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<td>Report from</td>
<td>Tracy Luckett</td>
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<td>Director of Nursing and Allied Health Professions</td>
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<td>Prepared by</td>
<td>Tracey Foster</td>
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<td>Safeguarding Children and Young People (018y) Lead Nurse / Named Nurse Child Protection</td>
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<td>State impact on CQC domain</td>
<td>CQC Domain 1 Safe: Are people protected from abuse and avoidable harm.</td>
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<td>CQC Regulation 13: Safeguarding service users from abuse and improper treatment.</td>
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<td>State impact on corporate priorities</td>
<td>Deliver the highest standards of patient experience, outcomes and safety across all of Moorfields sites</td>
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<td>Develop Moorfields people and the organisation as a great place to work and provide care</td>
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<td>List of attached appendices (if applicable)</td>
<td>Appendix 1 – Glossary of terms and Abbreviations</td>
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**Brief Summary of Report**

To report to the Trust Board on progress against the delivery of the safeguarding children and young people’s agenda in the Trust in line with legislation and statutory guidance.

**Action Required/Recommendation (for information), (for decision)**

For Information.
Safeguarding and Promoting the Welfare of Children and Young People (0-18y)


Presented by:
Tracy Luckett
Director of Nursing & Allied Health Professionals
Executive Lead for Safeguarding

Author:
Tracey Foster
Safeguarding Children and Young People Lead Nurse / Named Nurse for Child Protection

Purpose:
To report to the Trust Board on progress against the delivery of the safeguarding children and young people’s agenda in the Trust in line with national guidance

Report to Board of Directors
21st July 2016

Previously considered:
Safeguarding Children Group – 24th June 2016
Clinical Governance Committee – 15th July 2016

Action for Board:
- For information ✓
- For consideration □
- For decision □
Safeguarding Children and Young People remains a high priority within Moorfields Eye Hospital NHS Foundation Trust through a continued and consistent commitment to ensuring the Trust’s responsibilities are fulfilled.

This summary paper provides an overview of safeguarding children activity over the period 01\textsuperscript{st} April 2015 to 31\textsuperscript{st} March 2016.

Quality Assurance

- The Trust has systems, policies and processes to safeguard and promote the welfare of children and young people which are constantly reviewed to ensure that they comply with national and local guidance.

- Risks which are identified are being managed and monitored by the Safeguarding Children Group.

- A safeguarding children and young people work plan is in place and is regularly monitored by the Safeguarding Children Group. Progress against the work plan has been made during this reporting period with 95 actions achieved.

- During this reporting period there has been a total of 17 Section 17 Child In Need referrals made to Children's Social Care; no Section 47 Child Protection referrals and a total of 146 incidents reported which included effective liaison and referral to early intervention and universal health services.

- Training compliance for safeguarding children (Level 1, 2 and 3) has remained above the target 80% compliance throughout this period and Level 4 specialist safeguarding children training for the named safeguarding professionals achieved 100% in December 2015.

- There have been no Serious Incidents declared involving child protection/safeguarding children that involve the Trust. Three complaints with a safeguarding child feature – were reviewed by the safeguarding children lead and none required children’s social care involvement.
## Quality Assurance

- The Safeguarding Children and Young People Annual Report 2014 – 2015 was presented to the Clinical Quality Review (CQR) Group in August 2015.
- There were no Serious Case Reviews convened during 2015 – 2016 that involved the Trust.
- Effective partnership working arrangements are in place with key agencies including the Islington Safeguarding Children Board and relevant subgroups.
- A safeguarding audit was carried out by KPMG with an overall report rating of “significant assurance with minor improvement opportunities.”
- The safeguarding children and adult agenda across the organisation continues to be strengthened through the recognition that children and adults do not exist in isolation and the agenda is immense and responsibilities broad and far reaching.

## Key achievements during 2015 - 2016

- The “Four Steps to Safeguarding” developed Trust wide to enable staff to take 4 steps in the safeguarding of children, young people and adults.
- Continued awareness of safeguarding children issues with Trust staff raising enquiries from all disciplines, front line practitioners and staff who have no direct contact with children and/or adult patients.
- Collaborative working with the Trust Safeguarding Adult Lead in relation to aspects of the safeguarding agendas which straddle adults and children for example Learning Disabilities, Mental Capacity and PREVENT.
- Effective liaison by Trust staff with universal services e.g. health visitors, school nurses, and general practitioners identifying the safeguarding agenda of early intervention by appropriate services.
- The Child Behind the Adult Agenda has been further recognised in the accident & emergency setting with the identification of Young (Child) Carers in an adult patient.
- Completion of bi-annual Section 11 Self-Assessment Audit and submission to Islington Safeguarding Children Board with an improvement action plan developed set against the 8 standards. Eleven of the fifteen actions have been achieved to date.
- Quality Assurance Report submitted to and commended by Islington Safeguarding Children Board.
- Safeguarding Snippets In house Quarterly Newsletter developed.
- Intranet Safeguarding Children Site developed further.
Key achievements during 2015 - 2016

- Partnership working with Islington Solace Women’s Aid commenced with inaugural domestic violence manned awareness stall held which was well attended by staff seeking information and asking questions as well as patients and visitors.

- Safeguarding Risk Register was established.

- Mental Capacity Act (MCA) Training and Workshop to Raise Awareness of PREVENT (WRAP) Training commenced. MCA Pocket Staff Prompt was developed.

- Safeguarding Children Liaison Form was developed to replace the child protection concern forms and strengthen the wider safeguarding agenda.

- The Safeguarding Children Lead delivered a Safeguarding Children Session at the Inaugural MEH Paediatric Ophthalmic Training Day which attracted participants from within MEH and other Trusts and delivered training within Kings College University Safeguarding Children Module.

- The key priorities set by Islington Safeguarding Children Board to improve outcomes for children and young people have been achieved including child sexual exploitation, radicalisation, parental mental ill health, private fostering, promoting resilience and the management of allegations against staff who work with children.

- Female Genital Mutilation (FGM) Quarterly Standard Reporting commenced as part of NHS Contract.

- NICE Guideline 31 Meeting the Heath Needs of Looked After Children Annual Reporting Standard completed as part of Quality and Safety reporting.

- Commencement Safeguarding Children Staff Supervision Quarterly Metrics Indicator Reporting as part of Islington CCG Key Performance Indicators for Safeguarding Children.

Challenges

- As a tertiary specialist centre, the Trust sees children and young people from a wide geographical location including overseas. The Trust is also located within satellite units across pan-London, the Home Counties and the south east. This requires networking with numerous external agencies and staff which creates a challenge in accessing appropriate resources for children and their families, as well as understanding the different way in which children’s social care services work in different areas/regions.
### Challenges continued

- The capacity of the existing safeguarding personnel has been highlighted in the KPMG Safeguarding Audit Report.
- The ambulatory model for paediatrics and accident and emergency settings reduces the time window of opportunity for safeguarding children issues and child abuse concerns to be recognised and identified combined with high outpatient attendances which increases risk.
- Audits and reports of safeguarding children arrangements, activity and compliance continue to increase.

### Priorities for 2016 – 2017

- To ensure safeguarding children procedures and processes are reviewed and robust.
- To further address the Domestic Violence agenda with the commencement of domestic violence drop in surgeries at City Road.
- To achieve key priorities set by Islington Safeguarding Children Board to improve outcomes for children and young people.
- To complete the outstanding Section 11 Audit actions.
- To embed the Myles Bradbury recommendations.
- To explore the development of a Safeguarding Champions Model across the Trust.
- To review the resource requirements within the safeguarding service to include additional safeguarding personnel and designated administrative input.
Executive Summary:

This report demonstrates to the Trust Board, Moorfields Eye Hospital NHS Foundation Trust's compliance with the statutory and mandatory requirements relating to the safeguarding of children and young people. All staff within the organisation have a responsibility for ensuring that children and young people under our care or associated with the Trust are protected and safe, and to ensure that the safeguarding is an integral part of our governance systems. This report also demonstrates to the Care Quality Commission that the Trust is meeting its responsibilities under Section 11 Children Act. It also details how the Trust is assessed on its performance both internally and externally regarding safeguarding children and young people.

Related Trust Objective:

Improving patient safety and satisfaction.

Risk and Assurance:

Maintaining effective safeguarding arrangements increases the safety of our patients and the quality of the services we provide, supporting the achievement of objective.

Legal Implications / Regulatory Requirements:

Safeguarding children and young people including unborn babies is governed by a range of legal and regulatory requirements including: ‘Working Together to Safeguard Children (2015)’ which sets out how organisations and individuals should work together to safeguard and promote the welfare of children and young people in accordance with the Children Act 1989 and 2004 including the duties set out under Section 11; the Care Quality Commission Domain 1: is the organisation safe and Regulation 13 on safeguarding service users from abuse and improper treatment; and ‘Getting the Right Start’, the National Service Framework for Children Standard for Hospital Services (Standard 7).

Actions for the Trust Board:

This report updates the Trust Board on progress following the 2014 - 2015 report and is brought to the Board for information prior to dissemination to Islington CCG and Islington Safeguarding Children Board (ISCB). The Board is asked to receive this report as assurance that the Trust is maintaining effective systems and processes to safeguard children and young people.
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**Appendix 1**: Glossary of Terms and Abbreviations

**Appendix 2**: References
1. Introduction

“Safeguarding and promoting the welfare of children and young people is defined as protection from maltreatment and abuse, preventing impairment of health or development and ensuring that children and young people are growing up in circumstances consistent with the provision of safe and effective care”.
(Working Together to Safeguard Children, 2015)

“Child protection is a subset of safeguarding and promoting the welfare of children and young people. It refers to the activity that is undertaken to protect children and young people who are suffering, or likely to suffer, significant harm under the categories of emotional abuse, neglect, physical abuse and sexual abuse”.
(Children Act 1989 and 2004).

This report sets out the work carried out across Moorfields Eye Hospital (MEH) NHS Foundation Trust throughout 2015 – 2016 to address the Safeguarding Children and Young People (0 – 18 years) and Child Protection Agenda. A child/young person is defined by the Children Act 1989 and 2004 – as “those who have not attained their eighteenth birthday”.

Safeguarding and promoting the welfare of children & young people including unborn babies remains a high profile agenda locally, nationally and internationally. The Safeguarding Children Group is committed to enabling the Trust to achieve the highest standards of safeguarding practice and asks for the Trust Board’s support towards this aim. The philosophy that ‘safeguarding children and child protection is everyone’s business’ (Laming 2003) underpins our strategy to involve Trust staff at every level in this important endeavour.

Key Messages and Quality Assurance

This report demonstrates that:

- The Trust has systems, policies and processes to safeguard and promote the welfare of children which are constantly reviewed to ensure that they comply with national and local guidance and promote best practice.
- A safeguarding children work plan is in place and is regularly monitored by the Safeguarding Children Group. Progress against the work plan has been achieved during this reporting period with a total of 95 actions completed.
- Risks which are identified are being managed and monitored by the Safeguarding Children Group.
- During this reporting period there has been a total of 17 Section 17 Child In Need referrals made to Children’s Social Care and no Section 47 Child Protection referrals. A further 19 referrals would have been made had the child not already been known to children’s social care and 10 children referred to MEH for ophthalmic treatment and referred to children’s social care by other hospitals, would have been referred had they presented directly to MEH.
- A total of 78 incidents have been reported on the Trust incident reporting system including safeguarding children issues involving effective liaison, referral to early intervention and/or universal health services and/or Moorfields facilitating for example safe attendance for
children to attend appointments and for admission due to issues relating to domestic violence.

- Training compliance for safeguarding children (Level 1, 2 and 3) has remained above the target 80% compliance throughout this period and Level 4 specialist safeguarding children training for the named safeguarding professionals achieved 100% in December 2015.

- The report highlights key themes identified during this reporting period which include the mode of violence used in physical assaults notably changing.

- There have been no Serious Incidents declared that involve the Trust in relation to child protection / safeguarding children. Three complaints with a safeguarding child feature – were reviewed by the safeguarding children lead and none required children’s social care involvement.

- The Safeguarding Children and Young People Annual Report 2014 – 2015 was presented to the Clinical Quality Review (CQR) Group in August 2015.

- Effective partnership working arrangements are in place with key agencies including the Islington Safeguarding Children Board and relevant subgroups.

- Islington Safeguarding Children Board received the Trusts Section 11 Audit and the Quality Assurance Report.

- A safeguarding audit was carried out by KPMG with an overall report rating of “significant assurance with minor improvement opportunities” - the later includes the capacity of the existing safeguarding personnel.

- The safeguarding children and adult agenda across the Trust continues to be strengthened through the recognition that children and adults do not exist in isolation and the safeguarding and child protection agenda is immense and responsibilities broad and far reaching.

**Key Achievements 2015 – 2016**

- The “Four Steps to Safeguarding” developed Trust wide to enable staff to take 4 steps in the safeguarding of children, young people and adults.

- Continued awareness of safeguarding children with Trust staff raising enquiries from all discipline including front line practitioners and staff who have no direct contact with children and/or adult patients.

- Safeguarding Snippets In house Quarterly Newsletter developed.

- Intranet Safeguarding Children Site developed further.

- Collaborative working with the Trust Safeguarding Adult Lead in relation to aspects of the safeguarding agendas which straddle adults and children for example Learning Disabilities, Mental Capacity and PREVENT.
• Safeguarding Children (SGC) Liaison Form developed to replace the child protection concern forms and strengthen the wider SGC agenda.

• Effective liaison by Trust staff with universal services e.g. health visitors, school nurses, and general practitioners identifying the safeguarding agenda of early intervention by appropriate services.

• Safeguarding Risk Register established.

• The Child Behind the Adult Agenda has been further recognised in the accident & emergency setting with the identification of young (child) carers in an adult patient.

• Female Genital Mutilation (FGM) Quarterly Standard Reporting commenced as part of NHS Contract.

• NICE Guideline 31 Meeting the Heath Needs of Looked After Children (LAC) Annual Reporting Standard completed as part of Quality and Safety reporting.

• Safeguarding Children (SGC) Staff Supervision Quarterly Metrics Indicator Reporting commenced as part of Islington CCG SGC Key Performance Indicators

• The key priorities set by Islington Safeguarding Children Board 2015 – 2016 were achieved by the Trust including addressing child sexual exploitation (CSE), Management of Private fostering allegations against staff who work with children, parental mental ill health, private fostering, promoting resilience and radicalisation

Key Priorities 2015 – 2016

The Trust is committed to improving outcomes for children and young people and has achieved actions against key priorities set out by Islington Safeguarding Children Board;

Child Sexual Exploitation (CSE)
• The Trust supported National CSE Awareness day in March 2016 including a link on Moorfields Twitter to the Health Education England (HEE) training video: https://hee.nhs.uk/our-work/developing-our-workforce/spotting-signs-child-sexual-exploitation
• Development of a CSE page on the Safeguarding Children (SGC) Intranet.
• Inclusion of CSE scenario in Level 2 face to face SGC training.

Management of allegations against staff who work with children
• PREVENT policy and procedures including the management of concerns relating to a member of staff have been approved and ratified.
• Development of a PREVENT Panel – to convene when concerns in relation to a member of staff being radicalised are raised.
• Dissemination of local authority designated officers (LADO) contact details for MEH satellite units.

Parental mental ill health
• Mental Health Breaking Down Barriers staff training commenced March 2016.
• Clinical Guideline developed on “Actions to take when an adult patient expresses suicidal thoughts”. 

Page 11 of 30
SOP developed “Care of a Patient in an Acute Mental Health Crisis in MEH Accident and Emergency Department and Outpatient Clinics at City Road”.

Service agreement established with CANDI Mental Health Crisis Team.

Private fostering
- Awareness raising through training, Safeguarding Snippets In-house Newsletter and the Safeguarding Children Intranet Pages.

Promoting resilience
- A paediatric counsellor has been appointed on a 2 year pilot and will commence in the Trust in September 2016.

Radicalisation
- The PREVENT Strategy has been embedded into safeguarding.
- PREVENT policy and procedures including the management of concerns relating to a member of staff have been approved and ratified.
- Awareness of PREVENT included in face to face Safeguarding Adults, Level 1 and Level 2 Safeguarding Children Training.
- Workshops to Raise Awareness of PREVENT (WRAP) commenced.
- PREVENT Page developed for Safeguarding Adults and Safeguarding Children Intranet Site.
- Channel Panel Information Sharing requests commenced.

Section 11 Audit
- The bi-annual Section 11 Self-Assessment Audit was submitted to Islington Safeguarding Children Board in April 2015 with an improvement action plan developed set against the 8 standards. Eleven of the fifteen actions have been achieved to date – See Appendix 3.

Challenges and Issues
- As a tertiary specialist centre, the Trust sees children and young people from a wide geographical location including overseas. The Trust is also located within satellite units across pan-London, the Home Counties and the south east. This requires networking with numerous external agencies and staff which creates a challenge in accessing appropriate resources for children and their families, as well as understanding the different way in which children’s social care services work in different areas/regions.
- The capacity of the existing safeguarding children personnel has been highlighted in the KPMG Safeguarding Audit Report.
- The ambulatory model for paediatrics and accident and emergency settings reduces the time window of opportunity for safeguarding children issues and child abuse concerns to be recognised and identified combined with high outpatient attendances which increases risk.
- Audits and reports of safeguarding children arrangements, activity and compliance continue to increase. See page

Key Priorities 2016 – 2017
- To ensure safeguarding children procedures and processes are reviewed and robust.
• To complete the outstanding Section 11 Audit actions.

• To undertake the Goddard Inquiry self-Assessment.

• To achieve key priorities set by Islington Safeguarding Children Board to improve outcomes for children and young people: Child Sexual Exploitation, Domestic Violence and Abuse and Neglect.

• To embed the Myles Bradbury recommendations.

• To strengthen reporting from Moorfields into the Child Death Reporting statutory process.

• To further address the Domestic Violence agenda with the commencement of domestic violence drop in surgeries at City Road.

• To explore the development of a Safeguarding Champions Model across the Trust.

• To review the resource requirements within the safeguarding service to include additional safeguarding personnel and designated administrative input.

**Safeguarding Children and Young People / Child Protection Personnel**

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<thead>
<tr>
<th>Position</th>
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<tr>
<td>Executive Lead for Safeguarding</td>
<td>Tracy Luckett</td>
<td></td>
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<tr>
<td>Safeguarding Children Lead / Named Nurse Child Protection</td>
<td>Tracey Foster</td>
<td>1.0 WTE</td>
</tr>
<tr>
<td>Named Doctor for Child Protection</td>
<td>Dr Dionysios Alexandrou</td>
<td>0.5 PA (2 hours) / per week</td>
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2. **Safeguarding Children and Young People Activity and Graphs**

During this reporting period a total of 201 safeguarding children enquiries and concerns have been brought to the attention of the Safeguarding Children Lead. This is a 12.2% increase from the preceding year 2014 – 2015 when 179 queries and concerns were logged. Queries have been raised both internally to the Trust and from external agencies where children, young people or adults are known patients of Moorfields. A breakdown of the queries and concerns are for each quarter for year 2014 – 2015 and 2015 – 2016 are provided in Table 1 on page 11.

This continued increase is attributed to;

• Trust staff having greater awareness and understanding of their safeguarding children and child protection roles and responsibilities.

• Further engagement of staff with the Child Behind the Adult Agenda including the first identification of children as Young (Child) Carers in an adult patient at Moorfields. The latter is significant as legislation changed in April 2015 to formally recognise young carers who are the prime carer for a parent as Children in Need (under Section 17 of the
Children’s Act) and enabling them to receive an assessment by Children’s Social Care to ensure appropriate and relevant support is provided to the child and family.

- Staff engagement with undertaking mandatory safeguarding children training.

- The development of the Safeguarding Snippets Internal Newsletter and further development of the Safeguarding Children Intranet site which promotes the safeguarding children agenda and staff’s understanding.

- The safeguarding children agenda expanding with the inclusion of the PREVENT Strategy which moved from Emergency Planning into Safeguarding.

- Understanding and recognition of the vulnerabilities of 16 and 17 year olds within adult services.

- Trust staff are considering safeguarding and therefore requesting a safeguarding children and/or young people perspective on a range of issues.

- Written feedback being provided to staff managing safeguarding children concerns enables reflection promotes learning and moves away from the sovereign approach to safeguarding children.

- Greater understanding by staff of the proactive element of the safeguarding children agenda in the identification and recognition of the need for early intervention and supported by the safeguarding children / named child protection professionals, greater understanding of children’s social care thresholds for intervention.

<table>
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<th>Table 1: Queries to Safeguarding Children Lead</th>
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<td><strong>2015 - 2016</strong></td>
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The change in the top five reasons for discussion with the Safeguarding Children lead is attributed to:

- Evidence from Trust staff indicate they are receiving more telephone calls from children’s social workers informing the Trust of their involvement with known patients of MEH and children’s social care requesting information.

- The PREVENT Strategy moving into Safeguarding from Emergency Planning and the Trust receiving Channel Panel Information requests.

- The development of the children’s non-attendance procedure flowchart to strengthen the management of DNA’s.

- The level of violence used in physical assaults appears to have changed during this reporting period including the use of acid. This change may be a combination of reduction in stop and searches and a change in the modus operandi of assailants.
Table 3: Section 17 Child In Need Reason for Referral
Trust Wide 2015 - 2016

- Parental behaviours and/or coping: 5
- Domestic Violence: 4
- Non-compliance / DNA: 4
- Child Carers: 1
- Assault: 2

Table 4: Outcome of Referrals to Children's Social Care

- *NFA on receipt of referral: 0
- Section 47 Assessment: 0
- Section 17 Assessment: 8
- Referral onto Other Services: 6
- **TAC: 2
The outcome of any referral made to children’s social care must be documented and professionally challenged where needed. The latter has been strengthened by the development of the Safeguarding Children Conflict Resolution/Escalation Policy & Procedures to enable appropriate professional challenge.

None of the referrals made were marked no further action by children’s social care on receipt of the referral.

Eight cases reached the threshold for an assessment by children’s social care under Section 17 of the Children’s Act (1989 and 2004).

In six cases, where the ***front door model of children’s social care (CSC) was in place – CSC referred onto other services including:

- Domestic Violence and Abuse Services
- Early Intervention Services
- Specialist Services (Child assaults and Child Sexual Abuse)

Two of the cases referred involved the undertaking of a Common Assessment Framework by local universal services e.g. schools and the development of a Team Around The Child (TAC).

***Model whereby any concerns are referred to CSC and screened before referral onto other appropriate local services.

Of the 48 children discussed with the safeguarding children’s lead, 19 would have reached a threshold for referral to Children’s Social Care (CSC), due to parental behaviours and coping, if the child had not already been known to CSC. Concerns regarding parenting ability and behaviours encompass child neglect due to the parent’s actions or inactions and this reflects national trends in relation to referrals made to Children’s Social Care.
Of children referred to MEH for ophthalmic treatment that were discussed with the safeguarding children lead, all 10 would have reached threshold for referral to children’s social care if the initial presentation had been to Moorfields including alcohol intoxication, physical assaults and disclosures of abuse.

Two disclosures were made across the Trust including within satellite services relating to child sexual abuse – whilst neither were the prime disclosure, creating a safe space within Moorfields to enable children to disclose sexual abuse is acknowledged as good safeguarding children practice.

The level of violence used in physical assaults has increased during this reporting period combined with a change in the mode of assaults. Contributory factors to this change may be a reduction in “Stop and Search” and assailants altering their modus operandi. Victims from a wide geographical area were referred to MEH following assaults involving acid being thrown over their faces. In one case a child who had a prosthetic leg following treatment for cancer and unable to run away from assailants had an unknown liquid thrown over their face. Another child, who intervened to stop a disabled child being bullied, lost their sight in one eye following an assault involving the use of a metal golf club. All these cases were referred to children’s social care by the initial health care provider prior to referral to Moorfields.

3. The Child Behind the Adult

The Child behind the Adult Agenda continues to be recognised in relation to domestic violence and abuse disclosures in adult patients, and has been further recognised in the accident & emergency setting with the identification of Young (Child) Carers in an adult patient.

There has been some high quality safeguarding children work demonstrated by staff working in adult accident and emergency in relation to domestic violence / abuse disclosures in addition to staff working in satellite services who are raising queries with the safeguarding children lead.

Feedback and opportunity for reflection is provided and offered by the safeguarding children lead.

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<thead>
<tr>
<th>Table 6: Department generating referral to Children's Social Care</th>
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<tbody>
<tr>
<td><img src="chart.png" alt="Chart showing referral departments" /></td>
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<tr>
<td>Adult A&amp;E - City Road</td>
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<td>9</td>
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<tr>
<td>Adult A&amp;E - City Road</td>
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4. **Vulnerable Groups of Children and Young People**

The Trust is committed to safeguarding and promoting the welfare of vulnerable groups of children as defined by the Islington Safeguarding Children Board priorities 2015 – 2016 and new statutory safeguarding responsibilities including:
- Children at risk of extremism and radicalisation
- Children at risk of Female Genital Mutilation
- Looked After Children (LAC)

The recognition of vulnerable groups of children in contact with the Trust has been strengthened including:
- Commencement of reporting against the NICE Quality Standard 31 Meeting the Health Needs of Looked After Children.
- Strengthening liaison between Trust staff and community looked after children health teams.
- Queries being raised with the Trusts safeguarding children lead regarding children who are already known to children's social care.
- Raising awareness of Female Genital Mutilation through the Safeguarding Children Intranet Pages and in domestic abuse awareness training.
- Embedding the PREVENT Strategy, extremism and radicalisation into safeguarding responsibilities and duties.
- Using scenario based learning in Level 2 face to face safeguarding children training.

5. **Accountability and Governance Arrangements**

**Role, function, structure of safeguarding arrangements**
- The Director of Nursing and Allied Health Professionals holds the role of Executive Board Lead for Safeguarding.
- The Trust has a Safeguarding Children and Young People Lead who holds the post of Named Nurse for Child Protection, Prevent Manager and Child Sexual Exploitation Lead.
- A consultant paediatrician holds the role of Trust Named Doctor for Child Protection.
- Designated safeguarding children professionals within Islington CCG provide support, guidance and supervision to the named professionals.
- The Trust Safeguarding Children Group Meetings are held bi-monthly chaired by the Executive Safeguarding Board Lead.
- Safeguarding Children assurances are fed into Clinical Governance Committee and the Clinical Quality Review (CQR) Group.

**Clinical Quality Review Group**
- The Safeguarding Children and Young People Annual Report 2014 – 2015 was presented at the Clinical Quality Review (CQR) Group in August 2015.

**Engagement with external safeguarding children strategies**
 During this reporting period the Trust has;
• Responded and provided evidence into the London Sexual Violence and Child Sexual Exploitation Needs Assessments 2016 (NHS England and Mayor of London Office for Policing and Crime (MOPAC)).

Financial arrangements
• Salaried Safeguarding Children Lead and Named Doctor for Child Protection in post.

Implementation of actions and learning
• Learning from national enquiries, serious case reviews and Individual management reviews are discussed at the Islington Named Safeguarding Children Professionals network meetings and Islington Safeguarding Children Board and cascaded via training, the Safeguarding Children Group, the internal Safeguarding Snippets Newsletter and the Staff E-Bulletin.
• Documents related to learning and actions are available on the Trust Safeguarding Children and Young People Intranet pages and are used in scenario based learning.

Incident Reporting
• Safeguarding children concerns are entered on the Trusts Electronic Incident Reporting System – this includes all referrals made to children’s social care and any disclosure/s of abuse made by children, young people or parents/carers to MEH staff. All entries made are reviewed by the Trust’s Safeguarding Children Lead.
• 78 incidents have been recorded on Ulysses during the year 2015 – 2016 and highlight a variety of safeguarding children issues.
• Anonymised reports are discussed at the Safeguarding Children Group Meeting including any identified themes and trends. No omissions of care were identified during this reporting period. The trend in relation to the children sustaining physical assaults is included on page 13.

Information Sharing
• The Trust has fulfilled its obligations in relation to requests for information relating to the safeguarding and welfare of children. Request for information are received from children’s social care, universal health services including health visitors and school nurses and education services including Visual Impairment (VI) services and Channel Panel information requests as part of the PREVENT Strategy. The governance procedure for information sharing has been adhered to.
• 51 requests for Information have been brought to the attention of the Safeguarding Children Lead in 2015 – 2016 – this is an increase of 155% compared to the previous year 2014 – 2015 and accounts for the top reason for discussion with the Safeguarding Children Lead.

Monitoring and evaluating safeguarding arrangements
• Policies and procedures in line with government legislation and guidance are reviewed regularly to strengthen the practice of safeguarding encompassing Children in Need and Child Protection.
• The named professionals for child protection and the safeguarding children group has a role to scrutinise any newly published national guidance and consider any implications to the staff and services within the Trust.
• Updated legislation and statutory practice guidance in 2015 – 2016 is included in Section 12 on page 23.
Safeguarding Children Trust Internet Declaration

- The Quality Assurance Statement to the CQC and Public via Safeguarding Children Internet Declaration was updated following submission of the annual (2014 – 2015) and 6 monthly (April to September 2015) safeguarding children report to the Trust Board. The last update was on 10th February 2016. The declaration will be updated after the Board receives this report.

http://www.moorfields.nhs.uk/content/safeguarding-children-declaration

Safeguarding children representation on the Trust Board

- Representation is via the Executive Board Lead who also chairs the MEH Safeguarding Children Group.

Serious Case Reviews (SCR) / Domestic Homicide Reviews (DHR)

- There were no Serious Case Reviews (SCR) relating to children involving the Trust in 2015 - 2016.
- Three Serious Case Reviews (SCRs) convened in the preceding year involving MEH have been published:
  - SCR Child E (Islington) - in which MEH had had historical contact with the child and parent.
  - SCR Child F (Islington) - in which MEH were involved for their clinical expertise and opinion regarding injury to the babies’ eyes.
  - SCR Child J (Lambeth) - in which MEH had had historical contact with the child on one occasion.

Serious Incidents (SI’s)

- There have been no SI’s involving child protection/safeguarding children that involve the Trust during the year 2015 – 2016.
- Safeguarding children concerns are entered on the Trusts Electronic Incident Reporting System – this includes all referrals made to children’s social care. All entries made are reviewed by the Trust’s Safeguarding Children Lead.

6. Audits

- During 2015 – 2016 the following audits have been undertaken and completed.

<table>
<thead>
<tr>
<th>Audit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Attendances of Children and Young People to Moorfields Eye Hospital who reside in the City of London Assurance Audit</td>
</tr>
<tr>
<td>2. Telephoning Families who Do Not Attend (DNA) Paediatric Clinics Audit</td>
</tr>
</tbody>
</table>

- The full results of Audit 2 have been presented by the paediatric matron to the CQRG Group and at the clinical governance paediatric & strabismus half day and will be presented by the Safeguarding Children Lead Nurse to the ISCB Quality Assurance subgroup. This audit demonstrated multi professional working and included a clinic clerk, a nurse, paediatric sister, paediatric matron, safeguarding children lead and nurse manager.
- Any resultant action/s from audits are monitored to determine progress.

7. Employment Practice

Allegations against staff
- The Director of Nursing and Executive Lead for Safeguarding is the Named Senior Officer with overall responsibility for ensuring the organisation has appropriate arrangements in place for the management of allegations of abuse against staff and volunteers.
- During the year 2015 – 2016 there have been no allegations of abuse in relation to children made against staff working in the Trust.

**Compliance with DBS checks**
- This continues to be undertaken by the Human Resources department.
- All new employees and internal promotions in positions that require DBS checks are required to complete a check prior to employment / promotion.
- Renewal of DBS checks for existing eligible staff is undertaken every 3 years.

**Job adverts and job descriptions**
- Job adverts and job descriptions make reference to Safeguarding Children and Adults at risk.

**Safer recruitment practice**
- These specific documents demonstrate the Trust commitment to managing relevant concerns. Human resources staff support managers in using these documents to manage any of the issues using the processes outlined. Capability Policy, Disciplinary Policy, Recruitment Policy and Whistleblowing Policy.

**Workforce**
- There is a process in place to ensure up and coming renewal registrations are captured and followed through for example GMC, NMC, GPhC, General Optical Council and HCPC.
- The role of the Local Authority Designated Officer (LADO) in relation to Moorfields Satellite Units has been clarified and strengthened.
- Discussions were held to review the eligibility criteria for DBS exempt checks stipulated to ensure the changes did not have the potential to place children and/or adults at risk. It has been agreed that some of the exempt posts within Moorfields would undergo DBS checks e.g. estates staff.

8. **Inspections**

**Care Quality Commission (CQC) Inspection**
- The Safeguarding Children Lead Nurse was interviewed as part of the (CQC) Inspection.

**Islington Joint Targeted Area Inspection (JTAI)**
- The Trust is preparing for the pending Islington Joint Targeted Area Inspection (JTAI). A Trust Safeguarding Children evidence portfolio is being prepared.

9. **Key Performance Indicators, Metrics and Reporting**

Safeguarding children reporting continued throughout 2015 – 2016 with the following completed and submitted:
- CQUIN Report on Domestic Violence / Abuse with a 400k financial reward.
- Female Genital Mutilation (FGM) Quarterly Standard Reporting.
- Female Genital Mutilation Prevalence Data Reporting.
- Quality assurance Report to Islington Safeguarding Children Board.
- Quality and Safety Report Q4/Q1 Safeguarding Children Section.
- Islington CCG Quarterly Key Performance Indicators / Metrics.
• Islington Safeguarding Children Board (ISCB) Annual Training Audit.
• ISCB Annual Training Brief Report.
• NHS Protect Standard Review (STR) Prevent & Deter Standard no 3.14: Child or Infant Abduction
• National Institute for Clinical Excellence (NICE) Guideline 31 Meeting the Heath Needs of Looked After Children Annual Standard Reporting.
• Safeguarding Children Staff Supervision Quarterly KPI Reporting.
• Section 11 bi-annual Self-Assessment Audit completed and submitted to Islington Safeguarding Children Board with improvement plan in progress set against the 8 Section 11 standards.
• Six monthly Safeguarding Children and Young People Trust Board Report.

10. Meetings

Safeguarding Children Board participation & membership
• Moorfields Eye Hospital (MEH) NHS Foundation Trust is represented on the appropriate safeguarding committees and can demonstrate full engagement and commitment to multi-agency working.
• The Trust is represented at the Islington Safeguarding Children Board (ISCB) meetings by the MEH Executive Lead for Safeguarding.
• The Safeguarding Children Lead attends the Policy & Practice and Training & Professional Practice Subgroups.
• Information is cascaded to the Trust Safeguarding Children Group.

Moorfields Safeguarding Children (SGC) Group
• The Trust’s Safeguarding Children Group continues to meet bi-monthly and is well attended by clinical and managerial staff. The designate nurse for NHS North Central London Clinical Commissioning Group (Islington) is also a member of the group and acts as a professional critique providing clinical expertise and constructive challenge.
• The group monitors the Trust’s progress against the implementation of its work plan, identifies potential risks in relation to safeguarding children and young people and acts as a conduit between the ISCB and the Trust Board.
• The Trust is required to submit a quarterly monitoring template to the Islington Commissioning Support Unit who review and assess Trust performance against core standards. The SGC Group reports into the Clinical Governance Committee.

Membership of and participation in other groups
• The Safeguarding Children Lead Nurse and Named Doctor for Child Protection attend the Islington Borough Named and Designated Safeguarding Professionals Network Meetings and Moorfields Paediatric Service Meetings.
• The Safeguarding Children Lead Nurse attends the London Named Nurse Network Meetings, Moorfields Learning Disabilities, Privacy and Dignity Meeting and Senior Nurse Meetings.

Meetings with a safeguarding children focus
• Safeguarding Children is included as a standing item for discussion at the Paediatric Service Meeting, Paediatric Accident & Emergency Meeting and the Clinical Governance Meeting.
• Due to the ambulatory model in practice within the Trust safeguarding psycho social meetings are not held routinely.
Where there is a need to convene a meeting to discuss concerns MEH staff undertake effective liaison with local services, convene meetings to address the concerns and attend specific safeguarding children meetings external to the Trust.

Staff including clinicians, ocular prosthetics, optometrists and orthoptists provide ophthalmic specialist information as required / requested into any meeting with a safeguarding focus.

11. Policies and Procedures

Alerts and flagging
- Safeguarding Children “Flagging” is active on the Patient Administration System (PAS) for all children known to be on a Child Protection Plan (CPP) or a Child in Need Plan (CIN) or a Looked After Child (LAC).
- The safeguarding children alert is now available on Open Eyes (electronic medical record) system without the use of abbreviations.
- This flagging identification and recognition of children who have children’s social services input has been strengthened to include details of the contact names and telephone numbers of allocated social workers to facilitate effective multi-agency communication.
- Training continues regarding the use of the flagging systems and staff are proactive when accessing electronic systems / records where an alert is active and will ask regarding the activation of alerts.

Child Protection – Information Sharing (CP-IS) System
- This national information sharing system connects Children’s Social Care IT systems with IT systems in NHS unscheduled care settings e.g. accident and emergency and urgent care to identify children who are on a child protection plan (CPP), who are looked after (in foster care) or pregnant women whose unborn baby is on a CPP.
- CP-IS system went live in the Trust in February 2016 in adult and paediatric accident and emergency with ongoing training for front line reception and clinical staff in these settings.
- Baseline CP-IS Audit has been completed and submitted to the Health and Social Care Information Centre (HSCIC).
- Islington Children’s Social Care are in the final process of sign up to CP-IS System and once live the paper based list of children on an Islington child protection plan provided to the Trust will cease.

National, London and local policies and procedures
The following local policies and procedures were developed or revised during this reporting period:

<table>
<thead>
<tr>
<th>Title of Document</th>
<th>Type of document</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Violence and Abuse</td>
<td>Policy and Procedures</td>
<td>Revised</td>
</tr>
<tr>
<td>Escalation and Conflict Resolution (Disagreements</td>
<td>Policy and Procedures</td>
<td>New</td>
</tr>
<tr>
<td>Relating to a Child's Welfare)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managing Individuals Who Pose A Risk of Harm</td>
<td>Policy and Procedures</td>
<td>New</td>
</tr>
<tr>
<td>PREVENT Strategy</td>
<td>Policy and Procedures</td>
<td>New</td>
</tr>
<tr>
<td>Safeguarding Children and Child Protection</td>
<td>Policy and Procedures</td>
<td>Revised</td>
</tr>
<tr>
<td>Safeguarding Children &amp; Young People (0-18y)</td>
<td>Infographic</td>
<td>New</td>
</tr>
<tr>
<td>Safeguarding Children &amp; Young People (0-18y)</td>
<td>Policy Summary</td>
<td>New</td>
</tr>
<tr>
<td>Safeguarding Supervision</td>
<td>Policy and Procedures</td>
<td>New</td>
</tr>
<tr>
<td>Scrutiny of Out of Hours Paediatric A&amp;E Notes</td>
<td>SOP</td>
<td>New</td>
</tr>
</tbody>
</table>
Awaiting approval and ratification

<table>
<thead>
<tr>
<th>Awaiting approval and ratification</th>
<th>Type of document</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Holding</td>
<td>Policy and Procedures</td>
<td>New</td>
</tr>
<tr>
<td>Did Not Attend</td>
<td>Policy and Procedures</td>
<td>New</td>
</tr>
</tbody>
</table>

Safeguarding Children sections were written for the following Trust Policies:

### Title of Document

- Access Policy
- Complaints Policy
- Incident Reporting Policy
- Mandatory Training Policy
- Missing Patients Policy
- Paediatric Chemical Injury Standard Operating Procedure
- Patient Letter and Standards of Practice Policy
- Visitors Policy

### Title of Legislation / Statutory Practice Guidance

- Bedfordshire Inter Agency Child Protection Procedures (2015)
- Female Genital Mutilation (FGM) Risk and Safeguarding Guidance for Professionals (2015) explaining the new legislative requirements under the Serious Crime Act 2015 and including the Trust’s mandatory reporting around FGM
- Kent and Medway Safeguarding Children Procedures (2015)
- What to do if you’re concerned a child is being abused (2015)

### Non-attendance at appointments

- To strengthen this process a procedure flowchart has been developed and included in the Safeguarding Children and Child Protection Policy.
- The Did Not Attend / Could Not Attend / Was Not Brought Policy has been developed and circulated for consultation and is currently awaiting approval and ratification.
- Telephoning Families who Do Not Attend (DNA) Paediatric Clinics Audit was undertaken which has been presented by the Paediatric Matron to the CQRG group and the Paediatric and Strabismus Clinical Governance half day and will be presented by the Safeguarding Children Lead Nurse to Islington Safeguarding Children Board Quality Assurance Subgroup..
- The Trust recognises disguised compliance by ensuring cancellation of appointments by parents/cares are now logged electronically with reasons given – cancellations are clinically assessed in the same way as non-attendance.
- All children’s non-attendances are reviewed on an individual basis and liaison with appropriate universal health services and/or community services locally to where the child resides.

### Compliance with other relevant safeguarding children procedures

#### Child Death Reporting
Since 1st April 2008 it has been a statutory responsibility and requirement that all deaths of children and young people under the age of 18 years must be reported to the Safeguarding Children Board locally to where the children had resided irrespective of why or how the child died. This includes young people under the age of 18 years being treated on adult wards (Working Together 2015).

The Trust would be required to complete statutory child death reporting in the event a child or young person who died within the Trust.

MEH should provide agency reports in the event of a known child or young person as a patient of the Trust dying elsewhere. Notification of death may come directly to a child's consultant or from the child death overview panel (CDOP) co-ordinator locally to where the child had resided.

The later process is being strengthened by the Safeguarding Children Lead Nurse to ensure that in the event of a known death the Trust is fulfilling its statutory reporting responsibilities regarding services involvement and information sharing as required by Working Together 2015.

During the year 2015 – 2016, 20 children and young people deaths who were known patients of MEH was informed to the Safeguarding Children Lead.

Section 85 Notifications

Section 85 of the Children Act (1989) places a duty on local authorities to check on the safety and welfare of children residing in hospital provision for any continuous period exceeding and/or likely to exceed 12 weeks (London Child Protection Procedures 2015).

The Trust provides an ambulatory short stay model for inpatients and children are not admitted overnight. The requirement for the Trust to report against Section 85 Notifications is not required.

12. Safeguarding Supervision

The Safeguarding Children Lead and the Named Doctor for Child Protection continue to receive safeguarding children supervision from Islington CCG designated safeguarding children / child protection professionals.

Safeguarding Children Staff Supervision Quarterly Metrics Indicator Reporting commenced in April 2015.

Safeguarding Supervision Policy was approved and ratified and combines both children and adult safeguarding supervision.

13. Training

Training continues to be delivered on a rolling 3-year cycle with staff identified as requiring each level of training, content and frequency as stipulated by the Intercollegiate Document Safeguarding Children and Young People: Roles and Competencies for Health Care Staff (2014). The Trust also endorses the Competency Still Matters: Safeguarding Children Training For All Employees and Volunteers. A Guide For the Responsibilities of All Organisations (2014) and the Core Skills Training Framework.

The Trust is committed to achieving its target of 80% compliance – as set by NHS England (2013) and Islington CCG in training Levels 1 – 3 and 100% in Level 4. 100% compliance for Level 4 is set against 2 members of MEH staff only who are required to undertake this Level, the Safeguarding Children Lead and the Named Doctor For Child Protection.
Training review

- Level 1 and Level 2 training is delivered through in house face to face training.
- All new starters to the Trust undertake an Induction Programme which includes face to face safeguarding training delivered by the named child protection professionals.
- E-Learning safeguarding modules hosted by E-Learning for Health for Levels 1-3 became available with a direct link to update staff's learning record on INSIGHT.
- Level 3 training is accessed and delivered through face to face training provided by Islington SCB external to the Trust.
- Level 4 training for the named child protection professionals is undertaken through a modular learning approach.
- Compliance continues to be monitored by the Trust Mandatory Training Group and the Safeguarding Children Group.
- The numerator for staff required to undertake Levels 1, 2 or 3 has increased throughout the year.
- The Safeguarding Children Lead Nurse delivered a Safeguarding Children Session at the Inaugural MEH Paediatric Ophthalmic Training Day which attracted participants from within MEH and other Trusts and delivered training within Kings College University Safeguarding Children Module.
- The Named Doctor for Child Protection provided a face to face session for consultants who undertake on-call paediatric ophthalmology responsibilities at Great Ormond Street Hospital.
- Mental Capacity Act and WRAP (Workshop To Raise Awareness Of Prevent) Training was introduced.
- 1523 Trust staff received face to face safeguarding training in the year 2015 – 2016 including a combination of Levels 1, 2 and 3 safeguarding children, domestic violence and WRAP.

Training figures

Safeguarding Children Training

Figures take into account staff turnover and are provided by the Learning and Development Department via INSIGHT.

<table>
<thead>
<tr>
<th>Safeguarding Children</th>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
<th>Quarter 4</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>81%</td>
<td>83%</td>
<td>83%</td>
<td>81%</td>
<td>80%</td>
</tr>
<tr>
<td>Level 2</td>
<td>92%</td>
<td>89%</td>
<td>92%</td>
<td>81%</td>
<td>80%</td>
</tr>
<tr>
<td>Level 3</td>
<td>88%</td>
<td>88%</td>
<td>86%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>*Level 4</td>
<td>50%</td>
<td>50%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

*100% compliance for Level 4 is set against 2 members of MEH staff only who are required to undertake this level.

Domestic Violence / Abuse Awareness Training

- The identification of children residing in households where adult patients disclose domestic violence / abuse remains a core safeguarding business of the Trust and reflects MEH’s commitment to the Child behind the Adult Agenda.
- The Trust signed up to the Department Of Health Domestic Violence Pledge.
Partnership working has commenced with Islington Solace (Women’s Aid) who held an inaugural domestic violence stall which was well attended by staff seeking information and asking questions as well as patients and visitors.

Further partnership working will include the delivery of face to face domestic violence training and the commencement of domestic violence drop in surgeries at City Road.

### Mental Capacity Act (MCA) Training

- MCA training has been established within the Trust and become mandatory training for clinicians and staff who undertake consent duties. MCA applies to individuals aged 16 years and over and the principles of the act also need to be applied when clinicians are seeking consent from parents/carers for children aged 16 years and under.
- MCA training forms part of the Safeguarding Children Section 11 Audit Action Plan following completion of the audit to Islington Safeguarding Children Board in 2015.

### PREVENT Training

- Basic awareness of PREVENT is delivered via face to face Safeguarding Adult training.
- PREVENT awareness is also included in Level 1 and level 2 Safeguarding Children face to face training.
- WRAP (Workshop to Raise Awareness of Prevent) Training was introduced and included in quarterly PREVENT returns submitted to NHS England.

### 14. Summary

This report outlines the work that has been carried out in relation to Safeguarding Children and Young People across the Trust from the 1 April 2015 – 31 March 2016 and demonstrates the breadth of activity and variety of safeguarding issues for the children and young people who access or have contact with Moorfields services.

The Board is asked to note this report.
### Glossary of Terms and Abbreviations

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A&amp;E</strong></td>
<td>Accident and Emergency</td>
</tr>
<tr>
<td><strong>CCG</strong></td>
<td>Clinical Commissioning Group</td>
</tr>
<tr>
<td><strong>Child Protection Information Sharing System (CP-IS)</strong></td>
<td>This national information sharing system connects local authority children’s social care IT systems with MEH Patient Administration System to identify children who attend A&amp;E who are on a child protection plan (CPP), who are looked after or pregnant ladies whose unborn baby is on a CPP.</td>
</tr>
<tr>
<td><strong>CPP</strong></td>
<td>Child Protection Plan - Formerly the Child Protection Register</td>
</tr>
<tr>
<td><strong>CQC</strong></td>
<td>Care Quality Commission</td>
</tr>
<tr>
<td><strong>CQRG</strong></td>
<td>Clinical Quality Review Group</td>
</tr>
<tr>
<td><strong>CSC</strong></td>
<td>Children's Social Care</td>
</tr>
<tr>
<td><strong>DHR</strong></td>
<td>Domestic Homicide Review</td>
</tr>
<tr>
<td><strong>DNA</strong></td>
<td>Did not attend – children who are not brought to appointments</td>
</tr>
<tr>
<td><strong>Female Genital Mutilation (FGM)</strong></td>
<td>Also known as female circumcision or female cutting. The removal of part or all of the external female genitalia for non-medical reasons.</td>
</tr>
<tr>
<td><strong>HSCIC</strong></td>
<td>Health and Social Care Information Centre</td>
</tr>
<tr>
<td><strong>ISCB</strong></td>
<td>Islington Safeguarding Children Board</td>
</tr>
<tr>
<td><strong>Looked After Child (LAC)</strong></td>
<td>Child who is in the care of children’s social services residing with a foster carer or in a residential foster care home</td>
</tr>
<tr>
<td><strong>MEH</strong></td>
<td>Moorfields Eye Hospital</td>
</tr>
<tr>
<td><strong>NHS</strong></td>
<td>National Health Service</td>
</tr>
<tr>
<td><strong>NICE</strong></td>
<td>National Institute for Clinical Excellence</td>
</tr>
<tr>
<td><strong>NSF</strong></td>
<td>National Service Framework</td>
</tr>
<tr>
<td><strong>RCPCH</strong></td>
<td>Royal College of Paediatrics and Child Health</td>
</tr>
<tr>
<td><strong>Section 11</strong></td>
<td>A formal audit tool completed bi-annually by the Trust as part of the function of the Local Safeguarding Children Board to monitor and evaluate what is done by board partners, ensuring the Trust is fulfilling statutory obligations about safeguarding and promoting the welfare of children</td>
</tr>
<tr>
<td><strong>Section 17</strong></td>
<td>Child in Need Referral and Assessment</td>
</tr>
<tr>
<td><strong>Section 47</strong></td>
<td>Child Protection Referral and Investigation</td>
</tr>
<tr>
<td><strong>PREVENT</strong></td>
<td>A cross-Government policy that forms one of the four strands of CONTEST: the United Kingdom’s Strategy for Counter Terrorism. Prevent includes the anti-radicalisation of vulnerable adults and children to stop them becoming terrorists or supporting terrorism</td>
</tr>
<tr>
<td><strong>Serious Case Review (SCR)</strong></td>
<td>A multiagency review initiated by the local safeguarding children board to establish if lessons are to be learned including identifying good practice about the way in which local professionals and organisations worked individually and together to safeguard and promote the welfare of children</td>
</tr>
<tr>
<td><strong>SGC</strong></td>
<td>Safeguarding Children</td>
</tr>
<tr>
<td><strong>SI’s</strong></td>
<td>Serious Incident/s</td>
</tr>
<tr>
<td><strong>Young Carers</strong></td>
<td>Children and young people who take on practical and/or emotional caring responsibilities for a parent and/or sibling that would normally be expected of an adult.</td>
</tr>
</tbody>
</table>
References


Care Quality Commission Regulation 13 Safeguarding service users from abuse and improper treatment.


Independent investigation into governance arrangements in the paediatric haematology and oncology service at Cambridge University Hospitals NHS Foundation Trust following the Myles Bradbury case (2015). London: Verita

http://www.londonscb.gov.uk/training_subgroup/

