



Kent Community Health NHS Foundation Trust

Annual Safeguarding Report

2019/2020

1 INTRODUCTION

Kent Community Health NHS Foundation Trust (KCHFT) is committed to working in partnership with key stakeholders to ensure that children and adults at risk in our care are identified early and protected from harm.

The purpose of this report is to:

- Provide an overview of the Trust's safeguarding (SG) activity during 2019/20
- Provide assurance that the organisation is compliant with its safeguarding duties and makes a difference to patient outcomes,
- Outline the safeguarding priorities for the forthcoming year.

The Trust's SG service works closely with local provider services throughout the Kent health and social care community to drive forward standards and quality of safeguarding. Whilst the report focuses mainly on the activities of Kent & Medway Local Children and Adult Safeguarding Boards (LSCB and LSAB), the Trust is mindful that its services based outside Kent are required to work to the safeguarding frameworks of their local Boards.

2 SAFEGUARDING INFRASTRUCTURE

During 2019/20, the Safeguarding service routinely reviewed skill mix and locality in relation to provision as per the Intercollegiate Documentation. SG service is one team based across 3 localities providing support to North/West Kent/Medway, East Kent and East Sussex (as of February 2020, an additional member of the team was recruited to post to support safeguarding arrangements for KCHFT services provided in East Sussex).

2.1 Strategic Context

The Children Act 1989 (Updated 2004) provides the core legislative framework for safeguarding children, which is supported by the statutory duty on agencies to co-operate in making arrangements to safeguard and promote the welfare of children. *Working Together to Safeguard Children* (2018) remains the key, statutory safeguarding children guidance that underpins local policy and procedure, in accordance with the Children Act. The KCHFT's Safeguarding Operational Manual is available on the Intranet and provides a link to the Local Safeguarding Boards for Adult and Children multi agency procedures and all relevant guidance and legislation to support staff in undertaking work that is associated with safeguarding adults and children from abuse and neglect.. Together, these resources underpin the legislation to protect children and adults. At local level, the Kent Safeguarding Children Multi-Agency Partnership (KSCMP) is the key statutory mechanism for agreeing how organisations/ agencies within its geographical location will co-operate to safeguard and promote the welfare of children and for ensuring the effectiveness of what they do. Lead officers within the Trust were identified for each KSCMP sub-group, where the organisation had standing membership. The Named Nurses for Safeguarding Children (SGC) have statutory responsibilities, as laid out in *Working Together to Safeguard Children* (2018), to support other professionals in their agency to recognise the needs of children, including responding to possible abuse or neglect. Their key roles and competencies are outlined in the Royal College of Paediatricians and Child Health Intercollegiate document, *Safeguarding children and young people: roles and competencies for health care staff* (2018). The Named Nurses for SGC work closely with the Trust's Named Doctors for SGC.

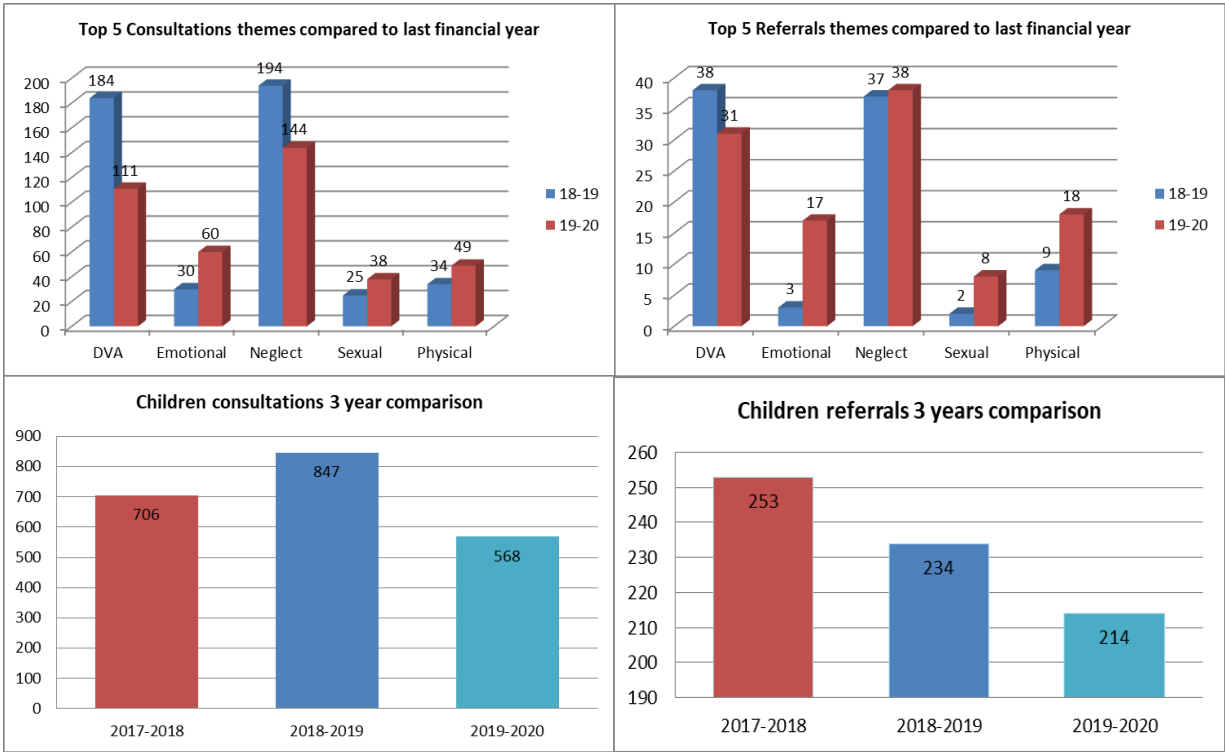
The Trust has standing membership on the Kent & Medway Safeguarding Adults Board (KMSAB) Board, where the Trust is represented by the Executive Lead for Safeguarding. Lead officers within the Trust were identified for each KMSAB sub-group. Significant work continued within KMSAB, to understand and further develop local arrangements around safeguarding adults and to align them with the legislative changes introduced by the Care Act 2014.

The Trust has a Staff internet site (FLO) which enables Trust employees to have access to up to date information regarding information about the Trust. The Safeguarding Service regularly update the

Safeguarding Workspace ensuring staff have access to most up to date Safeguarding information for both Adults and Children and published guidance any time during their working hours.

2.2 SAFEGUARDING CHILDREN

Throughout 2019/20 , the Trust’s frontline practitioners made child protection work a high priority within their case management, with attendance at child protection case conferences (CPCC) reaching 95%.for Health Visitors and 100% for School Nurses. Frontline practitioners made 214 referrals into Children’s Social Care. The SG service continues to support frontline professionals and all KCHFT employees to carry out their duties in focusing on the ‘voice of the child’ and ‘Think Family’ by working in partnership to safeguard the welfare of children and young people. Support is provided via safeguarding supervision, SGC training and workshops, targeted support to individual teams and services. The SG team provide a daily Duty Line providing responsive safeguarding advice which ensures a timely approach in safeguarding a child and their family.



The Intercollegiate Document for Children and Young People (CYP) was used to Update Training Packages to ensure all staff working with Children and Young people have exposure to the latest research and best practice with respect to Safeguarding. This is in order to increase their awareness, knowledge and skills with regards to recognising and assessing vulnerability and where appropriate recognise when to act and when to provide targeted support.

The Safeguarding team have focussed on Key services namely the Community Paediatric Service, Community Children’s Nursing team, Looked After Children and ITACC services who work with extremely vulnerable children, often with complex health needs. This has led to improved support and liaison underpinned by the provision of supervision to improve the safeguarding knowledge, understanding and skills and has led to an increase in consultations to the Safeguarding Duty line leading to consideration of and actively increasing the number of referrals for Early Help/prevention work. Staff in these services follow a Think Family Model rather than seeing the child/YP in isolation whilst capturing the Voice of the child in assessment and care planning

2.3 Governance and Assurance Arrangements

The Chief Executive remains the Accountable Officer for Safeguarding, with the Chief Nurse as the Executive Lead for Safeguarding both Children and Adults. The Safeguarding Assurance Group, attended by commissioners, chaired by the Chief Nurse takes a strategic overview of the SG arrangements within the Trust.

2.4 The Kent (and beyond) Picture

As at 31st March 2020, there were approximately 340,140 children and young people residing within Kent with 1,338 subject to a child protection plan. Within East Sussex, there were approximately 91,864 children who were eligible to access our School Nursing Service and 112,647 Children's Integrated Therapy Services. Kent County Council had 1811 Looked After Children and young people placed within the county and 1,268 placed out of area with 35 at a confidential address. (All figures source: KCC Management information Department, March 2020)

2.5 Safeguarding Children Significant Incidents (SGC SIs)

During 2019/20 the SGC team were not actively involved in any SIs, but continued to support the SI and Patient Safety Team by reviewing any DATIX that were flagged as having a Safeguarding component. The HV Service Non Accidental Injury (NAI) processes have been reviewed and managed via DATIX in collaboration between the HV Service and Safeguarding Team

2.6 Case Reviews (CRs) and Serious Case Reviews (SCRs)

With the restructure of the Kent Safeguarding Children Board to KSCMP, there has been a change in the review process as well as the criteria, they are now known as CSPR (Child Safeguarding Practice Review) and LCSPR (Local Child Safeguarding Practice Review). During 2019/2020, the SGC team have contributed to 12 Rapid Reviews and have provided Independent Management Reports for two SCRs. The main themes identified were lack of professional curiosity, disguised compliance, Non Accidental Injury, neglect and working with fathers, which are all mirrored in National SCR findings.

2.7 Exploitation

An exploitation work stream has been developed to reflect adequately the different (but closely identifiable) strands of exploitation, namely Child Sexual Exploitation (CSE), Gangs and County lines and Modern Day Slavery. The wider Kent and Medway strategy includes information sharing on Missing children, children potentially identified as being sexually exploited and those exploited through Gangs and County Lines. Close interagency working by the safeguarding team with the Strategic Missing Child & Exploitation Team (MCET) Teams and other key partners has led to timely information sharing in identifying and supporting victims/potential victims of exploitation. The exploitation work stream continues to evolve, the provision of robust training programmes to key services and to the wider KCHFT workforce has resulted in staff identifying potential victims, using up to date toolkits and referring into the appropriate agencies working with victims of exploitation. Raising the profile of Modern Day Slavery has continued as part of the Safeguarding Agenda throughout 2019/20. The Exploitation workspace on flo is now part of the Safeguarding workspace to ensure all Safeguarding information is in one place and easily accessible for staff. There are e-learning packages for all staff that can be accessed via flo. The Modern Slavery statement is published on the Trust Public website in line with section 54 of the Modern Slavery Act 2015. KCHFT Missing Person Procedure has been put in place to ensure a coordinated approach between the Safeguarding adults and children team and to ensure that those at risk of exploitation /trafficking are identified at the earliest opportunity in collaboration with other agencies. Alerts and flags within KCHFT record systems enhances an early response. Attendance at the Kent & Medway Joint Exploitation Meeting has ensured a joined up working relationship with partner agencies and ensures a consistent approach to identifying and supporting victims, thus reducing the risk of ongoing abuse and harm. The identification of those most at risk is supported by the use of appropriately identified Multi-Agency tools to risk assess if a child/Young person or Adult is at risk of exploitation.

2.8 Female Genital Mutilation (FGM)

The SG team have ensured KCHFT staff have an understanding of FGM and are able to identify and act appropriately when recognised, including fulfilling the mandatory reporting duty required by all regulated health and social care practitioners. There were no FGM cases notified through KCHFT in 2019/2020.

Completion of KCHFT FGM process has been utilised to support practitioners with identifying and considering the risks relating to FGM, safeguarding women and children and to ensure that practice complies with UK law. KCHFT staff have a robust process to guide them when concerned regarding FGM. This provides a consistent and robust approach to early identification and prevention of harm when it is identified that FGM may be practised, or in offering support when a history of FGM is disclosed or identified.

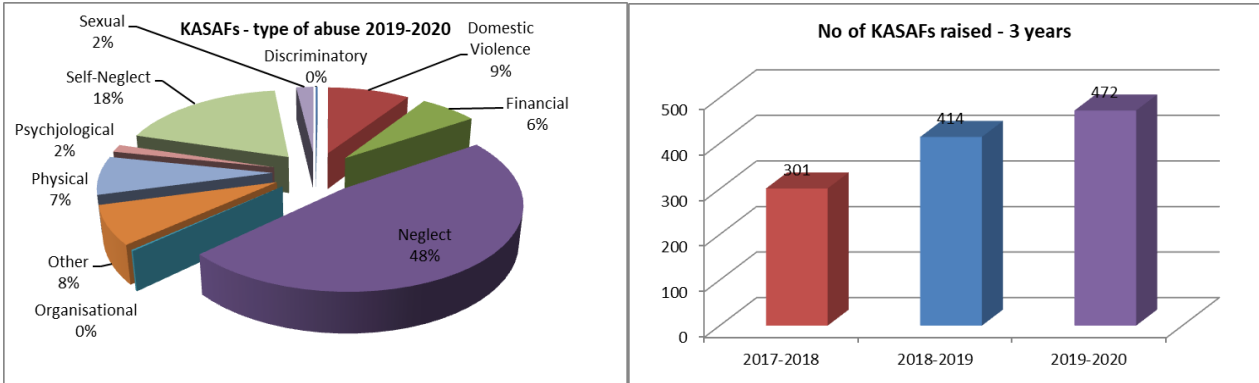
3 SAFEGUARDING ADULTS

The Trust has worked closely with the Operational staff to assist with their understanding and knowledge on how to support people who self-neglect. There were opportunities to learn lessons from local cases of potential or significant harm as well as from Safeguarding Adults Review and Domestic Homicide Reviews. The NHS England’s *Safeguarding Adults: roles and competencies for health care staff – Intercollegiate Document* describes the key roles and competencies of safeguarding adult practitioners and was published in 2018. This document provides structured guidance in terms of expected staff roles and competencies. The SG service is reviewing training and competencies in line with this document.

Prevention, early identification/intervention and promoting the welfare of adults accessing our services are fundamental factors in safeguarding. The Trust’s ultimate goal is to ensure that all patients receive care that reflects and responds to their specific needs and wishes, which includes keeping them safe from harm at all times, particularly when they may not be able to make decisions for themselves.

3.1 Adult Safeguarding Referrals (KASAFs)

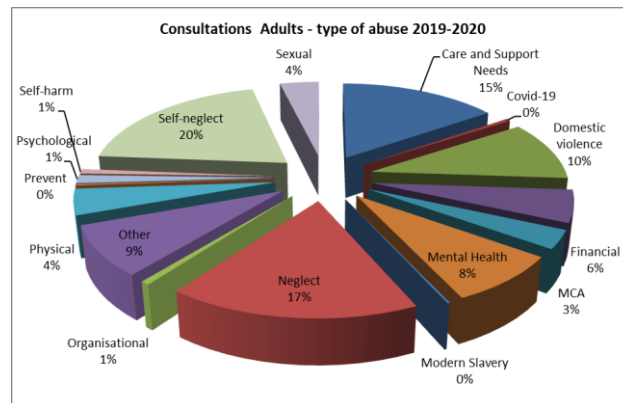
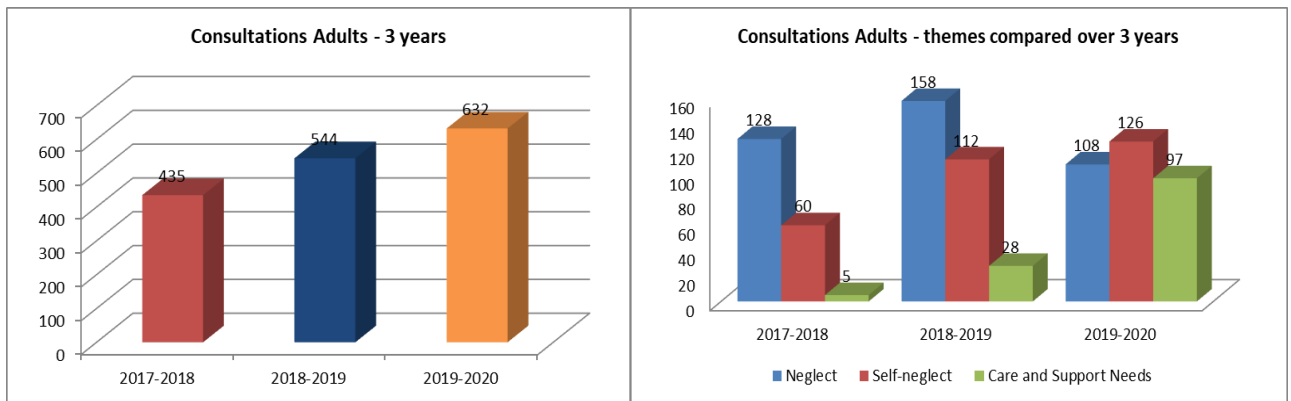
In 2019/20, the KCHFT SG team processed 472 referrals raised into the local safeguarding process this is a 14% increase from 2018/19 from 414 to 472. Out of this figure, the number of KASAF implicating KCHFT staff has increased, albeit the numbers of KASAF substantiated have reduced. Out of the 472 referrals that were raised, 80 implicated KCHFT and the number of substantiated KASAFs were 8. There were 16 KASAFs raised which were also raised as a SI, an increase of 4 in comparison to last year’s figures. The key categories were *Neglect*, followed by the category of *Self-Neglect* and *Domestic Violence & Abuse*.



Categories of abuse and percentage of referrals within each category

3.2 Adult Safeguarding Consultations:

The SG team provide a daily Duty Line which staff can phone for consultation and support about safeguarding concerns. The SG line has seen 632 consultations in 2019/20 an increase of 16.2% compared to 2018/19. The key categories are *Neglect*, followed by the category of *Self-Neglect and Care & Support* needs.



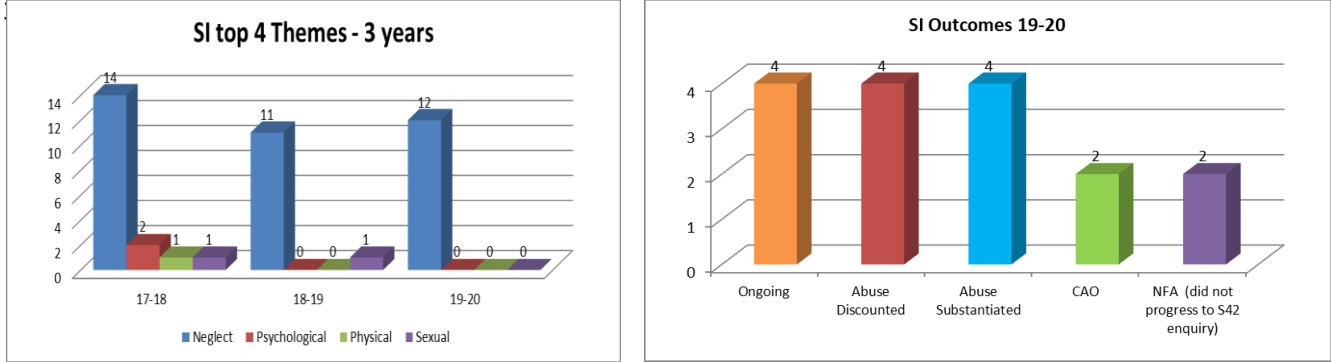
The Trust participated in the KMSAB self-assessment framework, to evidence that it met its statutory obligations to safeguarding adults accessing its services. The Trust promoted the Making Safeguarding Personal agenda and ensured that staff consider patients' views and wishes, and promoted the voice of the adult when supporting them through the safeguarding process. This meant that patients were empowered to be in charge of the safeguarding process when concerns were identified. The Trust delivered Self-Neglect presentations to 557 operational staff, and there has been an increase in support to people who self-neglect and where appropriate, safeguarding referrals raised. This meant the patients received the appropriate support and the risk to their wellbeing was reduced. The Safeguarding Service has been spending more face-to-face time working with operational staff and provided support with writing chronologies, Service Provider Investigation Report, delivering be-spoke training and generally being available on-site to offer any support to Operational Staff. This has resulted in staff having a greater understanding of safeguarding concerns and support that is available to patients /service users. This is reflected in staff prompt identification of safeguarding concerns, staff seeking earlier support, resulting in patients and service users receiving timely interventions to promote their safety and wellbeing. This is demonstrated by an increase in the number of safeguarding consultations and referrals which demonstrates staff early identification of safeguarding concerns.

Ten members of staff from the Safeguarding Service have been re-deployed as part of the COVID-19 support to Tier 1 Operational Services, giving the opportunity to provide support to operational staff. This had proved valuable to operational staff in terms of providing practical support in implementing the Kent and Medway Policy and Procedure for *Supporting people who self-neglect and demonstrate hoarding behaviour*, completing relevant MCA Assessments and DoLS applications.

Partnership working with KMSAB and a host of other agencies continues to strengthen, enabling joint working and decision-making to meet the wider needs to the service users.

3.3 Safeguarding Adults Significant Incidents (SGA SIs)

The Trust’s SG service reviewed all reported serious incidents of a safeguarding nature and was routinely involved in supporting Root Cause Analysis (RCA) investigations. In total, 16 serious incidents were reported in 2019-2020. Of the 16 cases, four remained open, two were awaiting an outcome from the respective commissioner and the rest were closed. Of the 16 KASAFs that were submitted and which implicated KCHFT, all were in relation to the themes of Neglect, predominantly Pressure Ulcers.



Outcomes of SIs with SG input as of 31 March 2020

3.4 Domestic Homicide Reviews (DHRs)

Through 2019/20, KCHFT followed the Kent & Medway DHR Protocol (2016) when overseeing any newly commissioned DHRs. During this period there was one DHR commissioned by the Kent Community Safety Partnership (CSP) that the Trust was involved with minimal delivery of care, and subsequently further information was not requested, and 4 DHR enquiries of where the Trust had no involvement with delivery of care. Safeguarding training reflects the use of Professional Curiosity and Safe enquires when Domestic Abuse is suspected, this message was re-enforced through training with staff as a result of recommendations from a DHR in 2019. As a result of this, there was early identification of risk and early support provided for patients. Staff had increased confidence to enable them to ensure that safety and wellbeing was considered through all stages of contact patients had with KCHFT for both patients and other members of the family.

3.5 Serious Adult Reviews (SARs)

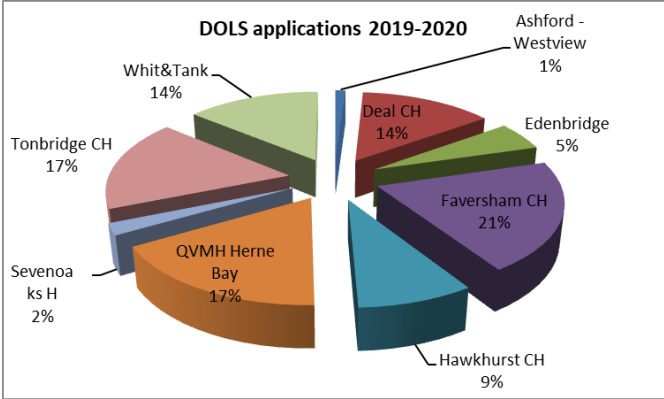
During 2019/20, 3 SARs were commissioned by the KMSAB. Key learning for the Trust was around multiagency working in both the case of a suicide with identified underlying Mental Health issues and a case of Neglect/Self-neglect and the escalation of concerns in the case of a Domestic Violence case where covert medication giving was suspected.

4 MENTAL CAPACITY ACT (MCA) INCLUDING DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS)

The Mental Capacity Act (MCA) 2005 provides the legal framework for acting and making decisions on behalf of people who lack capacity. The Trust continues to seek assurance that staff comply with the Act and have patients’ best interests at the heart of decision-making processes. SG team continued to work with identified MCA champions in clinical areas to support staff to embed MCA standards in practice. Following the MCA survey to understand the challenges staff face in evidencing MCA in practice, a number of Quality Improvement projects have been initiated that led to improvement in staff evidencing how patients are supported in decision making and where best interest decision are made. Staff introduced prompts in handover processes and Board round to ensure MCA assessments and DoLS applications were considered as appropriate.

Bespoke support from the SG team provided to community hospitals resulted in staff feeling more confident to recognise where patients met the Deprivation of Liberty thresholds and required lawful authorisation in line with legislative framework as well as ensuring the appropriate safeguards were in place for individual patients. This also meant better engagement with patients’ families who were well informed of the DoLS process and

what that meant, including the impact on the care and treatment for patients while they were in hospital. The total number of DoLS in 2019/20 were 93, resulting in a 40% percentage increase from 66 in 2018/19 demonstrating the Trust lawful obligations to the Act as well as appropriate safeguards to support the patients were in place.



Compliance with this law enables services users' outcomes to be based on their views, wishes and preferences and keep them at the centre of decision making. Greater emphasis is given to evidence the practical steps being taken to support and empower patients where possible, to make their own decisions about their care and treatment.

The dedicated MCA workspace is regularly updated with new guidance. This has been particular busy with the changes and clarity relating to the application of MCA and DoLS during the pandemic to support staff when discharging patients from hospital, providing life- sustaining treatment and testing for COVID-19.

In May 2019, Deprivation of Liberty Safeguards was replaced by new Liberty Protection Safeguards (LPS) legislation that aimed to be implemented in October 2020. The introduction of LPS will bring fundamental changes that will have a direct impact on KCHFT. The management of responsibilities for the assessment and authorisation process of those identified as being deprived of their liberty in KCHFT settings will move from Local Authority commissioned DoLS office to KCHFT as the Responsible Body. LPS Task and finish groups have been established, chaired by the Chief Nurse to plan ahead for outline of what the KCHFT authorisation process will look like and governance of the new process including key personnel responsible for the LPS process.

5 PARTNERSHIP WORKING – KENT COUNTY COUNCIL CENTRAL REFERRAL UNIT

KCHFT also provides on-site, specialist health knowledge and skills to the Kent County Council (KCC) Central Referral Unit, (CRU) and forms part of a multi-agency team, which includes KCC Social Care and Kent Police, co-located in one office. The model offers an integrated, co-ordinated and timely multi-agency response to individual situations. The CRU health team are responsive to any identified new safeguarding alerted within the strategy process and complete timely searches to enable an informed response for partner agencies (e.g.; identifying other families/children/ adults who may be exposed to similar risk/ alerting professionals if the risk is linked to a person in a position of trust). They have supported partner agencies to respond appropriately and in a timely manner to provide specialist health advice, enabling medical information to be interpreted accurately, and ensuring the Voice of the Child is heard, e.g. advising interpreters are used when needed/specialist support where there are communication needs for the child or family. They have advised on significant events within the family (e.g., anniversary of a death of a loved one) to supports mindful care to the family across partners. They provided healthy constructive challenge to identify and raise practise issues across all relevant areas of the health economy as needed in partnership with relevant colleagues, liaising with appropriate professionals to support staff as appropriate. From the previous year, the team saw an increase of 14% for requests for personal data, an increase of 31% for requests for personal sensitive data and an increase of 4% for the number of strategy discussions attended by the team. Staff within the team have used health

information to support strategy decisions and to ensure Section 47 enquiries are carried out in a timely manner to protect children and young people.

6 INTER-AGENCY COLLABORATION

In order to drive forward the quality and standards of Safeguarding, KCHFTs Safeguarding Service continued to work closely with local provider services throughout the Kent and Medway Health and Social care community. Some examples of work undertaken with local provider services include involvement in and contributing to multi-agency audit such as the Self-Assessment Framework; Case Reviews and Domestic Homicide Reviews; and support with individual complex cases. It also included attendance at multi-agency complex case planning and strategy meetings, contributing to and influencing multi-agency SG policies and procedures and delivery and development of multi-agency training. KCHFT was also involved in the work by KMSAB to improve communication and engagement of the local community.

7 PREVENT

The Prevent Duty Guidance for England and Wales was published in the summer of 2015. This document gives clear statutory guidance on what specified authorities, such the Local Authority and the NHS need to do to prevent people (including patients, service users, communities and colleagues) from being drawn into terrorism. In terms of the Trust, we have a responsibility to embed Prevent into our Policies and Procedures, deliver Prevent training to identified staff groups within the organisation and ensure staff are aware of how to recognise and refer those considered at risk of being drawn into terrorism to the Trust's SG service, who may then advise an onward referral to Channel. Overall compliance for training delivered to Operational staff for Basic Prevent Awareness is 94% and Workshop to Raise Awareness of Prevent (WRAP) training compliance is 99%. E-learning packages for Basic Prevent Awareness and Workshop to Raise Awareness of Prevent are included on the internal learning and development system - TAPS - to provide staff with another option of maintaining compliance with this training.

90% of the safeguarding team have received their Train the Trainer update. This enabled the WRAP trainers to be up-to-date with issues in relation to Prevent and share what is relevant and necessary with Operational Staff. Safeguarding staff have been actively promoting the Prevent agenda to operational staff via training and attendance at operational staff team meetings. Subsequent to that, two Prevent referrals were raised during this period. This enabled the most appropriate support to be offered to everyone involved, Early identification and timely Channel referrals enables the child, young person or adult to receive timely intervention and support, which could prevent them from being caught up in the subsequent criminal stage of the counter-terrorism process.

8 DOMESTIC VIOLENCE AND ABUSE (DVA)

Health services have a pivotal role to play in the identification, assessment and response to DVA not only because of the impact of domestic abuse on health, but also because victims may access KCHFT services. There are two current policies in relation to DVA, one to support Managers and Staff and one for Service Users. The Safeguarding Service continues to attend Kent MARACs to enable a robust and timely sharing of KCHFT service information.

MARAC attendance and appropriate information recording / MARAC alerts to both CIS and RIO Electronic Patient Records ensures KCHFT staff have awareness of cases that have identified Domestic abuse within the home. This enables staff to risk assess and make enquires with clients/patients regarding domestic abuse according to Domestic Abuse Safe Enquiry guidance. Thus ensuring supportive measures can be put in place and/or referrals made to Children's Social services to safeguard children and the victims at the earliest opportunity. The DVA Policy for Service users has been updated to guidelines as per Trust processes to ensure that KCHFT employees are aware of how to recognise and respond to DVA in a timely way, thus reducing the risk of ongoing harm and abuse

9 INFORMATION TECHNOLOGY AND ELECTRONIC PATIENT RECORDS

The Trust uses Electronic Patient Records to document patient information. The Safeguarding Service has worked with IT to ensure all safeguarding information is captured and evidenced on a patient's record, focussing this year on the newly acquired RIO system. Safeguarding assessment forms have also been reviewed to reflect safeguarding themes for staff to consider when assessing patients. This system ensures that Trust employees have access to up to date Safeguarding Information easily. The Safeguarding Service worked with the CIS team to develop a new electronic patient record to ensure all Safeguarding information is captured and evidenced on a patient's record (RIO). The Safeguarding assessment on Minor Injury Unit electronic patient record was also reviewed to reflect new SG themes for staff to consider when assessing patients. This has supported staff to ensure that robust Safeguarding information is recorded in patient's electronic record. The service has developed the KCHFT Safeguarding Workspace for all staff to have easy access to Safeguarding information, current guidance and legislation, this enables KCHFT employees to have access to up to date legislation and information in order to support and enable robust safeguarding of children and young people and Adults that they work with.

10 SAFEGUARDING INSPECTIONS

KCHFT is registered with the CQC, without conditions. At 31st March 2020, the Trust had 36 locations registered with the CQC. The Trust was inspected in June 2019 and received a rating of Outstanding. A Joint Targeted Area Inspection (JTAI) was undertaken in East Sussex in February 2020. KCHFT contributed Action Plan included School Health and GP liaison to achieve optimal collaborative working and greater shared understanding of the mental health and safeguarding needs of the child to promote better outcomes.

11 SAFEGUARDING EDUCATION

Training in safeguarding children and adults is a mandatory requirement of all staff employed by the Trust. The compliance levels for the Trust's mandatory and essential-to-role SG training were set at 85%; all training was delivered to this level overall across the Trust. Where shortfalls against compliance were identified for local teams or services, local improvement plans, risk assessment and supporting mitigations were put in place. The SG service has reviewed and updated all SG training packages to incorporate learning from all local Reviews and changes in national and local legislation and guidance for both Children and Adults. Work to reform and develop both children and adults safeguarding training in line with the New Adult Safeguarding Intercollegiate Document (ICD) (2018) and Safeguarding Children ICD 2019 was at an advanced stage when COVID-19 struck, this piece of transformative work will be a Key Achievement to complete for 2020.

12 SAFEGUARDING SUPERVISION

The Safeguarding Supervision (SGS) Policy (2018) is on flo and The Safeguarding Workspace. It clearly outlines the framework for SGS for staff working with both adults and children, in order to ensure that KCHFT fulfils its commitment and responsibilities as a safeguarding organisation. Supervision is provided one to one or in groups. All staff can request ad hoc SGS to discuss specific cases of concern. Throughout 2019/20, the provision of SG supervision has ensured that KCHFT fulfils its commitment and statutory responsibilities as a safeguarding organisation, provision of supervision also ensures staff feel supported with complex safeguarding cases and decision making. The SG supervision compliance level is set at 85% for the delivery of statutory supervision for identified staff within CYP Services. The year to date figure (across Kent) is 89% against a compliance level of 85%. Safeguarding supervision provides a supportive framework to identify vulnerability at an earlier stage therefore Service users will receive effective interventions and outcomes. Safeguarding supervision provides practitioners with protected time to reflect on, and have an in depth discussion about cases with specialist Safeguarding support and objectivity, ensuring a clear focus on the child /Young person thus evidencing the voice of the child and a clear action plan to enable the child /Young person to be safeguarded in a timely way. Hence, this process contributes to effective and robust safeguarding

practice as cases are risk assessed and measures identified to enhance outcomes for children, be it referrals to early help for preventative support, or in advocating for more robust actions within Child Protection plans.

13 SAFER RECRUITMENT

There has been little change in legislation or national policy with regards to safer recruitment in the past year. Therefore, the Trust's safer recruitment arrangements have been maintained in line with existing policies. DBS checking compliance is 100%.

14 SAFEGUARDING AUDITS

Safeguarding in collaboration with Children and Young Peoples Services developed a peer review audit which focused on the recommendations taken from Serious Case Reviews within Kent. Following this, a similar audit was developed for Adult Services and was completed in the financial year 2019/20.

An audit was developed to review processes involved as part of the Duty line consultations, this has resulted in the processes being refined and a follow on audit looked at the quality of referrals in to Social Care. The Trust continues to participate in multi-agency Self Assessments and audits as required by the KMSAB and KSCMP. These include KSCMP section 11 and KMSAB Self-Assessment Framework both of which are due to be submitted in the financial year 2020/21. Self-Assessments ensure that the Trust does not work in isolation and continues to work collaboratively with partner agencies in Kent Health and Social Care. Audits provide the Trust with assurance and identify both areas of good practice and those that require development, ensuring appropriate interventions are delivered in a timely manner and supporting staff to implement change.

15 MONITORING AND ASSURANCE ARRANGEMENTS

Arrangements for KCHFT were continually monitored at different levels and in various ways:

- Monthly Safeguarding Planning meetings provide oversight of assurance and monitoring progress and support. Relevant information from these meetings was disseminated to the SG team via locality meetings
- The Safeguarding Assurance group met bi-monthly and considered the Trusts performance and progress against a Safeguarding Assurance Dashboard. At these meetings the Trusts Safeguarding activities, functions and outputs were scrutinised.
- Assurance reports were presented monthly to the Patient Safety and Clinical Risk Group, a sub group of the Quality committee. The report provides progress on Safeguarding activities and performance both internally and externally. Information from this meeting is disseminated to Operational services and provides assurance to the Board.
- Assurance is provided to the Trust Board, Board of Governors and external agencies such as through the Safeguarding Annual report. This shows the Trusts compliance against its statutory responsibilities.
- The Safeguarding service holds quarterly service development days. Key developments for the service, safeguarding cases and professional development are discussed with the Trusts Safeguarding team.
- External monitoring and assurance arrangements were completed through the provision of a Safeguarding Performance Dashboard which was submitted to the CCG on a monthly basis
- The Safeguarding team had representations at LSCB, LSAB and CRU Board meetings as well as a wide range of multi-agency meetings.
- Quality committee receive an update from Safeguarding at every meeting

External assurance reporting to LSAB and LSCB which included:

- The completion of the KMSAB Self-Assessment Framework (SAF) and subsequent review of this.
- Completion of Section 11 of the Children Act 2004 SAF for LSCB.
- In response to both key local and national cases, the safeguarding team reviewed KCHFT involvement and reported on Kent Case Reviews. Following these development and completion of supporting recommendations were undertaken.

16 RISK MANAGEMENT

Risks to delivering the Trusts SG agenda have been reviewed on a regular basis, high risk issues are reported to the Board via the organisations risk assurance framework.

Risks identified and addressed during 2019/20 included:

- CRU Health staffing cover
- MCA understanding and documentation

Key actions:

- Risks shared with CCG and staffing at CRU increased
- Targeted support to staff to improve understanding and documentation of MCA
- Action plans developed, completed and risks closed

17 EQUALITY AND DIVERSITY

The Trust is committed to Safeguarding and protecting its most vulnerable service users, it is known that there are many types of vulnerability with some service users having greater needs than others. The Trust has four main objectives in relation to Equality and Diversity, these have been published on its public website. Equality is written into the Trusts values framework and embedded into Trust policies.

18 SAFEGUARDING DECLARATION

The Board of Kent Community Health NHS Foundation Trust (KCHFT) is assured that the following arrangements are in place, in line with the recommendations of the Care Quality Commission, to ensure that systems and processes are in place to safeguard all our patients whether they are children, young people or adults.

- Kent Community Health NHS Foundation Trust meets its statutory requirements in relation to Disclosure and Barring Service (DBS) checks for all new employees. Compliance is monitored centrally and there is an escalation process, including referrals to the DBS.
- Kent Community Health NHS Foundation Trust has a *Safeguarding Operational Strategy* and supporting policies and systems in place, that meet the requirements of *Working Together to Safeguard Children (2015)*, *Care Act 2014*, *Care and Support Statutory Guidance (2014)*, *Mental Capacity Act 2005* and *Local Safeguarding Board*, multi-agency safeguarding procedures.
- Safeguarding training, which includes the requirements of the *Mental Capacity Act/DoLS*, the *Children Act 2004*, the *Care Act 2014* and *Prevent*, is mandatory within the organisation induction programme for all new employees and refreshed at 3 yearly “essential-to-role” updates for eligible staff.
- Kent Community Health NHS Foundation Trust is committed to ensuring that the application of the *Mental Capacity Act 2005* is embedded in service delivery. This includes the *Deprivation of Liberty Safeguards* amendment in 2007 and the *Supreme Court* ruling of 2014. KCHFT is proactive in assessing all potential *DoLS* cases and making the relevant applications and, where upheld, notifying the CQC of such authorisations.
- The Board level Executive Lead with the responsibility for safeguarding in Kent Community Health NHS Foundation Trust is the Chief Nurse, who is a standing member of the Kent and Medway Adults Board.
- Kent Community Health NHS Foundation Trust has lead safeguarding professionals - Named Doctors and Nurses for Safeguarding Children and Safeguarding Specialist Advisers, to fulfil the statutory requirements of *Working Together to Safeguard Children (2015)*.
- Kent Community Health NHS Foundation Trust has lead safeguarding professionals – Named Nurses for Safeguarding Adults and Safeguarding Specialist Advisers, to fulfil the statutory requirements of the *Mental Capacity Act 2005*, the *Care Act 2014* and the *Care and Support Statutory Guidance 2014*.
- Kent Community Health NHS Foundation Trust has a Safeguarding Assurance Group, which is chaired by the Chief Nurse.

- There are effective processes for following up children who miss outpatient appointments and for “flagging” children for who there are safeguarding concerns.
- The Board reviews Safeguarding, via the Quality Committee, on a monthly exception reporting basis by operational services, which is supported by a bi-monthly organisation-wide Safeguarding Assurance Report and annually, when the Trust Board will receive a Safeguarding Annual Report. In addition, a rolling programme of internal assurance visits take place across the organisation and local compliance reports are produced to feedback on key findings and recommendations.
- Kent Community Health NHS Foundation Trust has a safeguarding audit programme in place, which provides the Board (and the Trust’s Audit Committee) with assurance that safeguarding systems and processes are working effectively. In addition to single agency audits, the Trust takes part in multi-agency audits with partner agencies.
- Kent Community Health NHS Foundation Trust is actively involved in partnership working with Kent County Council and other local agencies, in relation to the development and provision of multi-agency arrangements to safeguard and protect adults and children.

Date 10th July 2020