

Safeguarding Annual Report 2021-22



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Appendix 1	Gloucestershire Annual Review of All Unscheduled Care Attendances for Children 2021/22	

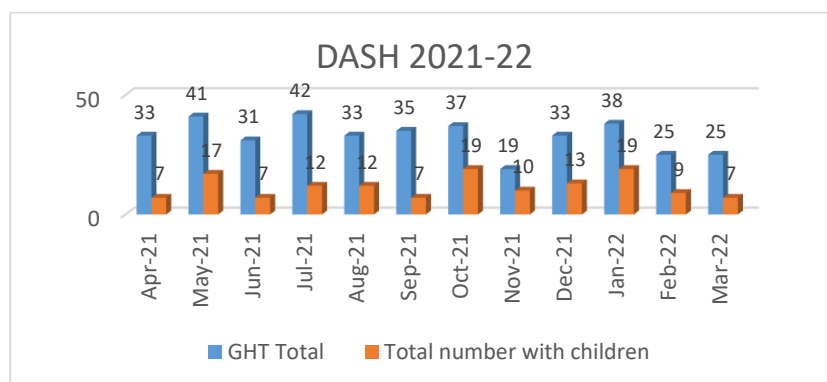
1. Introduction

This is the Annual Safeguarding Report of Gloucestershire Clinical Commissioning Group (GCCG). It includes both Children and Adult Safeguarding and covers the period from April 2021 to the end of March 2022. The report aims to provide a national and local context to safeguarding developments during this period and outlines how GCCG is meeting its statutory responsibilities for safeguarding.

2. Covid-19 and Safeguarding

In April and May 2021 full lockdown restrictions started to be eased and then was ended fully on 19th July 2021. Covid-19 continues to impact in terms of how we work such as using virtual platforms for meetings and training. During this time period however, safeguarding concerns have continued to rise as exemplified below:

- A 6.35% increase in the number of Children in Care
- Gloucestershire Domestic Abuse Support Service (GDASS) has recorded its highest number of referrals per year at 486 where Young People (18yrs) were the perpetrator
- The number of DASH (Domestic Abuse, Stalking, Harassment and Honour Based Violence Assessment) forms completed by staff in Unscheduled Care settings remains high. There are also concerns raised for the children in these homes (See graph below)



The full Unscheduled Care annual report is attached as **Appendix 1**

3. Achievements and Challenges

The CCG Safeguarding Team can provide assurance on the progression of priority work areas, from a health perspective and as a key member of the wider safeguarding partnerships.

- ✓ Embedding the role of the Strategic Health groups to hold providers to account for their safeguarding activity.

- ✓ Gloucestershire's Integrated Safeguarding Teams Project: development of 'common functions' as we work towards collaborative working across health organisations.
- ✓ Safeguarding Supervision now integral practice for CCG and Continuing Health Care (CHC) Team. Regular drop-in GP supervision sessions.
- ✓ Child Protection Information Sharing (CP-IS) now embedded within provider Trusts and monitored through Strategic Health Group
- ✓ Children in Care (CiC) - see CiC annual report
- ✓ Safeguarding Statutory reviews – providing oversight and assurance for all health contributions.
- ✓ Prevent / Counter Terrorism Policy: further updated. Work to include Equality Impact Assessment introduction of this as a stand-alone policy.
- ✓ Safeguarding training successfully continues on virtual platforms; e-learning provision, access to multi-agency training, Primary Care Forums.
- ✓ Paediatric safeguarding medical assessments, commissioning, and pathway development ongoing.
- ✓ Further development of the responsive health dataset for Safeguarding Children which reports to all health trusts and to GSCP – including deep dives into risk areas.
- ✓ Primary Care work area: the inclusion of Safeguarding within the Primary Care Offer
- ✓ Refugees and Asylum Seekers - Providing health professionals with safeguarding oversight

Many of the areas above continue to demand strategic oversight and management. There are challenges to work areas, in part linked to the pandemic but also changes in senior staff. These will now progress accordingly through 2022/23 and will be closely linked to the ongoing work of the Safeguarding Integration Group (SIG).

Further areas identified for future safeguarding input are:

- Full integration of safeguarding into the Integrated Care Board
- Liberty protection safeguards (Mental Capacity Act)
- Domestic Abuse Local Partnership Board
- Accelerated access to patient records (NHSX&E initiative)
- Succession planning

4. Statutory Requirements

Clinical Commissioning Groups (CCGs) have a statutory duty to put in place appropriate arrangements to safeguard children and adults at risk. This includes:

- ensuring that the CCGs internal safeguarding arrangements are robust and that safeguarding is embedded in all practice.
- being assured that the safeguarding arrangements of all commissioned services are appropriate.
- co-operating with local safeguarding arrangements.
- securing the expertise of Designated Professionals on behalf of the local health system

Focused work area:

Safeguarding arrangements must be clearly set out in the CCG transfer to ICB in July 2022

5. The CCG Governance Arrangements for Safeguarding

A Clear Line of Accountability

The CCG had clear defined lines of safeguarding accountability. This needs to be replicated in the new ICB under the supervision of the Responsible Officer for Safeguarding. The formation of the new ICB provides an ideal opportunity to embed safeguarding in all elements of strategic planning and provision of health care across Gloucestershire.

Policies for Safeguarding

Any policy which is developed within health concurs with statutory and local guidance from GSAB and GSCP

Policy development continues to take place as below and these can be seen at [GCCG Live Policies](#)

- The ***Prevent / Counter Terrorism Policy*** is now a 'stand-alone' CCG policy, in line with best practice and as advised by NHSE/I.
- The ***Safeguarding Children Policy*** has been updated to ensure it reflects current legislative development.
- The ***Supervision Policy*** predominantly supports the developmental and collaborative work between the CCG Continuing Healthcare Team (CHC) and the Safeguarding Team. Supervision sessions and training updates are now embedded, led by the CCG Specialist Nurse.

Work in progress due to changes in legislation 2022/23:

- Adult Safeguarding Policy
- Domestic abuse Policy
- A new Safeguarding Strategy

Effective inter-agency working; GCCG, Local Authority, Police and key partners, including within the operation of Gloucestershire Safeguarding Children Partnership and Gloucestershire Adult Safeguarding Board

GCCG is a key partner of the Local Safeguarding Boards; both adult and children Board representation is undertaken by the CCG Executive Nurse. The CCG Executive Nurse has continued as Chair of the GSCP. Both the Designated Nurse /CCG Safeguarding Lead and Designated Doctor support the Executive Nurse; they each represent as substantive members of GSCP Management Group and the GSAB Business Planning Group.

The Designated Nurse, CCG Safeguarding Lead continued as Chair for both the Safeguarding Adult Review (GSAB) Subgroup and the (GSCE) Quality Improvement in Practice (QIIP) Subgroup. Capacity for CCG to attend all sub-groups has never been wholly possible; the collaborative work of the Safeguarding Strategic Health Groups has supported a 'federated' approach to informing meeting updates and analysis of collective health impact. The safeguarding team work closely and collaboratively with GSCP and GSAB. The Section 11 audit for GSCP is completed each year and there was evidence of improved interagency working in a number of areas. The GSAB Self- Assessment is completed every other year to evaluate how the CCG is performing. The assessment is likely to now become annual to ensure contemporaneous monitoring and alignment with the GSCP.

Safeguarding Strategic Health Groups

The Gloucestershire Safeguarding Strategic Health Groups enable health providers and commissioners to focus on safeguarding children and adults. Facilitating a 'common voice' both Groups enable engagement from Health Providers represented at the meeting by their Named and Lead Professionals, aiming to improve safeguarding outcomes.

Focused work area:

- How the safeguarding team will be integrated into the board and represent the integrated care board to our partners*
- The development of a coordinated safeguarding workload/force across partners for multiagency meetings with a process for sharing information to and from each side*
- The ICB need to support, prioritise and facilitate the work of the strategic health groups to work towards full integration of safeguarding partners enabling effective safeguarding to be delivered.*

6. Provider Annual Update Reports

Gloucestershire Hospitals NHS Foundation Trust (GHT)

Working well/key achievements

- Strengthening of the children safeguarding team. Full time Named Nurse in post. Full time specialist safeguarding nurse based of the paediatric ward and neonates improving safeguarding awareness and compliance in day-to-day practice. It is our vision that we are successful in our business case for a full time Named Midwife, especially due to the rise in safeguarding concerns in pregnancies.
- Project commenced to make our children's department 'trauma aware'. When a successful model has been established then we would role this out across the trust with the vision of becoming a trauma informed hospital.
- The established data group spots trends in real time and proactively addresses any dynamic issues in safeguarding by raising them in a timely way across the partnership as opposed to looking retrospectively at data.

Key challenges/themes

- Capacity of safeguarding team for a large organization identified during the ICB integration project. We need a full time Named Midwife and our Named Doctor is just about to retire with no natural successor identified.
- Our community paediatric team that complete the CP medicals has very limited capacity. This has been shared with commissioners as there is concern that we complete less CP medicals than our statistical neighbours, commissioners are completing a focused piece of work around this.
- The significant increase in maternity welfare concerns is very concerning and has implications not only for our trust but also our partner agencies. The increase in

complexity of some pregnant mothers has also been reported by our midwifery colleagues.

Headline data from Safeguarding children activity within the Trust in the last 12 months

- Increased numbers of concerns for the unborn identified by midwives, 14% of all pregnancies were identified to have risks and vulnerabilities with potential impact on their infants, in 19% of pregnancies the mother was experiencing mental health concerns
- A 50 % increase in the number of pregnancies involving women identified with substance misuse
- 98 unborn infants placed on unborn infant Legal Child Protection Plan
- A significant Increase in the numbers of infants discharged in to the care system at birth - 34 in 2021-22, compared with 10 in 2020-21
- A significant increase in neonatal bed days for infants supported on legal /Child Protection Plans 380 days in 2021-22, compared with 211 in 2020-21 (45 % increase)
- Increased number and complexity of teenage pregnancies; 60 pregnancies in mothers aged 17 or under, 46% had ongoing or recent support from social care, 47% were NEET.
- 10 infants under 6 months were cared for having experienced significant injuries in the care of parents, ie fractures or intracerebral bleeds.
- A significant Increase in unscheduled care self-harm and overdose attendances (adolescent safeguarding) with 715 CYP presenting in 2021-22, compared with 482 in 2020-21, representing a 33% increase in this activity. The CYP presenting with these needs have been increasingly complex.
- 38% increase in mental health admissions to children's inpatients
- Increased requests for staff to contribute to multiagency planning meetings via child protection conferences (525 staff requests for information for child protection conferences in 2021-22 vs 352 in 2020-21 and 189 in 2019-20); this highlights the increased complexity of children on the scheduled care pathways, and staff who know these children should contribute to their overall planning.

3 priorities

Proposed Safeguarding Children Work plan 2022-23

- To complete a trust strategic staffing review with the Nursing Director, of the clinical and administrative resource to safeguard children.
- Prioritise the further development of IT/Electronic Patient Record (EPR) /measures to assist staff in delivery of safer and better quality of care and support for CYP and unborn. Assurance to the GHT safeguarding team that the Sunrise EPR programme has this as a priority area of development work, with an action plan for the next 12 months.
- Progress work in relation to addressing the Section 11 Audit standards.
- Training –Develop 2 more modules for the Level 3 training programme, and continue to increase staff completion of this training
- Review and update the Trust Safeguarding Children Policy, and Safeguarding Staff Supervision policy.
- Continue to support work with commissioners on pathways of care for CYP who present to GHT with mental health conditions including patterns of disordered eating.

- Review and revise the Dashboard with focus on developing data that can be captured from the EPR.

Gloucestershire Health and Care NHS Foundation Trust (GHC)

Throughout the last year the pandemic has continued to have a significant impact on GHC service provision and the pressures faced by our operational teams has been considerable. The Trusts Safeguarding Team has remained a priority 'ring-fenced' service and has continued to deliver on core areas of work, which include; training, staff safeguarding advice line, safeguarding supervision, operating the MASH Health Team, MARAC Information Sharing, MAPPA and Prevent work, safeguarding related audit, GSAB and GSCP membership and contribution to subgroups, and participation in safeguarding related reviews.

2021/22 - 3 notable achievements:

- The establishment of regular adult specific Safeguarding Group Supervision to priority operational teams. Teams include the Homeless Health Care, Sexual Health Services, Mental Health Recovery and Assertive Outreach, and Integrated Care Teams.
- Since October 2021 GHC have 2x Mental Health Independent Domestic Violence Advisors (MHIDVAs) employed by GDASS, but working with our Mental Health Hospitals and Community Mental Health Teams. The MHIDVs are providing staff with domestic abuse and Domestic Abuse Stalking and Harassment (DASH) Tool training, raising awareness of DA, developing a network of DA champions and taking direct referrals from mental health teams
- Successful recruitment of an additional Specialist Practitioner for Safeguarding Adults and a MARAC Administrator who co-ordinates MARAC information sharing requests and action plans.

2021/22 – 3 key challenges:

- The continued impact/pressures of Covid-19 and recovery plans on our clinical operational teams has made it challenging for staff to attend safeguarding training and safeguarding supervision.
- GHC has multiple different clinical systems due to the merging of 2 organisations in 2019. Having multiple systems creates a challenge for ensuring consistency in the recording, sharing and data reporting of safeguarding information across the Trust.
- The current child protection strategy process within health which separates MASH strategy discussions from locality ones is leading to complexities and challenges with information sharing across health. This has a significant impact on the quality of health information shared and impact on administration workload when determining which pathway cases should follow. Plans are currently underway the development of a new Gloucester multiagency strategy process.

3 Priorities for 2022/23:

- Further work is required around the effective application of the MCA and DoLS in GHC. In July 2022 we re-commence our MCA training programme and in July 2022 we will be welcoming a new role in the Trust – MCA/LPS Lead. The postholder will work with the safeguarding team and operational teams to audit, improve, and oversee the use of the MCA. The postholder will also lead on our Liberty Protection

Safeguards preparatory work, including the establishment of a GHC LPS Implementation Group

- Further development of our domestic abuse related work. Development of domestic abuse training offer, to include stand-alone domestic abuse awareness and DASH training for staff. This is in line with the national and local Domestic Abuse Plan and the learning and actions plans of recent Domestic Homicide Reviews and Domestic Abuse Related Death Reviews.
- To improve the quality and consistency of the recording of safeguarding information across the Trust and its different clinical systems. Improvement plans will focus on clinical systems changes, updated recording safeguarding information SOPs (Standard Operating Procedures), and training.

7. The Proposed future of Health-related Safeguarding: The Integrated Safeguarding Teams Project

The Integrated Safeguarding Project Board decided focus should now be on aligning and/or integrating processes and systems between the three services as much as possible, without yet moving to create a single team. This integration approach is in line with the spirit of the new ICS itself, which will be formally in place from July 2022.

In parallel to this, work will be undertaken to produce a single safeguarding strategy, which will include a description of our shared vision and values, the overall direction of travel, and our accountability and governance arrangements. A key element of these arrangements has already been agreed with the formation of a new Safeguarding Integration Group (SIG). This group will hold responsibility for keeping momentum and providing direction for the ongoing transformation/integration programme, as well as having an overarching county-wide responsibility to the Integrated Care Board for safeguarding across adults, children and young people transitioning to adulthood.

Our hope for the future is to capitalise on the above and move towards one safeguarding team based in the ICS and delivering services across all health partners.

Focused work areas:

Support and advice line, Training, Communications, Supervision, Policy development and compliance, Partnership working, Supporting investigation of complaints and serious incidents and Domestic Abuse.

8. Primary Care

The work undertaken by the CCG Named GP for Safeguarding Children and Adults, supported by the CCG Safeguarding Team is collated here, evidencing impact and progress across Primary Care.

GCCG facilitate GP Safeguarding Forums (currently held on Microsoft teams) that are well attended and highly regarded by Primary Care. These meetings are recorded and kept on G-Care within the education section for future access and learning [G-Care-Education&Training-SGChildren](#) and [G-Care-Education&Training-SGAdults](#). Each Practice Safeguarding Lead GP is invited to attend and thus provide a venue to disseminate learning,

sharing good practice and facilitating discussion on pertinent safeguarding issues across the county. The meetings support and enable valuable continued professional development (commensurate with single agency Level 3 Child Safeguarding: ICD 2019 and single agency Level 3 Adult Safeguarding: ICD 2018). We have also introduced safeguarding forums for practice managers to ensure safeguarding information is shared.

The Safeguarding Forums for 2021/22 covered the following topics:

Safeguarding Children GP Forum:

- Honour Based Abuse, Female Genital Mutilation, Forced Marriage
- Pre-Birth Protocol
- Routine Enquiry and The Trauma Informed Approach
- Information Sharing Guidelines
- Child Sexual Exploitation
- Perinatal Mental Health
- Train the Trainer – Fabricated or Induced Illness – Perplexing Presentations
- Children in Care
- Ambassadors - language that cares
- Case conference
- Strategy Notifications

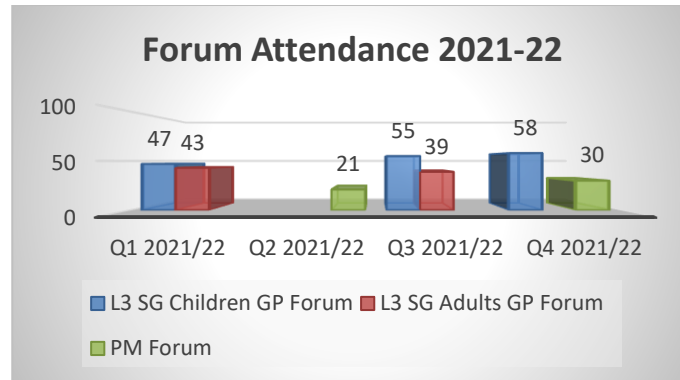
Safeguarding Adults GP Forum:

- Refugees and Asylum Seekers
- High Risk Behaviour Policy
- Channel Panel
- Prevent Policy
- An update on progress towards Liberty Protection Safeguards
- Domestic Abuse Act

Practice Managers Safeguarding Forum:

- The role of the CCG Safeguarding Team
- Back Door Phone Numbers
- Staff Training Issues
- GSCP/GSAB Alerts
- Quality Assurance Statement
- Information Sharing when there is a safeguarding concern
- Modern Slavery
- Primary Care Offer
- Safeguarding Templates
- CP case conference reports
- GP Safeguarding Forum attendance
- Paediatric Electronic Referrals Audit
- DA Act update
- Safeguarding COVID-19 update and discussion – keeping children and young people safe this winter
- Request for Audit information
- CDOP Requests
- LPS Update

- Guide to Parental Consent



Feedback received from Forum Attendees:

very well chaired and organised. thank you

I really do appreciate those forums and all the documents which are being distributed. It does help a lot, also to know whom to contact if any queries arise and always getting prompt replies is much appreciated, thank you

I found the PM forum very helpful it was great to be able to ask questions from the safeguarding team and other PM and share ideas and gain more information

It was very useful, in particular to accessing resources on G-Care

It was really useful, thanks very much

Very informative and good to catch up

excellent being able to all get together and share knowledge, has raised more awareness about we need to be doing and how we need to do, good to see we have the same frustrations

Well done, really interesting and informative

Additional advice and activity as required includes:

- Safeguarding supervision “drop in” sessions for GPs on Microsoft Teams
- Safeguarding Newsletters accessible on G-Care
- Direct approach from Primary Care eg GP Practice escalations and queries as required following Practice CQC visits
- Multi-agency adult and children Safeguarding training offered through accredited GSAB and GSCE platforms and trainers.
- Quality assurance questionnaires / engagement audits with varied compliance and return rates, further explained below.

The Named GP is an active member of the Regional SW Named GP Network, with connections to Named GPs across NHSE, ensuring that SG GP related information is shared both up to region and local GP practices.

The Safeguarding Team has pressed over time for Safeguarding to be specifically included within GP enhanced service contracts, in-line with best practice seen in other counties and allowing the CCG to be more effective in holding Primary Care to account in this extremely important area. From April 2020, Safeguarding has formed part of the Primary Care Offer for 2020/21 which has been extended due to the pandemic. GP engagement with PCO Safeguarding requirements are currently being agreed by the CCG Primary Care Team.

We continue to see good impact and continued engagement across GP Practices in these areas:

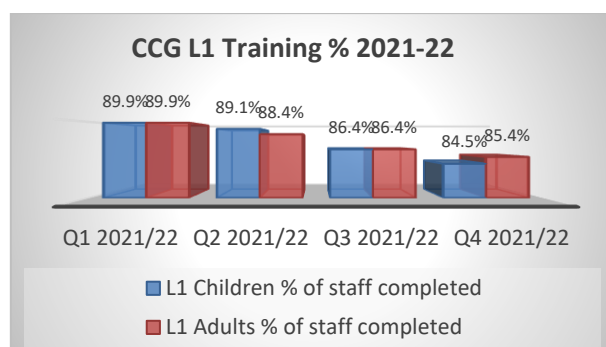
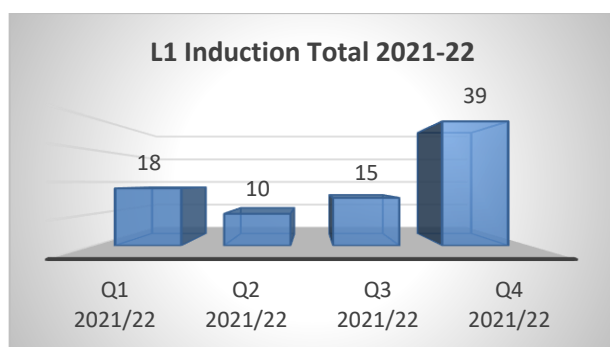
- Sharing national guidance regarding Covid-19 related Safeguarding advice
- SG Lead GPs and Practice Managers are continuing to sign up to GSAB/GSCE newsletter and alert system, supporting the dissemination for wider Safeguarding information and training.
- Recognising the rise in Domestic Abuse, there are an increased number of DA champions in Primary Care.

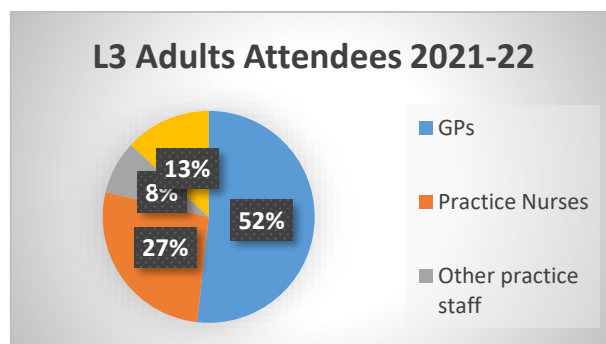
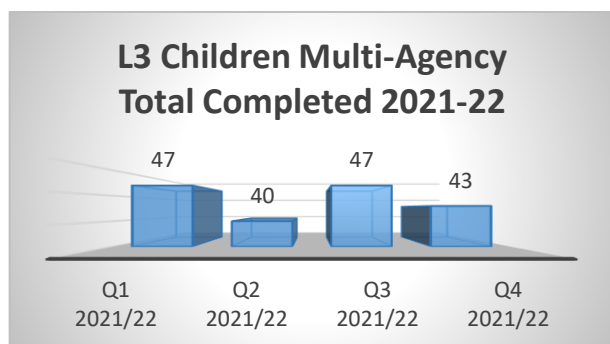
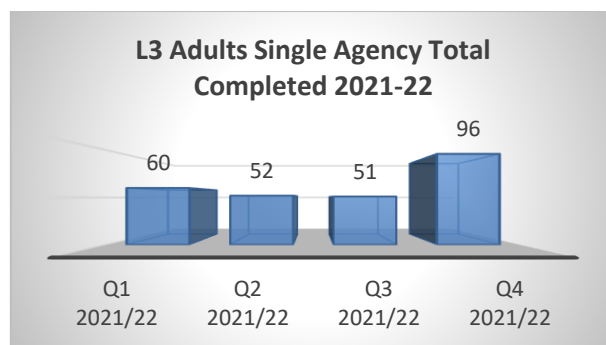
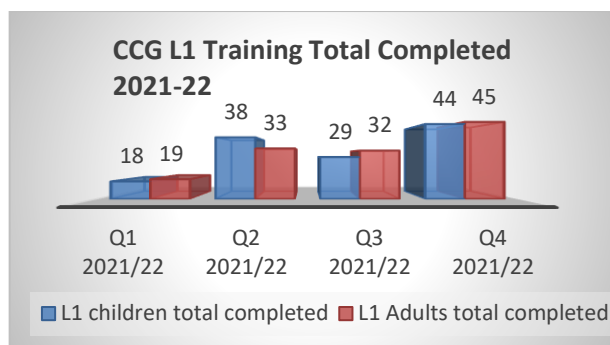
Focused work area:

1. *The ICB needs to maintain the focus on gaining assurances of Safeguarding practice through the Primary Care Offer.*
2. *The ICB needs to ensure that GPs engage with and meet their statutory safeguarding responsibilities.*

9. Training Compliance

This section provides a view of CCG training information. We have completed a safeguarding training compliance audit to ensure CCG staff are doing the right level of training with a view to collecting data on this in 2022/23.





Safeguarding Supervision

Safeguarding Supervision is provided monthly to Gloucestershire GPs by the Named GP for Safeguarding Adults and Children via Microsoft Teams. This is a popular means of accessing support and guidance and GP's can contact the safeguarding team at other times to obtain more spontaneous advice if required.

Safeguarding supervision is established at the CCG by the Safeguarding Specialist Nurse and is available to all clinical staff. Stress, mental health issues and burnout amongst nurses increased during the Covid Pandemic in 2020/21 and resulted in the safeguarding team looking at other ideas on how best to support clinical staff at the CCG. The team became interested in the Professional Nurse Advocate (PNA) role originally developed in the Midwifery field to help support nurses in these unprecedented times. The Safeguarding Specialist Nurse and a Continuing Health Care Lead are completing the programme.

Focused work areas:

PNA restorative supervision will be made available to CCG staff later in the year to give additional support. Restorative Clinical Supervision is a fundamental element of the PNA model and can either be 1:1 or group supervision. It is a calm, reflective space where staff can be supported to talk about their experiences and identify areas of learning and improvement. It restores thinking capacity and improves resilience.

10. Safeguarding Children

GCCG has a duty to ensure that all statutory requirements as defined in the Safeguarding Children, Young People and Adults at Risk in the NHS; Accountability and Assurance

Framework (2019, to be updated later in 2022), Working Together to Safeguard Children (2018) and Children's Act (2004) are in place. This section provides an overview of activity for Children Safeguarding Partnerships throughout the reporting period. The same obligations will apply when the CCG transitions to a formal ICB in July 2022.

Gloucestershire Safeguarding Children Partnership (GSCP)

Section 11 audit:

Gloucestershire Safeguarding Children Executive (GSCP) have continued with their annual Section 11 audit process. The themed audit (using the four areas below) is designed to check compliance with these Section 11 standards previously agreed by the partnership and chosen due to the overlap with key recommendations arising from Serious Case Reviews (SCR), Rapid Reviews and Local Children's Safeguarding Practice Reviews.

1-Leadership and accountability	2-Staff safe recruitment, induction, training and development	3-Safeguarding policies and procedures	3-Listening to children and young people
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This audit confirms that the partnership is making progress towards being a good safeguarding partnership. There was evidence of improved interagency working in several areas.

Focused work areas from the audit:

The ICB to review the effectiveness of hearing the voice of children and young people by GP's – via the Strategic Health Group.

GSCP should work with GHT to revise the MARF process to better reflect the situation within the Trust. (Develop a similar process as the VIST)- Strategic Health Group to feedback and progress.

Children in Care

Children in Care continue to pose increasing safeguarding concerns as their numbers have increased by 50 over the last year.

Meeting statutory requirements is impossible due to lack of capacity of staff. In addition, both Designated Nurse and Doctor roles are currently under-resourced.

The recent Somerset legal ruling around completion of adoption medical processes has had a significant legal impact on the Adoption team and their ability to fulfil their statutory roles.

As a result of the above, the planned merger of Children in Care services/CAHMS CiC services with the Permanency Team has been delayed.

The separate 2021/22 Annual Health Report for Children in Care will be presented to the ICB (System Quality Committee), Senior Leadership and Corporate Parenting Group in GCC and give further detail.

The Child Protection – Information Sharing Project (CP-IS)

CP-IS is a national system connecting local authorities' children social care IT systems with those used by NHS unscheduled care settings. Where a child is subject to a Child Protection Plan, a Child in Care, or a mother of an unborn child on a pre-birth protection plan attends an unscheduled health care setting, the CP-IS alert is visible. A notification of attendance is sent to the child's social worker within the Local Authority that the child originates from.

The CP-IS project is now 'business as usual' with quarterly reporting to the GSCP through the Safeguarding Children Strategic Health Group.

Rapid Reviews (RR) and Local Child Safeguarding Practice Reviews (LCSPR)

The Quality Improvement in Practice (QIIP) subgroup continued to be Chaired by the CCG Designated Nurse through 2021-22.

Together the partnership has:

- completed **all outstanding** Serious Case Review reports (under Working Together 2015) and has assurance on multi-agency completed legacy actions
- undertaken **11** Rapid Reviews
- commissioned **2** [Local Child Safeguarding Practice Reviews](#)

11. Safeguarding Adults

Gloucestershire Safeguarding Adult Board (GSAB)

Gloucestershire Safeguarding Adult Board (GSAB) is a partnership of statutory and non-statutory organisations. The core purpose of the GSAB is to protect adults who are at risk, with a key responsibility to promote the wider agendas of safeguarding and prevention. GSAB endeavour to ensure that safeguarding is seen as a responsibility for all organisations and communities.

The CCG is predominantly represented by the CCG Safeguarding Lead, facilitating good participation and contribution. The work of the Board is further supported and directed through GSAB subgroups. Good operational links with Primary Care continue through the work of the CCG's Named GP for Safeguarding. GCG's Adult Safeguarding Lead continues as Chair of the Safeguarding Adult Review sub-group.

The GSAB self-assessment is completed every two years. It is a valuable assessment, RAG (red/amber/green) rated, to evaluate how the CCG is performing and then 'Buddy sessions' take place with the provider organisations to compare and challenge results.

Areas in which we are performing well are:

- Leadership, coping with the pandemic, learning from Safeguarding Adult Reviews and exploitation.
- Areas which need further attention are Making Safeguarding Personal and Transition.

Focused work area:

Plans to work with the Experience and Engagement team on how effective feedback can be obtained.

Safeguarding Adult Reviews

Safeguarding Adult Boards must undertake a Safeguarding Adult Review (SAR) when an adult in its area has died as a result of abuse or neglect, whether known or suspected, and there is reasonable concern about the way that agencies worked together to safeguard the individual (S.44: Care Act, 2014).

Gloucestershire Safeguarding Adults Board (GSAB) (virtual) meetings continue. There is currently a focus on developing the new Strategic Plan with partners.

Safeguarding Adult Reviews (SAR): Publication dates amended as of 01/04/2022

Review	Commenced	Referral / Theme	Publication expected
Learning review - JK	Feb 2021	Transitioning: child-adult services	TBC

Links to the GSAB published reports: [Safeguarding Adult Reviews](#)

Domestic Homicide Reviews

Gloucestershire County have had a high number of Statutory DHRs. Six Reviews are Domestic Abuse suicide related deaths. This work requires a high level of practitioner contribution, both in providing analytical information and in panel meetings, oversight and report and action plan scrutiny.

Mental Capacity Act and Liberty Protection Safeguards (LPS)

The MCA Governance Group continues to meet quarterly. All organisations within the ICB are represented on the MCAGG.

On 17 March the Government launched a consultation exercise on the proposed changes to the Mental Capacity Act Code of Practice and the changes to the Deprivation of Liberty Safeguards (to be called Liberty Protection Safeguards). The consultation period closes on 7 July. A large amount of information is included in the consultation paperwork and easy read documents have been produced.

[Changes to the MCA Code of Practice and implementation of the LPS](#)

One of the main purposes of this consultation is to introduce a revised MCA Code of Practice and to set out the proposals for how the replacement for DOLS will operate. No implementation date has been set for the introduction of LPS, but it will not be before October 2023 and possibly later. The Gloucestershire Multi Agency MCA Governance Group was tasked with bringing together a response to the consultation on behalf of the statutory agencies in Gloucestershire. Online consultation events took place in June A detailed draft response was produced based on the consultation events and additional feedback. There has also been involvement with regional LPS implementation Groups (eg the SW NHS E&I LPS Implementation Group and the local authority's South West MCA/DOLS Network).

The Government have indicated that their response of the consultation will not be made before winter 2022/23.

The revised MCA Code of Practice include significant changes and additions to MCA practice. In preparation for LPS a working group has been set up to look at current MCA material and training with a view to updating all organisations material and updating the MCA training offer prior to the LPS training comes online (2023).

12. Domestic Abuse and Sexual Violence (DA/SV)

The Domestic Abuse Act became law in 2021 therefore widening the legal definition beyond physical violence to include emotional, coercive and controlling behaviour and economic abuse. The new Act also recognises, for the first time, children witnessing domestic abuse or living within the home with Domestic Abuse as victims themselves.

GCCG recognises domestic abuse as high risk and a safeguarding priority, alongside the detrimental impact on health and wellbeing for all ages. As such, we have senior representation on the newly formed (within 2021) Domestic Abuse Partnership Board, supporting work at both strategic and operational levels. Work is being done locally to establish standardised multiagency Domestic Abuse training.

Health Safeguarding Teams recognise DA/SV as a high priority area and have continued to ensure strategic representation and engagement by attendance at:

- Multi Agency Risk Assessment Conference (MARAC) Steering Group
- Sexual Abuse Referral Centre (SARC) Partnership Board
- Domestic Abuse Local Partnership Board

Multi Agency Risk Assessment Conference (MARAC)

The CCG and Provider Trusts raised MARAC health research demand as a shared risk during 2019-20, including it on the CCG Risk Register. Subsequently, the collaborative project work of the single Health-related Safeguarding service provided a task group and shared scoping.

The Safeguarding Children / Adults Strategic Health Groups have now escalated this through the Safeguarding Integrated Teams Project to ensure transparency of the perpetual demand created by requests for health research / information gathering on victims and perpetrators of high-risk DA/SV. We continue to work together to ensure health input into high-risk MARAC cases.

Focused work area: Plans to continue working at an integrated safeguarding team level to ensure all health agencies are aware of and contribute to high risk MARAC

13.Prevent: Counter Terrorism and Gloucestershire Prevent Partnership Board (GPPB)

The Channel Panel is an early intervention multi-agency process designed to safeguard vulnerable people from being drawn into violent extremist or terrorist behaviour. It is chaired by the local authority and brings together a range of multi-agency partners to collectively assess the risk and decide whether a support package is needed. The group may include statutory and non-statutory partners, as well as lead Safeguarding professionals. Individuals can only be dealt with through the Channel process if they have agreed to participate in this process. If the individual is under 18 their guardian's permission is also required.

Prevent Statistics 2021

Total referrals in 2021– 46 (15 taken to channel)

26 referrals in the whole of 2020

32 referrals in the whole of 2019

We have noticed an increase in referrals from education of young men aged 14-17. We now have representation from education at the meetings. Often these young men are isolated and vulnerable due to break down in relationships and non- attendance at school. They generally

are spending a lot of time in online chat rooms and have expressed racist/anti -Semitic/ misogynistic views. Communication and social interaction difficulties are common. GCCG now has a stand-alone Prevent Policy [here](#)

14. Gloucestershire Anti-Slavery Partnership (GASP)

The GASP meeting agenda was initially impacted through the pandemic, enforcing a quiet period over the lockdowns as partners were occupied with priority work and redeployment constraints.

There are around 200 local cases through the National Referral Mechanism each year (around four every week). It is a complex picture and the real number in the county is likely to be significantly higher. Although the reporting processes are improving, victims were often unknown until an incident was reported.

A presentation was given at a GP safeguarding forum by the Safeguarding Adult Lead at Gloucestershire Hospitals NHS Foundation Trust (GHT) on Modern Slavery in Gloucestershire. GHT found 14 modern slaves in 2021, all are now safe. Most were foreign nationals; most were homeless and most did not have a good level of spoken English.

One case was a 24 year old Czech speaking woman brought into the emergency department by ambulance after she collapsed. Police were involved. She was admitted due to her injuries and agitated behavior. With the help of a translator she was able to tell her story. She had come to the UK to 'get married' leaving her children with her mother in the Czech Republic. She was then trafficked to Gloucester where she was sexually exploited. Local services were involved and liaised with Czech Home Office equivalent and she was returned home with support on her arrival there.

Focused work areas: To continue to raise awareness of modern slavery and promote the Unseen app which makes reporting to the modern slavery & exploitation helpline even easier.

15. Focus work areas for 2022/23

- Safeguarding arrangements must be clearly set out in the CCG transfer to ICB in July 2022
- How the safeguarding team will be integrated into the board and represent the integrated care board to our partners
- The development of a coordinated safeguarding workload/force across partners for multiagency meetings with a process for sharing information to and from each side
- The ICB need to support, prioritise and facilitate the work of the strategic health groups to work towards full integration of safeguarding partners enabling effective safeguarding to be delivered.
- Support and advice line, Training, Communications, Supervision, Policy development and compliance, Partnership working, Supporting investigation of complaints and serious incidents and Domestic Abuse.
- The ICB needs to maintain the focus on gaining assurances of Safeguarding practice through the Primary Care Offer.

- The ICB needs to ensure that GPs engage with and meet their statutory safeguarding responsibilities.
- PNA restorative supervision will be made available to CCG staff later in the year to give additional support. Restorative Clinical Supervision is a fundamental element of the PNA model and can either be 1:1 or group supervision. It is a calm, reflective space where staff can be supported to talk about their experiences and identify areas of learning and improvement. It restores thinking capacity and improves resilience.
- The ICB to review the effectiveness of hearing the voice of children and young people by GP's – via the Strategic Health Group.
- GSCP should work with GHT to revise the MARF process to better reflect the situation within the Trust. (Develop a similar process as the VIST)- Strategic Health Group to feedback and progress.
- Plans to work with the Experience and Engagement team on how effective feedback can be obtained.
- Plans to continue working at an integrated safeguarding team level to ensure all health agencies are aware of and contribute to high-risk MARAC

16. Conclusion

During 2020-21 with the long term continued impact and recovery of services following the ongoing Covid-19 pandemic, the CCG Safeguarding Team have continued to deliver our statutory duties. This has been achieved despite the challenges of system pressures, increased demand on safeguarding services. Embedding virtual working has become business as usual as we adapt going forwards. This annual report outlines how we have sustained, and enhanced partnership working and strengthened safeguarding collaboration within health.

The formation of the new ICB from July 2022 and the work we have undertaken to prepare for this transition provides an opportunity to fully embed safeguarding in all elements of strategic planning and provision of health care for those who access our services across Gloucestershire. We are embracing our journey within the Integrated Care System, and welcome keeping safeguarding as a focal point during this transition and beyond.

Appendix 1
Health Unscheduled Care Attendance Annual Report 2021-22

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1. Executive summary

- There was a 37% increase in the number of unscheduled care contacts 2021-22 compared to 2020-21 (Covid pandemic)
- Peaks in attendance tend to mirror the beginning of the academic year and exam periods for students
- On average in 2021-22, 11.7% of all unscheduled care attendances raise potential safeguarding concerns (the Paediatric Liaison safeguarding children screening form is attached as Appendix 1)
- A deep dive of presentations of CiC was undertaken to identify age, presenting complaint and where the child lived (see later). Younger children presented with accidental injury/medical concerns and lived in foster homes. The majority of presentations were however for young people presenting with emotional/behavioral concerns from supported living.
- Higher levels of attendance linked to burns are in the summer months and occur in pre-school children
- Unlike other areas we have not seen an increase in NAI in infants but we did see an increase in significant accidental injuries in non-mobile infants
- There was a total of 51 recorded assaults on children presenting to ED/PAU in 2021-22, one of which was a sexual assault (this is new data for this year in view of concerns that numbers are rising)
- The number of young people presenting with emotional/behavioral/mental health concerns has increased from 515 in 2020-21 to 771 in 2021-22, an increase of 31%. There are more attendances during school term time – in particular May, June, November and January which relate to exam times. Of concern 25 were reported as Primary school aged children (we plan to monitor this in more depth next year). Availability of social care placements or suitable housing causes significant delay in discharges impacting on bed availability
- An increase in young people presenting with eating disorders became evident during Covid lockdowns. The numbers have increased from 61 in 2020-21 to 119 in 2021-22, an increase of 49%
- There were 211 Safeguarding calls made to Consultant Paediatricians. Paediatricians attended 171 strategy meetings and 82 safeguarding medical assessments were undertaken
This is very relevant as it is recognised that the number of children having Paediatric Safeguarding medical assessments in Gloucestershire is well below comparative areas. The service has never been fully commissioned and historic sexual abuse medical assessments are completed in an ad-hoc way out of county. Multi-agency work is currently on-going to review thresholds for medical assessment, re-design pathways and a business case is being prepared for the ICB to ensure the service is appropriately funded
- There were a total of 4,367 referrals to health MASH (an average of 364 per month) but with noted variability (258-486) which poses difficulty for staffing
- Of the adults presenting to ED with mental health problems, 6.4% were referred via Paediatric Liaison as they had children

- The total number of DASH forms completed from ED GHT was 392 (average 33 per month)
- In 2021-22 11.78% of all pregnancies at booking potential safeguarding concerns for the unborn child were recognized

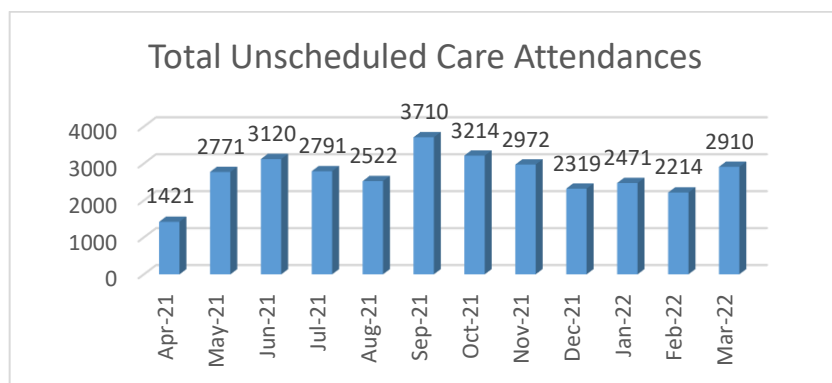
2. Data Collection

The data is provided by the Named Nurse for Safeguarding Children GHT, Lead Midwife for Vulnerabilities GHT, Paediatric Liaison Public Health Nurse GHC, Lead for Safeguarding GHC and is collated by Jacqui Harber, Safeguarding Administrator ICB. This all occurs manually as IT systems cannot currently retrieve the detail required. It does, however, depend on the clinician inputting data onto the system and their coding practice which may provide some variability. In addition, 16years + are managed as adults by GHT which means the data for this age group may not be complete as it again depends on the knowledge of the clinician though work has been undertaken to address this concern since the last report.

One of the major assets to this data-set is that the team meet monthly to discuss and collate the data, hence have a current oversight of safeguarding in the unscheduled settings. This has allowed evolving trends to be recognised earlier (serious accidental injuries in infants) and a speedier response and sharing of this awareness of safeguarding concerns to be achieved.

In addition, separate pieces of work have been undertaken throughout the year as deep dives or in collaboration with partners to raise concern/contribute to multi-agency work (for each young person who presents with emotional/mental/behavioural concerns, the locality of their school is collected and data by locality is shared with the Education Sub-group).

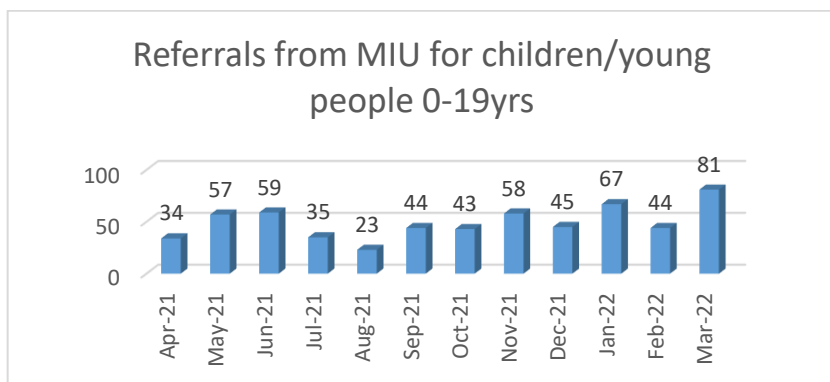
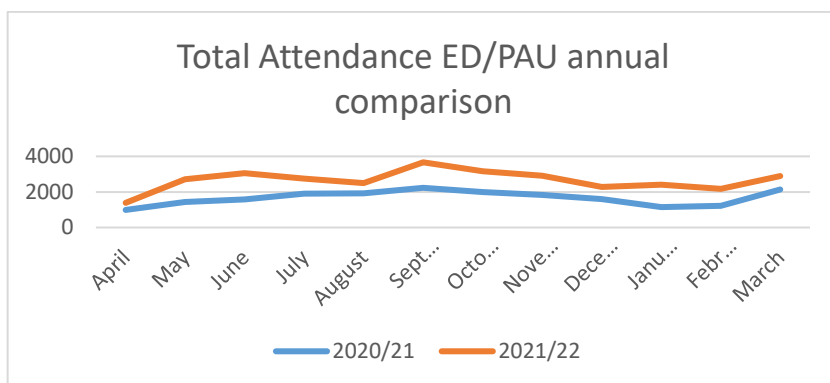
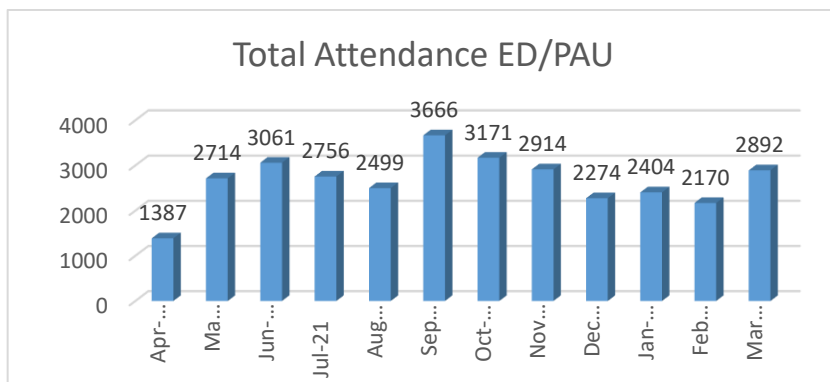
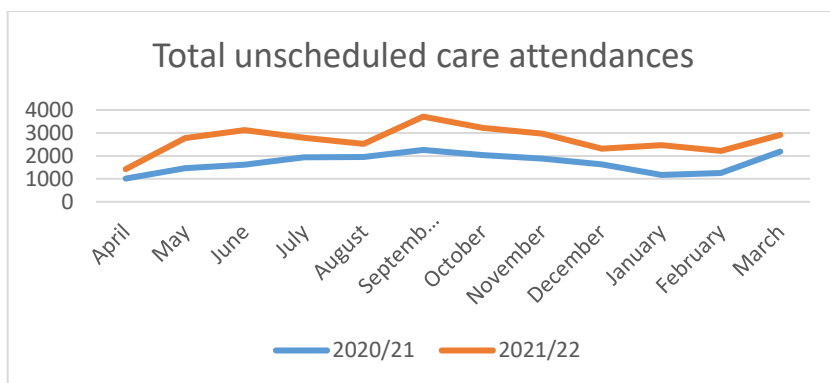
3. Total Attendance to Unscheduled Care



In 2021-22 there was a total of 32,435 unscheduled care attendances, this was 12,045 more than the previous year.

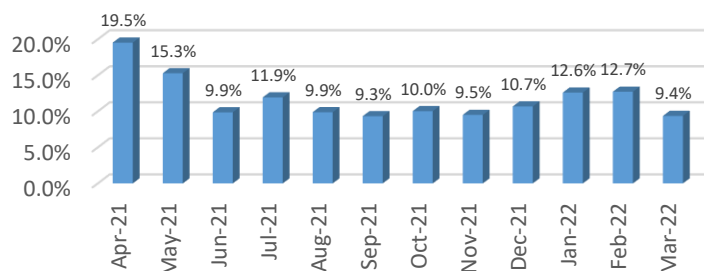
The drop in attendance the previous year was due to the pandemic.

September saw the highest number of attendances which is related to the return to school. This is a pattern we see year on year.



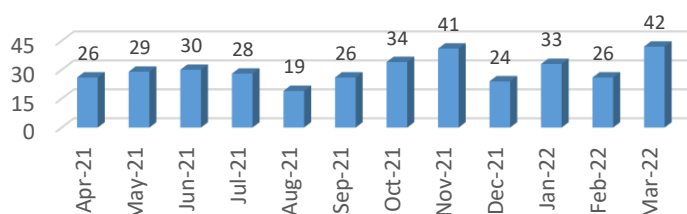
The highest months for MIU attendances are May, June, November, January and March, this correlates with exams and mock exams.

Notifications via Paediatric Liaison- % of all attendances



The average number of Paediatric Liaison forms completed per month represents 11.7% of all unscheduled care contacts. These are contacts where potential child safeguarding concerns have been raised.

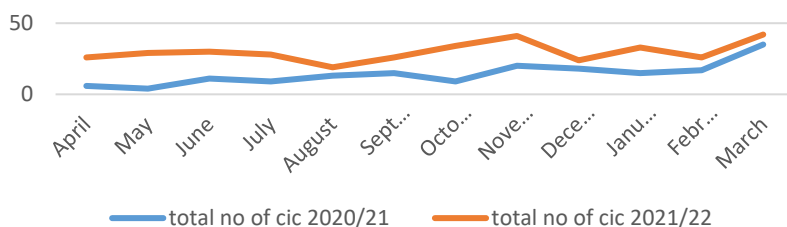
Total CiC Attendances



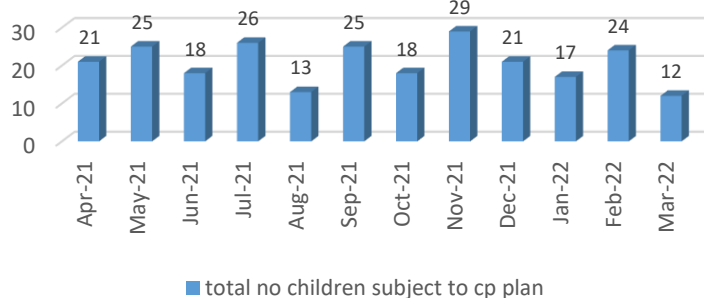
Total number of CiC attendances 2021/22 is 358.

The number of CiC attendances increased by 52%.

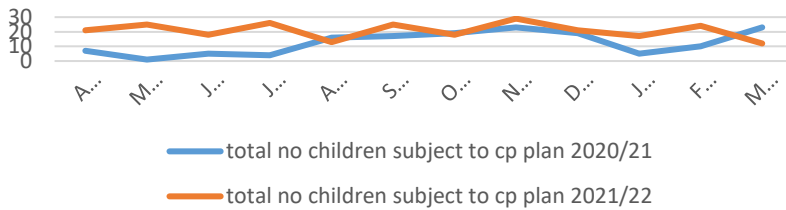
Children in Care Unscheduled Care Attendances Annual Comparison



Unscheduled Care Attendances for children with CP Plan



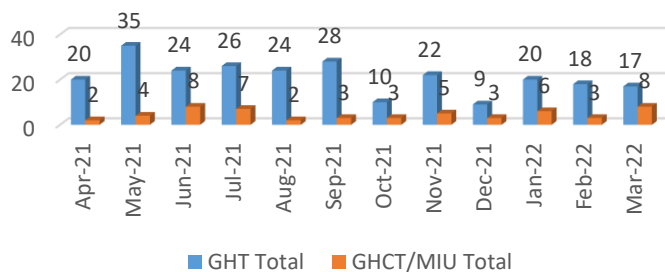
Unscheduled Care Attendances for Children Subject to CP Plan Annual Comparison



The total number of unscheduled care contacts for children subject to a child protection plan (identified at point of presentation) was 115 in 2020/21 compared to 205 in 2021/22 showing a similar increase to other data.

4. Accidents and Injury

Burns



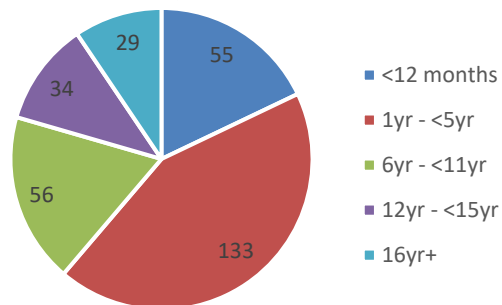
Higher levels of attendance linked to burns:

- are in the summer months.
- occur in pre-school children

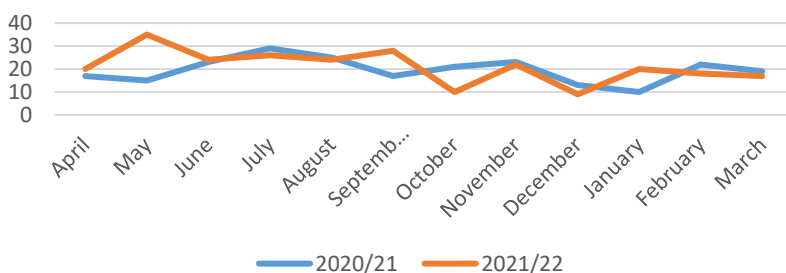
Data from referrals to Paediatric Liaison suggests that burns from hot drinks is consistently the most common presentation month on month.

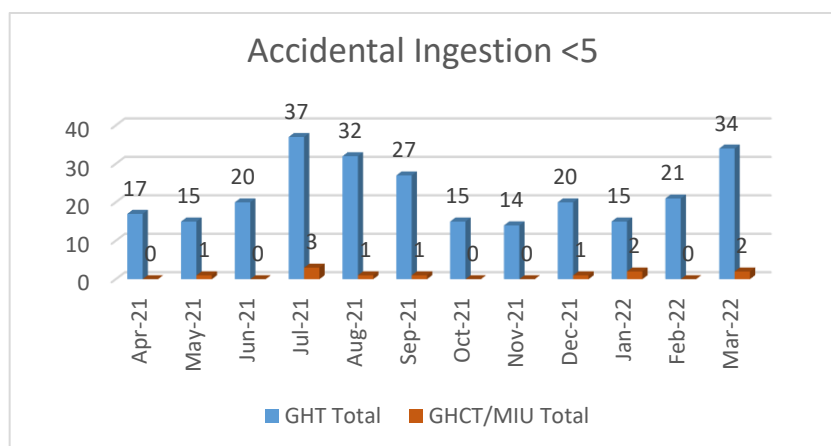
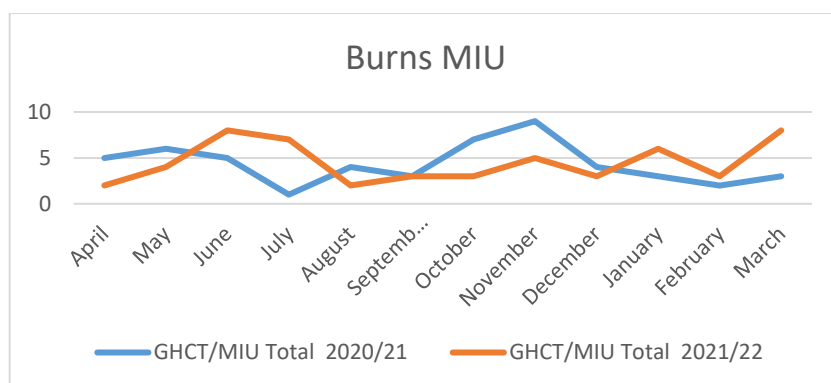
Burns have not shown the same increase in presentations in 2021/22

Burns by age - ED & MIU



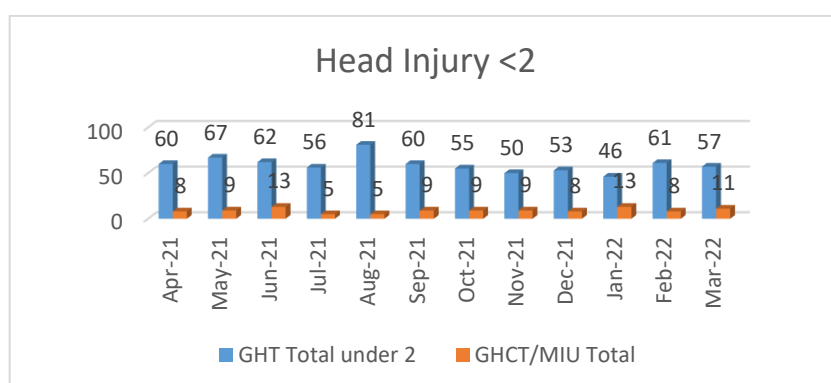
Burns ED/PAU





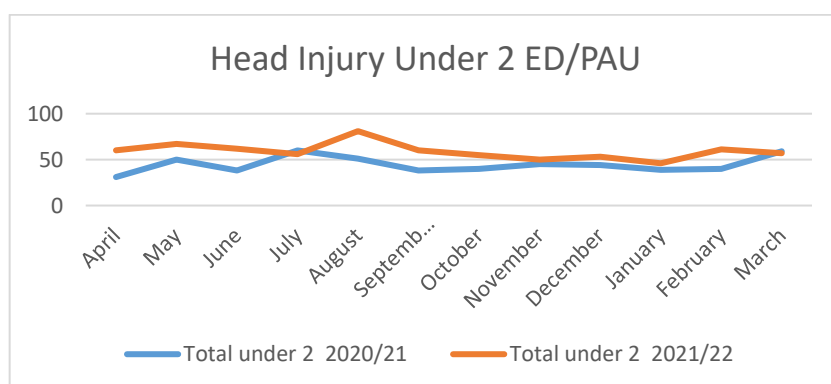
There were 278 accidental ingestion contacts for children less than 5 years during 2021/22.

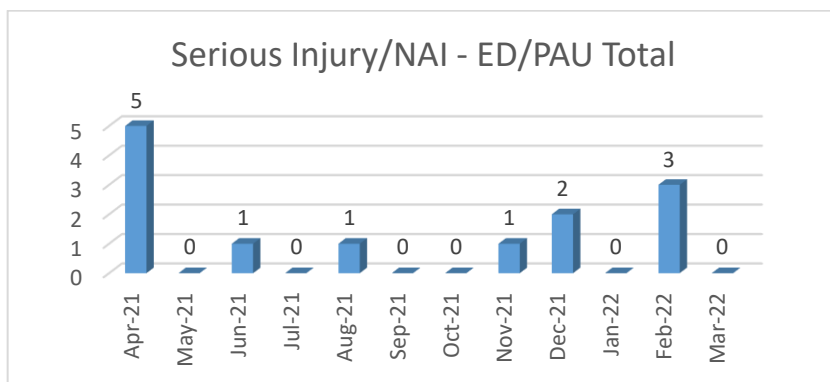
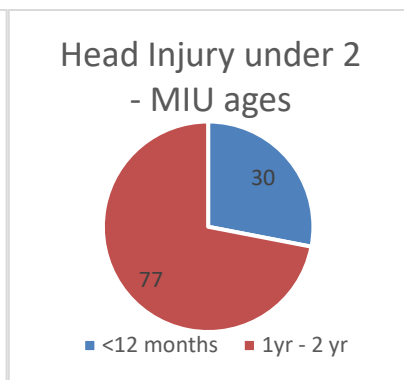
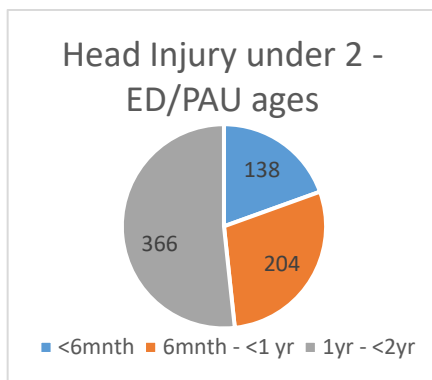
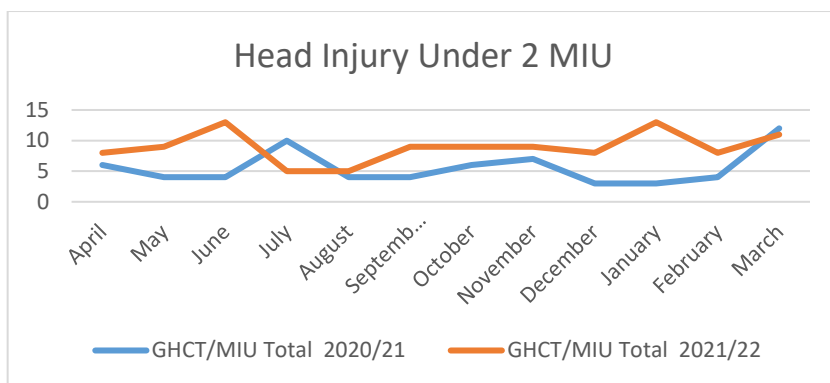
Data from Paediatric Liaison referrals suggest that ingestion of medicines is the most common presentation month on month. Home safety and safe storage of medicines should be covered by health/social care professionals at every opportunity.



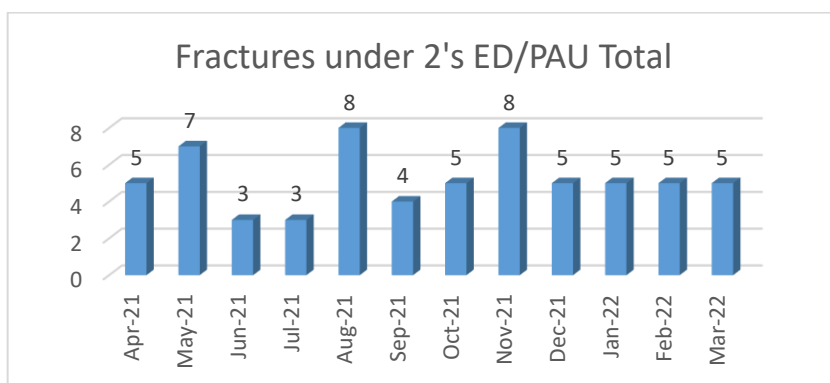
Incidents of head injuries is slightly higher throughout the summer months with a noted increase in August while children are outside early years settings. The overall annual incidents of head injuries remain stable.

The most common referrals to Paediatric Liaison for head injuries in under 1 year of age is due to falls from beds. This shows that safe sleeping advice should be given by social/health professionals at every opportunity.



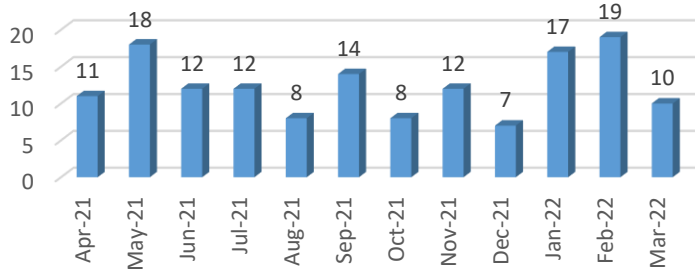


Unlike other areas we have not seen an increase in NAI in infants but we did see an increase in significant accidental injuries in non-mobile babies, a deep dive into these cases showed the main reason was skull fracture due to fall from height.



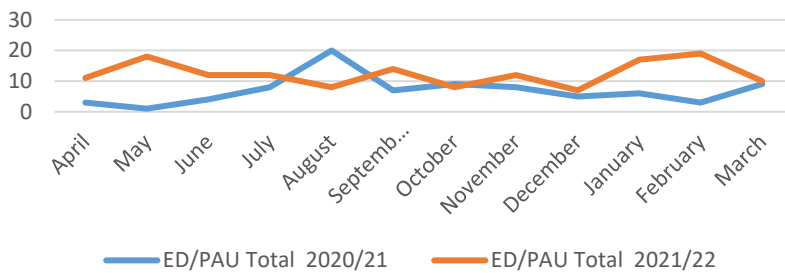
Fractures presenting in Under 2years remain constant but always need to be reviewed in the context of the history and developmental stage of the child

Road Traffic Collision - ED/PAU Total

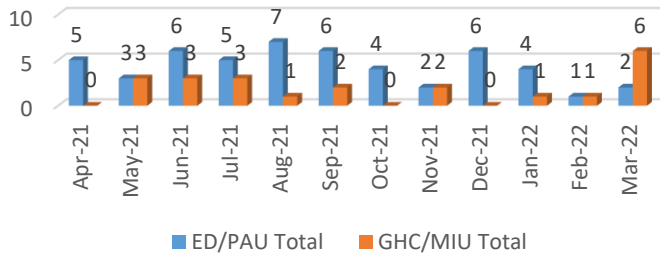


Contacts from victims of RTA has increased by 44% in 2021/22.

RTC ED/PAU



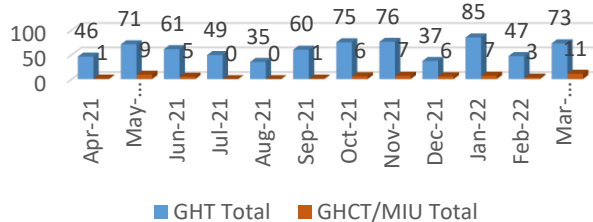
Assaults



There was a total of 51 assaults on children presenting to ED/PAU in 21/22, one of which was recorded as a sexual assault. There was a total of 22 assaults assessed in MIU

5. Emotional and Mental Health

Mental & Emotional Health Related Issues
(DSH/OD)



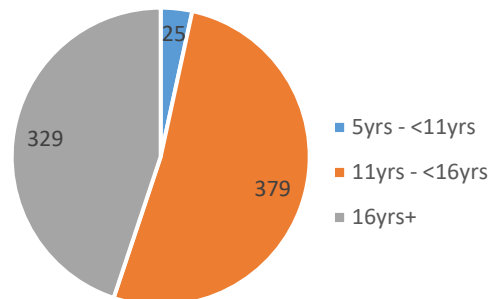
There are more attendances during school term time. Notably May, June, November and January which relate to exam times.

25 were in Primary school aged children and these cases will be investigated further in next years data.

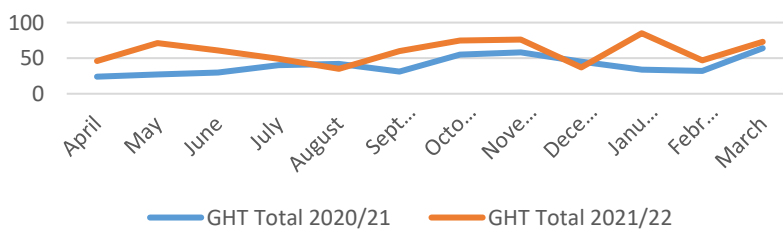
Attendances 21/22 have increased by 33%

Availability of social care placements or suitable housing causes significant delay in discharges impacting on bed availability.

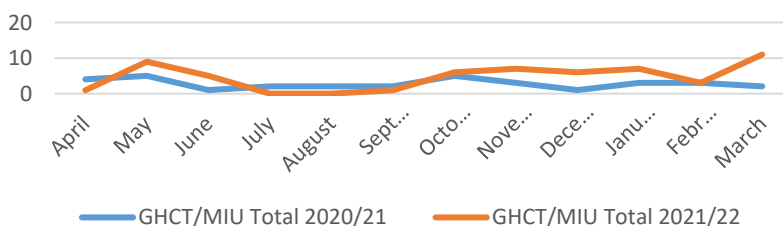
Emotional & Mental Health by Age



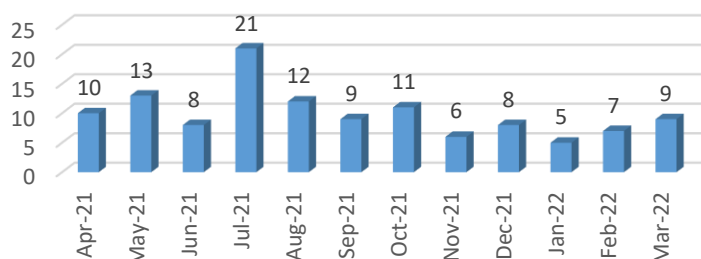
Emotional & Mental Health Related Issues
ED/PAU



Emotional & Mental Health Related Issues
MIU

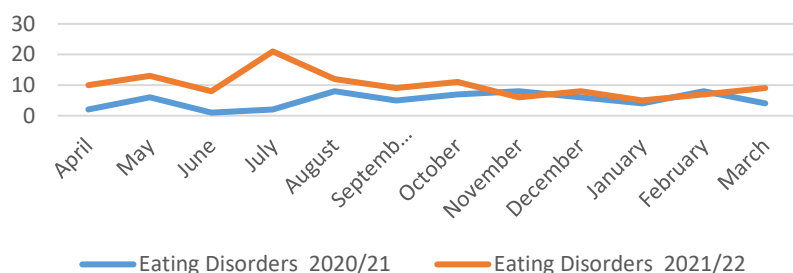


Eating Disorders

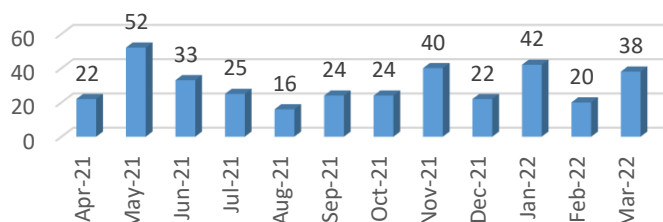


An increase in young people presenting with eating disorders became evident during Covid lockdowns. The numbers have continued to increase in 2021/22 by 49%

Eating Disorders

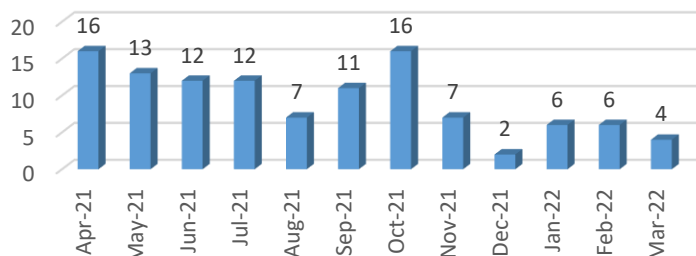


Number of 11 - 15 year olds assessed by GHC MHLT



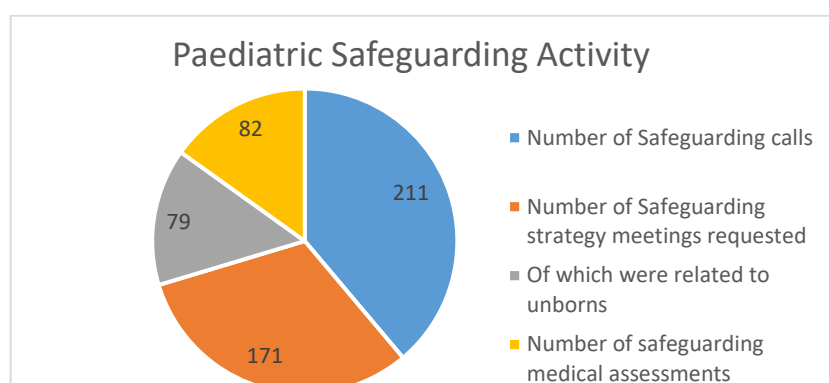
GHC Mental Health liaison team assessed 358 young people who had presented to unscheduled care settings.

Intoxication - ED/PAU Total



Of the numbers shown there were no children aged 5-11 attending with intoxication
The children aged 12-16 made up 55.4% of the total and the 16+ made up 44.6%.

6. Safeguarding Activity

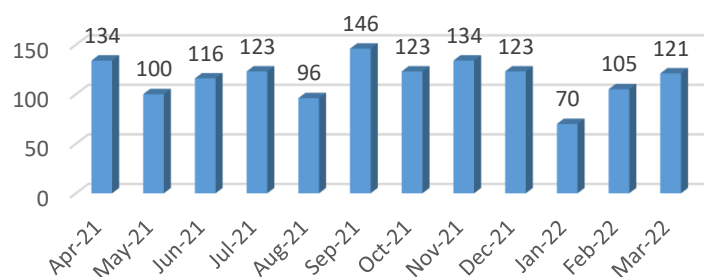


There were 211 Safeguarding calls made to Consultant Paediatricians. Paediatricians attended 171 strategy meetings and 82 safeguarding medical assessments were undertaken.

Sexual Assaults – The Bridge Gloucestershire	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Total
No of examinations at The Bridge (Acute)	0	2	3	1	3	0	3	0	1	3	1	0	17
<13yrs			1		2		2			1	1		7
13-<16yrs		2	2	1	1		1		1	2			10
16yrs+													0
No of examinations at The Bridge (Chronic)	1			1		1	1	2			1		7
<13yrs	1			1				2					4
13-<16yrs						1	1				1		3
16yrs+													0
No of children identified as CSE risk		1	1							2			4
<13yrs													0
13-<16yrs		1	1							2			4
16yrs+													0

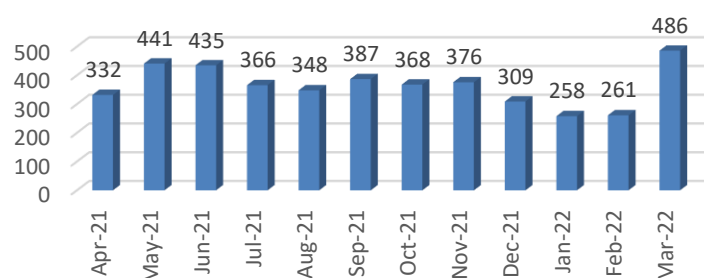
the number of children having Paediatric Safeguarding medical assessments in Gloucestershire is well below comparative areas. The service has never been fully commissioned and historic sexual abuse medical assessments are completed in an ad-hoc way out of county, review of this service is currently ongoing.

Contacts to GHC Safeguarding Advice Line

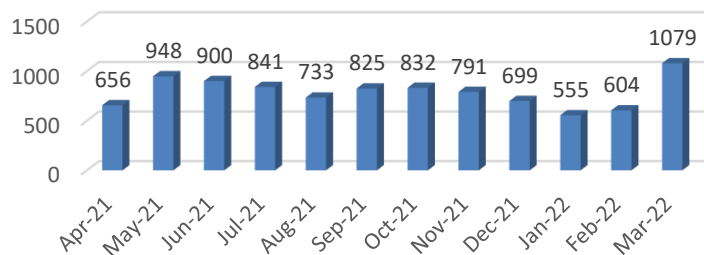


The GHC safeguarding advice line, which is for GHC professionals, remains busy with an average of 116 calls per month.

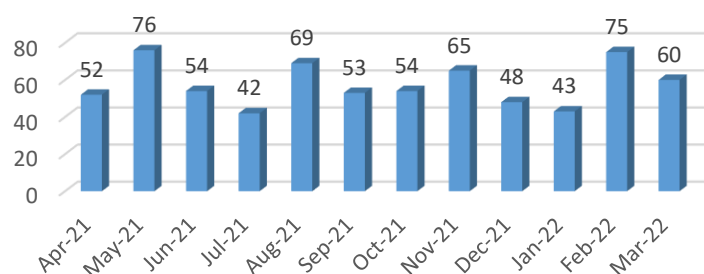
MASH Referrals



MASH No of Children Researched

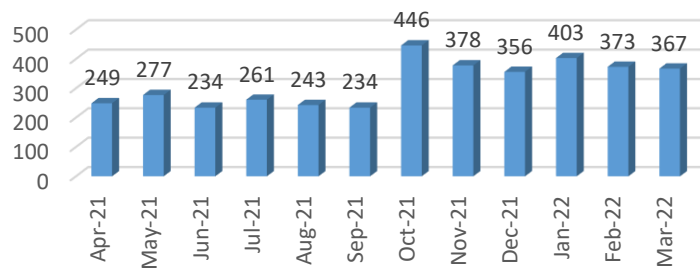


MASH No of Adults Researched



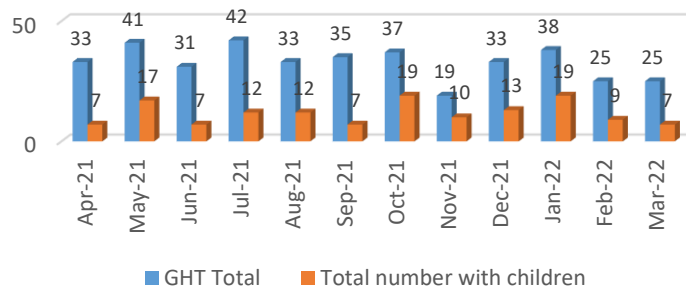
7. Adults

Adult Mental Health presenting to ED



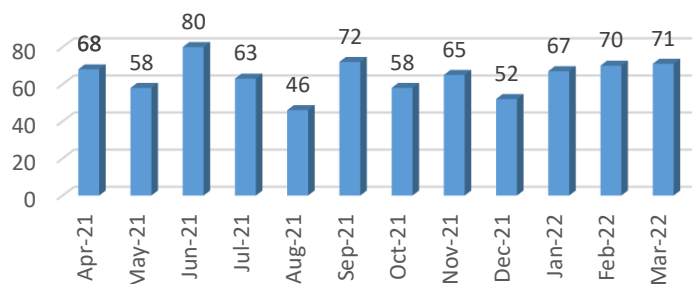
Of the adults presenting to ED with mental health problems, 6.4% were referred via PLHV as they had children.

Dash Forms



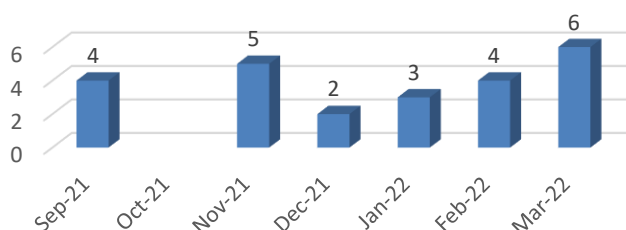
The total number of DASH forms completed was 392 (average 33 per month)

Vulnerable Pregnancies (green forms)



The total number of pregnancies identified with vulnerabilities (potential safeguarding concerns) at booking was 770
This represents 11.78% of all pregnancies that year

Teenage pregnancies (conception less than 18 years)



The data on teenage pregnancy data started to be collected by this group from September 2021 due to concerns that numbers were rising.

8. Plans for the future

- To test the multi-agency effectiveness of the CP-IS system, the GSCP QUIPP may want to consider a multi-agency audit. By this, partners could be reassured that:
 - the number of CP-IS contacts made from unscheduled health care settings reflects the actual number of contacts of young people subject to CP plan and CiC
 - social care have received notification of these contacts
 - social care has responded in the best interest of the young person following these notifications
- The noted concern in primary school aged children presenting with overdoses/self harm will be investigated in more depth next year to determine any patterns
- Maintain close relationship with education colleagues to feed back the trends in mental and emotional health by locality
- Review of multi-agency decision making in the cohort of serious accidental injuries in infants
- In view of the noted serious accidental injuries in infants data collection to be amended to enable this to be highlighted in the future

Report authors

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Liz Emmerson - Head of Safeguarding, Named Nurse for Safeguarding Children, GHC

Imelda Bennett - Designated Doctor, SG Children/Children in Care/Child Death, CCG

Deep Dives/extended investigations triggered by data 2021-22

Appendix 1

CE & Missing Audit

	Top 10 missing	Attended Y/N	Total	Assault	Intoxication	Mental health related	Self-harm	Over-dose	Attendance 1	Attendance 2	Attendance 3	Attendance 4	Attendance 5	Attendance 6	Attendance 7	Attendance 8	Attendance 9	Attendance 10	Attendance 11	Attendance 12	Attendance 13	Attendance 14
1	xxxxxx	Y	9	N	N	Y	Y	N	19.5.21 Abdominal pain and pain on urination.	30.5.21 1 DSH with glass.	5.10.21 Abdominal pain. Green urine. Urinary retention. DNW.	11.11.21 Aerosol burn, DSH. DNW.	13.11.21 Infected burn.	8.12.21 Repeated burn injury, infected.	30.12.21 Infected burn.	2.1.22 Abdominal pain and vomitting. DNW.	Abdominal pain and vomitting.					
2	xxxxxx	Y	1	N	N	Y	Y	N	29.8.21 Punched a mirror because he couldn't see his baby. Fractured knuckle.													
3	xxxxxx	N																				
4	xxxxxx	Y	1	N	Y	N	N	N	5.11.21 Reported to have snorted crack cocaine and heroin.													

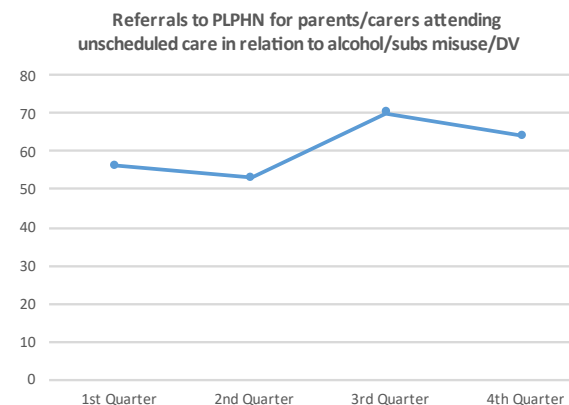
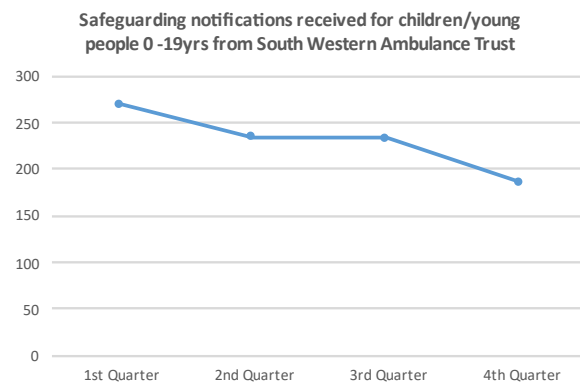
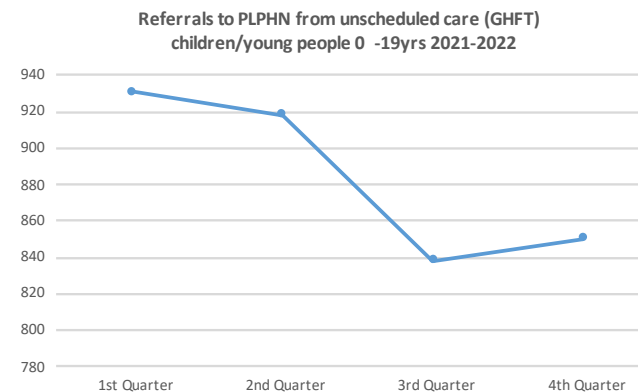
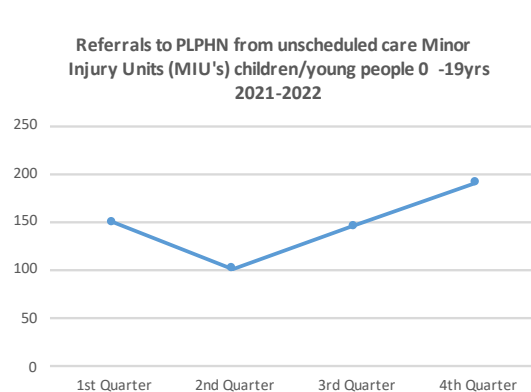
5	xxxxx xx	Y	2	N	N	Y	N	Y	12.9.21 Knee injury.	9.12.21 OD, he told staff his mum told him to take this OD.												
6	xxxxx xx	N																				
7	xxxxx xx	N																				
8	xxxxx xx	Y	1						18.7.21 Abdominal cramping after implant. Recent unprotected sex, not pregnant. With BF.	24.9.21 Unwell. Cough and chest pain.	2.10.21 Chest pain.	21.10.21 DSH with glass.	1.11.21 Vaginal discharge and PV bleeding. DNW.	3.11.21 ? Vaginal infection. Hope house appointment booked.	7.11.21 Fainted. Black eye.	13.11.21 DSH. Pins and needles in hand.	17.11.21 Felt low in mood, held knife to her throat. With BF.	1.12.21 Abdominal pain. PV bleed. Negative pregnancy test.	8.1.22 severe headache.	Vale MIU 7.10.21 Injury rt foot	8.1.22 severe headache.	Vale MIU 7.10.21 Injury rt foot
9	xxxxx xx	N																				
10	xxxxx xx	Y	1		N	N	N	N	FB in throat. Chest pain. DNW.													

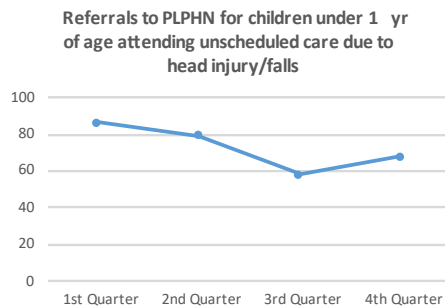
	Top 10 significant risk	Attended Y/N	Total	Assault	Intoxication	Mental health related	Self-harm	Over-dose	Attendance 1	Attendance 2	Attendance 3
1	xxxxx xx	Y	x 2	Yes	Yes	Yes		?rec	19/1/21: 11.36hrs OD Zopiclone & alcohol/aggressive	6/4/21 11.36 Tonsillitis	
2	xxxxx xx	N									
3	xxxxx xx	N									

4	xxxxx xx	Y	x 1	Ye s					21/11/21: 22.12hrs Alleged assault/fractur e to jaw		
5	xxxxx xx	Y				x1		x1	12/5/21 GRH 23.30hrs Overdose	18/11/ 21 CGH 01.20h rs Fall from bike ?frac to finger	
6	xxxxx xx	Y	x 3						18/10/21 GRH 20.57hrs Punched wall/#finger	21/10/ 21 CGH 21.21h rs RTA	22/10/2 1 GRH 23.56hr s SOB/D NW
7	xxxxx xx	Y	x 2			x2	X 1	x2 ?OD/r ec	5/7/21 GRH 18.02hrs DSH/Suicidal ideation/Subs mis	30/8/2 1 GRH 16.13h rs OD	
8	xxxxx xx	N									
9	xxxxx xx	N									
10	xxxxx xx	N									

Appendix 2

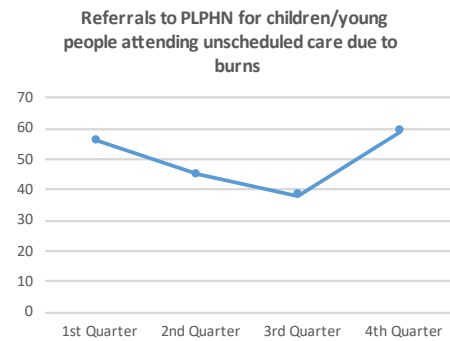
Presentations to unscheduled care for children/young people 0-19yrs referred to Paediatric Liaison Public Health Nurse 2021-22
Becky Teare





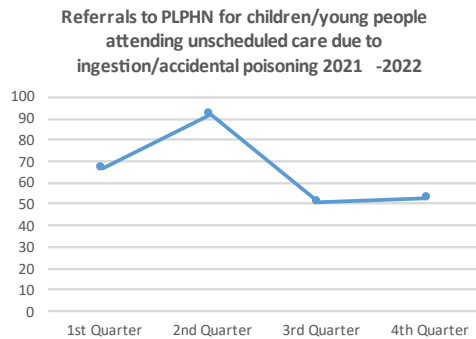
The 3 most common presentations to unscheduled care due to head injury in children under 1 yr of age 2021-2022 was due to

1. Fall from bed
2. Fall from sofa
3. Fall from parent/carer arms



The 3 most common presentations to unscheduled care due to burns 2021-2022 was due to:

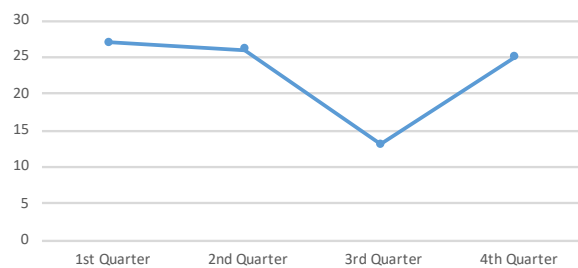
1. Hot drinks
2. Oven/hob
3. Radiator/heater



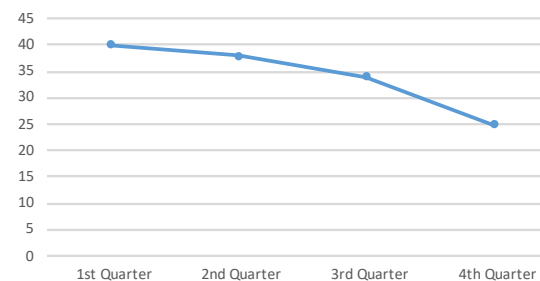
The 3 most common presentations to unscheduled care due to accidental ingestion/poisoning 2021-2022 are:

1. Medicines
2. Household prods/detergents
3. Coins

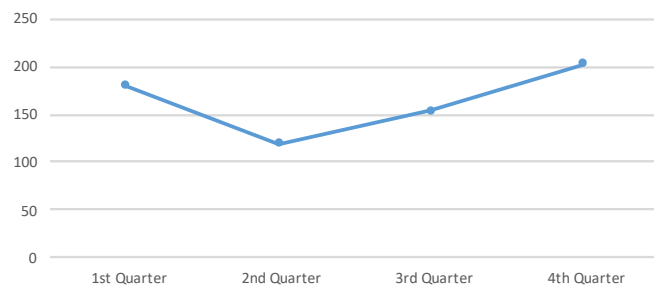
Referrals to PLPHN for children/young people attending
unscheduled care due to alleged assault/bullying 2021 -
2022



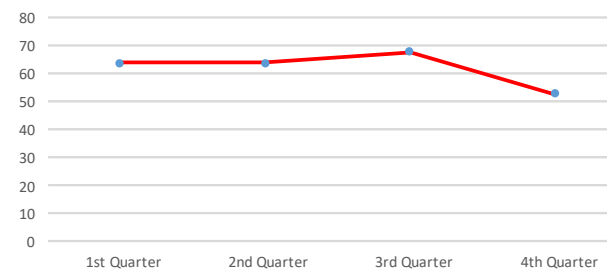
Referrals to PLPHN for young people attending
unscheduled care due to alcohol/substance misuse
2021-2022

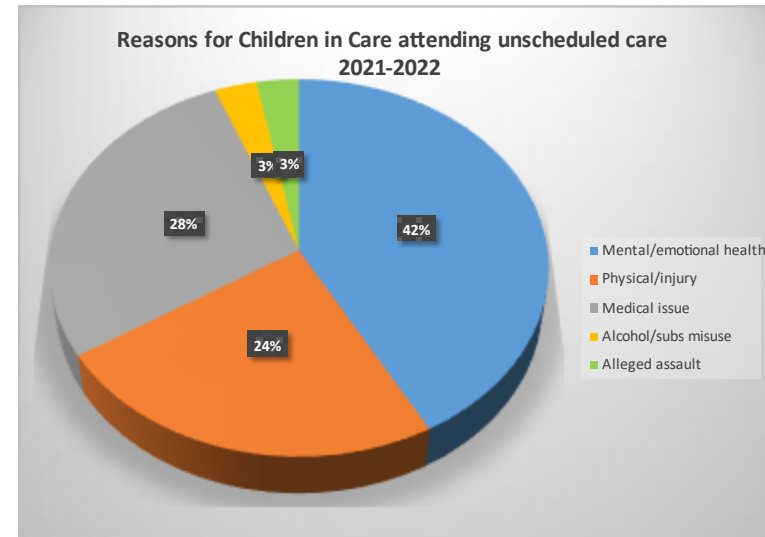
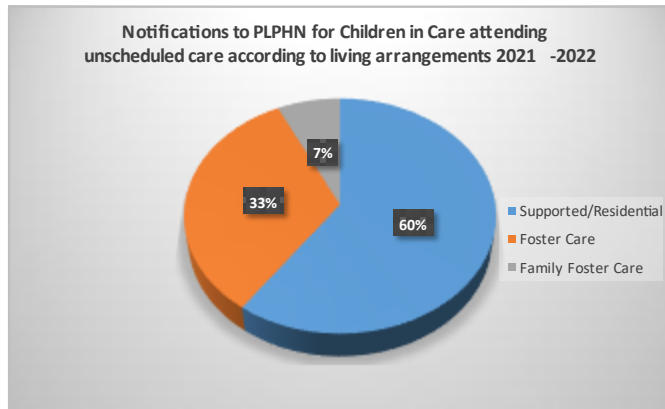
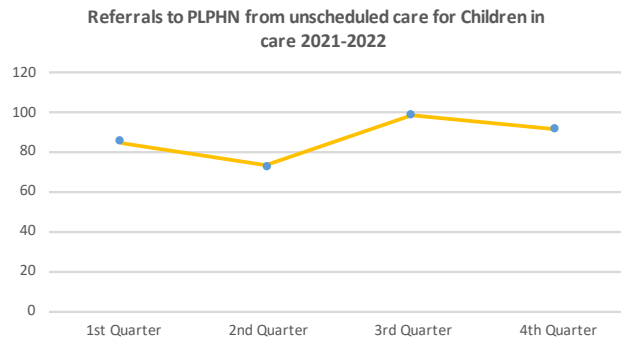


Referrals to PLPHN for young people attending unscheduled
care for mental /emotional health reasons 2021 -2022



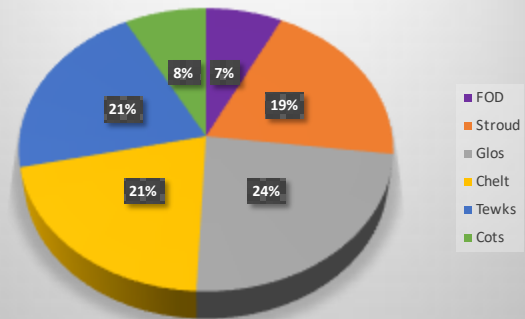
Referrals to PLPHN from unscheduled care for
children/young people subject to Child Protection Plan
2021-2022





It can be seen that nearly half of all Children in Care who are referred to PLPHN have attended for an emotional/ mental health reason/s and over half of Children in Care referred to PLPHN live in supported accommodation

Presentations to unscheduled care for children/young people for mental health/emotional reasons according to school locality 2021 -2022



Appendix 3

Paediatric Liaison Public Health Nurse Quarterly Report –Children in Care and presentations to unscheduled care Gloucestershire Apr/May/Jun 2021 - including a deep dive into CIC presentations living arrangements



Gloucestershire Health and Care
NHS Foundation Trust

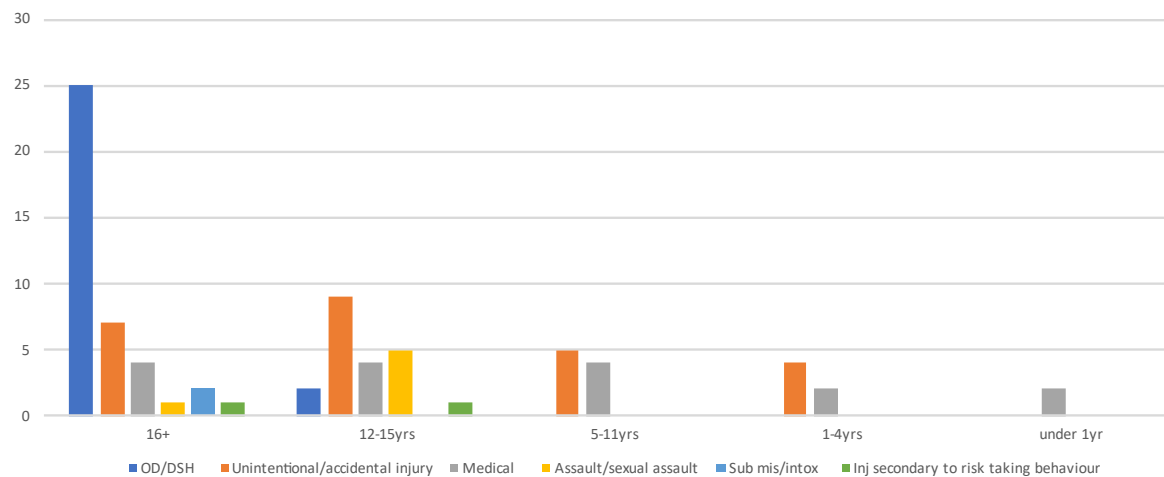
Quarterly Report Children in Care and presentations to unscheduled care Gloucestershire Apr/May/Jun 2021

Paediatric Liaison Public Health Nurse Becky Teare



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CIC-Presentations by age to unscheduled care

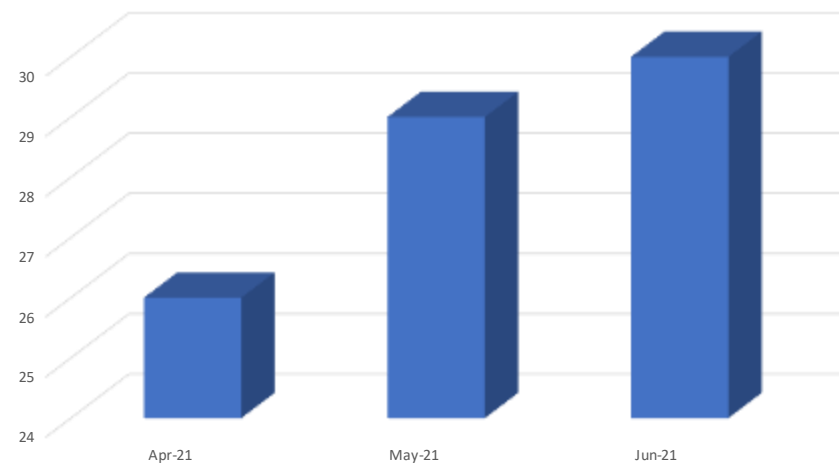


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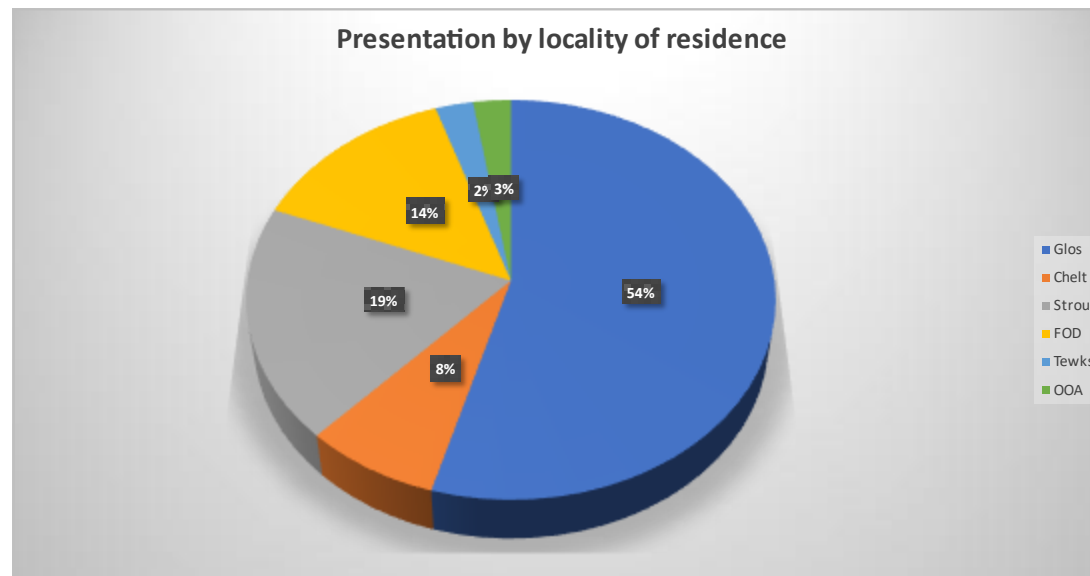


Gloucestershire Health and Care
NHS Foundation Trust

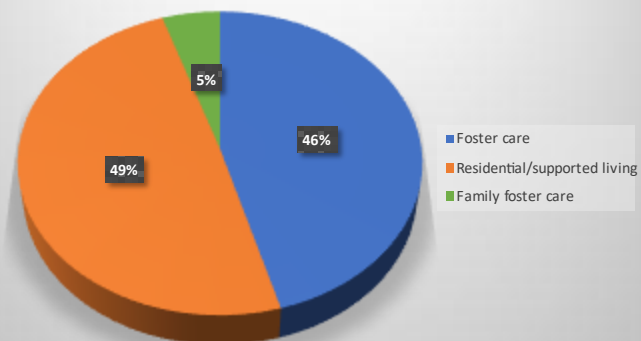
Number of CIC presenting to unscheduled care



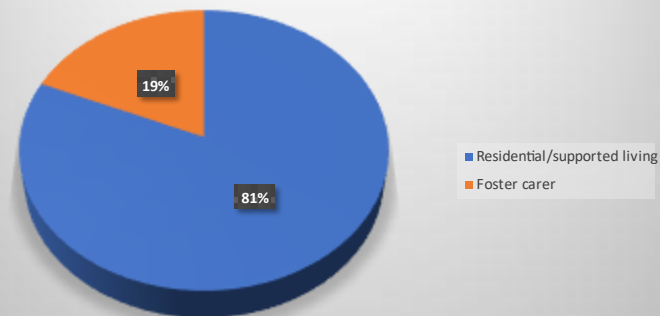
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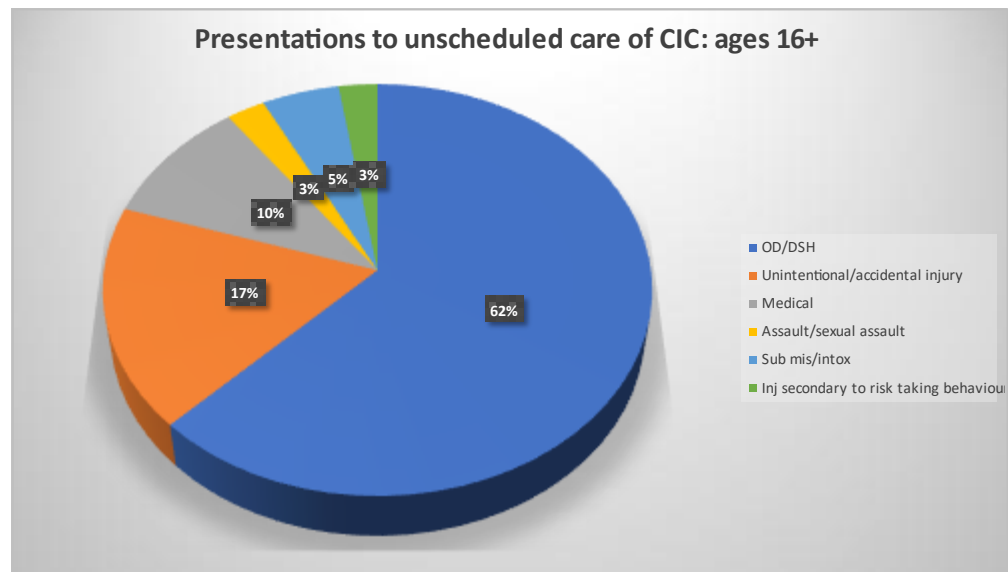
Presentations of CIC by living arrangements

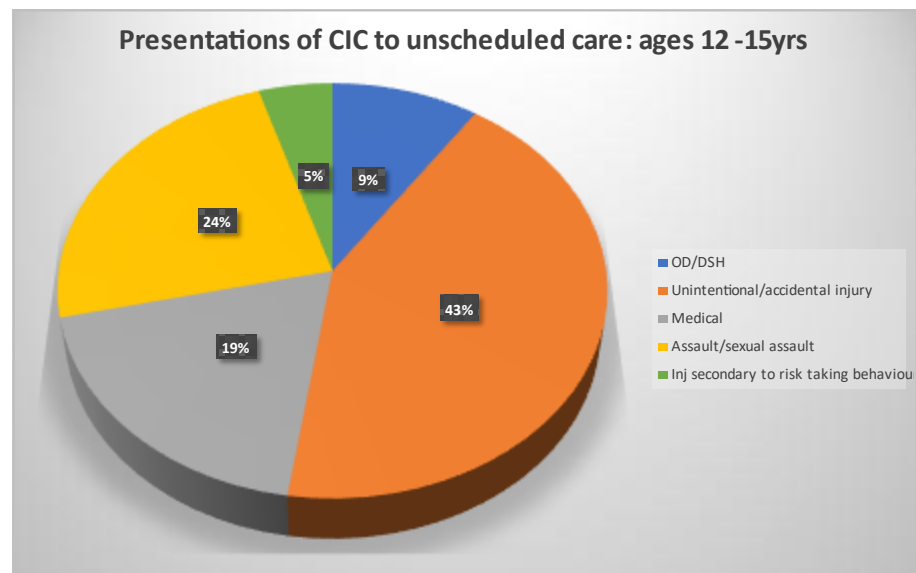


Presentations of CIC to unscheduled care due to DSH/OD according to living arrangements



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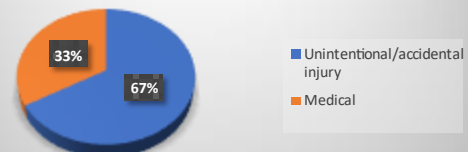


Gloucestershire Health and Care
NHS Foundation Trust

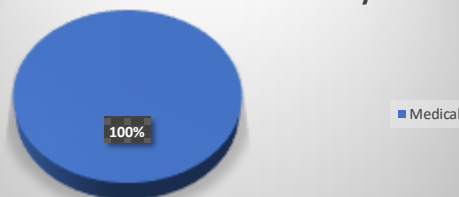
**Presentations of CIC to
unscheduled care: ages 5 -11yrs**



**Presentations of CIC to
unscheduled care: ages 1-4yrs**



**Presentations of CIC to
unscheduled care: Under 1yr**



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SUMMARY

- Following on from quarterly report for all children 0-19 presenting to unscheduled care in Gloucestershire, I felt it was essential to look at our most vulnerable cohort of children and young people in Gloucestershire, specifically Children in Care. Since lockdown restrictions have eased and the number of Children in Care presenting to unscheduled care has doubled since Jan 21 and has more than trebled for same period last year. All data collated for this report is based on the referrals received by Paediatric Liaison Public Health Nurse from unscheduled care.
- Liaison and audit between Gloucestershire Hospitals NHS Trust Named Nurse for Safeguarding Children and Gloucestershire Health Care NHS Trust PLPHN continues to identify gaps in liaison, resulting in an increase in referral notifications to PLPHN through increased awareness and use of form by reminding unscheduled and secondary care staff of the identification criteria and risk. This has also highlighted that young people aged 16-19yrs are the most vulnerable age group who will be missed/slip through the net, due to the fact that they are admitted to adult wards. Increased awareness of the process and vulnerability for this age group is in the process of being addressed. A significant proportion of this age group are the most vulnerable members of our society and children living in the care system. If this cohort of young people are not "flagged up" during their presentation to unscheduled care they are likely to be at risk of not receiving support from a Public Health Nurse and may be waiting for mental health services already facing huge demand, thereby remaining invisible to services. CAMHS are reported to have experienced 20% increase in referrals to their service across all age groups. This increases the likelihood that vulnerable young people may use unscheduled care on a more frequent basis as a form of crisis management. No child left behind - a public health informed approach to improving outcomes for vulnerable children sets out how inequalities can be reduced by adopting public health principles prevent vulnerability, intervene early when problems arise and create an environment throughout the life course where negative effects are lessened but will also need to consider the challenges and impact of COVID-19 (PHE 2020).
- ACTIONS: Named Nurse for Safeguarding Children GRH and Paediatric Liaison Public Health Nurse GHC - To audit those children and young people in the care system who present to unscheduled care but do not get liaised to Paediatric Liaison Public Health Nurse. To identify the reasons behind this and to identify if young people admitted to hospital through the adult pathway is a primary causative factor.



Appendix 4

Children in Care Audit - accuracy of alerts on IT systems October 2021



Child in Care Audit - October 2021

Aim:

- 1 To ensure all Children in Care are correctly identified by an alert on health systems (SystemOne and Trakcare) and in a timely manner.
- 2 To develop a Standard of Operation for the alert system for Children in Care on health IT systems.

Introduction

Currently there are over 1,100 Children in Care in county. 800+ are local Gloucestershire children whilst the remainder have been placed in county by other LAs. This audit plans to provide reassurance to Safeguarding partners that the appropriate alert for Child in Care from Gloucestershire has been placed on the health IT systems – SystemOne and Trakcare and that this has occurred in a timely manner. This alert is critical to highlight to clinicians the vulnerability of a CiC should they attend unscheduled care settings and should raise the question that clarification is required as to whom can provide consent for any treatments. It also indicates the need to communicate with social care.

Method:

Due to capacity difficulties in undertaking this audit, a dip sample of CiC was identified.

40 Children were randomly identified from the current CiC list provided by Social Care on 4th October. These children had come into care in the preceding 9 months (GHT only started placing alerts on CiC files from November 2020). These children were identified by their NHS number and the health systems were checked on 19th October to ensure alerts in place.

A further 10 children were also identified. These were the last 10 Gloucestershire children who had come into care prior to 4th October. These children were identified with their NHS number and the date they came into care. Health systems were checked on 19th October for the alert and the date the alerts had been added to the system.

Results:

All 50 CiC identified had the appropriate alert on SystemOne (GHC).

48 of the CiC were identified with the appropriate alert on TrakCare (GHT).

For the 10 most recent admissions into care, all were identified on both IT systems and the average time for the alert to be applied following entry into care was 2.2 days for GHC and 2.7 days for GHT.

The average time for application of alerts for all 50 CiC medical records was 3.1 days for GHC and 3.5 days for GHT from entry into care.

Summary:

Gloucestershire has an effective timely communication system between local authority and health partners for adding appropriate alerts to health systems when Children become Children in Care though no cases should be missed.

Proposed Standard Operating Procedure:

Health partners should be notified within 2 working days when a child becomes looked after or enters the care system.

Health partners should ensure all Children in Care have an appropriate alert on their medical records within 3 working days of receiving the notification from social care.

In conclusion, ALL Children in Care will have the appropriate alert on all their health records within 5 working days after coming into care.

Plan:

To repeat the audit for children placed in county by other Local Authorities.

Becky Teare- Paediatric Liaison Public Health Nurse GHC
Clare Freebrey-Named Nurse Safeguarding Children GHT
Liz Emmerson _ Acting Named Nurse Safeguarding Children GHC
Imelda Bennett- Designated Doctor Safeguarding Children CCG
Jacqui Harber – Safeguarding Administrator CCG