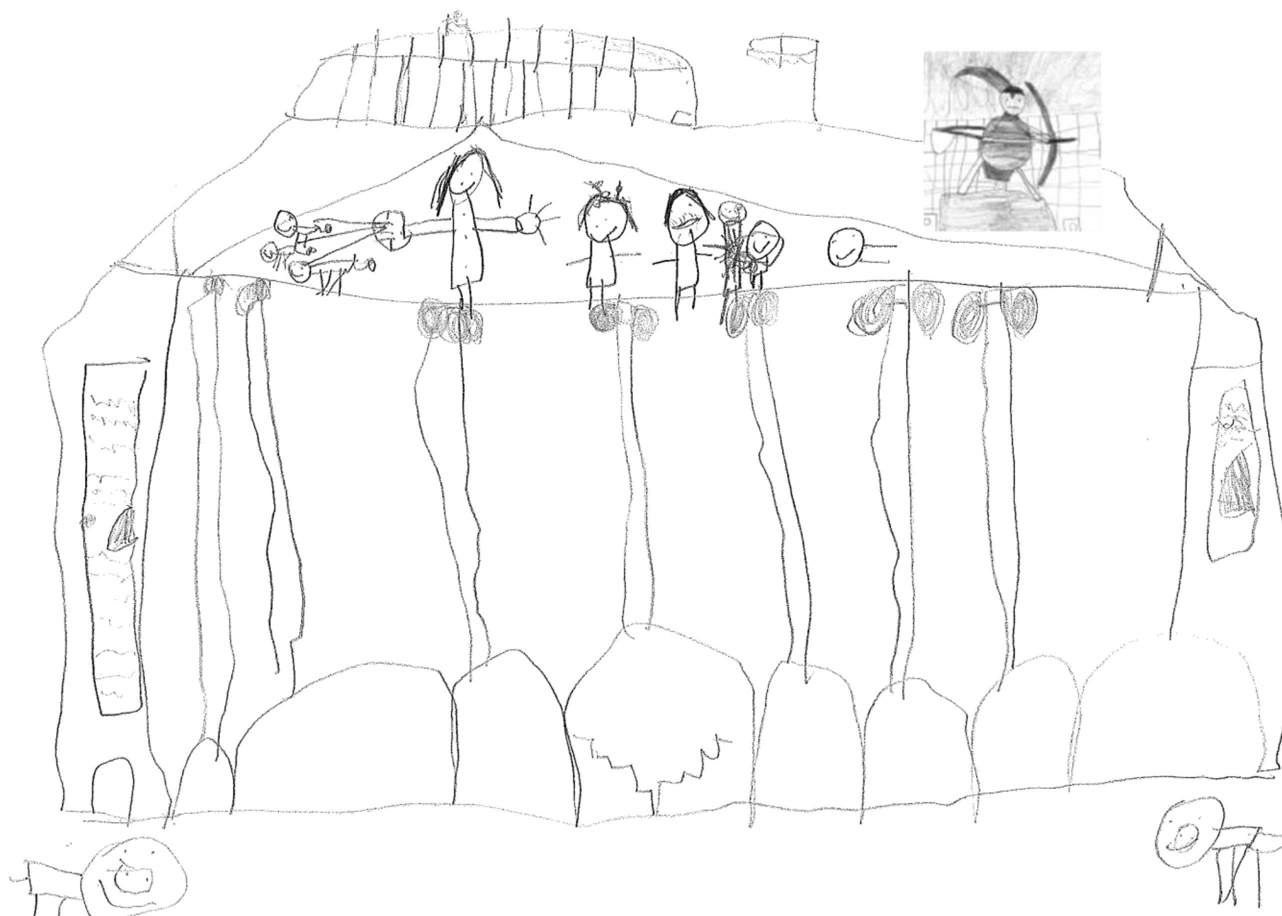
Nottingham City Safeguarding Children Board

Annual Report
2016 / 2017



A family day out at Nottingham Castle by pupils at Seeley Primary, Nottingham

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1. Foreword by Independent Chair

Welcome to the third Annual Report published since I became the Independent Chair of the Nottingham City Safeguarding Children Board (NCSCB). The last year has shown progress for the NCSCB evidenced by the rigorous Ofsted inspection in February 2017, which graded Childrens Services as “Good” overall.

The inspection has highlighted the continuing progress made by the partnership. This is a journey that we have all been on for some years now and one that will not end as we strive to improve the life experiences and life chances for all the children and young people of Nottingham City. The NCSCB will continue to show leadership, provide challenge and scrutiny to partner organisations.

In my time as Independent Chair, I am encouraged and impressed by the dedication and commitment I see from the workforce, which has continued through the very demanding financial climate in which we find ourselves. Despite the challenges that we all face in these times of austerity the determination to provide the very best for the citizens of Nottingham has not wavered and I to share this determination to constantly improve.

This annual report provides local people with an account of the NCSCB’s work over the past year to improve the safeguarding and wellbeing of children and young people across Nottingham.

This report reflects the activity of the NCSCB and its sub-groups against the Business plan for 2016/17.

It was very encouraging to see that OFSTED saw the ‘voice of the child’ was a strength in our assessments and plans. This has been and continues to be a key priority for the NCSCB.

I would like to thank all partner agencies for their continuing hard work and dedication during a time of increasing demand and reducing resources that helps us to improve the outcomes for all of our children and young people.

I would like to thank the Portfolio Holder for Children's Services, Early Intervention and Early Years for his hard work, dedication and for bringing another layer of independent scrutiny to the work of the NCSCB.

Chris Cook
NCSCB
Independent Chair

2. Introduction

Nottingham City Safeguarding Children Board has a statutory duty to prepare and publish an Annual Report, which describes how our partners safeguard vulnerable children and young people.

The role of the NCSCB is to:

- coordinate what is done by everyone on the NCSCB to safeguard and promote the welfare of children in the area
- Provide scrutiny to and for ensuring the effectiveness of that work across the partnership.
- Publish policies and procedures for child protection in our area.

Part 4 of the report highlights some local data about Nottingham and provides a local context for our work.

Part 5 describes the local governance arrangements and structure of the NCSCB and links to the strategic partnership across the city

Part 6 highlights some of the achievements and the progress that has been made in the last year.

Part 7 shows reports from agencies across the safeguarding partnership and provides an overview of sub-group activity.

Part 8 identifies the priorities the NCSCB will take forward into 2017/18.

The Annual Report 2016/17 demonstrates the extent to which the functions of the Nottingham Local Safeguarding Children Board, as set out in the national statutory guidance 'Working Together to Safeguard Children' (March 2015) are being effectively fulfilled.

3. Executive Summary

The overall assessment of this report is that the work of Nottingham City Safeguarding Children Board was compliant with its statutory and legal requirements. The Partnership have continued to work together to assess the effectiveness of safeguarding arrangements.

The Board ensures that relevant partners' plans and strategies for keeping children safe are monitored so that planning processes and stronger links are being developed. There have been demonstrable achievements over the past year.

OFSTED undertook a rigorous inspection of Childrens Integrated Services in January/February 2017. Inspectors judged services to be good overall. The voice of the child is a key strength across our services and they found the Directorate to be a place where good and outstanding practice can flourish.

The continued development of the Childrens Integrated Services multi-agency front door is identifying children who require early help or targeted services in a timelier manner. Demographic information of Nottingham City continues to highlight some of the challenges within the area, such as the continuing levels of deprivation.

The report also addresses the NCSCB function to quality assure practice, through audit, and identifying areas for learning and improvement. During 2016/17 Nottingham City Safeguarding Children Board have commissioned one Serious Case Review and concluded work with another Local Authority in respect of an SCR.

There was an Inspection of the Youth Offending Team (YOT), which gave a very encouraging picture of an 'overall high-performing YOT with practitioners who are enthusiastic, knowledgeable and inclusive in their work.

The NCSCB has undertaken a range of audits during 2016 to 2017 to continue to assess and quality assure safeguarding arrangements within Nottingham. These allowed us to look at the impact of our improvement work on the lives of individual children and young people.

The NCSCB has built strongly on its engagement strategy with all partners throughout the year with a particular success being the collaboration between Nottingham City Clinical Commissioning Group, Nottingham City Childrens Integrated Services and the NCSCB who co-funded the widely acclaimed animation on rethinking "did not attend" to "Was Not Brought".

4. Local Data

Click here for more

- Nottingham City is a unitary authority comprising of 20 wards. It has a young and ethnically diverse population, covering an area of approx. 75 square kilometers. The University of Nottingham and Nottingham Trent University are both located in the City.

- In 2016, there were an estimated 325,300 people living in Nottingham City of these 37,100 are aged under 18.

- Population projections suggest that this may rise to around 332,700 by 2024.International migration (recently from Eastern Europe) and an increase in student numbers are the main reasons for the population growth since 2001, together with the excess of births over deaths.

- There are an estimated 37,000 University Students in Nottingham.

- Despite its young age-structure, Nottingham has a higher than average rate of people with a limiting long-term illness or disability.

- Nottingham is ranked the eighth most deprived district in England out of 326 local authorities in the 2015 Indices of Multiple Deprivation (IMD), a relative fall from 20th in the 2010 IMD.

- 62.7% of children in Nottingham live in low-income/workless families compared to rates of 46.9% in Greater Nottingham and 41.9% in England.

Data source: Office for National Statistics (ONS)

Local Safeguarding Data 2016/17

545 children were subject to a Child Protection Plan (82 per 10,000 population Aged 0-18).

545
Subject to a plan down from previous year 548

1.7%. The percentage of Child Protection Plans that lasted two years or more

97% of Child Protection reviews take place within timescales.

Neglect was again the most frequent reason for children being placed on a Child Protection Plan in 2016/17.

38% of children aged under 5 who were made subject of a Child Protection Plan were made so due to concerns including neglect.

Domestic abuse continues to be the main parental risk factor leading to children becoming subject of a Child Protection Plan

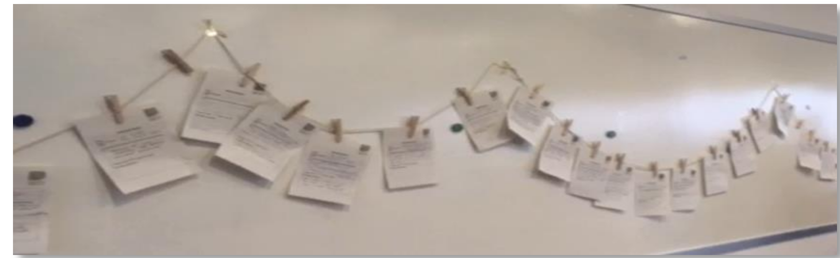
95% of practitioners are aware of how the NCSCB Safeguarding Children procedures relate to their work

616 children in care at the year-end

2000+ Taxi drivers in the city have completed safeguarding training

672 practitioners from across the safeguarding partnership attended the NCSCB “Every Colleague Matters” events on “Empowering the Workforce to deliver Excellence in Safeguarding Practice”

2216 practitioners from across the partnership were reached following a Child J learning event.



Double click to view video (Double click to view video.MOV)

86% of practitioners are very confident/confident in using the signs of safety approach

556 cases discussed at a Multi-Agency Risk Assessment Conference (MARAC).

Graph shows increase in NCSCB web traffic over the year

5. Governance and Structure

Local Safeguarding Children Board

Each local area is required by Law to have a Local Safeguarding Children Board. The LSCB is a statutory body established in legislation (Children Act 2004) and works according to national guidance 'Working Together to Safeguard Children 2015'.

The Nottingham City Safeguarding Children Board is chaired by an independent person and meets quarterly.
The Independent Chair also chairs the Business Management Group (BMG) and membership is comprised of the Local Authority, the Clinical Commissioning Group, and Police, chairs of the subgroups and board officers and meets quarterly.

The functions of the LSCB are:

- ***To develop policies and procedures for safeguarding and promoting the welfare of children in the local area***
- ***To establish a culture of learning and Improvement across the partnership.***
- ***To monitor and evaluate the effectiveness and impact of services provided by the local authority and Board partners through the use of sub-groups of the Board and other mechanisms.***
- ***To participate in the planning of services for children in the area of the authority***
- ***To conduct reviews of serious cases and advising the local authority and their Board partners on lessons to be learned***

The governance arrangements form the formal agreement between the Board and all partner agencies. It outlines accountability; key purposes; functions and tasks; membership; and agreed standards and expectations of NCSCB members.

The Children and Social Work Act received Royal Accent in April 2017 and sets out a new framework for improving the organisation and delivery of multi-agency arrangements to protect and safeguard children. In Nottingham the Business Management Group will monitor, develop, and progress local arrangements and future safeguarding models throughout 2017/18.

"We will ensure that safeguarding practice, strategic planning and commissioning across all partner agencies continuously improves as a result of NCSCB activity, with the aim of improving outcomes for children, young people and families."

NCSCB

Working across the Partnership

The NCSCB has arrangements in place in order to co-ordinate its work with other partnership Boards in the City including the Childrens Partnership Board, the Health & Wellbeing Board, the Safeguarding Assurance Forum and the Crime & Drugs Partnership, The Prevent Steering Group, the Domestic and Sexual Violence Strategy Group and Female Genital Mutilation Board report into the Safeguarding Children Board and also provides information to the Safeguarding Adults Board.

These are some examples of work across the partnership

- ***Health and Wellbeing Board -*** *Is a partnership bringing together key local leaders from the City Council, NHS and the wider community to improve the health and wellbeing of the population of Nottingham and reduce health inequalities.*
- ***Childrens Partnership Board –*** Is a partnership of local organisations working together to deliver a joint approach to improving outcomes for children, young people and families. Partners include the City Council, NHS bodies, Crime and Drugs Partnership, Nottinghamshire Police, Nottingham and Nottinghamshire Futures, Job Centre Plus, Probation Service, Nottingham Safeguarding Children Board, schools and young people. The Board is responsible for the development and implementation of the Children and Young People's Plan.
- ***Nottingham Crime & Drugs Partnership -*** *(CDP) is a multi-agency organisation responsible for tackling crime and substance misuse in Nottingham. It is made up of a number of statutory and non-statutory agencies including the Police, Nottingham City Council, the Fire and Rescue Service, the National Probation Service and the Community Rehabilitation Company, Public Health and the Clinical Commissioning Group, Nottingham Trent University and Nottingham City Homes.* **–** Tackles crime, disorder, substance misuse, anti-social behavior and to reduce re-offending.
- Nottingham LSCB will continue to engage and challenge these partnerships where appropriate to safeguard and promote the welfare of children in County Nottingham.

More Information: Click here to find out more information about the NCSCB

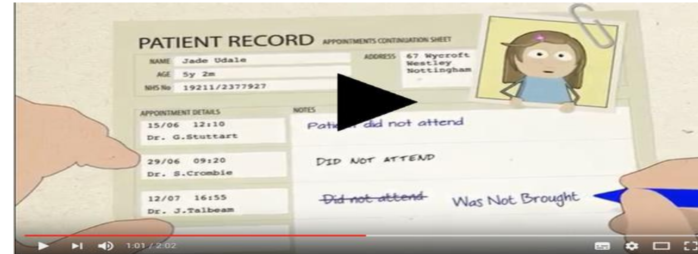
6. Achievements against 2016/17 Priorities

The priorities of the NCSCB were to;

- Promote, monitor, coordinate and evaluate multi-agency effectiveness in safeguarding children and young people across the child's journey
- Strengthen and support a competent and equipped workforce that is committed to learning and developing safeguarding practice with assurance that safeguarding is everyone's responsibility.
- To evidence the impact of NCSCB

Achievements;

- The SCR SP have been instrumental in developing responses to reviews that actively seek to engage with the frontline workforce.
- Leading and promoting an Every Colleague Matters event dedicated to Safeguarding.
- We have a workforce with an increased understanding of and recognition of risk associated with medical neglect.
- Workforce survey issued to engage with wider workforce on their relationship with the Board, safeguarding issues and arrangements for supporting children and families
- Trained over 2000 taxi drivers in safeguarding.
- Changing Culture by making an animation - the shift from DNA to '***Was Not Brought'***. This has been one of the most successful campaigns led by the NCSCB[1] in recent years receiving National and International recognition and has been viewed in excess of 16,000 across a variety of platforms.



- [Click here to view]

The Quality Assurance Sub - Group completed audits on Child Sexual Exploitation, out of hours referrals to Children's Social care, quality of plans for cases where the concern was physical abuse and medical neglect.

- Developed the use of newsletters from the NCSCB, which share important safeguarding information every two months with the partnership. Over 2700 people now subscribe to this.

Safeguarding News

Chris Cook. Independent Chair NCSCB

Example of NCSCB newsletter

[1] Jointly funded by the NCSCB, Nottingham City Council and NHS Nottingham City Clinical Commissioning Group

7. Partnership Reports

Children's Integrated Services

During the course of 2016/17, there have been two inspections of the work the directorate does to safeguard and support children and families in Nottingham.

Pilot Ofsted Inspection

This took place in January/February 2017. Inspectors judged services to be good overall and good in all areas other than support for children in care, where we were judged to require improvement. This requires improvement judgement was a consequence of inspectors feeling that more effort was required to engage with a small number of care leavers who had stopped working with the Leaving Care service. Although not formally graded in the inspection Early Help services were described as outstanding. Some of the key messages from this inspection were

- The voice of the child is a key strength across our services
- Children live with careers who are proud and ambitious for them.
- Children's assessments are consistently good leading to meaningful plans
- The Directorate is a place where good and outstanding practice can flourish
- Children's emotional needs are regularly considered, supported by CAMHS and Targeted Support

Inspection of the Youth Offending Team (YOT)

In summary the outcome was an 'overall high-performing YOT with practitioners who are enthusiastic, knowledgeable and inclusive in their work to maximize positive outcomes' YOT workers engage well with a wide range of colleagues and are effective at removing barriers to engagement There is an innovative approach to management oversight and consistent effective engagement with children and their families.

Key achievements

- The Integration of the CAMHS Single Point of Access with specialist CAMHS provision into our Children and Families Direct hub
- Significant successes at the edge of care – 90% success rate in Edge of Care Hub and 416 children supported by MST Standard.
- Ofsted judges all of our internal residential provision good or better.
- Three Locality Youth Council Events led by colleagues in Play & Youth. 30 young people have been involved with hosting, delivering and leading these activities
- Developing a group work programme to offer support to parents and carers. Our retention rate in 2016/17 was 77%

Nottingham City Clinical Commissioning Group

Summary of safeguarding activity

1) What the agency planned to do and what we did

During 2016/17, the CCG planned to focus on the following risk and challenges:

- **Discharge of Statutory Duties and Functions for Safeguarding**

  Nottingham City CCG delivered its statutory functions in relation to safeguarding children as detailed within "Working Together to Safeguard Children" (March 2015) and "Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework" (April 2015)

- **Domestic Abuse and Sexual Violence**

  Domestic Abuse continues to be a risk feature in Nottingham City. The DART process continues to share information with key health providers particularly with Primary Care/GP practices. The CCG have continued engage with the Domestic Abuse Referral Team (DART) and in relation to matters regarding the appropriate exchange of information to Primary care following incidents and subsequent assessments reflecting some of the findings from Domestic Homicide reviews. The CCG has continued to engage with key partners in the development of the Sexual Violence Action Network (SVAN) and the development of a strategy to address this harm.

- **Child Sexual Exploitation (CSE)**

  The CCG's Designated Nurse Safeguarding Children continues as he representative on the cross authority sub group ensuring key messages and requests for details are disseminated across the health partnerships in the City. The Joint Nottingham /Nottinghamshire Safeguarding Group (health group for Named and Designated Professionals) is the primary vehicle for discussion on CSE matters specific to health and enabling the Designated Nurses to take key issues back to the subgroup.

- **Female Genital Mutilation (FGM)**

  The CCG continues to support all areas of the Health Community required to report on FGM. The Designated Nurse has ensured resources and training materials are cascaded to all relevant areas and is a member of the FGM sub-group of the Board. The CCG supported the cascade of letters to key health areas in relation to the increased risk of FGM during the defined period of time during summer period. It was raised to the CCG about the need for a specialist provision due to the Specialist midwife noted in previous reports leaving post. **Information Systems**

  The Child Protection Information System (CP-IS) has continued to raise challenges in progressing towards embedding the system across organisations and therefore being able to "go live". This remains a national issue and locally NHS Nottingham City CCG continues to record this risk on its risk register but anticipates the risk is reducing due to the controls and actions in place. The action plan previously reported has been revised to incorporate the issues relating to a delay in "go live" and the Project Lead remains available to the full implementation process. The commitment to successful implementation by all health and social care partners in Nottingham City remains. NHS England produced guidance to support the Designated professionals Safeguarding Children in ensuring the addition of the CP-IS in the NHS Standard Contract 2017/18 to 2018/19 is therefore promoted and the system is implemented.

  Information sharing via electronic systems has continued to raise

challenges with health systems not always compatible to share. Work continues to be developed on effective communication when sharing complex and high risk details and information.

- **Historical Sexual Abuse**

  The CCG has ensured that Primary Care and Health providers have been alerted to the retention of records as requested in preparation for the Goddard enquiry. The CCG through senior management have engaged in the multi-professional process of dealing with cases of historic sexual abuse from the cases under Operation Equinox. The previous pathway devised for cases which present as requiring individual funding remains in place. This will be reviewed according to requests and the potential to consider a sustained provision.

- **Prevent**

  The delivery of informing and training professionals in key areas of the health community in the WRAP3 training sessions has continued. Health Providers with high staff ratios have adapted the programme to include in their mandatory training programmes to ensure maximum impact of awareness is achieved. The national Prevent returns as advised by nationals guidance, with Nottingham classed as a Non-Priority area continue to be submitted to the Designated Nurse Safeguarding as Prevent Lead at the CCG on a quarterly basis. The returns contain details of staff levels, staff trained, referrals made to channel and other relevant activity which is significant to the Prevent agenda is raised. This will continue to be reviewed by the Designated Nurse and Prevent Lead within Health whilst waiting for further guidance from the area lead at NHS England. A revised reporting form has been developed in 2016/17 and further direction will be given to providers once available. The CCG also are represented on the Nottingham Prevent steering group, advised, and supported the request for relevant health information in relation to the Prevent Profile.

- **Audit and Inspection 2016/17**

Section 11 assurance tools using the Markers of Good Practice (MOGP) model were updated and shared with the LSCB in 2016/17. Actions plans were devised as necessary. The Designated Nurse Safeguarding Children participates in quality reviews of services specifically reviewing safeguarding practice in conjunction with the CGG Quality Governance Team. All section 11and MOGP's updates are also shared with this team as part of the quality monitoring and review processors.

During 2016/17, the CCG continue to engage in the multi-agency audit programme for the LSCB by reviewing GP records. When noted learning has been shared with the individual practice or noted into information sharing presented at the safeguarding leads meetings.

A programme to review some GP practices has been jointly managed by the Designated Nurse Safeguarding Children and the Adult Safeguarding Practitioner and MCA Lead at the CCG. The findings were based on a combined audit tool incorporating both national and local requirements and also to explore how practices have updated from key learning. The dip test of 6 practices in 2016/17 has been reviewed in the CCG Safeguarding meeting and will be embedded into the GP offer and therefore will be an annual requirement.

The CCG in 2016/17 undertook an audit of Safeguarding Children and the outcome of Significant Assurance can be provided from the review which was based on elements of the CCG's previous Sec 11 return to the NCSCB.

- **Learning and Development**
  GP/Primary Care learning and development continues through a variety of safeguarding forums. Significantly this is through the GP Safeguarding Leads meetings and the key themes discussed in 2016/17 have related to national trends. In 2016/17 the discussions continue to be supported by not only of Designated Health Professionals but from other key multi-agency safeguarding partners. There has continued to be some bespoke training requested by some practices and the Safeguarding team have planned a series of seminars and update sessions relating to specific issues that have arisen for specific requests, the GP safeguarding audit and learning from serious case reviews. Training opportunities have been shared with all Primary Care teams in the city. There remains a positive approach with the GP practices involved in the Serious Case and Learning reviews conducted in 2016/17 fully engaging in the sharing of information by interviews with the Designated Nurse and Named Doctor and participating in multi-agency Practitioner events. This positive approach has seen a new dimension to the learning process and demonstrated transparency of working in the best interest of the child or young person. The Safeguarding Team at the CCG recognise this valuable input and acknowledge learning time for the continuing professional development and revalidation of these professionals involved.

  CCG staff have been trained and updated view an e-learning module in Safeguarding matters relevant to the required training matrix. Local learning has been shared through the cascade of the multiagency bite size learning briefing notes through internal newsletters for the CCG and Primary care staff and to all safeguarding leads within organisations commissioned for the resident population of Nottingham City. The CCG has proactively engaged in the promotion of alternative learning with the animation “Was Not Brought” and in conjunction with the Board Office have promoted to a significant number of CCG’s.

2) **What has been the impact of that work?**
   There continues to be a high priority given to the recognition of keeping children and young people safe when in contact with health agencies in Nottingham City. In primary care this continues to be achieved by the Safeguarding Leads meetings and the dissemination of learning resources and training relevant to needs being identified. It has been identified in 2016/17 this will need to be reviewed as resource constraints versus the need to ensure the productive development of professionals remains constant. The development of a Practice Nurse forum has been mapped and the inaugural launch will be in July 2017. The appointment of an Associate Designated Nurse in conjunction with the Lead Practice Nurse at the CCG has facilitated this development and fulfils an action identified in local safeguarding reviews. A further key development is the “Multiagency GP information exchange” meeting previously known as “Red Card”, which links Primary Care with key community health practitioners. This revision resulted from inspection outcomes and a review. The process has taken significant time to revise but the revision highlighted a need to appropriate information exchanges with other professionals. The pilot phase will be launched in 2017 and embedding will be developed with any operational revisions.

   The CCG continue to gain assurance from quality monitoring and safeguarding is reflected in visits with specific questions for all reviews and visits. When considered appropriate this will also

include the designated professionals with services that have significant contacts with children and young people. The development of the GP Safeguarding tool has enhanced the monitoring and support in primary care and became part of the Primary Care offer from April 2017.

The CCG Safeguarding team continue to report on activity to its Quality Improvement Committee. Reviews and audits are managed within activity and can be raised within the CCG Safeguarding Steering group for further discussion and actions to be considered.

3) What agencies need to do in the future?

The CCG will continue to review all areas of safeguarding in the health community of Nottingham relating to children and young people. The CCG will look to build further the development of professionals and particularly with Primary Care as noted in the developments in 2016/17. This has been enhanced following the appointment of an Associate Designated Nurse to assist in further driving the Safeguarding Agenda forward and the development of support forums and reacting to themes relating to developing safeguarding support.

The CCG will continue to embed agendas of the key areas specifically related to safeguarding on the local and national agendas. This will include the review of the reporting of FGM, CSE and the promoting the recognition of Prevent related matters.

The CCG will continue to participate in local and national reviews and ensure that the health community are engaged in the process.

The CCG will react to the key developments and participate in consultations as deemed necessary to the work undertaken in prevention, safety, quality and protection considering the potential revisions following the recommendations of the Wood review.

Cafcass

Cafcass (the Children and Family Court Advisory and Support Service) is a non-departmental public body sponsored by the Ministry of Justice. The role of Cafcass within the family courts is: to safeguard and promote the welfare of children; provide advice to the court; make provision for children to be represented; and provide information and support to children and their families. It employs over 1,500 frontline staff.

The demand upon Cafcass services grew substantially in 2015/16 with a 13% increase in care applications and an 11% increase in private law applications. The grant-in-aid provided by the Ministry of Justice was smaller than the previous year. Notwithstanding this, Cafcass has met all of its Key Performance Indicators.

The following are examples of work undertaken by Cafcass in 2014/15 to promote the continuous improvement of our work and support reform of the Family Justice:

Revision of both the **Quality Assurance and Impact Framework** and **Supervision Policy** which together set out the organisation's commitment to delivering outstanding services, and the ways in which staff are supported to achieve this and the quality of work is to be monitored. The Framework integrates the impact of the work on the child into the grade descriptors so that evidence of positive impact is to be present, alongside compliance with the expectations of Cafcass and the Court, for an outstanding grade to be achieved.

Implementation of the **Equality and Diversity Strategy**. This is a network of Diversity Ambassadors who support the development of staff understanding and skill; the holding of workshops; a themed audit on the impact of diversity training on practice.

Extending the **Child Exploitation Strategy** introduced in 2014/15 to include trafficking and radicalisation as well as sexual exploitation. Key elements of the strategy include: Ambassadors (at a service area level) and Champions at a team level to have a 'finger on the pulse' of local issues and to support learning; training and research (including a study of 54 cases known to Cafcass in which radicalisation was identified as a feature).

Working with a **range of partners** across family justice, children's services and the voluntary sector. Examples include Local Family Justice Boards (Cafcass chairs 12 of the 46 of these), the judiciary, the Adoption Leadership Board and the Association for Directors of Children's Services with whom Cafcass has developed the social work evidence template for use in care cases, and with whom we are developing good practice guidance for children who are accommodated by the local authority

The development of **innovations** that are aimed at improving our practice and supporting family justice reform. These include: piloting the provision to our Family Court Advisers of consultations with a clinical psychologist; the extension of Family Drug and Alcohol Courts; *the supporting separated parents in dispute* helpline (a pilot across five service areas aimed at promoting out-of-court settlements of disputes where safe to do so).

Contributing to the government **review of Special Guardianship Orders**, including a small piece of research that was included in the government's response to the consultation.

A **Service User Feedback Survey**, which looked at the interim outcomes of children six to nine months after private law proceedings concluded. Specifically the survey looked into whether arrangements ordered by the court had sustained; how effective communication was between parents before and after court proceedings; and whether participants believed that the court order was in their child's best interests.

Crime and Drug Partnership (CDP)

CSE

During 2016/17, the CDP Board has received quarterly reports about CSE (As required of Community Safety Partnerships since the publication of Louise Casey's report into Child Sexual Exploitation in Rotherham – 'Reflections on child sexual exploitation. A report by Louise Casey, March 2015').

Children's Workers in Refuges

We lost our Children's Workers in refuge funding which ended March 2017. The refuges have retained Children's Workers by reducing their existing services to adult survivors

Healthy Relationships

Equation have delivered and continued to deliver healthy relationship work in schools

Multiple Perpetrators Practice Guidance

This has been circulated to colleagues across the city.

STRIDE

STRIDE continues to work with children services to increase confidence on work with perpetrators and survivors by co-locating specialist workers in children and families teams.

Sexual Violence Action Network

In December 2015, the Crime and Drug Partnership Board agreed that Sexual Violence should be a CDP priority for 2016/2017. The SVAN was established in November 2015 and the aims are to focus on those offences of Sexual Violence, offending and Rape that appertain to adults and to ensure that Nottingham has an effective partnership response to Sexual Violence. A rape and sexual abuse campaign will run for 2 years, one of the 4 elements of the campaign will include an educational aspect relating to consent and sexual violence with young people (Sept 2017)

Future events planned in 2017/18

- Paediatric and adult SARC are being recommissioned
- Rape Crisis is being relaunched as Nottinghamshire Sexual Violence Support in June 2017. The service to take account of IICSA and also support for both male and females over 13
- HBV pathway is in development
- APVA (Adolescent to Parent Violence) guidance is development

CityCare

Priority 1: To be assured that children and young people are safe across the child's journey whilst reducing avoidable harm to children

Safeguarding Supervision
Summary of Work Undertaken

- A review and transformation of the safeguarding supervision strategy within the organisation has taken place for children's services practitioners. The purpose of this has been to ensure an effective safeguarding supervision strategy sustainable for the future. Introduction of the new model commenced in April 2017.
- The new model focuses on ensuring there is shared learning across the workforce through group supervision. In addition the model offers one to one supervision clinics for practitioners who require more specialist support with complex cases.
- The one to one safeguarding clinics require practitioners to consider the case prior to the session using reflection and assessment skills to ensure the safeguarding clinic is used effectively and efficiently.
- A review and transformation of the safeguarding training strategy has been undertaken. The new safeguarding training strategy supports the workforce to meet their safeguarding training requirements whilst ensuring they are upskilled to complete their safeguarding responsibilities. The new safeguarding training strategy meets the needs of the organisation ensuring sustainability for the future.

Impact of work undertaken

- Early feedback from staff and supervisors highlights that the revised approach enables improved reflection and analysis and transference of learning. The model benefits practitioners through blended learning styles promoting reflection and imbedding best practice. A key element of the revised model focuses on ensuring learning from serious incidents is embedded into practice. A working group is rolling the new model out to the workforce and plan to evaluate 12 months post implementation.
- Select staff groups will continue to have one to one safeguarding supervision, for example newly qualified practitioners and practitioners where performance concerns have been raised.

Related Actions for 17/18

- Due to changes within the safeguarding team capacity the model requires further adaptation which will be implemented November 2017.
- The adaptions will focus on the creation of safeguarding champions within the CDGs who will be up skilled and equipped with the knowledge to deliver Think Family Safeguarding Supervision to the workforce.
- The safeguarding team will focus on delivering safeguarding supervision clinics for complex cases where an additional specialist contribution is required.
- This adaption supports our priority to embed safeguarding practitioners into the workforce to support the transference of learning and best practice.

Safeguarding training
Summary of Work Undertaken

- A review and transformation of the safeguarding training strategy has been undertaken. The new safeguarding training strategy supports the workforce to meet their safeguarding training requirements whilst ensuring they are upskilled to complete their safeguarding responsibilities. The new safeguarding training strategy meets the needs of the organisation ensuring sustainability for the future.
- The model has been adapted following feedback from our practitioners and regulators. Key changes implemented are:
- Effective use of E learning
- Introduction of workbooks to ensure participants have a key safeguarding resource with local arrangements included.
- Consolidation of face to face learning to streamline resources and ensure efficient use of the workforce's time by offering a 1 day training session where practitioners can complete all safeguarding training to meet to achieve compliance with statutory requirements.

Impact of work undertaken

- The new Safeguarding Training Strategy will be rolled out to the organisation in July 2017, this will be a significant change and reduction in face to face learning. .
- The impact of the new Safeguarding Training Strategy is envisaged to improve compliance across the organisation and to improve learning for participants through interactive blended learning approaches.
- The safeguarding team have completed a comparison exercise to explore how the e learning packages compared to face to face learning (adult safeguarding level 1 and MCA). The face to face learning time for these 2 courses was 2 hours; the estimated time for completion of these 2 e learning modules was 1 hour. The results demonstrate credibility in the value of using a blended learning approach to embed best practice in safeguarding.

Related Actions for 17/18

- The new safeguarding training strategy will be fully implemented in July 2017 and reviewed 12 months post implementation.

Advice and Support
Summary of Work Undertaken

- Delivery of safeguarding advice and support to CityCare staff continues to be a key priority for the service.

Impact of work undertaken

- The safeguarding team offer a duty service where a safeguarding practitioner is available to offer advice, guidance and support between the hours of 9-5 Monday to Friday. This is an ad hoc and flexible service and practitioners are not required to book a time slot, the purpose of the service is to ensure support and advice is available to practitioners at the right time and in the right place to support them in safeguarding children and young people.
- In addition the service offers an out of hours advice and support service between the hours of 5pm and 8pm Monday to Friday.
- Our audit relating to Safeguarding Children processes and escalation highlighted that 93% of staff knew how to access the safeguarding team with 92% of respondents stating that the response was good to excellent.

- The Safeguarding Team have developed the CityCare intranet safeguarding pages to support and guide the workforce. The pages give information on local arrangements for safeguarding along with safeguarding updates with links to policies, procedures and updates. This has been a valuable resource for staff to gain knowledge and awareness.

Related Actions for 17/18
- The service plan to monitor and audit the duty service to ensure the delivery meets the needs of the workforce.

Safeguarding Standard Operating Procedures (SOP)
Summary of Work Undertaken
- A CityCare working group has completed the Community Public Health Nursing (5-19): Supporting Children through the Child Protection Process Standard Operating Procedure (SOP)

Impact of work undertaken
- This SOP provides clarity and guidance for staff regarding actions to be taken for children where there are safeguarding concerns.
- The SOP promotes improved interagency communication and liaison. The SOP outlines the procedure for assessing and managing health needs in children and young people where there is social care involvement.
- The SOP is a mechanism for reducing potential risk and ensuring the children and young people we deliver services to are safer.

Related Actions for 17/18
- The SOP will be reviewed, evaluated and adapted to meet requirements.

Safeguarding SystmOne Template
Summary of Work Undertaken
- A Safeguarding template for SystmOne (electronic recording system) has been developed and rolled out across the children's workforce.

Impact of work undertaken
- The template is based on best practice in safeguarding record keeping; the template is complete with a link to the CityCare safeguarding intranet pages and the Local Safeguarding Children's Board Policy and Procedures to support staff with information and resources.
- The template ensures consistency in recording safeguarding information and ensures practitioners are prompted to analyse and assess the information they record. The purpose of the template is to improve risk assessment and increase the quality of safeguarding practice.

Related Actions for 17/18
- Safeguarding SystmOne template to be reviewed, evaluated and adapted to meet requirements.

Record Keeping
Summary of Work Undertaken
- Bespoke record keeping training for the children's workforce has been developed and is being rolled out to the children's workforce.

Impact of work undertaken

- This is having a positive impact in practitioner's ability to assess and plan interventions.

Related Actions for 17/18

- Bespoke record keeping training to continue to be rolled out to the children's workforce.

Bite Size Masterclasses
Summary of Work Undertaken

- Bite size factsheets have been developed to share learning from serious case reviews these are cascaded through the organisation via a communication strategy to offer blended approaches to learning and updates for skills.
- The safeguarding service has developed bespoke bite size learning modules to support the workforce through increasing their knowledge and understanding of local learning from serious incidents.
- Bite size learning modules have been developed and rolled out to practitioners to build on their mandatory training and provide opportunity for more in depth bespoke learning experiences that focus on the local needs of the workforce. These training sessions are short and directly related to learning from incidents and serious case reviews in Nottingham. A facilitation approach and learning from real experience is used.
- The most recent session took place in March 2017 and focused on using analysis in safeguarding practice

Impact of work undertaken

- Using a bite sized learning approach depends on delivering easily digestible short yet substantial content, a proven approach to improve learning and development.

- Bite-sized learning is easier to digest, understand and remember. The approach makes learning more manageable and easier to integrate into long term memory.

- By following these principles the workforce are supported in building knowledge and experience to improve the quality of their safeguarding practice.

Related Actions for 17/18

- The safeguarding team will continue to utilise bite size learning to upskill the workforce and embed learning throughout the organisation.

Safeguarding Updates
Summary of Work Undertaken

- The safeguarding team have developed Quarterly Safeguarding updates to embed key learning from significant events. These are delivered to all practitioners attending the Safeguarding Champions forum and/or receiving Safeguarding supervision, and are available for all staff to access online via the Safeguarding Intranet pages.

Impact of work undertaken

- The safeguarding updates ensure the learning cascaded throughout the organisation is consistent and reflective of current trends and themes from serious case reviews and other serious incidents.

- The safeguarding team have implemented a communication strategy that is used to ensure learning is cascaded and embedded into practice.

Related Actions for 17/18

- Continue utilising the safeguarding updates and communication strategy to embed learning. Future plans to extend the role of the safeguarding champions to further their role in this area.

Section 11 Self Assurance Framework Compliance

Summary of Work Undertaken

- S11 submitted June 2016
- CityCare self-assessed as compliant in 55 out of 57 key lines of enquiry. Remaining 2 have partial compliance.
  2 areas working towards
- 4.1 Level 2 training for Adults services was introduced late 2015.
- 9.1 Building work on going at UCC impacting on patient experience. Childrens area available in UCC. Paediatric lead in UCC - number of staff undertaking paediatrics course.

Impact of work undertaken

- Provide assurance to commissioners and the Safeguarding Children Board

Related Actions for 17/18

- Section 11 Self Assurance Framework to be submitted in June 2017, we are envisaged to have full compliance as both 4.1 and 9.1 are now compliant.

Safeguarding Multiagency Working across the Children's Partnership

Summary of Work Undertaken

- The safeguarding service continue to work in partnership with multi-agency groups to ensure joined up working and embedded learning for practitioners.
- This includes Nottingham City Safeguarding Children's Board (NCSCB) Multi-agency Quality Assurance and Audit Sub Group, Serious Case Review Standing Panel and Local Safeguarding Children's Board.
- The Safeguarding team take an active role in the multi-agency audit led by the NCSCB quarterly. The learning from these audits comes from a true multi-agency view and is invaluable in identifying how we can work and learn better together across the partnership. This learning is cascaded throughout the workforce through our communication strategy.
- In addition the CityCare' s Named Nurse/Head of Safeguarding has been part of a panel of partnership representatives who devised, with the support of a multimedia expert, a 2 minute animation for professionals to prompt them to consider the wellbeing and safeguarding of a child when they are not taken to medical appointments.

Impact of work undertaken

- Developing strong and lasting relationships with partner agencies is fundamental to the safeguarding approach in Nottingham.

Related Actions for 17/18

- To continue with multiagency working to ensure CityCare are sufficiently represented within the children's partnership.

Serious Incident Review Group and Learning Lessons Group
Summary of Work Undertaken

- A Serious Incident review group was developed by CityCare with the Head of Safeguarding and Lead Practitioner for Adult Safeguarding and MCA core members. The purpose of this group is to ensure learning from serious incidents is robustly formulated and embedded into practice. Furthermore the group are accountable for ensuring learning is shared across the organisation and is not limited to the local area where the serious incident occurred. Since this group was instigated, there has been further progress made with the addition of the Learning Lessons Group, this group will focus on ensuring key themes and learning that has been identified at the Serious Incident Review Group is shared across the organisation. The Serious Incident Review Group will be accountable to the Learning Lessons Group.
- The group drives the embedding of learning throughout the organisation ensuring that this is done in a systematic, effective way, reducing fragmentation of learning. training and team meetings.

Impact of work undertaken

- The impact of both groups is to provide assurance to the organisation that findings from incidents are used to learn and improve future services.
- A key focus for the organisation is to share system wide learning, often transferable from one service to another.

Related Actions for 17/18

- Continue to develop and implement both groups.

Priority 2: To be assured that safeguarding is everyone's responsibility

Safeguarding Champion Network
Summary of Work Undertaken

- The safeguarding champions have been fundamental in CityCare's commitment to ensuring learning from safeguarding incidents are embedded into local practices to ensure we safeguard individuals we care for.

- The Safeguarding Champions have been recruited from the CityCare workforce; this includes adult's and children's services. The focus of the safeguarding champion's forum is to develop knowledge, understanding and confidence around safeguarding. The Safeguarding Champion Network is robustly rooted in the principles of Think Family. The group is led by the CityCare Safeguarding Adult and Mental Capacity Act Lead Practitioner, who commits to ensuring the forum maintains a balanced focus on safeguarding adults, children and MCA to maximise the quality and value on service delivery to patients.

Impact of work undertaken

- All the Safeguarding champions have committed to team specific plans The Safeguarding Champions session in March 2017 focused on considering ways to embed learning from serious incidents in practice
- The Safeguarding champions were asked to identify a personal pledge to take back into their teams to embed key safeguarding priorities within their services.

- Development of an impact assessment exercise was set up for March 2017 to establish the impact the Safeguarding Champions have had to raise safeguarding practice standards and to establish where there are areas for improvement and development.

Related Actions for 17/18

- Champions are viewed as an integral part of embedding knowledge, understanding and confidence around Safeguarding in role modelling best practice. We have recently commissioned a psychotherapist and an expert in attachment theory, learning and development, to deliver supervision training to support practitioners and Safeguarding Champions to develop further in their role and become Safeguarding supervisors. We also have plans to upskill the Practice Teachers within the organisation to support the training strategy.

Social Media Platforms

Summary of Work Undertaken

- In March 2017 Safeguarding Champions have been invited to join the CityCare Facebook Safeguarding group. This provides resources/links to safeguarding related topics. This is currently a closed group, but there are plans to open this up to the wider organisation in the future.

Impact of work undertaken

- Impact to be evaluated through the safeguarding champions.

Related Actions for 17/18

- Ongoing evaluation and review, plans for further exploration of multimedia platforms.

Don’t Keep Mum

Summary of Work Undertaken

- The Named Nurse/Head of Safeguarding has contributed to a research proposal ‘Don’t Keep Mum’. This focuses on engaging the public in safeguarding.

Related Actions for 17/18

- Continued involvement to support the research proposal.

Membership of strategic boards and sub groups

Summary of Work Undertaken

CityCare remain active members of NCSCB Strategic Board and sub groups

- Training sub group
- Multi-agency audit sub group
- Serious Case Review Standing Panel
- Domestic and Sexual Violence Strategy Group
- Domestic Homicide Review Assurance and Learning Implementation Group

The Children and Young Peoples Provider Network

CYPPN is a forum for voluntary and community organisations. The network meets every 8 weeks and produces a two weekly newsletter.

There are 218 individuals involved in the network representing 163 Voluntary organisations working with children and young people in Nottingham City.

All members sign up to the CYPPN framework and the CYPPN safeguarding pledge, which outlines our commitment to safeguarding children.

We have a representative who regularly attends the safeguarding board. The rep gives an update at all CYPPN meetings - we held seven meetings throughout the period. He also uses the forum to fact find about issues that may need to be escalated further. We are active in the learning sub group and attending the emerging themes sub group.

In November 2016, we committed to ensuring that network members received safeguarding training and that we would work with them to ensure that they had suitable safeguarding policies in place, which reflect the guidance and local procedures.

In 2016 - 2017, we undertook the following actions to ensure that organisations were aware of their responsibilities to safeguarding children:

1. Delivered introduction to safeguarding children to 57 individuals representing 18 organisations

2. Featured 47 safeguarding updates in the CYPPN newsletter

3. Promoted the director of children's services national blogs in the newsletter

4. Welcomed the safeguarding children's board manager to a network meeting attended by 25 individuals representing 18 organisations. The meeting was used to reinforce the need to report safeguarding concerns.

Future Plans:
We will continue to ensure that organisations receive regular safeguarding updates and that the network is used as vehicle to ensure that learning is disseminated.

We have 10 training sessions planned and expect to train over 100 members of the VCS workforce.

Nottinghamshire Healthcare NHS Foundation Trust

NHCFT is a major provider of mental health, intellectual disability and community healthcare services for the people of Nottingham City and Nottinghamshire.

NHCFT believes that safeguarding is everyone's business and we aim to uphold all adults' and children's fundamental rights to be safe from harm and exploitation. The Trust has a responsibility to promote the safety and welfare of people and families who use our services, including tackling domestic violence and abuse.

The Trust underpins all its safeguarding work using a Think Family safeguarding model which is supported by its Trustwide Think Family Safeguarding Strategy. The Trust has strategies in place to support its safeguarding priorities and every year it produces an annual report on its activity and achievements throughout the year.

As a Trust we see about 190,000 people each year. Our 8,800 staff carry out a wide range of roles; working together to provide integrated and coordinated care and support to those using our services.

The Trust is an active member of Nottingham City Safeguarding Adults Board, Safeguarding Children Board and Nottinghamshire Safeguarding Adults Board and Safeguarding Children Board. The role of the boards is to ensure that local services are effective and well-coordinated and that there is continuous learning and improvement.

A key development within 2016/ 17 was the combining of 2 of the three divisions within the Trust. The aim of these changes was highlighted as:

"Through partnerships improve lives and the quality of care."

The service model to achieve this vision has three core components:

- self-care and prevention,
- community and integrated care and
- highly specialist and inpatient care.

To deliver this strategy the Trust has committed to:

- Create a new division with a new identity, Local Partnerships, to deliver the objectives expected of it in alignment with the Trust strategy;
- Ensure the delivery of the current two divisions' service and financial objectives.

The Trust now has 2 divisions:

- Local Partnerships Division
- Forensic Services Division

The integration of these services further reinforces and supports the Trust's Think Family ethos and supports the Think Family safeguarding strategy.

The Trust now sits within its second year of its 5 year Quality Improvement Plan which began in 2015/16 and is building upon the developments of the first year whilst also working with services as they continue to integrate and work together for the best interests of clients and their families and/or carers. Its 3 key priorities are:

- Priority 1 - To demonstrate Nottinghamshire Healthcare has a strong integrated and sustainable culture of both safeguarding leadership and strategic and operational working across the Trust;

- Priority 2 - To demonstrate that we are assured that safeguarding is everyone's responsibility and are able to evidence that we are making a difference;

- Priority 3 - To demonstrate that we are assured that learning and improvement is raising the awareness and the quality of safeguarding practice and ensure that training, procedures and guidance support improvements in safeguarding children and adults. This is underpinned by a comprehensive governance structure within the Trust which is summarised below.

During 2016/17 we have worked hard to implement the developments highlighted within our last report and align them to the Trust strategic priorities.

We were keen to focus during this year on demonstrating how we make a difference in respect of safeguarding. We have developed our safeguarding performance reporting mechanisms and these are supported by the Trust divisions and overseen by the Trust wide Strategic Safeguarding Group.

We have continued to develop strategies to implement, oversee and evidence developments arising from safeguarding reviews. We have played a prominent part in multi-agency developments, for example learning in respect of transitions. The Trust were asked to provide a lecture on this subject for the Anne Craft Trust in 2016 which received very positive feedback.

Training
NHCFT has an extensive training programme which was reviewed in 2016/17 and 2 major developments were undertaken

1. The Think Family training was changed from level based training to clinical and non-clinical training to acknowledge the competency requirements and address the confusion experienced by staff in respect of level requirements. This change also provided assurance to the CQC who felt that staff were not trained to the required levels. This now means that all clinical facing staff are trained to a minimum of level 3 adult and child safeguarding and all non-clinical staff to a minimum of level 1.
2. The safeguarding training provision was moved from within the divisional safeguarding team to the Trust's Learning and Development department and we now have 3 safeguarding trainers who are responsible for ensuring we meet all our training requirements. Training uptake is monitored via the divisional safeguarding groups, the Trust wide Strategic Safeguarding Group and by the Trust Board.

Supervision
To ensure that we meet the safeguarding supervision requirements of all staff within NHCFT we have reviewed how safeguarding supervision is delivered to our staff, acknowledging their different levels of need. This review has taken place following an extensive research process which included discussion with neighboring authorities, consultation with our commissioners, review of the assurance requirements for both adult and child safeguarding boards and a review of how and when safeguarding supervision is delivered within the Trust. The outcome of this work has been the development of a Safeguarding Supervision Framework which is aligned to the Trust's Think Family Safeguarding Strategy. The framework has been signed off strategically and will undergo a period of implementation commencing in May 2017.

Compliance
A key area of work which supports the implementation of the Safeguarding Supervision Framework is around compliance. We have developed a Compliance Framework which is aligned to the CQC safeguarding standards and additionally will seek to provide assurance around safeguarding supervision. This was also ratified by the Trust wide Strategic Safeguarding Group and will be used to benchmark and audit safeguarding practices within

services. It will form part of our safeguarding audit evidence portfolio and help us target areas of need.

Data
As outlined in last year's report we are developing a Quality Assurance and Performance Framework in an attempt to evidence that we are making a difference and that safeguarding developments within the Trust can be quantified. This dataset is overseen strategically and is coming towards the end of its fourth quarter; the aim of this process will be to provide an annual report which includes evidenced based data, although the project continues to face challenges in terms of ensuring the data collected is robust.

Prevent
Through the Prevent statutory duty, part of the Counter-Terrorism and Security Act 2015, the Trust maintains a "due regard to the need to prevent people from being drawn into terrorism." As such, it is Trust policy to safeguard and support vulnerable individuals, whether service users (adults or children) or staff, who they feel may be at risk of being radicalised by extremists, to ensure appropriate systems are in place for staff to raise concerns if they think this form of exploitation is taking place and to promote and operate a safe environment where violent extremists are unable to operate.

Moving into 2017/18
As we move into 2017/18 our prime objective is to continue to embed the key priorities of our 5 year plan and this is further supported by the work undertaken to review safeguarding supervision, develop compliance and evidence 'how we make a difference' using our quality and performance processes.

Nottinghamshire Healthcare NHS Foundation Trust continues to underpin all it's a safeguarding work using the safeguarding Think Family ethos, which acknowledges that staff should always be aware of the wider family dynamics whoever they are working with.

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Nottinghamshire Police

WHAT WE PLANNED TO DO

- Review the operational and strategic structure of Nottinghamshire Police Public Protection.
- Conduct a peer review with Lancashire Police in support of that review (Lancashire Police selected for consistently good HMIC inspections re: - vulnerability).
- Re-structure Public Protection to meet increased operational demand.
- Improve Police participation in multi-agency meetings
- Support the development of a Multi-Agency Sexual Exploitation Panel in the County & City.
- Develop a multi-agency mechanism for identification and disruption of suspected perpetrators of child sexual exploitation.
- Respond effectively to multi-agency CSE intelligence gathering (Operation Striver).
- Pro-actively pursue offenders concerned in the proliferation and distribution of indecent images of children.
- Produce and utilise a multi-agency CSE problem profile to identify gaps and pursue offenders.

WHAT WE DID

- A wholesale review of Public Protection was undertaken, which included a peer review with Lancashire Police. This resulted in the restructure of public protection June 2017. In summary, this entailed the amalgamation of the Domestic Abuse, Rape and Triage & Safeguarding Teams thus reducing the bureaucracy attached to existing inter-dependencies. A Detective Chief Inspector was appointed as lead for adult safeguarding. Similarly, a Detective Chief

  Inspector was appointed lead for Children (the two posts had previously shared responsibilities across both areas of vulnerability) and given responsibility for the force Child Abuse Investigation Unit, the Sexual Exploitation Investigation Unit, Paedophile Online Investigation Team and MASH. A third DCI post was created designed to oversee the Management of Violent & Sex Offenders and MAPPA responsibilities. This role is also intended to improve the Forces performance in policy and compliance.
- The ability of Nottinghamshire Police to meet demand in terms of multi-agency meetings remains a significant challenge however performance has improved significantly with all meetings receiving a response by way of report if operational demand undermines the Police's ability to attend. This challenge has also been recognised within Public Protection's re-structure and is to be addressed by the development of the Working Together Team. The Working Together Team hold the primary function of improving Police performance in this area by increasing the frequency with which the Police are able to attend. The team will consist of four member of Police staff who will be authorised by the Head of PP as decision makers and thus meet the criteria for those attending statutory meetings as defined by Working Together 2015. The staff have been selected following recruitment process and are currently awaiting vetting clearance prior to being appointed.
- A MASE is now established in the City & County. It is supported by the Police (other than by attendance) through the Police maintenance of the Children at Risk of Sexual Exploitation (CaROSE) data set, which defines the case list at each MASE panel.

- A perpetrator data set similar in composition CaROSE is in development. The criteria for inclusion, removal, escalation and de-escalation has been agreed at a multi-agency forum set up for that forum co-chaired by a Detective Inspector (SEIU) and a senior officer from the Local Authority. An Information Sharing Agreement will be required for the Police to share perpetrator data.
- Operation Striver continues to thrive in the City with a very well attended meeting and frequent intelligence submissions from partners. In recognition of the challenges presented to Police in responding to the intelligence a CSE Disruption Team has been established staffed by colleagues from the Special Constabulary. This team compliments the work of investigators by responding to CSE intelligence, which might not have previously attracted a Police response. The team will visit suspected perpetrators or adults of concern, visit suspected hotspots, issue CAWNS and undertake follow visits on persons CAWNS have been issued to.
- Within Public Protection's re-structure, a Paedophile Online Investigation Team has been established to pro-actively pursue indecent images of children (IIOC) offenders. Methodology exists which assists the Police identify suspects currently using the internet to procure and/or distribute IIOC. The pro-active use of this methodology has more than halved the number of active internet users utilising peer-to-peer networks for the sharing of child abuse material within Nottinghamshire.
- The first problem profile was published in January 2017. This was refreshed in September 2017. The profile is multi-agency. It is the intention for this to define multi-agency activity via the identification of gaps in delivery and focus on groups and locations, which appear statistically vulnerable. E.g., the district of Forest Fields remains an area of particular concern as well as under reporting among boys and minority communities.

- Plans are well underway for the setting up of a Multi-Agency Safeguarding Hub in Nottingham City and we plan to invest significant numbers of staff and infrastructure to make it happen.

Nottingham University Hospitals

- Safe recruitment and managing allegations against staff.

  NUH continues to operate a safe system of recruitment, which is in line with the NHS employment check standards. A cross check against new starters entered onto our electronic staff records takes place monthly to ensure that a centrally held record of the DBS check has been retained.

- Effective staff training

  The approach to delivering training has remained the same: all staff view (in their birthday month) a 90 minute DVD designed to equip them with the knowledge required for Level 1 & 2 safeguarding children and adults. This DVD is also supplemented for clinical staff with a 30-minute face-to-face adult safeguarding update. Level 3 children's safeguarding training continues to be delivered at face-to-face sessions for relevant staff. Training content remains compliant with the Intercollegiate Competency Framework 2014 and has been quality assured by the local safeguarding Boards. All mandatory safeguarding training for the next financial year will focus on Prevent. Targeted Level 3 training to staff in the Emergency Department continues with 14 sessions delivered between April and March. These combined with the roll call briefings ensure staff at the front door are kept up to date with current safeguarding topics, for example, child sexual exploitation, female genital mutilation and domestic abuse. All sessions evaluate well. The domestic abuse specialist nurse delivers domestic abuse training across the Trust. This training has not been mandated but despite this, the take up of this training by clinical staff has been good and we have received an increased number of requests for this.

- Effective supervision arrangements

  The Safeguarding Children Supervision Policy forms part of the NUH generic Clinical Supervision Policy. Safeguarding supervision is provided on an ad-hoc basis to members of staff when requested and as a formal debrief after a complex case. There are also specific safeguarding supervision sessions for specialist nurses.

- Working in partnership with other agencies

  The Trust continues to be represented on Nottingham City Safeguarding Children's Boards and their relevant sub-groups.

- Performance management

  NUH provides CQC, Ofsted, and LSCB's (as required by Section 11 of The Children Act) with evidence that it is discharging its safeguarding and child death reporting duties. In May 2016 the self-assessment 'Markers of Good Practice' were submitted to Nottingham City and Nottinghamshire County Clinical Commissioning Groups and the Local Safeguarding Children's Boards, who have a statutory function to gain assurance from provider organisations regarding the robustness of safeguarding systems.

- Essence of Care

  Every November and December all wards score the Essence of Care Safety of Vulnerable Patient's benchmark, indicators are updated to reflect current issues.

- CQC Safeguarding and Children Looked after Inspection Nottinghamshire March 2016 A confirm and challenge event in May 2016 was held by Nottinghamshire CCG. Work is underway to develop standard operating procedures, with good practice being shared across the Healthcare system.

- CCG Visit

  In November 2016, the CCG carried out its annual safeguarding quality visit to discuss and review safeguarding children arrangements in relation to adults and paediatric emergency departments. The CCG inspection team were given assurance that the Trust prioritised the safety and welfare of children with many quoted examples of good practice. Communication with the CCG is ongoing.

- Child Sexual Exploitation (CSE)

  Following the confirm and challenge event NUH have been asked to submit an action plan to address questions raised with regard to CSE pathways and systems NUH have in place within the Sexual Health Service and ED.

- Child protection Information-Sharing Systems (CP- IS)

  Project Work continues in conjunction with NUH Information Governance and the Nottinghamshire Project Team in regards to the implementation of CP-IS. This system allows staff working in unscheduled health care settings, for example ED, to access information as to whether a child is cared for by the Local Authority or is subject to a Child Protection Plan. Work is on going within NUH as to the compatibility of the ED Medway system and CP-IS.

- Safeguarding Champions

  The Trust has 70 safeguarding champions, with coverage in each Division, including community services. All safeguarding champions have clear objectives

Support for Local Safeguarding Systems and Processes

- Self-harm remains a significant problem for the under 18s and this reflects the national picture in this challenging area. The significant increase in the level of activity of self-harm in under 18s is reported through Family Health governance. A significant amount of work is underway to mitigate the risks with assessment tools, co-working with CAMHS and the Local Authority to reduce delayed discharges and ensure safe discharge planning along with a specific task and finish group within Family Health. The Children's Hospital has received funding to develop a validated risk assessment tool for children with self-harm in the ward environment.

- Safeguarding Midwifery Update

  Midwifery safeguarding activity continues to rise in both numbers and complexity. The highest level of concern is domestic violence, as in the previous year. Interagency work is evident in this area with a noticeable increase in the number of pre- birth planning meetings. Safeguarding midwifery supervision continues to be delivered.

- Section 47 Enquiries and Medicals are embedded within the Children Act 1989 and are led by Children's Social Care Services. NUH provide the service. Data is collated as part of quarterly returns.

- Female Genital Mutilation (FGM)

  FGM Prevalence Standards have been established and this data now forms part of the quarterly data collection and submission to commissioners and national sources.

Impact

- Training

  Safeguarding training is mandatory at a compliance level from April 2016 – March 2017 of 90% for level 1, 85% for Level 2 and 83% for Level 3. Management are being asked to ensure staff book onto the relevant level of safeguarding training.

- Supervision

  Currently where staff require specialist input 100% of the requests are being met. For medical staff paediatricians supervision to review specific cases is available via a safeguarding peer review session co-ordinated via the Named Doctor.

- Section 47 Medicals

  There was a noticeable increase through the year with additional complexity in that there were more requests for assessment that ultimately do not take place. This issue is related to social care booking a medical examination but when further investigation is completed and advice is sought from the paediatricians a decision is made that a medical is not required. In addition there is a higher number of out-of-hours referrals, both of which impact on the capacity of the teams. The Local Authority have requested quarterly reports of this activity. NUH has redesigned the database in order to provide this information.

- Markers of Good Practice (Section 11)

  Overall NUH compliance was good (submission rated green).There are three areas rated amber and these will be reviewed and monitored via the Safeguarding Children's Committee. The amber items were:

  - Can NUH evidence the impact of SCR recommendations on current practice?
  - To ensure all new starters access training within the given timescale
  - To ensure the organisation takes into account the views of fathers - this was a new measure following a recent serious case review recommendation.

- Essence of Care (Internal benchmarking)

  The December 2016 assessment as reported to the Quality Assurance Committee in March 2017 achieved six out of ten indicators for good practice in 96.6% of wards and departments. This demonstrated a good knowledge of safeguarding processes across the Trust. No children's areas scored Red.

- CQC – Children Looked After

  NUH provide the medical input and function for this statutory service. Actions centred on the Initial Health Assessments undertaken by the paediatricians and the need to develop standardised processes with provider services who also deliver the service to children in care. Work has begun to develop standard operating procedures, good practice is being shared across the Healthcare system and NUH has been instrumental in moving forward. Both Family Health governance and the Safeguarding Children's Committee are monitoring this action plan.

- Child Sexual Exploitation (CSE)

  NUH has an identified CSE lead as per the NHS Quality Standard Contract supported by a newly formed NUH steering group. A new CSE risk assessment tool for staff has been implemented in sexual health services and ED during January 2017. This tool is to assist in more accurate identification of possible CSE. This is now available on the Trust intranet.

- CP-IS

  NUH is working closely with the Nottinghamshire Local Authorities, Commissioners and other health providers to ensure implementation. Funding for a project manager has now been obtained across the health community and progress should now occur.

- Safeguarding Champions
  In the last 12 months, the Safeguarding Champions have received additional training in CSE, Prevent and learning from SCRs.

Future plans

Maintain compliance and assurance for all Safeguarding standards

- Completed markers of good practice and section 11 self-assessment tool. All current deadlines are being adhered to.

Continue to improve and develop training methods and compliance

- There remains a challenge, as highlighted in the update report and will continue to be progressed

Work towards implementation of CP-IS

- Project group established and on target with Local Authority requests but incompatibility issues remain as stated.

Audit on NAI clinic from service users perspectives

- This piece of work has been deferred due to the capacity of the team but will be revisited.

Continue to improve data collection including new quarterly reporting process

- Quarterly reporting continues within NUH and to the commissioners.

Work on self-harm pathways and processes with partners

- Task and finish group established validated risk assessment tool for children with self-harm in the ward environment.

Priorities

Learning from Serious Case Reviews learning from reviews is a priority for the next 12 months and aligns with the work of the statutory local safeguarding boards. There needs to be robust methods of dissemination and evaluating the impact of learning and changing practice.

Merger of the safeguarding adults and children's teams the merger of both the adults and children's safeguarding teams is a priority for the next six months. A proposed structure has been produced.

Learning and Improvement Sub-Group

Membership
The Chair of the Sub-Group was the Service Manager for Safeguarding Partnerships, the Safeguarding Partnerships Training Officer, was the Board office staff member supporting the work of the Sub-Group.

The membership of the Sub Group for 2016-17 was from the following partner agencies:
Nottinghamshire HealthCare Trust
Nottingham CityCare Partnership
NHS Nottingham City CCG
Nottingham University Hospitals NHS Trust
Carers Federation
Base 51 (Voluntary sector)
Equation (Voluntary sector)
Nottingham Community and Voluntary Service (Voluntary sector representing the Children and Young People Provider Network and the Vulnerable Adults Provider Network)
Nottinghamshire Fire & Rescue
Nottingham City Adult Social Care
Nottingham City Integrated Workforce Development Team
Nottingham City Council Early Years
Nottingham City Integrated Workforce Development

Refresh of Learning and Improvement Sub-Group (previously the Training Sub-Group)
Following the change of Chair and Board office support, the Sub-Group members reviewed the remit and purpose of its work. The Sub-Group members changed the name from the Training Sub-Group to the Learning and Improvement Sub-Group to reflect the shift from focussing on delivering training to a broader remit of using learning to improve practice. In addition, previously the Sub-Group was joint in that it covered both the Adults and Children Board. However, following a review of the learning and improvement arrangements, the Adults Board decided to form a separate Training, Learning and Improvement Sub-Group to give sole focus on the learning and improvement arrangements of the Adult's Board. As such, the Sub-Group now only reports to the Nottingham City Safeguarding Children Board.

Development of new safeguarding training model and Learning and Improvement Strategy
The learning and improvement arrangements of the NCSCB were reviewed in 2016. Following an iterative consultation process with Board members the Learning and Improvement Strategy has been agreed. Previously the Board used a Training Pool model to deliver safeguarding training but some partners expressed concerns about their ability to continue committing resource to this and so the Board has agreed on a mixed economy model. Central to the concept of the mixed economy model is that partner agencies make places on their in-house training courses available to colleagues from other partner agencies. The new model will be implemented in line with the Safeguarding Training Implementation Plan and will be overseen by the Sub-Group.

Disseminating learning from reviews
In 2016 the NCSCB developed a new cascade model to disseminate learning from reviews to the wider workforce. A team of multi-agency facilitators led on a series of workshops to encourage discussion on practice issues raised in recent reviews and to tease out how this affects practitioners, and what they can do to respond effectively.

Practitioners were invited to attend the workshops with the understanding that they were expected to share the learning with their colleagues and teams back in their own agencies. The feedback was very positive with participants stating that their level of confidence or understanding of different issues had increased, and that this was a

more effective way of disseminating learning. The NCSCB will further embed this model as an effective way of disseminating learning to improve practice.

1. Responding Effectively to Medical Neglect

The new cascade model was first tested out with two seminars on ‘Responding Effectively to Medical Neglect’ held on 1st July 2016 to disseminate learning from a recent Multi-Agency Review which looked into the death of a child in Nottingham. 61 people attended the ‘train the trainer’ style events and attendees were tasked with supporting the cascade of learning back in their own agencies.

2. Child J Workshops

The cascade model was then further piloted to disseminate the learning from the Child J Serious Case Review (SCR). On Monday 3rd October 2016 NCSCB held the first of two Workshop Days aimed at bringing frontline practitioners and first line managers together to participate in workshops to share learning and develop an understanding of the practice issues highlighted in the SCR. Participants were split into five groups, and each group rotated through five workshops which focussed on some of the practice issues raised in the SCR. The workshops were on the following topics:

- Understanding self-harm in primary age children
- Child-focussed practice
- Confirmatory bias
- Recognising and understanding the impact of early trauma
- Child-Centred Disciplinary Approaches and Assessing Potential Non-Accidental Injury

The participants were then invited back to attend another Workshop Day on 21st February to reflect on the changes they made to their own practice following the Learning Workshop; how they shared the learning from the workshop with colleagues; and the impact the changes in practice had on outcomes for children and families. The feedback from both workshops was very positive in terms of it being an effective way to discuss practice issues, and also in how the attendees had then disseminated the learning to their colleagues.

Multi-agency training delivery

NCSCB delivered a number of training courses throughout the year which were attended by people from across the partnership, including the voluntary sector.

The range of courses, and number of sessions of each one, are outlined below.

Course title	No. of courses delivered 2016/17
Child Sexual Exploitation	7
Signs of Safety Awareness Workshop	3
Rapid Response	1
Total No. of courses	11

Evaluation forms completed by those attending training, identify that they have significantly increased levels of knowledge and confidence in identifying and responding effectively to the abuse and neglect of children.

Every Colleague Matters

The Board office worked with Nottingham City Council’s Integrated Workforce Team to deliver an Every Colleagues Matters event on ‘Excellence in Safeguarding Practice’. The event was a series of sessions held between 6-10 February, and they were open to anyone who works within the Childrens and Vulnerable Adults Workforce in Nottingham. 15 sessions were delivered on a range of subjects from Child Focussed Practice to Early Childhood Trauma.
A total of 672 people attended from a mixture of agencies and 96 per cent reviewed the training as good and excellent.

Safeguarding Vulnerable Passengers
The 'Safeguarding Vulnerable Passengers' training programme was developed in summer 2015 to equip taxi drivers with the knowledge and skills to understand their responsibilities in relation to safeguarding children and adults at risk. The programme was reviewed in 2016-17 and a test element of the course will be included to assess levels of understanding. A requirement will also be made for taxi drivers to sit the course every three years.

Communication and engagement
There has been a greater focus on developing the communication and engagement role of the Sub-Group to ensure more coherent and co-ordinated communications with the workforce. Activities in this area included:

- Workforce survey issued to engage with wider workforce on their relationship with the Board, safeguarding issues and arrangements for supporting children and families
- Developed the use of newsletters, which over 2700 people are subscribed to
- Refreshed the layout and information on the NCSCB website, including a new video section
- Supported the cascade of the *Rethinking 'Did Not Attend'* video animation. There have been over 12,000 views of the video (subtitled and non-subtitled versions) across YouTube and vimeo, and the 'my Nottingham' Facebook page.
- Developed a learning briefing on the Child J SCR, and a series of bite-size learning sheets on the practice issues highlighted in the SCR

Safeguarding Training Quality Assurance
The cross-authority training quality assurance scheme was reviewed and amended to make the process and document more streamlined. Board representatives were consulted with to ensure continued commitment to the scheme.

Quality Assurance Sub Group

Introduction

The Quality Assurance group is a sub group of the Nottingham City Safeguarding Children's Board (NCSCB). Its role and function is to -

- Provide assurance to the NCSCB on the quality of safeguarding intervention for children and young people and the performance of agencies in carrying out their safeguarding function. This will include a focus on improving outcomes. Sub group members are expected to disseminate learning within their own organisations and ensure participation in quality assurance measures and learning events.

In order to deliver its purpose the sub group will-

- Monitor and evaluate trends and profiling for safeguarding data and report this to individual agencies and the Board.
- Develop and oversee a programme of multi -agency audits to assess and report on the quality of safeguarding interventions across Children's Services.
- To conduct an agreed quality assurance process of partner agencies safeguarding activity set against national standards. This will be undertaken through completion of the Sec 11 for the NCSCB. To analyse and report the outcomes of this to the Boards and partner agencies.
- To review the impact of the implementation of Action Plans resulting from review processes commissioned by the NCSCB.

The Chair of the group reports to the Business Management Group and Board.

Membership and Attendance

The QA group includes key partner agencies and it is positive that attendance has steadily increased during the year including new representation from Schools and Education, Early Help and the Police.

Chairing arrangements transferred to Liz Tinsley, Service Manager, NSPCC, in November 2016.

Summary of safeguarding activity

The Quality Assurance Group met on 7 occasions between April 2016 and March 2017 with 4 meetings focussing on audit activity. The audit programme included the following audits-

- **Child Sexual Exploitation**
- **Out of hours referrals to Children's Social care Emergency Duty Team (EDT)**
- **Quality of plans for cases where the concern was physical abuse.**
- **Medical Neglect**.

Assurance was also sought from partner agencies in respect of Quality Assurance processes for the Common Assessment Framework (CAF). This was prompted by a multi -agency audit conducted in the in 2015/16 which highlighted the need for organisations to take responsibility for the quality of CAFs conducted by their workforce.

A planned mock JTAI was postponed due to the Ofsted Inspection of Children's Services in 2017.

During 2016 a performance framework/data set was agreed against which to manage performance and to identify trends and issues. There were some later challenges around this due to the introduction of Liquid Logic in early 2017, however, the Head of Safeguarding and Quality Assurance provided regular updates to the group in respect of key data and an end of year report will be provided to the NSCB in June 2017.

Impact of that activity.

During 2016/17 the QA group began to develop an impact log in order to capture the difference the group has made to multi-agency safeguarding. Examples of this include-

- Development of a clear data set against which to manage performance.
- Evidence of increased awareness by Health of Private Fostering placements (based on a Private Fostering survey
- Increased awareness of the role of Community Health Nurses and capacity for safeguarding activity in Nottingham City
- The CSE audit report indicated a lack of clarity about the use of the CSE Toolkit which required further attention (See audit programme below).
- A case file audit tool for Schools has been developed by the QA Group Education representative which should achieve greater consistency in the auditing of education files and provide a useful reference point for schools.
- The medical neglect audit provided reassurance of the positive impact of the 'Was Not Brought' film (Ref. SCR Child S)
- The Quality of Plans audit identified the need for further work to be undertaken by Children's Social Care, which was done, and significant improvement noted.

- **Plans for the future –includes audit programme 2017/18**

SUBJECT	METHOD	SCR/LEARNING REVIEW LINKS	Comment
Q1 **29 June 2016**	**CROSS AUTHORITY** Intra familial sexual abuse		Co- ordinated with the County
Q2 **28September 2017**	Children placed under SGO	Child J	To include both children recently placed and those in placement for some time
Q3 **November 2017**	Dip test CSE re toolkit compliance	Linked to findings of earlier audit	To be undertaken by CSE Co-Ordinator and NCSCB Officer
Q3 **November 2017**	Mock JTAI	To test JTAI process	Project plan to be developed separately
Q4 **25 January 2018**	Children who go missing	Inspection/Children in Care.	Focus will be Children in Care.
Q4 **29 March 2018**	Working with complex families	Child J Family P (C)	

In addition, the Quality Assurance sub-group will analyse and report the outcomes of future Section 11 audits to the NCSCB and partner agencies.

Serious Case Review Standing Panel

The Serious Case Review Standing Panel (SCRSP) supports the statutory functions of the NCSCB as set out in Chapter four of Working Together 2015; and regulation 5 of the Local Safeguarding Children Boards Regulations

The overall aim of the SCRSP is to ensure that Serious Case Reviews (SCR) are commissioned where they meet the criteria

That lessons learned from SCRs and other types of review are; shared with agencies and individuals to positively influence practice, and improve the way in which they work both individually and collectively, to safeguard and promote the welfare of children.

The SCRSP is a critical contributor to the NCSCB Learning and Improvement Framework

Meetings & Membership
The SCR SP has a monthly meeting schedule which is amended depending on need. During 2016/17 it met on 10 occasions.

Membership
During the 2016/17 year we have seen consistent commitment and attendance by all partnership agencies. Colleagues have been proactive in identifying representatives when they are unable to attend. Members have supported adherence to deadlines by ensuring activity is completed within their home organisations. Members have demonstrated the ability to professionally challenge colleagues appropriately.

Activity in respect of membership:

- Secured a DNLR CRC member who has been able to attend some of the meetings, but also act as a point of contact for the subgroup.
- In February 2017, DCI Mel Bowden stepped down from her role as Chair of the subgroup due to changes in her role within Nottinghamshire Police. The Subgroup look forward to welcoming DCI Pete Quinn as Chair in May 2017. The subgroup would like to acknowledge the contribution by the outgoing Chair Mel Bowden in relation to successfully championing the *was not brought* animation to conclusion.

Sub-group activity
Serious case reviews
During 2016/17 the Standing Panel have:

- Commissioned one Serious Case Review
- Concluded work with East Ridings, in respect of a SCR they commissioned on a child previously known to Nottingham City.
- Considered two SCR referrals and not recommended SCRs following initial information gathering exercise.

Action Plans
In their on-going monitoring role associated with reviews, the sub-group have signed off three completed Action Plans (Two SCRs and one Learning Review).

Publication
No reviews have been published during the 2016/17 year, however there are two publications planned for early April 2017.

Alternative reviews
In addition, the subgroup have overseen the completion of one Learning Review, and they will continue to monitor actions arising from this.
Single agency reviews

The Panel have demonstrated a challenge and scrutiny role in examining single agency reviews conducted by individual partner agencies, including requiring attendance at panel and presentation of findings and actions undertaken. This has included reports by

- Nottingham University Hospital Trust
- East Midlands Ambulance Service
- Nottinghamshire Healthcare NHS Foundation Trust
- Nottingham City Children's Integrated Services

Participation
All reviews have included:

- Full engagement of practitioners involved in the case (meaning more immediate learning and potentially changes to practice)
- Where possible involvement of family members, and inclusion of their views in learning events.

Key pieces of work driven by the panel
Learning and Improvement / Changing Practice - involving the workforce
The SCR SP have been instrumental in developing responses to reviews that actively seek to engage with the frontline workforce. This has included:

- The Child J workshops, and reflective learning session. These were supported by key senior managers who sit on the SCR Standing Panel.
- Adopting a cascade model of sharing learning and changing practice / provision of training packs
- Involving practitioners in shaping changes required. Subgroup members have again been instrumental in driving and monitoring this activity within their home organisation.
- Developing tools to help facilitate team discussion and live case reflection (bite sized learning sheets)
- Championing and driving the innovation of using animation to disseminate key messages
- Leading and promoting an Every Colleague Matters event dedicated to Safeguarding.
- Shaping and driving through required changes to the cross authority multi-agency safeguarding procedures
- Developing personal statements with workers
- Evidencing impact through the use of live case examples; highlighting practice change and improved outcomes

Much of this work has been possible through the development of more collaborative relationships between the children's officer and the learning and improvement officer.

Feedback from the workforce has been positive, and there is good evidence of the key learning themes being integrated into other forums. Below are a few examples of the evaluations from this work.

Workshop day
Influencing practice - 98% of participants agreed or strongly agreed that the workshop would positively influence their practice; 100% felt confident that they would be able to share the learning with their colleagues.

Follow up reflective workshop
100% of participants rated the workshop model as either 'excellent' or 'good' which clearly demonstrates that attendees welcomed this model as a way to share learning and explore practice issues. Additionally, respondents were given the option to comment on this question, and responses included the following:

The main focus of these workshops was the learning arising from the

Child J Serious case review:

- Recognising and understanding the impact of early trauma
- Understanding self-harm in primary age children
- Child-centred disciplinary approaches and potential non-accidental injury
- Confirmatory bias
- Child focused practice

Information provided by participants about activity across all their own organisations enabled us to calculate the reach of this learning which is estimated to be 2216 practitioners. The reflective workshop created a visual image of this to demonstrate to participants. Click on the icon below to see this. Each sheet of paper represents different forums where the learning has been shared

Medical Neglect
At the end of 2015/16 the SCR Standing Panel identified medical neglect as a key priority for the following year. Activity undertaken in this area during the year has included;

Two seminars on 'Responding Effectively to Medical Neglect' were held on the 1st July 2016. In total 61 people attended. As with the workshop detailed above the participants were tasked with delivering the seminar back in their home organisation. This was successfully achieved, with positive feedback. See examples below.

Changing Culture - the shift from DNA to '***Was Not Brought'***. This has been one of the most successful campaigns led by the NCSCB[2] in recent years. Work was undertaken with Gas Street Works in Birmingham to produce an animation highlighting the importance of this shift in thinking and set out simply what the professional response should be. This has received national attention from multiple organisations, professional bodies and leading academics in this area, for example:

- NHS England
- British Dental Association
- Essex, Bedford, Derbyshire, Mid and West Wales Local Safeguarding Children Boards
- National Pharmacy forum and Somerset CCG
- Professor Jane Appleton, Oxford Brookes University

Professor Appleton has invited us to be part of further development of her work in this field, during 2017/18.

The animation has had over 12,000 views on various platforms.

Assurance & Impact
Assurance exercises – the SCR SP has continued to embed the ILOR framework (Impact of Learning on Outcome Rating,) as a method for evidencing impact on practice and outcomes. Partner organisations are required to assess and award a rating (Gold/ Silver / Bronze) to the implementation and achievements made in specific areas identified through reviews. During 2016/17 the SCR Standing Panel have overseen the completion of three assurance exercises, and reported the results to the Business Management Group.

The benefits of this method is that organisations can clearly identify their progress in a specific area, and develop improvement plans to improve their rating. Summary reports enable BMG to have an accurate overview of implementation and progress across the partnership.
Impacts

Details of the impact of the work of the SCR Standing Panel have been

[2] Jointly funded by the NCSCB, Nottingham City Council and NHS Nottingham City Clinical Commissioning Group

identified throughout this report, they are also summarised below:

- We have a workforce with an increased understanding of and recognition of risk associated with medical neglect. This has been evidenced by audit findings, including the use of medical chronologies, medication reviews and danger statements in referrals for medical neglect.
- Through evaluation and assurance exercises. (ILOR)
- Increase understanding and practice change in the areas of key learning from the child J review
    - Recognising and understanding the impact of early trauma
    - Understanding self-harm in primary age children
    - Child-centered disciplinary approaches and potential non-accidental injury
    - Confirmatory bias
    - Child focused practice
- Amendments to procedures have been completed where required.

Learning from reviews - Emerging themes for focus in 2017/18

- Managing anonymous referrals
- Understanding when opportunistic visits / unannounced visits are appropriate
- Promotion of access to early help through C & F direct.
- Understanding what promotes family engagement.

Serious Case Reviews are published on the NCSCB website for a period of 12 months.

NCSCB shall continue to implement the recommendations from Serious Case Reviews.

We will lead and facilitate learning events where key messages and the lessons learned from the published Serious Case Reviews undertaken are shared with practitioners and agencies and ensure that we capture the impact of this.

Outcomes and findings feed into our learning and improvement structures to promote a culture of continuous improvement across the LSCB.

8. Future Priorities

The Nottingham City Safeguarding Children Board priorities will include the following for 2017/18:

Reducing Neglect

- **Understand Neglect** – We aim to raise awareness across the partnership.
- **Early Identification** – Improve the recognition and assessment of neglect
- **Provide Effective Services** – Improve support to reduce the impact of neglect
- **Childs Voice** – All services must consider what the child is saying when planning services.

Learning and Improvement

- **Development of new safeguarding training model and Learning and Improvement Strategy**
- **Disseminating learning from reviews - u**nderstanding the lessons learned and improving outcomes
- **Information Sharing** – Remove the obstacles to the sharing of information

Empowering Young People

- **Voice of the Child** – Every child has a valued voice.
- **Support and Empower Young People in reporting abuse** – to feel confident to report concerns
- **Co-production** – Services to challenge themselves in genuine participation and co-production of services and plans with children and families.

Historical Abuse

Nottingham City Council, Nottinghamshire County Council and Nottinghamshire Police are part of the Independent Inquiry into Child Sexual Abuse

that dates back to the 1950s. This work is ongoing and the Board receives regular reports regarding the progress of this work.

This is an ongoing inquiry and it would therefore be inappropriate to provide detailed commentary re the current position in this annual report. An agreed communications strategy is in place with the most up to date information made available on the city council website.

- The NCSCB priorities are based on national drivers, e.g. the development of Joint Targeted Area Inspections and the National Review of LSCBs and incorporate the learning from national and local Serious Case Reviews and other learning processes. Emerging issues will be identified in a timely manner and appropriate safeguarding measures will be in place in the partnership.

The work plan for 2015/18 is focusing on the following priorities:

- Self-harm practice guidance will be imbedded across the safeguarding partnership.
- To keep children and young people safe from harm, including CSE and missing children.
- To ensure that the response to physical abuse, neglect and medical neglect, CSE and sexual abuse is effective.
- The Board continues to be mindful of the financial implications on its ability to deliver its statutory duties and is planning for the coming years due to the continuing programme of austerity.
- To ensure that the Board operating model is fit for purpose.
- We will revise our performance framework to ensure we are clear about the impact of Board related activity.
- The NCSCB audits its approach to ensuring young people are supported to be safe on-line.

The NCSCB would like to thank all partners for their dedication hard work and commitment and is looking forward to continuing to work as a partnership in 2016/17 in order to strive to improve outcomes for children, young people and their families.