

Safeguarding Children
Date July 2016

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| AGENDA ITEM NUMBER | 5.4 | |
| TITLE OF PAPER | Safeguarding Children Annual Report | |
| Confidential | YES | |
| Suitable for public access | YES | |
| PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN VIEWED | | |
| Nil | | |
| STRATEGIC OBJECTIVE(S): | | |
| Best outcomes | √ | Ensure that children and young people are safeguarded in the organisation |
| Excellent experience | √ | That safeguarding concerns are appropriately raised and managed. |
| Skilled & motivated teams | √ | Staff are informed and competent in their safeguarding practice. |
| Top productivity | | |
| EXECUTIVE SUMMARY | | |
| <p>The Safeguarding Annual Report informs the Trust of its compliance in safeguarding children against the guidance set out in "Working Together to safeguard Children" (2013). It provides assurance to the Board that the Trust is meeting its requirement to safeguard children and young people attending Ashford & St Peters NHS Foundation Trust. The report also informs the Trust of children's safeguarding activities during 2015-2016 and outlines progress in ensuring a robust child protection framework is in place.</p> | | |
| RECOMMENDATION: | | |
| SPECIFIC ISSUES CHECKLIST:. | | |
| Quality and safety | Ensure safe care | |
| Patient impact | Improve identification | |
| Employee | Ensure Competence | |
| Other stakeholder | Social Care and Other Agencies | |
| Equality & diversity | Non-discriminatory | |
| Finance | NA | |
| Legal | Potential litigation | |
| Link to Board Assurance Framework Principle Risk | Board Assurance Framework Principle Risk 2.2 | |
| AUTHOR NAME/ROLE | Shelley Cummings, Safeguarding Lead Clare Hill, Named Doctor Safeguarding Children Sarah Legg Named Midwife Safeguarding and Eileen White Named Nurse Safeguarding Children | |
| PRESENTED BY DIRECTOR NAME/ROLE | Heather Caudle, Chief Nurse | |
| DATE | 22 July 2016 | |
| BOARD ACTION | Assurance | |

1. BACKGROUND AND SCOPE

The safeguarding annual report provides an overview of the safeguarding activity undertaken by the Trust in relation to children's services from July 2015 until June 2016.

The Trust is required to meet the Care Quality Commission's (CQC) fundamental standards. It is a requirement of the Surrey Safeguarding Children's Board that an Annual Report is submitted to each Trust Board.

2. CONTEXT

The Children Act 1989 and 2004 as well as Every Child Matters (2003) and Working Together to Safeguarding Children: A guide to inter-agency working to safeguard and promote the welfare of children (2015) guide the responsibilities of health and social care organisations and the carrying out of those duties to effectively safeguard children within their care from harm. Under section 11 of the Children Act (2004) local agencies, including health, have a duty of care to ensure that they consider the need to safeguard and promote the welfare of children when carrying out their functions. Under section 10 of the same Act agencies are required to cooperate with local authorities to promote the well-being of children and this should exist at all levels of the organisation from strategic level through to operational delivery.

The Care Quality Commission's (CQC's) primary responsibilities for safeguarding are to ensure providers have the right systems in place to make sure children and adults are protected from abuse and neglect.

3. ASSURANCE

3.1 Safeguarding Children's Structure

The Trust has a fully staffed safeguarding children's team with medical, nursing, midwifery and administrative staff (see appendix)

3.2 Referrals

There continues to be an increase in referrals and the Trust has a low threshold for staff raising concerns. This has resulted in a 15% increase in both Multi Agency Referrals and also Child Protection Medicals compared to last year (see appendix for data). Referrals are escalated to children's social care and also discussed at weekly meetings held in the trust to get feedback from referrals made.

3.3 Audits

The safeguarding action tracker is maintained and kept up to date in two monthly meetings by the safeguarding team. Part of this action tracker not only includes actions identified externally and internally through investigations and serious case reviews (SCR's) but also includes actions identified through internal and external audits.

This includes the deep dive audit (March 2016) undertaken by the CCG, section 11 audit (June 2016), undertaken by the SSCB, an ongoing safeguarding supervision audit currently being undertaken by the Named Nurse and a documentation audit, undertaken by the safeguarding nurse advisor. Finally the Surrey dashboard audit (March 2016) was completed and submitted to the CCG.

3.4 Training and Supervision

3.4.1 Training

There is an expectation that all staff are trained to level 2. Level 3 updates for safeguarding children training is made available to members of staff who require it, this is incorporated into bonus days, induction programmes and also 1:1 training sessions to meet departmental

needs. An achievement this year has been the Trust's first initial level 3 safeguarding training day which has been organised for October 2016 open to all relevant staff. The aim is to develop initial level 3 training internally at regular intervals.

A new trust training strategy is also being written which clearly identifies what level of safeguarding training staff members require. Training slides are reviewed regularly and updated accordingly. The current training statistics for those trained in safeguarding children are shown in the appendix

3.4.2 Safeguarding Supervision

This is being carried out throughout the Trust taking a variety of formats: group supervision, ad hoc supervision or 1:1 supervision. Peer challenge also takes place once/month and a significant number of staff has been identified as becoming trained on the In Trac 2 day supervision course which is being organised to take place in the Trust in September 2016.

All the named professions in the Trust receive supervision from the designated professionals employed by the CCG.

3.5 Reviewing Child Deaths, Serious Case Reviews (SCR) and SIRIs

From July 2015 to June 2016 Child Death Operating Procedures CDOP were notified of 17 child deaths at the Trust. 11 of the children lived in Surrey and 6 children were out of area. Senior staff has had an update from Noreen Gurner (Surrey CDOP Co-ordinator) in June 2016 in relation to the CDOPs.

Ashford & St. Peter's Hospitals NHS Foundation Trust (ASPH) has contributed to three serious case reviews in the last year with regard to young people who have used our service. There has also been learning events in relation to previous cases.

1. Child EE, FF - Children who were victims of Child Sexual Exploitation (CSE) . The final published SCR have yet to be released and Child EE withdrew consent so this SCR will not be published, although the trust has included recommendations from the case in our action tracker.
2. Child GG – a child who was a victim of CSE. Chronology has been submitted July 2016.
3. Child X - the Trust hosted a review of progress made in April of this year which was very well represented by the SSCB, members of the CCG, community practitioners and a wide range of practitioners from the Trust.
4. Child BB - who died in 2014, a presentation of the interim SCR for took place in June 2016 so that learning could be shared.

There is an on-going SIRI in relation to safeguarding where an infant was discharged from A&E after identification of a femoral fracture.

3.6 Developing and Updating Policies and Procedures

Trust policies that are currently being updated in relation to safeguarding children are: The Missing Persons Policy, The Chaperone Policy and a procedure developed in relation to the Expectations of Staff Nurses Attending Strategy Meetings.

In line with current legislation, The Named Midwife for Safeguarding is developing a policy for staff on "The Management, Prevention and Detection of Female Genital Mutilation (FGM) in Women and Children". This policy is almost completed and will then be ratified and shared with staff. ASPH has a process in place to ensure reporting of FGM concerns is in line with mandatory legislation, which came into force from 31st October 2015. Pocket guides for

healthcare professionals are also being distributed to staff.

3.7 Record Keeping

The quality of medical records is a theme in several of the SCRs within the Trust and from April 2015 all babies born are issued with a set of baby hospital notes.

The introduction of electronic records will significantly improve the storage of and access to records, and will include a safeguarding section if necessary. The Trust's current alert system (Patient Centre) is utilised to place alerts on those children that are subject to a child protection plan or at risk from child sexual exploitation (CSE). This alert system is being discussed to ensure that it will be possible to continue this with the electronic system.

Access to the national Child Protection Information Services (CP-IS) is also being investigated by the team in conjunction with the IT department which would enable staff to access a national list of children identified by social services as being on a child protection plan, a pre-birth plan or who are looked after children.

4.0 PRIORITIES FROM Surrey Safeguarding Children's Board (SSCB)

4.1 Child Sexual Exploitation (CSE)

This is a major priority for the SSCB and also for the Trust. Communication in relation to inter agency working with Child and Adolescent Mental Health Services (CAMHS) and Social Services has proved effective in raising awareness about children who use our services and are victims of CSE. The Trust has a lead CSE Advocate within the Safeguarding Team and the Trust is represented at the Missing and Exploited Children's Conference (MAECC) meetings both within the North East and the North West Social Services departments. Safeguarding supervision and feedback from the Trust's Sexual Health Clinic also coordinates information the Trust has on these children. Pocket guides for CSE have been distributed.

4.2 Domestic Abuse

Following a domestic homicide review, The Named Midwife for Safeguarding and the Adult Safeguarding team are developing a policy for ASPH staff with clear guidance and processes to follow should concerns be raised about potential domestic abuse, the policy will address the needs of patients and staff. Partnership working is in place with the Domestic Abuse key professionals and ASPH are working towards having an IDVA in place in due course.

4.3 Early Help

This area is a focus for community teams as this the most appropriate setting to complete these assessments. Both the community nursing teams and the community neo natal intensive care team complete these assessments as their importance is recognised. The detail of the early help coordinator for social services has been made available to the community teams (appointed 27th June 2016).

4.4 Making sure protection processes work

The team are visible both in the Trust within all the clinical settings, at SSCB meetings and other external agency meetings across Surrey. Weekly psycho-social meetings are organised and attended by members of the safeguarding team, reports are compiled and shared with external agencies, safeguarding supervision and peer reviews are regular occurrences and spreadsheets and records of all patients discussed are maintained. Safeguarding midwives attend meetings on the maternity unit weekly for updates on vulnerable women and babies.

5.0 CQC PROMPTS FOR ACUTE TRUSTS

Are there arrangements in place to safeguard adults and children from abuse that

reflect relevant legislation and local requirements?

ASPH has a fully established team to support child safeguarding who work with divisions and departments to ensure children are safe and identify children who are at risk. The team are engaged with the SSCB and ensure that learning from local and national changes in practice are included in training and implemented in clinical areas. There is an action tracker that includes monitoring of these issues and other priorities.

6.0 KEY ACHIEVEMENTS IN 2015-2016

6.1 HMP Bronzefield

The named midwife for safeguarding and safeguarding support midwife caseload the pregnant women at HMP Bronzefield and provide all antenatal and postnatal care for women and babies up to 28 days following delivery. Care is provided to mothers and babies who have been accepted into the mother and baby unit at the prison. Additionally care is also provided to those women whose babies have been removed from their care who are supported through these challenging times.

A recent CQC inspection at HMP Bronzefield highlighted the Midwifery care that was provided to women in the prison was “gold standard”.

6.2 Training

First Level 3 initial safeguarding training day has been scheduled for Friday 21st October 2016 and is open to all Trust members.

Paediatric consultant peer review monthly review of all CP1 medical forms to ensure leaning and receive feedback from children’s services after referral.

The development of a training strategy for Ashford & St. Peter’s NHS Foundation Trust is currently underway.

6.3 Collaboration

The Paediatric Safeguarding Team has now established 1:1 meetings with Child and Adolescent Mental Health Services (CAMHS), Cygnet Hospital and Blanche Heriot sexual health clinic in order to promote the processes around safeguarding within the Trust.

7.0 CHALLENGES

7.1 Children and Adolescent Mental Health Service (CAMHS)

Young people with mental health problems such as self-harm, including taking overdoses, or mental health concerns relating to exploitation are frequently admitted to the Trust. Safeguarding concerns are identified in many of these young people resulting in a significant workload for the safeguarding children team.

7.2 Looked after Children’s (LAC) Doctor and Nurse

The Trust has not identified named professionals for LAC. Contact has been made with the Designated Nurse and Doctor for Surrey to identify the skills and time commitments required for the roles so that funding can be identified and a gap analysis is being developed.

7.3 Increasing workload

In relation to child protection medicals (CP1) the number completed have increased from the previous year. The work related to each CP1 is significant.

All other referrals such as Information Sharing Forms (ISF) and Multi Agency Referral Forms (MARF) continue to increase in numbers from year to year. Each referral has to be processed within the team.

Attendance at MAECC and preparation for these conferences with the weekly triage feedback has increased the team's workload by an estimated 25-30 hours/month.

There is a perceived increase in workload in relation to the teenage group specifically with CAMHS patients, deliberate self-harm (DSH), Alcohol and substance misuse and children thought to be at risk of CSE.

The Named Midwife for Safeguarding sits on the Mother and Baby Board Unit panel and is required to attend the Mother and Baby Board meetings for all pregnant women that wish to apply for a place at HMP Bronzefield and is required to produce a report for each woman.

Additionally the Named Midwife for Safeguarding is required to attend the Clinical Governance meetings that are held monthly at HMP Bronzefield.

8.0 ACTION PLAN

The actions required in relation to the challenges are included in the Safeguarding Action Tracker

APPENDIX 1

Safeguarding Children's Team Staffing

Shelley Cummings: Professional Lead Safeguarding (Band 8b, 0.5WTE)
Dr. Clare Hill: Named Doctor for Safeguarding Children (3 PA's/week for Safeguarding)
Eileen White: Named Nurse for Safeguarding Children (Band 8a, 1.0 WTE)
Michaela Young: Specialist Safeguarding Supervisor (Band 7, 1.0 WTE)
Sarah Legg: Named Midwife for Safeguarding (Band 8a, 1.0 WTE)
Clare Cochrane: Specialist Safeguarding Midwife (Band 7, 0.8 WTE)
Carolyn Smyth: Administrator (Band 4 0.5 WTE)
Kajal Kara: Administrator (Band 2, 0.5WTE)

APPENDIX 2

Comparison of Types of referral compared to last year

| Timescale | Multi Agency Referral Forms (MARF) | Information Sharing Forms (I.S.F) | Child Protection Forms (CP 1) |
|------------------------|------------------------------------|-----------------------------------|-------------------------------|
| July 2014 to June 2015 | 425 | 975 | 41 |
| July 2015 to June 2016 | 504 | 1,009 | 49 |

APPENDIX 3

Maternity data for Bronzefield Prison

Total appointments July 2015 to December 2015 = 180
Total appointments January 2016 to July 2016 =214
Total appointments=394

APPENDIX 4

Training Figures for Children Safeguarding

| Division | Total | Count compliant | % compliance |
|---|-------|-----------------|--------------|
| 323 Chief Executive Division | 19 | 8 | 42.11% |
| 323 Estates & Facilities | 337 | 230 | 68.25% |
| 323 Finance & Information | 190 | 140 | 73.68% |
| 323 Medicine & Emergency Services | 869 | 631 | 72.61% |
| 323 Operations Division | 20 | 14 | 70.00% |
| 323 Quality Medical Nursing & Midwifery | 62 | 37 | 59.68% |
| 323 Theatres, Anaesthetics, Surgery and Critical Care | 692 | 544 | 78.61% |
| 323 Trauma & Orthopaedics, Diagnostics & Therapies | 682 | 539 | 79.03% |
| 323 Women's Health and Paediatrics | 575 | 477 | 82.96% |
| 323 Workforce & Organisational Development | 102 | 76 | 74.51% |
| TOTAL | 3548 | 2696 | 75.99% |