

## TOPIC ASSURANCE REPORT

REPORT DETAILS		ASSESSMENT
<b>Topic</b>	<b>Safeguarding unborn Babies and Children</b>	<p>Recommended levels</p> <p style="text-align: center; font-size: 24pt; color: blue;"><b>Blue</b></p> <p><b>Assessment overview</b> Recommended Assessment Level for SGC has remained at blue, which is attributed to current non-compliance with meeting CCG SGC training rates.</p> <p>Maintaining and extending the reach of the Safeguarding Service during the Covid-19 Pandemic has been a key focus during this reporting period with the Safeguarding Committee having oversight of the safeguarding strategy, policy, action plans and serious incidents. All Action Plans are on target. The development of one overarching Safeguarding and Protection of unborn Babies and Children Policy with the addition of Standard Operating Procedures has driven key work streams. Assurance is available from the CCG compliance Dashboard and Somerset Safeguarding Children Partnership Section 11 Audit.</p> <p>A BDO Safeguarding Children audit is planned for September 2021 and will focus on Section 47 Strategy Discussions.</p> <p><b>Recommendation(s)</b> To provide an update on work plans with respect to Policy development, training and supervision in next six months.</p>
<b>Topic Lead</b>	Nicole Mitchell – Named Nurse for Safeguarding Children	
<b>Exec Lead</b>	Hayley Peters	
<b>GS Link</b>	Lincoln Andrews	
<b>Meeting</b>	Quality Assurance Board	
<b>Date</b>	August 2021	
<b>Period Covered</b>	April 2020-March 2021	
<b>Previous Reporting</b>	IQAB August 2020 <b>Blue</b>	

COMPLIANCE REQUIREMENTS	
<b>Objectives/goals</b>	The purpose of this report is to provide both assurance and evidence to the Quality Assurance Board that Somerset NHS Foundation Trust (FT) are fulfilling their statutory responsibilities. These responsibilities are; to protect children's right to live in safety, free from abuse and neglect; to protect children from maltreatment and prevent the impairment of

	<p>children’s health and development; to work with other organisations to prevent and stop the risks and experience of abuse or neglect. This includes working with Somerset Safeguarding Children Partnership’ as required by ‘Working Together to Safeguard Children’ (2018).</p> <p>This report will also inform Somerset CCG (commissioners) alongside the compliance dashboard relating to Safeguarding Children activities undertaken by the Trusts’ Safeguarding Service and Section 11 Audit during the period 1 April 2020 to 31 March 2021.</p> <p><b>To bring safeguarding unborn babies and children training consistently in line with:</b></p> <ul style="list-style-type: none"> <li>• Intercollegiate Document (2019) working in accordance with the Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff.</li> <li>• To ensure compliance with the legislative framework of the Children’s Act (1989 and 2004).</li> <li>• Working Together to Safeguard Children (2018)</li> <li>• To increase staff awareness and knowledge to Think Family in relation to domestic violence and abuse in line with NICE guidelines (2016) <a href="http://www.nice.org.uk/guidance/qs116">www.nice.org.uk/guidance/qs116</a></li> <li>• Expectations set out in the NHS England and Somerset Clinical Commissioning Group contract.</li> </ul> <p><b>To bring safeguarding supervision consistently in line with:</b></p> <ul style="list-style-type: none"> <li>• Intercollegiate Document (2019) working in accordance with the Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff.</li> <li>• Working Together to Safeguard Children (2018) updated (December 2020)</li> <li>• Trust Safeguarding Clinical Supervision Policy (2019)</li> </ul>
<p><b>CQC Fundamental Standards</b></p>	<p>Safeguarding Compliance Standards: <b>Regulation 13:</b> Safeguarding service users from abuse and improper treatment.</p> <p>Summary from the regulation:</p> <p>“Providers must have robust procedures and processes, to prevent people using the service from being abused by staff or other people they may have contact with when using the service, including visitors. Abuse and improper treatment includes care or treatment that is degrading for people and care or treatment that significantly disregards their needs or that involves inappropriate recourse to restraint. For these purposes, 'restraint' includes the use or threat of force, and physical, chemical or mechanical methods of restricting liberty to overcome a person's resistance to the treatment in question”.</p> <p>“Where any form of abuse is suspected, occurs, is discovered, or reported by a third party, the provider must take appropriate action without delay. The action they must take includes investigation and/or</p>

	<p>referral to the appropriate body. This applies whether the third party reporting an occurrence is internal or external to the provider”.</p>
<p><b>Legislative Requirements</b></p>	<ul style="list-style-type: none"> <li>• The Children Acts (1989 and 2004)</li> <li>• United Nations Convention on the Rights of the Child (UNCRC) is an international human rights treaty that grants all children and Young People (aged 17 and under) a comprehensive set of rights. The convention has 54 articles in total. Articles 43-54 are about how adults and governments must work together to make sure all children can enjoy all their rights. The UNCRC is supported by legislation that underpins implementation in England.</li> <li>• Every Child Matters (2004 and 2015)</li> <li>• National Service Framework for Children (2004)</li> <li>• Working Together to Safeguard Children (2018), a guide to inter-agency working to safeguard and promote the welfare of children</li> <li>• Intercollegiate Document (2019) Safeguarding Children and Young People: Roles and Competencies for Health Care Staff</li> <li>• Children and Social Work Act (2017)</li> <li>• CONTEST – Counter Terrorism Strategy (2018)</li> <li>• Modern Slavery Act (2015)</li> <li>• Domestic Abuse Act (2021)</li> </ul>
<p><b>National Guidance / Assessment Frameworks</b></p>	<ul style="list-style-type: none"> <li>• Effective support for Children and Families in Somerset guidance 2019</li> <li>• RCPCH safeguarding document 2006</li> <li>• RCPCH guidance Perplexing Presentations (PP)/ Fabricated or induced Illness (FII) in Children 2021</li> <li>• NICE guidelines (CG89) When to suspect child maltreatment 2009</li> <li>• NICE QS 116 Domestic Violence and Abuse</li> <li>• Domestic violence and abuse multi agency working (PH 50)</li> <li>• Child abuse and neglect (NG76) 2017</li> <li>• Harmful Sexual Behaviour (NG66) 2016</li> <li>• Serious Crime Act 2015</li> </ul>
<p><b>Trust Policy – key requirements</b></p>	<p><b>Key requirements subject to monitoring:</b></p> <p>To consistently work within the <b>Safeguarding and Protection of unborn Babies and Children Policy (2021)</b></p> <ul style="list-style-type: none"> <li>• This policy and procedure is subject to scrutiny and review by the Safeguarding Committee, the CCG and Somerset Safeguarding Children Partnership (SSCP)</li> <li>• The Trust regularly reviews its safeguarding and protection of unborn babies and children arrangements. The Chief Nurse is accountable for ensuring Trust compliance against this policy and the South West Child Protection Procedures.</li> <li>• The Named Nurse and Named Doctor for Safeguarding children are</li> </ul>

responsible for ensuring any recommended changes are implemented.

- All Trust staff should be aware of this policy. It is referred to in every unborn baby and child safeguarding training session at all levels. The Named Nurse will facilitate regular audits to ensure staff are aware and are following the policy and to assess whether there are any barriers in place that prevents or discourages staff from using it.
- Where there is evidence that a staff member has not followed the correct unborn baby/child protection procedure, the named professionals will follow this up accordingly and where appropriate use the incident reporting system. This will be reported to the Safeguarding Committee where appropriate actions will be recommended and monitored. Any high scoring risks will placed on the Safeguarding Risk Register and if appropriate due to higher scoring, the Corporate Risk Register and monitored until the risk is reduced.

To consistently work within the **Safeguarding Clinical Supervision Policy (2019)**

- This policy and procedure is subject to scrutiny and review by the Safeguarding Committee, the CCG, Somerset Safeguarding Children Partnership (SSCP) and Somerset Safeguarding Adults Board, (SSAB).
- Compliance with this policy will be monitored by routine recording, data compliance recording, data submission to the CCG and via clinical audit. The clinical audit will be developed by the Trust Named Nurse Safeguarding Children and Named Professional for Safeguarding Adults in line with the audit standards for this policy.
- Specific supervision issues and requests for additional assurance and compliance monitoring will be actioned collaboratively between the Safeguarding Service and individual Departments/Service Leads.
- To ensure safeguarding supervision is a process that is a dynamic process delivered consistently by all supervisors all supervisors are trained to Level 4 with regard to safeguarding Children and Adults with additional peer observation and management oversight.
- Safeguarding supervision audit reports, action plans, incident reporting and any other issues relating to safeguarding supervision are analysed in the Trust's Safeguarding Committee and Service whole team meetings for discussion and monitoring purposes

To consistently work within the **Court Procedures for Safeguarding Unborn Babies and Children Policy (2021)**

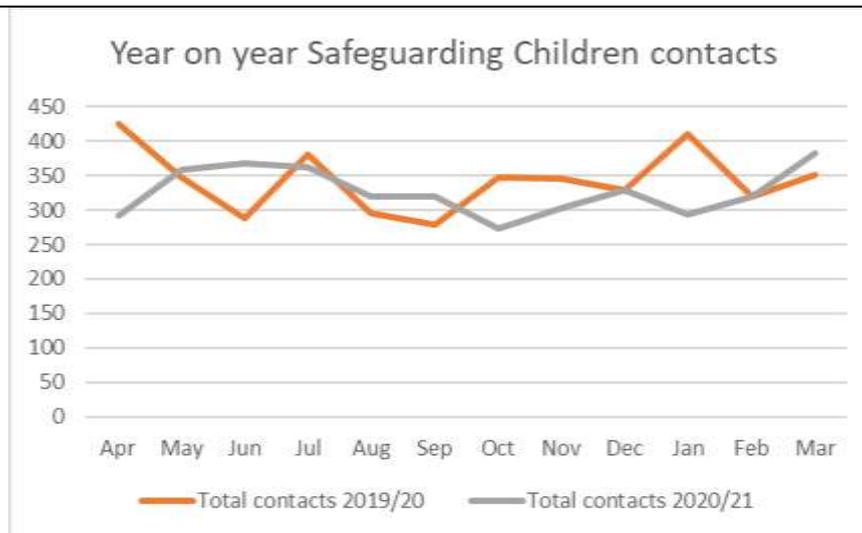
- This policy and procedure is subject to scrutiny and review by the Safeguarding Committee, the CCG and Somerset Safeguarding Children Partnership (SSCP)
- Compliance with this policy will be monitored by the Safeguarding Committee. The clinical audit will be developed by the Trust Named Nurse Safeguarding Children in line with the audit standards for this policy.

	<ul style="list-style-type: none"> <li>Specific court procedure issues and requests for additional assurance and compliance monitoring will be actioned collaboratively between the Safeguarding Service and individual Departments/Service Leads.</li> </ul>
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EXTERNAL ASSURANCE	
<b>External Reviews / Assessments</b>	None during reporting period,
<b>External / Internal organisational Audits</b>	<p><b>Somerset Safeguarding Children Partnership (SSCP) Section 11 Audit 2020 -2021</b></p> <p>23 agencies/services were asked to complete the S11 audit for Somerset.</p> <p>Scores were based on criteria provided within the audit, on a continuum of Grade 0 (loosely equivalent to Ofsted inadequate) to Grade 3 (loosely equivalent to Ofsted outstanding).</p> <p><b>Somerset NHS Foundation Trust self-assessment overall was graded 3.</b></p> <p>Areas covered included what was working well, such as information sharing at Practitioner level and Safeguarding Supervision. Also things that were taking longer to embed such as engagement with new Safeguarding arrangements, knowledge and use of the Effective Support Document and Single Agency changes impacting on the Multi-Agency System.</p> <p><b>This year's S11 audit had a strong focus on the impact of the Covid-19 pandemic and agency's ability to carry out their s11 duties.</b></p> <p>Recognition was given to the increased use of technology and virtual meetings; implementation of Pre-birth tracking meetings and development of the multi-agency lead professionals (MALP) process. All agencies share the worry that children and families have been less visible, and it has been more difficult to engage meaningfully with children and their families.</p>
<b>National Audits / Surveys</b>	No National Audits / Surveys were carried out within the timescale of this report.

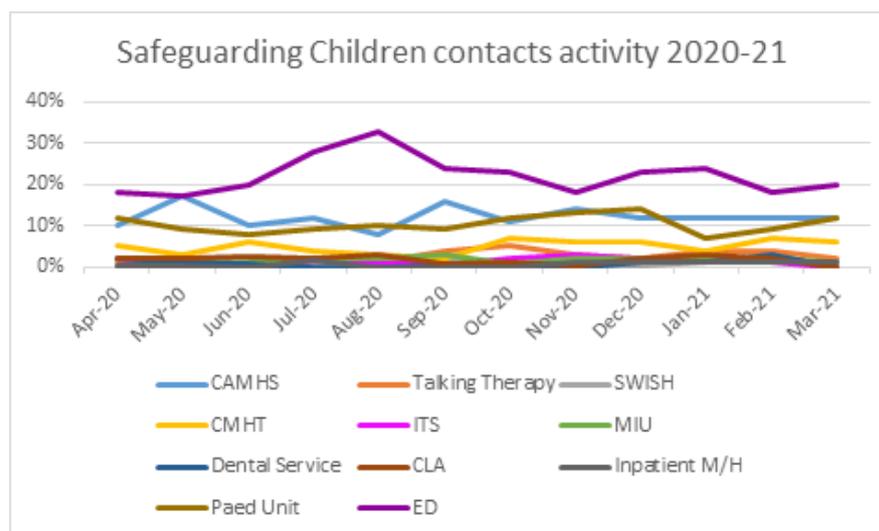
INTERNAL ASSURANCE	
	<p>The Trust is working towards full mandatory training compliance in accordance with the Intercollegiate Document <i>Safeguarding children and young people: roles and competences for health care staff</i> (2019).</p> <p>Approximately 419 qualified Adult Mental Health and Learning Disability Practitioners were re-mapped during the reporting period in line with the Intercollegiate Document <i>Safeguarding children and young people: roles and competences for health care staff</i> (2019) supporting the 'Think</p>

<p><b>(Gap analysis)</b></p>	<p>Family' approach. As such a significant drop in compliancy rates for Safeguarding Children Level 3 training in the autumn of 2021 is predicted. Contingency planning is in place including a bespoke offer over six months in respect of additional training for these staff groups to realise compliancy over the next 18 months.</p> <p>The Trust is working towards full mandatory Safeguarding Supervision compliance; Safeguarding Supervision is offered to all staff who work with children and or their parents/ carers. Compliance and impact is evidenced through robust monitoring and shared with service leaders on a quarterly basis to support engagement and compliancy.</p>
<p><b>Audit &amp; Measurement</b></p>	<p><b>SAFEGUARDING CHILDREN ACTIVITY and CQC Section 7 compliance</b></p> <p>Data collection of safeguarding activity by professionals working with children and the Safeguarding Service is required as part of CQC Section 7 outcomes. A generic safeguarding checklist has been developed and implemented within RiO to support robust data collection as well as increase documentation rigour for adults and children at risk. This has yet to be integrated within other clinical record systems across the Trust, however, more services have access to RiO ( including read only)</p> <p>Currently Safeguarding Children activity (see below), is collated referring to a specific service, practitioner, issue and outcome. This level of scrutiny has enabled robust monitoring of concerns, actions and assurance. Activity indicators help to plan work streams. Overall, the level of activity has remained consistent since the last reporting period.</p> <p>However, further scrutiny has identified a theme of increasing complexity with an increasing number of contacts from mental health including adult and CAMHS services with child safeguarding concerns.</p> <p>Contacts with and from the Emergency Department (these contacts include review of all children who attend ED by the Safeguarding Service where there are safeguarding concerns), brings the highest level of activity due to the nature of brief contacts with families in urgent need of medical attention; this liaison includes all categories of abuse.</p> <p>Interestingly, as staff have developed their practice embedding professional curiosity, it has led to more robust safeguarding practice. This supports an increasing 'Think Family' approach; greater reach of the Safeguarding Service in terms of supervision and training and increased support offered by the Safeguarding Service to practitioners who may be unfamiliar with child safeguarding process and may not have seen or spoken with the child. This data is supplied to the CCG on a monthly and quarterly basis supporting compliance criteria and contractual arrangements.</p> <p><b>Graph 1. Year on Year Safeguarding children activity ( excluding maternity)</b></p>



**Graph 2.**

Breakdown and analysis of contacts throughout the reporting period excludes maternity safeguarding contacts (aside from of quality assurance of referrals to Children Social Care).



**Table 3.**

	Total contacts 2019/20	Total contacts 2020/21
<b>Apr</b>	425	291
<b>May</b>	348	359
<b>Jun</b>	288	368
<b>Jul</b>	380	362
<b>Aug</b>	296	319
<b>Sep</b>	279	320
<b>Oct</b>	348	274

<b>Nov</b>	346	302
<b>Dec</b>	328	329
<b>Jan</b>	411	294
<b>Feb</b>	319	320
<b>Mar</b>	351	382
<b>TOTAL</b>	<b>4119</b>	<b>3920</b>

The reporting period covered the entire period of national restrictions due to Covid-19 pandemic. An increased virtual support offer, via MS Teams was provided by the Safeguarding Service. Whilst it has been a concern child appeared to be less visible to professionals this does not appear to have significantly influenced safeguarding concerns communicated to the Safeguarding Service during the reporting period.

## **MATERNITY**

### **Monitoring of Pregnancy Communication Forms relating to vulnerability in pregnancy**

Since 2018, records indicate that there has been a steady increase in the number of vulnerable families identified during pregnancy. The Covid-19 pandemic has likely caused this increase in the last year; however, this may also be due to increased professional curiosity and staff being fully aware of the procedures in place when safeguarding concern are identified. The majority of these vulnerabilities are identified at the antenatal booking but are also recorded throughout the childbearing continuum and into the postnatal period.

Data indicates that 1 in 3 women receiving care from midwives within the Trust have an existing vulnerability.

**Table 4.**

Year	Number of Communication forms	Number of families open to CSC
2018-19	1042	225
2019-20	1052	229
2020-21	1264	202

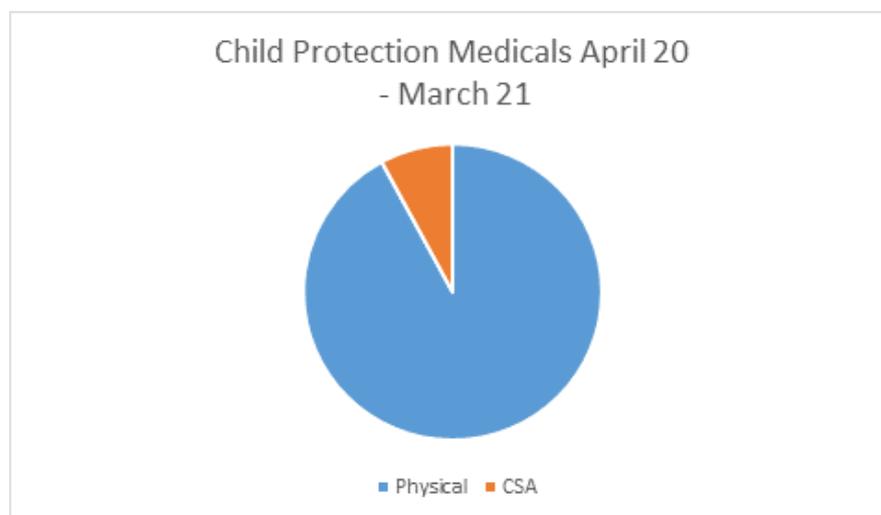
2020-21 shows a small reduction in number of families involved with Children Social Care and thought to be due to Covid-19 restrictions, this reflects the national picture.

## **CHILD PROTECTION CLINICS**

There were 105 child protection medicals performed during 2020-21, which is a reduction from 143 cases in 2019-20. This is notable in light of the Covid-19 pandemic, where national picture reported significant increase in domestic violence events, and 27% increase in notifications of serious incidents and rapid reviews (Child Practice Safeguarding Review Panel, 2020). There has been a drive within the Safeguarding Service to improve relevant health professional attendance at Section 47 Strategy Discussions, which may have positively impacted on this and is part of the BDO audit for 2021 / 2022.

A new Multi-Agency Linked Professional Process (MALP) was also initiated during Covid-19 lockdowns, which may have been successful at mitigating some risks. It is concerning however, that children have been significantly less visible during the Covid-19 pandemic, and this may have prevented injuries being recognised and acted on. Further consideration of other data alongside (e.g. number of serious safeguarding incidents recorded at the Trust during the same period) may help clarify these underlying factors. Historic child sexual abuse (CSA) cases continue to be seen by two consultants with specific experience in child safeguarding. Acute CSA cases are referred directly to the Bridge (regional sexual abuse referral centre) at the point of contact.

**Graph 5.**

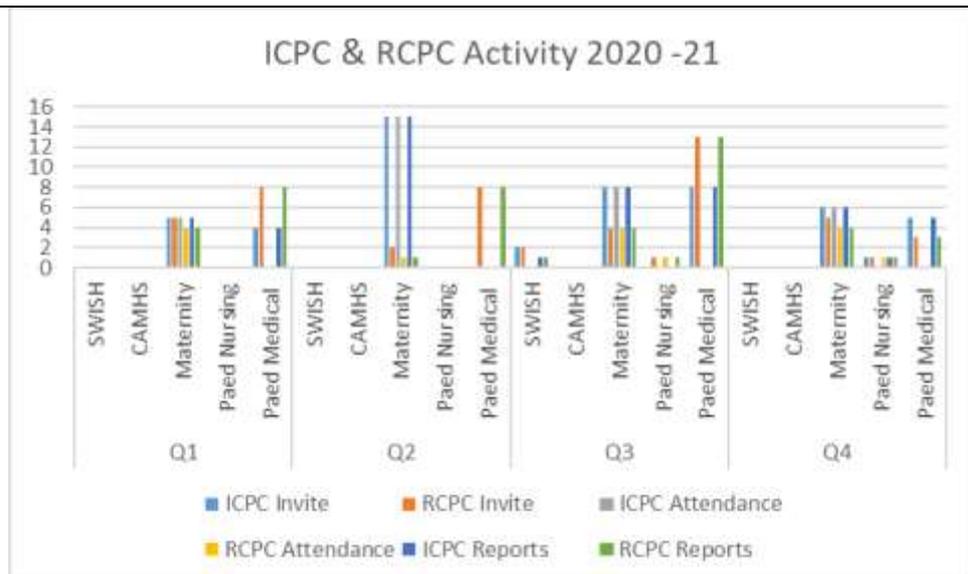


Category	Number
Physical	105
CSA	9

Total 114 cases

**Safeguarding Children activity, initial (ICPC) and review (RCPC)  
Child Protection conference attendance - CQC outcome 7**

**Graph 6.**



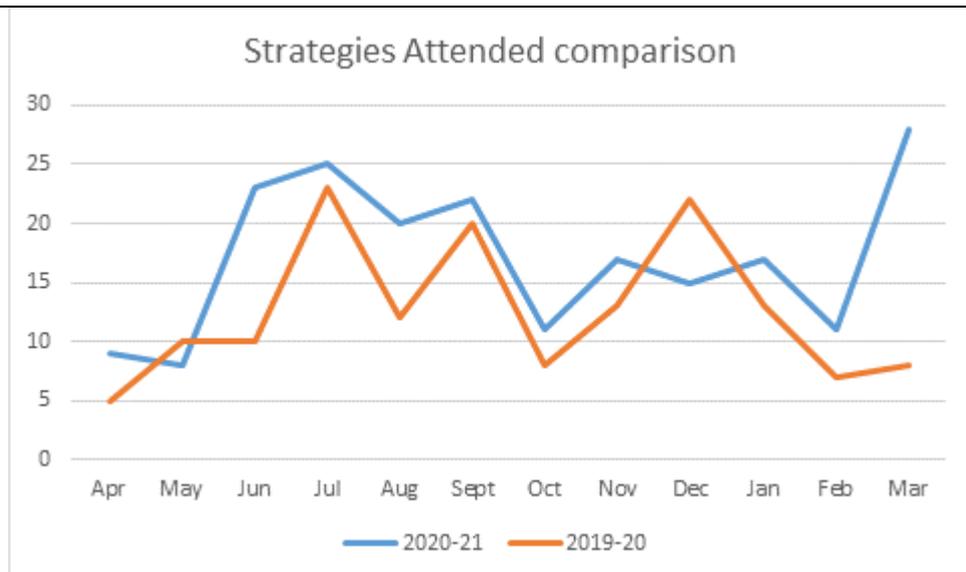
It is envisaged by embedding in practice the RiO Safeguarding Checklist CAMHS CQC outcome 7 data can be easily identified, and compliance reported moving forwards, this will form part of an audit in 2021/22.

**Section 47 Strategy Discussions**

The Trust continues to support almost 100% of Section 47 Strategy Discussions where invited. Since Covid-19 pandemic, this has been undertaken via media platforms. The CCG performance dashboard supports this monitoring process. The majority of Strategy Discussions research and attendance is undertaken by the Trust Safeguarding Service. Best practice is for involved agencies to contribute to Strategy Discussions to support the ‘voice of the child’ and robust information sharing. The Safeguarding Service facilitates attendance and also supports the relevant involved Trust health professional participate in the Strategy Discussion contributing to the multi-agency Section 47 enquires.

Outside of 9-5 working week health representation is often not utilised, with exception of Paediatricians if there is a relevant health need. Health professionals who are involved with children and families are routinely consulted during the Section 47 enquiry process. A recent Local Child Safeguarding Practice Review (Child Alex published on 02 August 2021) identified an inconsistency with how Section 47 Strategy Discussions are managed, including where actions and outcomes are universally agreed including the receipt and agreement of the minutes. Learning around this has been implemented between partner agencies and will inform the planned Safeguarding Children BDO audit this autumn.

**Graph 7. Strategy attendance - CQC outcome 7**

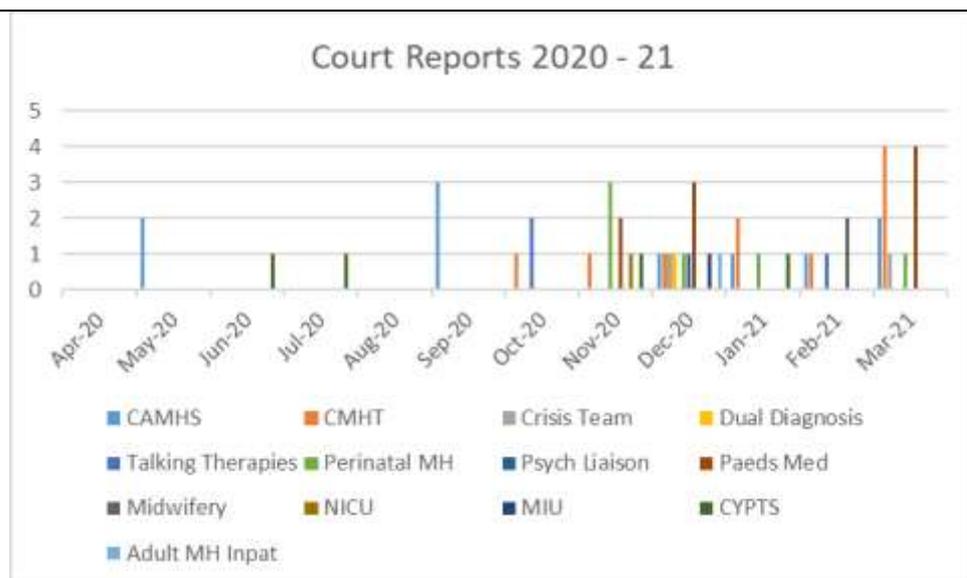


There are comparable numbers of Strategy Discussions in the last two reporting years, with peaks mirroring the summer months and winter holiday period. Interesting there appears to be an increase in Strategy Discussions post Covid-19 lockdown restrictions in March 2021, this is in line with the national picture of an increase in detecting harm to children.

**Court reports completed - CQC outcome 7**

The new Court Procedures for Safeguarding Unborn Babies and Children is now in place. This supports Trust staff navigating requests for court. The Safeguarding Service facilitate the legal process by quality assuring all Trust staff Court or Public Law Outline reports and offering support during the court process. Since October 2020 all requests for court attendance and reports are triaged through the Safeguarding Service this has provided assurance that the Trust complies with court requests in a timely manner, supports individual staff members and protects our most vulnerable children and families.

**Graph 8. Court reports completed and quality assured by the Safeguarding Service**



### **Maternity Audit**

A dip audit was undertaken to review compliancy with regard to the use of body map stickers within the Personal Child Health Record (PCHR) to identify bruising separate from birth marks/blemishes. Prior to this information pertaining to birthmarks/ blemishes were recorded within the midwifery records only. The Dip audit identified the sticker was completed in 42 % of cases. There is an action plan in place to address this.

### **Peer Review Audit 2020/21 – Named Doctor for Safeguarding Children**

Monthly paediatric departmental peer review sessions continued throughout 2020-21 for 9 out of the 12 months. Peer review has taken advantage of virtual platforms via Microsoft Teams following strict governance arrangements.

Average of 15.4 staff per session is recorded. All sessions had representation from each medical grade (i.e. SHO, Registrar and Consultant). There is an open offer for all paediatric ward staff to attend peer review. However, there is limited attendance from ward nurses, who have separate supervision provide by the Safeguarding duty team, but it is hoped in the future there will be more joined up Safeguarding supervision within the department mirroring other departments and services across the Trust.

### **Child Protection (CP) Documentation Audit**

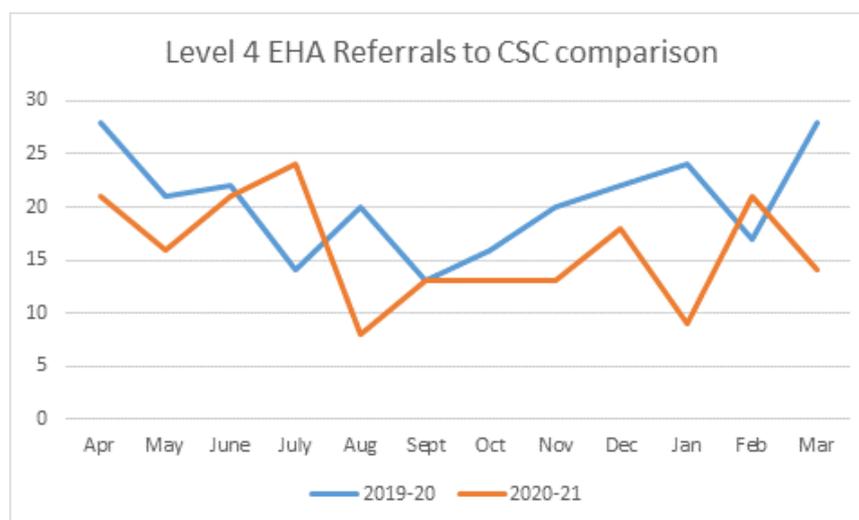
All CP Medical reports are quality assured by one of the paediatric consultants with specific safeguarding experience. Reports are also audited for their completeness of documentation.

Documentation Audit

	Apr 20	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan 21	Feb	Mar
Record of Strategy documented	100.0%	100.0%	90.0%	100.0%	100.0%	100.0%	20.0%	100.0%	100.0%	80.0%	81.8%	100%
Body maps used	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	90.9%	100%
Body maps all timed and dated	100.0%	100.0%	90.0%	88.9%	100.0%	90.0%	40.0%	100.0%	100.0%	100.0%	53.6%	100%
Consultant agreed discharge	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%
Discharge checklist (CP2 Form) completed	66.7%	85.7%	80.0%	55.6%	90.9%	90.0%	40.0%	69.2%	75.0%	80.0%	63.6%	60%
Consent for CP Medical obtained	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%

The audit identified the correct documentation is generally very well completed. There was a drop in compliancy in October 2020 this related to new members joining the clinic team and not being familiar with the paperwork with the effect exacerbated by a small number of cases that month.

**Graph 9. Level 4 referrals Child Protection referrals to Children Social Care**

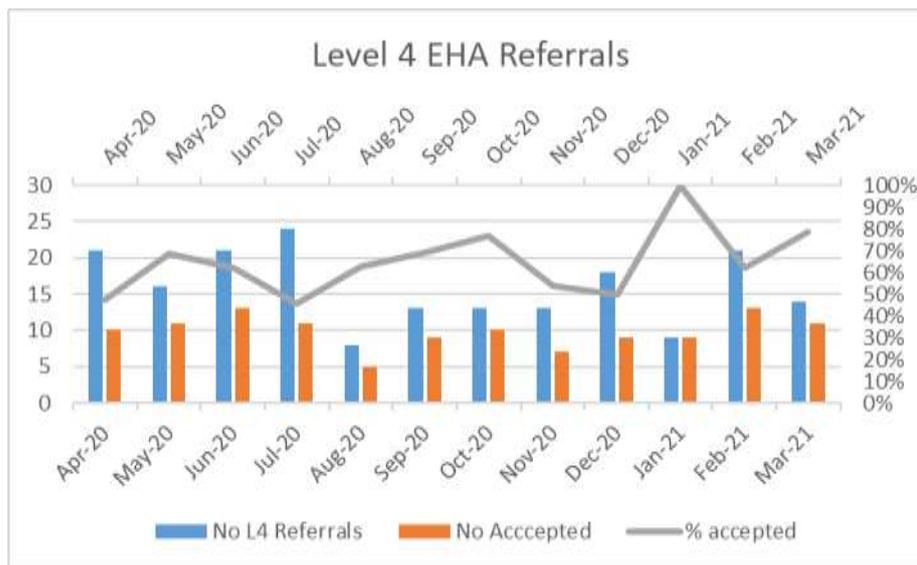


In accordance with the Safeguarding and Protection of Unborn Babies Children Policy (2021), practitioners supported by the Trust Safeguarding Service refer children at risk of, or suffering significant harm to Children Social Care (CSC);

The Safeguarding Service quality assure all written referrals. This monitoring provides evidence on the quantity and quality of referrals meeting Somerset Safeguarding Children Partnership threshold guidance. The conversation (acceptance rate) is set out in graph 11.

Pre Covid-19 Joint audit meetings were convened between CSC and Health to support analysis of conversion rates supporting multi-agency working together arrangements to keep children safe. These will be reconvened within the next reporting period.

**Graph 10. Level 4 EHA conversion rate**



The Early Help Assessment process (including referrals to Children Social Care) was revised with updated guidance and a shortened referral form in October 2019.

Practitioners are accessing the Safeguarding Service for support and advice when identifying children at risk or suffering significant harm.

**Safeguarding Supervision**

Section 11 of the Children Act 2004 requires effective systems to safeguard and promote the welfare of individual children in services who work with children and families; this includes “effective supervision and monitoring”. Therefore, supervision of trained staff should be in place to keep children using the services safe.

Effective supervision can play a critical role in ensuring a clear focus on a child’s welfare including risk; supervision should support professionals to reflect critically on the impact of their decisions on the child and their family.

Supervision is defined as an accountable process that supports, assures and develops the knowledge, skills and values of an individual, group or team (Skills for Care and CWDC 2007). The purpose of supervision is to improve the quality of professionals’ work by assisting them to review, plan and account for their safeguarding responsibilities.

Selection of cases for supervision should not be left solely to the practitioner; review of cases below the threshold for child protection intervention is as important as those within the child protection system (Complexity and Challenge: a triennial analysis of SCR’s 2014-2017 March 2020).

Safeguarding Supervision was highlighted as a recommendation in Family A, Serious Case Review, and Child Alex and Child Charlie Local Child Safeguarding Practice Reviews (published 02 August 2021).

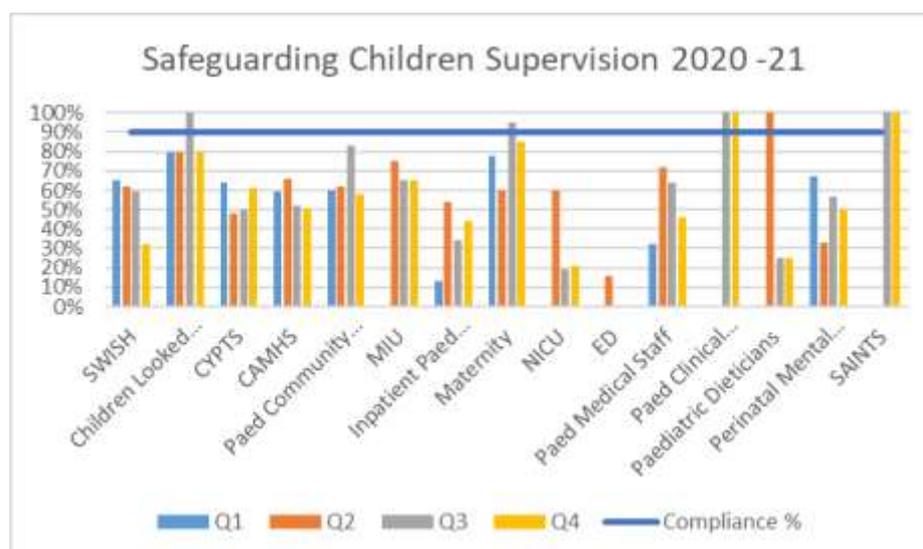
### Safeguarding Service

The Safeguarding Service access Safeguarding Supervision on a three monthly basis (as per Policy) facilitated by Named Professionals within the Trust who themselves access Safeguarding supervision from their respective Designate Professionals within the CCG.

Safeguarding Supervision has been introduced to all Services who have contact with children within the Trust including ED, Maternity, Community Paediatrics and inpatient and outpatient departments, including the Children Diabetic Service and NICU plus community and mental health services. Formal monitoring systems for all practitioners working with children are in place alongside 'Think Family' Safeguarding Supervision arrangements for adult services within the Trust.

### Graph 11. Safeguarding Supervision compliance

Safeguarding Supervision compliance is monitored by the Safeguarding Service



There has been a consistency with practitioners accessing Safeguarding Supervision over the period of interest and a general increase since the last reporting period. Several services have achieved recommended compliance; these tend to be smaller teams where it has been easier to have oversight and those with more flexible working patterns. The Safeguarding Service is adapting its working practices to reach out to services who have not achieved compliance with a developed offer devised together with service managers. Compliance will continue to be monitored on a quarterly basis in line with the CCG data compliance Dashboard. Compliance is also shared with individual service managers to support uptake.

**Safeguarding Supervision staff survey** undertaken in respect of unborn babies and children during the reporting period. This was made available to all staff who are eligible to receive Safeguarding Unborn Babies and Children Supervision and are mandated to undertake Level 3 Safeguarding Children training, as per the Inter-collegiate document Safeguarding Children and Young People: Roles and competencies for

health Care Staff (2019).

The Survey was promoted via the Trust Staff News and via direct notification from the audit lead and safeguarding supervisors to individual teams. The survey remained open for two months within this reporting period.

A total of 69 responses were received. 43 respondents stated that they either, did not work with children or unborn babies or parent or carers, or that they don't receive safeguarding supervision. Therefore, the sample size for the audit was 26. The response rate was expected to be lower than normal due to the current pressures faced due to the Covid-19 pandemic.

Compliance with formal safeguarding supervision was measured using existing data collected by the Trust Safeguarding Service based on staff access to Safeguarding Supervision every three months. Data excluded the Emergency Department (ED) who did not receive safeguarding supervision at this time due to Covid-19 pressures. To mitigate against a temporary suspension of Safeguarding Supervision in ED the Trust Safeguarding Service continued to review all Child ED attendances. Alongside this ED Staff access the Trust Safeguarding Single Point of Contact on an ad hoc basis for support and advice. Adult Mental Health Services, whilst offered Safeguarding Supervision every three months are not counted in the 643 practitioners eligible to receive safeguarding supervision due to the data collection systems currently in place.

Total staff that should engage with Safeguarding Children Supervision within Somerset FT (exc ED and Adult Mental Health Services) = 643  
 Total supervised = 350

**Graph 12. Safeguarding Supervision Compliance**



Just over 7% of Trust staff (n= 26) who are in receipt of Safeguarding Supervision completed the full survey. Whilst this overall number is small, staff indicated through self-assessment, standards 1-6 met full compliance with responses "agree" or "strongly agree".

Despite the small sample size the following objectives were met fully:

- To ensure that Safeguarding Unborn Babies and Children Supervision improves quality of patient care complicity >92 % of

staff completing the survey agreed or strongly agreed

- To ensure that Safeguarding Unborn Babies and Children Supervision is a dynamic process for staff compliancy >92% of staff completing the survey agreed or strongly agreed

The positive responses illustrate practitioner's willingness to validate the supervision process and embed Safeguarding within their daily practice.

The following objective was met in terms of identifying reach:

- To establish the level of engagement and uptake with Safeguarding Unborn Babies and Children Supervision ( with the exception of ED, Adult mental Health Staff) (n=340) 54%

During the Covid-19 pandemic the Safeguarding Service trialled the use of media platforms to facilitate Safeguarding Supervision namely via Microsoft Teams. Safeguarding Supervision via this virtual platform for the majority of services has been maintained and in some cases has increased compliancy, due to staff do not have to travel to venues and can participate between client contacts. Whilst the legacy of media platforms to deliver and enhance the Safeguarding Children supervision offer to most teams has been welcomed post Covid-19 restrictions, some services within the trust, mainly in the acute setting prefer face to face supervision, for example ED. The Safeguarding Service will in the future offer a combined approach meeting staff needs to support engagement and ensure that Safeguarding Unborn Babies and Children Supervision is a dynamic process for staff.

#### Key Strengths

92% staff who completed the survey agreed Safeguarding Children Supervision met their expectation and policy standard and shared safeguarding supervision was either extremely valuable or valuable in respect of safeguarding children and unborn babies. (Appendix B). Of the 19 staff who identified staff who were not in receipt of Safeguarding Children Supervision 71% indicated they would like to.

#### Key Areas for improvement

Qualitative responses identified 42% of staff commented Safeguarding Children Supervision could not be improved upon. Where improvements were identified 53% (n=8/15) these were in terms of increasing frequency and duration.

### **MATERNITY**

#### **Safeguarding Supervision**

This last year has seen a reconfiguration of the community midwifery teams. These now consist of smaller teams with an aim to increase 'continuity of carer' for women accessing maternity care. This in itself supports midwives in the identification of safeguarding concerns as they are working more closely with the women in their care.

The community team leader supports robust oversight of the safeguarding activity within their team, thus making it easier to support their midwives where necessary facilitates safeguarding Supervision.

	<p>This is also an additional 'safety net' to ensure that safeguarding process is followed and safeguarding plans are made in a timely manner. In response to Covid-19, the frequency of midwifery supervision has increased to six weekly from three monthly. This is to help mitigate against the potential increase in risk created by having less contacts with women during this period.</p>
<p><b>Reporting Structure/ Specialist Committee</b></p>	<p><b>Safeguarding Committee</b></p> <p>The Safeguarding Committee (SC) meets quarterly and works to a defined reporting schedule.</p> <p>Areas the Committee continues to monitor:</p> <ul style="list-style-type: none"> <li>• Risk Register</li> <li>• Outcomes auditing</li> <li>• Gap analysis and action plans to support national and local policy compliance including collaboration with the CCG and SSCP</li> <li>• Dashboard compliance and reporting to the CCG</li> <li>• SBAR briefing reports are an established way of Named Professionals and topic leads reporting to the SC. These reports include Safeguarding Training, Safeguarding Supervision and Serious incidents i.e. Child Safeguarding Practice Reviews (CSPR's), internal investigations including root cause analysis, context of issues, causes and impact of exception and resolution and mitigation.</li> </ul>
<p><b>Directorate-level assurance</b></p>	<p>Assurance is provided by the Safeguarding Committee where membership consists of representatives from all directorates within the trust. In addition, the Safeguarding Service has direct links for day-to-day communication with the Associate Directors of Patient Care aligned to each directorate. The Director of Safeguarding and the Associate Director of Safeguarding attend monthly directorate governance meetings across the trust to provide further assurance and support.</p>

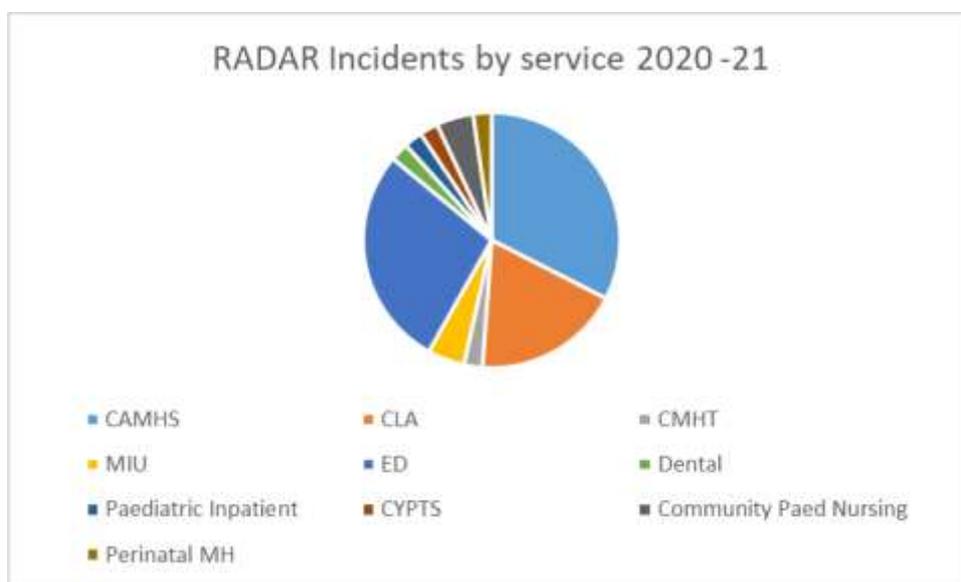
<p style="text-align: center;"><b>POLICY COMPLIANCE</b></p>	
<p><b>Policy Status</b></p>	<p><b>Safeguarding Policies</b></p> <p>Safeguarding and Protection of Unborn Babies and Children Policy in date – review by June 2024.</p> <p>Court Procedures for Safeguarding unborn Babies and Children Policy in date – review March 2023.</p> <p>Integrated joint Safeguarding Clinical Supervision Policy in date – review due Jan 2022 (this policy will be integrated and demonstrate a life course perspective, to be renamed 'Safeguarding Supervision Policy').</p> <p>Managing Historic Allegations of Child Abuse and Neglect (due March 2020 review date extended (due to the impact upon the safeguarding service of Covid-19) and will be integrated across all services.</p>

	<p><b>Other supporting Standing Operating Procedures (SOP) and guidance:</b></p> <p>No Response 'Child Not brought' SOP - review date April 2021 – review in progress, will consider integrated policy across all Somerset FT services</p> <p>Routine Weighing of Children less than 12 months of age attending Urgent and Unscheduled Care settings SOP – review date June 2024</p> <p>Children in Hospital Longer than 3 months SOP – review date June 2024</p> <p>Management of children with concerns regarding factitious or induced illness (FI) SOP. Updated with new RCPCCH guidance March 2021 including Perplexing Presentations - review date July 2024</p>
<p><b>Policy Compliance</b></p>	<p><b>Safeguarding and Protection of Unborn babies and Children Policy (2021)</b></p> <p><b>MONITORING</b></p> <p><i>1) Annual audit of safeguarding or child protection process when a Safeguarding/ Child Protection concern has been identified this audit will include a review of the guidance, advice and process undertaken</i></p> <p><b>No Response (Child not Brought) Policy Audit</b></p> <p>An additional audit was undertaken during 2020-21 as part of the action plan linked to a Serious Case Review. This was to assess whether clinical staff were aware of the existence of Trust “Child not Brought” policy, changes in accessing the policy, the child not brought algorithm (displayed in paediatric clinic rooms), and how staff were managing non-attendance in the paediatric population.</p> <p>The audit demonstrated that 85% of staff were aware of the policy, and 74% knew how to access it. 67% of staff had seen the CNB algorithms in children’s outpatients. There is scope to improve this level of awareness, and plan agreed for:</p> <ul style="list-style-type: none"> <li>- Promotion of “CNB” processes during Level 3 safeguarding training days, clinical supervision, and peer review</li> <li>- Plan to re-audit in approximately 6 months, including visiting consultants from regional hospitals</li> </ul> <p>Staff indicated they would consider safeguarding when assessing a child’s reason for non-attendance (100% for new patients, 97% for follow-up patients). A majority of health professionals stated they would always contact primary care professionals when a child was not brought to clinic (67% for new patients, 70% for follow-up patients), the remainder stating they would contact them sometimes (depending on level of concern) or following a second missed appointment.</p> <p>We are currently looking at the possibility of adding “Child not Brought” as a MAXIMs clinic outcome (as opposed to “DNA”). This would also provide an opportunity to include a text box that further prompts health staff to the correct process for “CNB” cases.</p> <p>The audit also highlighted that 100% of staff surveyed were aware of the “Safeguarding Single Point of Contact” details.</p>

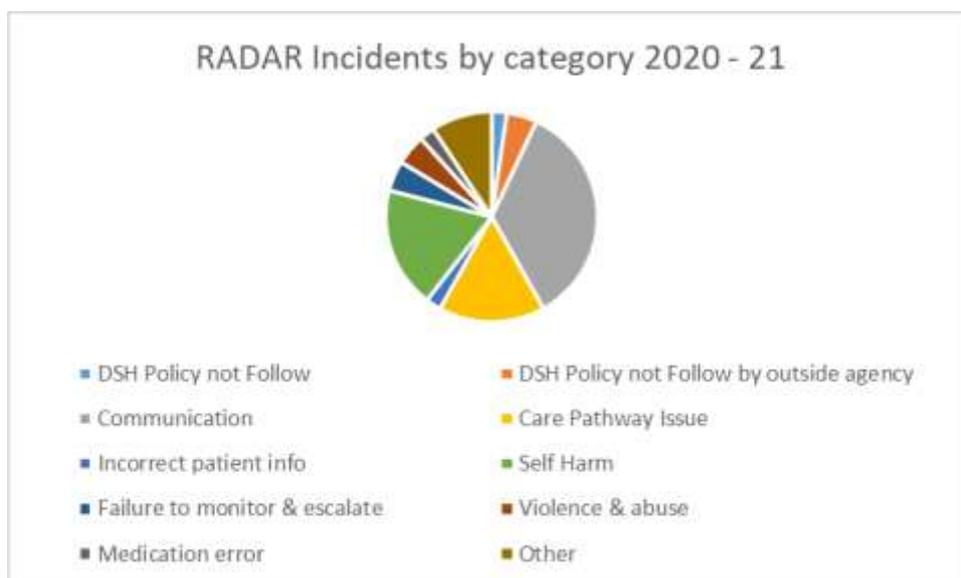
2) *All untoward incidents should be recorded and investigated within the relevant incident reporting processes*

Incident reporting where there are safeguarding concerns in relation to untoward events is mandated in line with the Safeguarding and Protection of Unborn Babies and Children Policy. Incident reporting supports learning, policy development and risk identification and analysis. Learning from incidents is cascaded in single agency learning reviews, training and Safeguarding Supervision (ad hoc and formal) internally and externally via Local Child Safeguarding Practice Reviews (formerly Serious Case Reviews) and Learning events that are facilitated by the Safeguarding Children Partnership. Representation is from the Local Authority, Police and Health (CCG Executive Director.)

**Graph 13. Incident reporting**



**Graph 14.**



43 safeguarding related incidents were submitted during 2020-2021 using the new RADAR reporting system. Incident reporting has increased by a third compared to 2019/2020. It is proposed that this is due to a universal incident reporting system now in place to capture and share incidents in conjunction with practitioners valuing the benefits of reporting incidents to improve patient experience and safety. 15 incidents were related to communication issues. CAMHS continues to produce the greatest number of RADARs with the majority in respect of self- injury (previously known as deliberate Self-Harm (DSH). ED raised 12 incidents and the CLA Health Service eight, both services incident escalations focused on concerns relating to poor communication and/or policy and process not followed.

**MATERNITY**

20 safeguarding related incidents were submitted during 2020-2021 using RADAR.

19 of these incidents relate to process not followed. One incident related to COVID-19 restrictions (one incident is included in two categories above – Team Around the Family ( TAF) process and Juniper advice not followed).

**Graph 15.**



*3. Collation of data for mapped training compliance and competencies ( see Training compliance page 24)*

<p><b>Policy / process development</b></p>	<p>Management of Child Sexual Exploitation Policy - review due May 2020. (Due to the impact upon the safeguarding service of COVID-19, review date extended) this will become a SOP, include Child Criminal Exploitation and will be integrated across all Trust services).</p>
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**TRAINING AND COMPETENCIES**

<p><b>Learning Framework</b></p>	<p><b>SAFEGUARDING UNBORN BABY CHILDREN TRAINING</b></p> <p>Re-mapping of services and capacity now includes Level 3 Safeguarding Children Training for all qualified Adult Mental Health and Learning Disability Services in light of Serious Case Review recommendations.</p> <p>Monitoring ensures that staff are trained at the appropriate level – in accordance with Intercollegiate Document (2019) Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff.</p> <p>This reporting period saw the publication of a new Training Strategy (September 2020), which details the 'news ways of training' and provides a framework to ensure that Somerset NHS Foundation Trust Safeguarding Service meets its legislative responsibilities to equip NHS practitioners and providers with the ability to work effectively to safeguard and promote the welfare of children (Working Together 2018). The training strategy and delivery is supported by the Safeguarding Service having its own Lead for training and development reflecting a life course perspective</p> <p>In light of Covid-19 restrictions from 23 March 2020, Training and Safeguarding Supervision has been adapted with 'virtual offers' alongside continued support via the Safeguarding Single Point of contact (SPOC) daily contact with paediatric departments and the emergency department reviewing all Child ED attendances.</p>
<p><b>Training Compliance</b></p>	<p>During the financial year 2019/20 the CCG reduced the Training compliance rate to 85%. This drop of 5% was to allow for the merger of the two Trusts and to account for the Acute Trust being significantly below compliance rates (Sompar was within compliance at that time) as compared to the Intercollegiate Document (2019) of 90%. (See graph 16).</p> <p>Compliance in line with CCG requirements of 85 % for Level 1 and 2 was in the main achieved whilst compliance with Safeguarding Children Level 3 was not met.</p> <p>The notable fall in Safeguarding Level 3 training compliance is attributable to Covid- 19 pandemic restrictions in the main. This has been addressed subsequently and compliance rates are gradually improving. The new style of blended learning including whole day training (commenced November 2020) was developed to improve access to training, by offering webinars as an interactive virtual forum to meet Intercollegiate guidance and keep practitioners safe.</p> <p><b>Graph 16. Safeguarding Children training compliance</b></p>



ONGOING ISSUES & ACTIONS	
<b>Current Issues</b>	<p>Safeguarding supervision and training compliance continues to be an issue. Covid-19 has also impacted on the offer and attendance, with issues being further highlighted by more rigorous scrutiny of data collection and compliance processes to work within the Intercollegiate document (2019) (See above section).</p> <p>Whilst the Safeguarding Service has increased in terms of resource and reach so has the related Safeguarding activity, this has also impacted on the overall service offer. We continue to work in innovative ways alongside Services to address this to keep our service users and staff safe.</p> <p>The pending merger of Somerset FT and YDH will lead to the recruitment of a joint Named Doctor. An interim arrangement is in place with the Retired Designated Doctor for Safeguarding Children covering this post at least until October 2022</p>
<b>Integration status</b>	<p>The Safeguarding Service was established in October 2018 across acute, community and mental health services within the trust.</p> <p>The Safeguarding Committee was also implemented from October 2018 and provides assurance and accountability regarding the Safeguarding Service.</p> <p>During the reporting period 2020/2021 the Safeguarding Service consists of:</p> <ul style="list-style-type: none"> <li>Director for Safeguarding</li> <li>Associate Director for Safeguarding</li> <li>Named Doctor and for Safeguarding Children (vacant post)</li> <li>Named Doctor for Safeguarding Adults</li> <li>Named Professional and Deputy Named professional for Safeguarding Adults</li> <li>Named Nurse and Deputy Named Nurse for Safeguarding Children</li> <li>Duty Team Manager</li> </ul>

	<p>Named Midwife and Deputy Named Midwife for Safeguarding          Senior Professional for Safeguarding Adults          Senior Professional for Safeguarding Children          Mental Health Lead for Safeguarding          Mental Capacity Act/Consent/ DoLs Lead          5 x Safeguarding Professionals (one FTE post is a job share)          Office manager / PA to Director of Safeguarding          3 x administrators (1 x full-time, 2 x and part-time)          Domestic Abuse Coordinator          Safeguarding Professional for Dental Services          The Director of Safeguarding also has responsibility for the separately commissioned Public Health Nursing Safeguarding Team, The Patient and Family Centred Care Service and is the Trust lead for Homeless and Rough Sleepers.</p>		
<p><b>Link to Risk Register</b></p>	<p><b>Training compliance</b></p> <p>Covid-19 pandemic has exacerbated the deficit in training compliance rates for all safeguarding training areas in the reporting period. Covid-19 continues to impact on the Directorates ability to be able to release staff for Level 3 Safeguarding Children training. This is in addition to remapping of Adult Mental Health and Learning Disability which has also had an adverse effect on compliance figures; the Safeguarding Service has subsequently invested in a Safeguarding Lead for Learning and development to support a targeted approach to improve compliance rates. This has further led to a review of the training strategy with a drive for a blended learning offer'. It is envisaged this will allow staff to be released from clinical practice in managed way and meet compliance in line with the Intercollegiate guidance, on a three year basis as opposed to annually.</p>	<p><b>Risk Score</b></p>	<p>9</p>
	<p><b>Maternity Safeguarding Supervision</b></p> <p>Midwifery compliance with safeguarding supervision has been difficult to achieve, this has led to an increased offer and expected compliancy of Community Midwives accessing Safeguarding Supervision on a six weekly basis. However, in line with trust policy during this reporting period 80 % of community midwives achieved compliancy.</p> <p>To support compliancy a process for midwives for booking and attending supervision has changed in order to accommodate annual leave/days off/sickness, this system has been in place since February 2021; with an audit planned for September 2021.</p>	<p><b>Risk Score</b></p>	<p>12</p>

<b>Action Plan Status and monitoring</b>	<p><b>SAFEGUARDING CHILDREN RELATED ACTION PLANS</b></p> <p>All action plans (increasingly multi-agency action plans) relating to Local Child Safeguarding Practice Reviews (Previously Safeguarding Children Reviews pre, October 2019), Serious Incident reviews and thematic reviews are on target and monitored at the following Trust and Multi Agency committees.</p> <ul style="list-style-type: none"> <li>• Trust Safeguarding Committee</li> <li>• Somerset Safeguarding Children Partnership</li> <li>• Learning and Improvement SSCP Sub Group (Chaired by the Somerset Designated Nurse)</li> <li>• Quality and Performance SSCP Sub Group (Chaired by CSC)</li> <li>• Health Safeguarding Leadership Group, (Chaired by the Somerset Designated Nurse)</li> </ul> <p>Collaborative working alongside Somerset FT services i.e. formal and ad hoc Safeguarding Supervision and support and training including within the multi-agency partners provides further opportunities to reflect and learn from incidents and untoward events in line with agreed action plans.</p> <p><b>Local Child Safeguarding Practice Review (LCSPR) (NAI) – Child Alex</b> (publication date 02 August 2021)</p> <p>Child Alex suffered a NAI at eight weeks old and was known to Somerset CSC from birth. Child Alex was born prematurely spending six weeks in Somerset FT NICU, prior to discharge out of county. Child Alex mother was vulnerable, had experienced Adverse Childhood Experiences and had been subject to a Child Protection Plan herself. Mothers (new) partner was not the father of the baby. There were concerns around domestic abuse and neglect, complicated by Child Alex being discharged to a different county. Learning has included revision of Resolving Professional Differences Protocol, Strategy Discussions, the Pre-birth Protocol and the SSCP Effective Support guidance in respect of referrals to CSC.</p> <p>Further to the LCSPR an <b>RCA investigation</b> was undertaken by the Named Nurse for Safeguarding Children and recommendations and an action plan for Trust staff include:-</p> <ul style="list-style-type: none"> <li>• Review of Child Protection Process i.e. in respect of Section 17 Child in Need and Section 47 Child Protection (Children Act 1989).</li> <li>• Raising awareness of Domestic abuse including the use of the ACPO DASH risk assessment tool, in line with the Trust Domestic Abuse Policy</li> <li>• Development of the Safeguarding NICU document to support identification, analysis and escalation of risk</li> <li>• Re-issue of the Pre-birth Protocol</li> <li>• Re- issue of the Resolving Professionals Differences Protocol</li> </ul> <p><b>Local Child Safeguarding Practice Review (NAI) – Child Charlie</b> (publication date 02 August 2021). Child Charlie suffered a sudden unexplained death of and infant (SUDI) no specific Somerset FT services were involved however, learning has implications for the Trust in respect of safe-sleeping, domestic abuse and father/male inclusive services.</p>
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**PAN Dorset Child Safeguarding Practice Review** – Somerset FT were involved with two out of county LCSPRs. One involved a young baby who suffered a NAI- learning included ‘Think Family’ and professional curiosity regarding men in the family home. The second was in respect of a Dorset Child Looked After placed in Somerset (awaiting publication), this involved learning for SWISH and CLA Health Services. Both LCSPR’s involved issues with communication and information sharing across county borders.

**Multi-agency learning reviews** – two reviews were undertaken in respect of child deaths (adolescent). These reviews will run in parallel with the Pan Dorset/ Somerset Child Death Process. One young person was a Child Looked After involving self –injury through ligaturing the second young person fell from a great height (there was also a Trust RCA investigation in respect of this child led by Mental Health Services). Learning focused on ‘Out of county provision’, cross county border issues, information sharing, Strategy Discussions and engagement of corporate parents. Multi-agency action plans have been developed to address the learning.

### **MATERNITY Serious incidents/RCA/CSPRs**

There have been two RCA investigations within the reporting period in relation to maternity safeguarding. The first was regarding a woman who suffered a stillbirth whilst detained under the Mental Health Act.

Learning identified and action plans in place: -

- Joint guideline across maternity and mental health services required outlining roles and responsibilities including how to best care for pregnant women requiring differing level of Mental health support
- Additional training for midwives with regard to the Mental Capacity Act.
- Mandatory for all women who attend the maternity unit after 16 weeks to be booked before they leave the unit.

With regards to the second RCA, this was concerning a woman from the travelling community who attended MPH for maternity care. She was ‘unbooked’ and was unsure of her gestation. Unfortunately, this woman was not booked whilst she was an inpatient and was subsequently discharged without anyone recording her phone number or address.

Safeguarding recommendations are as follows:

- Child Protection Information System (CPIS) must be reviewed for all women who present to maternity services who are not booked. This is to confirm whether they or their unborn babies have alerts as Children in Need of Protection. This system can be accessed by Band 7 midwives within the Hospital and Community Midwives who have contact with women who move into the area during pregnancy.
- Hospital midwives to attend regular safeguarding supervision during their mandatory block training week, as per the Intercollegiate Document and ensure e-learning is compliant.
- Hospital maternity staff and managers to utilise the Safeguarding Service universal SPOC , Juniper Link Midwives ( complex care team), Named Midwife or Deputy Named Midwife for safeguarding advice and support if they have safeguarding concerns.

## SIGNIFICANT ACHIEVEMENTS

- The Safeguarding Service continued to extend its reach within this reporting period despite the impact of Covid-19 pandemic, capitalising on the use of virtual media platform which has resulted in a more accessible and robust service to support staff across the trust.
- The Safeguarding Service represents the Trust at all Somerset Safeguarding Children Partnership meetings supporting collaborative working across the partnership (Police, Health and Local Authority). Including sub-groups, audit-sub-groups and Task and Finish groups i.e. in respect of revision of the RPD Protocol, SSCP Strategy discussion guidance, SSCP Child Protection Reports and CP-IS
- Joint Named Professional meetings (adult and children) across Somerset FT (this now includes the Named Professional for Safeguarding Adults and Children from YDH) supporting a more collegiate approach to safeguarding across the county.
- New roles i.e. Mental Health Lead for Safeguarding and Training and Development Lead has led to increasingly dynamic service provision to all services across the Trust.
- Introduction of *Safeguarding Stars* to celebrate individual staff safeguarding best practice
- Alongside Somerset Wide Integrated Sexual Health Services (SWISH), the Safeguarding Service supported a week of action focusing of Exploitation.
- The Safeguarding Children training offer meets the Intercollegiate Document (2019) across Somerset FT services, taking advantage of virtual platform and blended offer including safeguarding supervision, in line with Working Together (2018).
- Innovation of Seven minute briefings 'bite size' training packages to support safeguarding supervision with the aim to ensure a standardised approach to blended learning with measurable outcomes for compliance at Level 3 safeguarding Children. Topics include: the Early help Assessment, Strategy Discussions, Professional Curiosity, Coercive control, Hidden harm and Courageous Conversations
- New Court Process supported by Court procedures for Safeguarding unborn babies and Children Policy allowing greater oversight of court procedures by the Safeguarding Service, including quality assurance of all Court reports provided by Somerset FT staff and direct communication with Somerset County Council legal services in respect of requests for court and reports.
- Increase use of RiO electronic recording system Safeguarding Checklist to support risk assessment using a life course perspective including collection of data for CQC Section 7 outcomes.
- SBAR documentation framework embedded by the Safeguarding service to support safe recording and sharing of information. Initiated following Safeguarding Adult BDO audit recommendation focusing on 'Think Family'.
- NICU safeguarding document developed as a recommendation following Child Alex RCA in line with SSCP Effective Support Guidance to support analysis and escalation of risk. This document recognising good practice this has subsequently been shared across the wider Trust and YDH to support and consider use across all Paediatric services
- Section 11 audit self- assessment – Somerset FT scored 3 Outstanding
- Safeguarding Supervision audit met compliancy standards
- Child Not Brought Audit within the Paediatric Clinic setting ( see page 9)

- 68% of Child Protection medical assessments moved to the outpatient setting during the reporting period. This development was expedited due to the Covid-19 pandemic, moving to a more outpatient led service was a long-standing goal of the department with an investment in consultant staff providing medical assessments, development of a new safeguarding rota, and significant alterations to process when arranging appointments.
- Named and Deputy Midwife alongside the Somerset Safeguarding Children’s Partnership (SSCP) delivered teaching sessions on pre-birth safeguarding within the multi-agency arena.
- In collaboration with the (SSCP), the Named Midwife contributed to the Somerset Pre-birth toolkit.
- Maternity safeguarding SOP developed to support staff with internal safeguarding processes.
- Introduction of monthly Pre-birth tracking implemented by the Named Midwife for Safeguarding alongside CSC Operational Managers considers and addresses the management of all unborn babies involved with CSC to support a rigorous co -ordinated response.

### References

- Effective Support for Children and Families in Somerset Guidance <https://sscb.safeguardingsomerset.org.uk/effectivesupport-documents/>
- Pre- Birth Protocol. <https://sscb.safeguardingsomerset.org.uk/working-with-children/local-protocols-guidance/>
- Resolving Professional Differences Protocol <http://intranet.sompar.nhs.uk/media/11115/rpd-protocol-v31-updated-december-2018.pdf>
- RiO Safeguarding Checklist <http://intranet.sompar.nhs.uk/media/13034/safeguarding-checklist.docx>

### Reference – levels

Green	Blue	Amber	Red
Good systems of assurance that clearly provide evidence that there were no significant issues in the period covered.	Assurance systems in place  AND  No evidence of any significant issues in the period. Any issues evident are well-managed via clear, monitored plans.	Assurance systems are not adequate to ensure that there were no significant issues in period OR  Issues of concern identified. Issues of concern are not accompanied by assurance of clear, monitored plans to address.	No relevant assurance in place  OR  Serious issues identified that present risks to the Trust and in the absence of an effective plan to address.