

Safeguarding Children and Young People's Annual Report

1st April 2014 – 31st March 2015

**Jennifer Daly
Named Nurse**

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Safeguarding Children

Declaration and general statement of compliance on safeguarding children

The Care Quality Commission (CQC) published a report on their review of arrangements in the NHS for safeguarding children (2009). In line with this, the Royal United Hospitals Bath NHS Foundation Trust is committed to keeping safe all children and young people in its care and premises (including the unborn baby). We recognise the duty of the Trust, and of each member of our staff, to safeguard and promote the welfare of children (Children Act 2004), and we will always take action where there are concerns about a child's welfare. The Trust, including its Board, has examined its arrangements for safeguarding children, and can confirm that these are robust, improving, and meet statutory guidelines. The Board of Directors is committed to ensuring practitioners are enabled to act in support of the children and families they work with and to work in partnership with local agencies where we cannot provide this support alone.

Policies: The organisation has approved policies and procedures on how to recognise and refer children (including unborn) safeguarding concerns and ensures all staff have guidance and know how to use them. The policies are consistent with and are referenced to safeguarding children legislation, national policy, guidance and local multi-agency procedures. The Trust has guidance in place to follow up children missing appointments.

Governance: There is a Board Level Executive Director with specific responsibility for safeguarding children. This includes accountability for ensuring the Trust employs robust audit processes, ensuring safeguarding children practices are efficient and effective. The Trust has an identified named (senior) individual to attend its Local Safeguarding Children Board, and has nominated individuals to attend their committees, to promote the welfare of children and young people (including unborn).

The Trust has an identified Named Nurse, Named Doctor and Named Midwife, and specialist nurse and midwife with specific roles and responsibilities for safeguarding children and young people. The Safeguarding Children Team provides support for each other and has arrangements in place for peer review and supervision.

The Trust cooperates with any request from the Local Safeguarding Children Board's to contribute to multi-agency audits, evaluations, investigations and Serious Case Reviews, including the production of individual management reports.

The Trust ensures that they have a system in place for identifying, analysing and referring any complaints which raise safeguarding children concerns. Mechanisms are also in place to ensure policies and procedures are being implemented.

The Trust has appropriate internal assurance in place in relation to safeguarding children which includes an annual report and audit plan. In addition the Trust ensures that information and data on the process, quality and outcome of safeguarding children activities will be supplied within agreed timescales, in an agreed format and monitored to improve practice and outcomes.

The organisation is committed to multi-agency working and contributing through its attendance at its Local Safeguarding Children Board. The Trust ensures that allegations, complaints and concerns about abuse from any source are managed effectively and referred according to local multi-agency procedures; ensuring any lessons learned are implemented.

Recruitment and employment practice: The Trust has a named senior officer for maintaining and monitoring allegations of abuse procedures and has a Raising Concerns (Whistleblowing) Policy. The Trust ensures it has safe recruitment practices in place, meeting legislative and regulatory standards, which includes the statutory requirement with regard to the carrying out of Disclosure and Barring (DBS) and referral to the independent Safeguarding Authority (ISA)

Training: In line with national guidance (Safeguarding Children: Roles and Competencies for Health Care Staff 2014) the organisation ensures that all staff undertake safeguarding children training, appropriate to their role and level of responsibility. It is a mandatory requirement that all staff at the Trust attend safeguarding children training relevant to their role and responsibilities.

1. Introduction

Safeguarding children – the action we take to promote the welfare of children and protect them from harm is everyone’s responsibility. Everyone who comes into contact with children and families has a role to play. Ultimately, effective safeguarding of children can only be achieved by putting children at the centre of the system and by every individual agency playing their full part, working together to meet the needs of our most vulnerable children (Working Together, 2013).

All NHS providers are expected to comply with legislation and statutory guidance, this includes:

- Children Act 1989;
- Children Act 2004;
- Working Together to Safeguard Children 2013;
- Care Quality Commission Registration Requirements Section 3 – Safeguarding and Safety, Standard 7 – Safeguarding Vulnerable People Who Use Services;
- Mental Capacity Act 2007;
- Safeguarding Children & Young People: Roles and Competences for Health Care Staff (Intercollegiate Document 2014).

This report provides an overview of safeguarding children activity undertaken within the Trust between 1st April 2014 and 31st March 2015.

The aim of this report is to provide assurance that safeguarding children activity:

- Meets national and local safeguarding standards;
- Demonstrates a model of continual improvement;
- Highlights existing or potential risk in relation to statutory responsibilities.

2. Governance

Local Safeguarding Children Boards (LSCBs) are the key statutory mechanism for agreeing how organisations will co-operate to safeguard and promote the welfare of children. The Trust is represented at the BANES Safeguarding Children Board by the Executive Lead for Safeguarding, the Director of Nursing and Midwifery or a nominated deputy. Attendance at the BANES LSCB during 2014-2015 was 100%. The Trust is now represented at the Wiltshire Safeguarding Children Board (WSCB).

The Named Nurse represents the Trust at BANES LSCB Serious Case Review Sub-Group, Child Sexual Exploitation and Workforce & Education Sub-Group.

The Director of Nursing and Midwifery is the executive responsible for safeguarding within the Trust; there is a nominated Non- Executive as safeguarding champion. Provider organisations are required to have named professionals in post; the focus of the roles are to provide assurance that the Trust meets national and local safeguarding standards, ensure delivery of the work plan, deliver strategic objectives, while providing professional leadership and expert advice to staff.

Children and Young People’s Safeguarding Committee

The Children and Young People’s Safeguarding Committee is chaired by the Director of Nursing and Midwifery. The Committee ensures the Trust has a robust framework in place for providing an environment, working practice and suitable skilled workforce, that will be safe for children and young people. The Committee also ensures procedures are in place

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that will ensure appropriate actions are taken if any member of staff has concerns about the welfare of a child or young person.

The terms of reference of the Committee were revised in April 2014; membership now includes Head of Nursing and Midwifery, and Named Midwife.

Safeguarding Children Lead Practitioner Network

The Safeguarding Children Lead Practitioner Network meets quarterly. The Network is chaired by the Named Nurse; membership consists of 17 professionals from a number of specialities across the Trust. The network supports the delivery of the safeguarding children work plan, disseminates key learning from cases, incidents and audits, and supports the development of safeguarding leadership within services. Agendas and minutes are noted at the Children and Young People’s Safeguarding Committee.

Safeguarding Children Team

The Safeguarding Children Team, which was established in December 2013 to provide a single point of contact for safeguarding children enquires, has expanded. The team includes a Named Doctor, Named Midwife, part-time Specialist Support Midwife, part-time Safeguarding Nurse, part time administrator and a Named Nurse who manages the team. In May 2015 the safeguarding children and safeguarding adults team will collocate within the organisation, creating a Trust safeguarding team providing a single point of contact for all safeguarding enquires.

3. CQC Children Looked After and Safeguarding Review

In June 2014, the Trust was involved in a BANES CQC Children Looked After and Safeguarding Review (CLAS). The review was a targeted review of how well local health services identify, help, protect and provide child-centred care and to ensure that children’s health needs are effectively met. The final report was published in September 2014; recommendations from the review stated the Trust should:

- In partnership with Wiltshire CCG, ensure that a high standard of case recording practice is maintained in the midwifery service and that all key plans and documents are held on the case record;
- Ensure that safeguarding referrals made to children's social care articulate the risks to the child or young person clearly; facilitating effective decision making that ensures the child is safeguarded and well supported;
- Ensure that there is an effective policy and protocols in place at the acute hospital to reduce the risk of children and young people going missing or absconding; this should be in line with the LSCB multi-agency policy;
- Ensure that where children with complex needs may be seen by different consultants or different hospital services that appointments are co-ordinated whenever possible and that medical information about the child is secured promptly within the hospital information system.
- In partnership with Wiltshire CCG ensure that all midwives undertake comprehensive training commensurate with their roles and responsibilities; this should include multi agency Level 3 safeguarding training in line with statutory and intercollegiate guidance;
- In partnership with Wiltshire CCG, ensure that all midwives are well supported in their role through the provision of regular, planned and recorded supervision as set out in statutory guidance;

- Ensure that staff in the emergency and paediatric departments are well supported through the provision of robust safeguarding supervision arrangements in line with statutory guidance.

A CQC CLAS review action plan has been developed; actions are monitored internally at the Children and Young People's Safeguarding Committee and externally by BANES CCG.

4. Training

The CQC Quality Inspection in February 2014 and CQC CLAS review in June 2014 identified safeguarding children training as an area for improvement; training had previously been identified as an area for improvement during the CQC Inspections in 2012 and 2014.

Table 1 shows training figures for 2013/14: during the period significant improvements were made to increase access to Level 3 training for staff, which resulted in a significant improvement in compliance.

(Table 1)

Subject	Compliance requirement	Q1	Q2	Q3	Q4
Safeguarding Children Level 1	90%	83.3%	83.1%	83.6%	85.9%
Safeguarding Children Level 2	90%	51.4%	50.3%	54.9%	54.3%
Safeguarding Children Level 3	90%	19.9%	19.8%	51.1%	61.7%

Table 2 show Q1 figures 2014/15: figures show an increase in Level 3 compliance and an improvement in Level 2 compliance.

(Table 2, Q1)

Subject	Total Staff	Staff Trained	Compliance
Safeguarding Children Level 1	4593	4079	88.8%
Safeguarding Children Level 2	638	399	62.5%
Safeguarding Children Level 3	294	218	74.1%

In March 2014 the Royal College of Child Health & Paediatrics (RCCHP) published the Safeguarding Children Intercollegiate Document. The Intercollegiate Document stated what safeguarding children training healthcare organisations' staff are required to complete.

To ensure all the requirements were met the Safeguarding Children's Training Matrix was reviewed; the revised training matrix was then presented and agreed at the Mandatory Training Panel in May 2014. In July 2014 changes were made to individual staff profiles on STAR, the internal mandatory training monitoring system. In July 2014 Maternity Services training information was added to STAR for the first time.

Table 3 shows the increase in the number of staff required to complete training in July 2014.

(Table 3)

Level of training	Number of staff required to complete training prior to July 2014	Number of staff required to complete training after July 2014
Level 1	4,593	5022
Level 2	638	3458
Level 3	294	640

Table 4 shows Q2 figures: figures show as a significant decrease in Level 2 and Level 3 training compliance.

(Table 4, Q2)

Subject	Total Staff	Staff Trained	Compliance
Safeguarding Children Level 1	5022	4388	87.4%
Safeguarding Children Level 2	3458	953	27.6%
Safeguarding Children Level 3	640	326	50.9%

Table 5 shows Q3 figures: figures show compliance improving.

(Table 5, Q3)

Subject	Total Staff	Staff Trained	Compliance
Safeguarding Children Level 1	5078	4544	89.5%
Safeguarding Children Level 2	3480	1303	37.4%
Safeguarding Children Level 3	606	333	55.0%

Table 6 show Q4 figures: figures show compliance continuing to improve.

(Table 6, Q4) 2015

Subject	Total Staff	Staff Trained	Compliance
Safeguarding Children Level 1	5063	4534	89.6%
Safeguarding Children Level 2	3451	1626	47.1%
Safeguarding Children Level 3	591	381	64.5%

Table 7 shows Q4 Level 3 compliance figures by department, for 2013/14 and 2014/15.

(Table 7, Q4) Level 3 training compliance by department

Department	Total Staff 2014/15	Staff Trained 2014/15	% Compliance 2013/14	% Compliance 2014/15
Nursing Staff ED	111	97	47.1	86.6
Medical Staff ED	22	13	23.8	59.1
Trauma & Orthopaedics	12	11	-	91.7
GU Medicine & HIV Service	11	9	100.0	81.8
Radiology	1	1	100.0	100.0

Department	Total Staff 2014/15	Staff Trained 2014/15	% Compliance 2013/14	% Compliance 2014/15
Medical Staff Paediatrics	27	22	77.0	81.5
Newborn Intensive Care Unit	58	50	70.3	86.2
Paediatric Ward	65	56	69.0	86.2
Paediatric Therapy Services	19	17	100.0	89.5
Paediatric Research Nurse	1	1	100.0	100.0
Specialist Paediatric Nurses	6	6	100.0	100.0
Gynaecology Services	23	9	-	39.1
Maternity Services	195	92	-	47.2

In January 2015 a safeguarding children's training trajectory and delivery options paper was presented to the Children & Young People's Safeguarding Committee. The paper set out trajectory options for 12 months and 24 months to achieve 90% compliance. The paper also identified training delivery options with benefits and risks to achieve compliance.

The Committee agreed a 24 month period for achieving Level 2 compliance. To increase access to training, a bespoke interactive e learning package and face to face training package have been developed. Additional resource from within the organisation has been identified to support the delivery of Level 2 training.

The Committee agreed a 12 month period for achieving Level 3 compliance. The Committee also agreed that because there was insufficient capacity available on LSCB courses to meet demand, that an external trainer should be commissioned to deliver Level 3 training within the organisation. A trainer has been commissioned and dates agreed for training to be delivered between May and November 2015. Maternity services, gynaecology services and ED medical staff are to be given priority to attend training.

The Named Nurse also agreed increased access to BANES LSCB specialist Level 3 courses for staff that require a Level 3 update.

The Named Midwife has developed a Level 3 update training package which is delivered as part of mandatory training within the service. The Named Nurse plans to develop a Level 3 half-day update training package that will also be provided internally.

Safeguarding children training compliance remains an area for significant improvement. Safeguarding children Level 2 and Level 3 training compliance remains on the Risk Register.

5. Safeguarding Supervision

The implementation of safeguarding supervision was identified as an area for improvement during the CQC Safeguarding Inspection in January 2012 and the CQC CLAS review in June 2014.

Completion of the safeguarding supervision audit remained an outstanding action from the CQC Safeguarding Inspection in January 2012. In July 2013 it was agreed with BANES CCG that the safeguarding supervision audit would be completed in September 2014, as it was recognised that a number of staff would need to be trained to provide safeguarding supervision. Supervision implemented before the audit was completed.

Safeguarding supervision is being implemented; 16 members of staff have now attended safeguarding supervision training and an additional 15 staff are to be trained in June 2015. The Named Nurse has established a programme of quarterly 1-1 supervision for the safeguarding lead nurse within the:

- Emergency Department;
- Paediatric ward;
- Neonatal Intensive Care Unit;
- Paediatric Therapy Service;
- Paediatric Diabetes Service;
- Genito Urinary Medicine & HIV Service; and
- Neonatal intensive care Unit Outreach Team.

The safeguarding supervision model for maternity services has been developed and agreed at the Children & Young People's Safeguarding Committee in January 2015; the Named Midwife is leading the implementation of supervision within the service supported by the Specialist Support Midwife.

In September 2014 the safeguarding supervision audit was completed. The audit report provided evidence that supervision was being implemented; however, some departments were finding it more challenging than others to embed supervision within the service area. An action plan has been developed and actions are monitored at the Children & Young People's Safeguarding Committee; the supervision audit will be repeated in September 2015.

The Safeguarding Supervision Implementation group continues to meet to provide support for supervisors.

Implementation of supervision remains a challenge, therefore safeguarding supervision remains on the Trust risk register.

6. Policies

During the period the Child Protection Policy and Recruitment & Selection Policy have been amended to maintain compliance with new legislation and guidance. The Domestic Abuse Policy, Disclosure & Barring Scheme Policy and Section 85 Children's Act Notification Policy have been ratified and published.

7. Audits

Section 11 Audits

Two Section 11 Audits have been completed: Wiltshire Safeguarding Children Board Section 11 Audit and BANES Safeguarding Children Board Themed Section 11 Audit. Areas identified for improvement included access to supervision, training compliance and amendments to some safeguarding children policies. Actions identified have been incorporated into the combined safeguarding action plan, which is monitored by the Children & Young People's Safeguarding Committee.

Safeguarding Children Audits 2014/15

Safeguarding children audits are included in the Trust Clinical Audit Programme 2014/15 Audits:

- DNA Re Audit;
- Safeguarding Documentation Audit (RUH and Sirona Care & Health);
- Maternity Safeguarding Record Keeping Audit;

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- Maternity Services Vulnerable Women’s Audit;
- Emergency Department Child Protection Referral Form Audit;
- Children’s Social Care Referral Form Audit.

Audit reports and action plans are presented at the Children and Young People’s Safeguarding Committee.

8. Serious Case Reviews (SCR)

The Trust has been involved in the WSCB, Social Care Institute for Excellence (SCIE) Review. The SCIE review is a new multi-agency approach to reviewing cases where there have been serious safeguarding concerns about a case, but the case has not met the SCR threshold. Maternity and Neonatal Intensive Care Unit staff were involved in the review alongside partner agencies. A draft action plan has been developed and will be presented at the Children & Young People’s Safeguarding Committee in May 2015.

In March 2015 Wiltshire Safeguarding Childrens Board (WSCB) requested summary information related to two cases; maternity services were involved in both cases. Summaries have been completed and submitted to WSCB SCR Sub Group for consideration.

All outstanding actions from previous SCRs have been completed except for one, an action related to implementation of supervision which remains open.

9. Serious Incidents

During the period two serious incidents have been reported. One incident related to the implementation of a new IT process to support staff make referrals to children’s social care; the Route Cause Analysis Report was approved at the Operational Governance Committee in October 2014.

The second incident related to a maternity services safeguarding issue; the Route Cause Analysis Report is to be presented at the Children and Young People’s Safeguarding Committee in May 2015.

10. Allegations Against Staff

There have been no allegations against staff during the period.

11. Safer Recruitment

The Recruitment and Selection Policy and the Child Protection Policy have been amended to incorporate safer recruitment requirements.

The Disclosure and Barring Policy has been ratified and published; the policy sets out the requirements of the Trust on checks of criminal records obtained through the Disclosure and Barring Service (DBS).

12. Organisational Risks

There are two risks in relation to safeguarding children on the Trust risk register, each is clearly defined with controls and action plans in place to reduce risk. Risks that remain open are related to safeguarding children training Level 2 and Level 3 compliance, and implementation of safeguarding supervision. Actions related to the risks are reviewed at the Children and Young People’s Safeguarding Committee.

13. Actions Taken Following Jimmy Savile Reviews

A Savile Task and Finish Steering Group was established in November 2014 to review lessons learned from the investigation reports into offences committed by Jimmy Savile in NHS hospitals and to strengthen safeguarding arrangements in the Trust. The group has representation from all Divisions, Estates, Human Resources, Safeguarding Teams and Security. Two work streams have been initiated focusing on:

- who has access to the hospital and a focus on volunteers;
- permission to challenge; how staff challenge people who are in the hospital and wider areas in estates.

There are areas of work that will overarch the two work streams; policy review, training and communications. An update report is to be presented at Trust Board in June 2015.

14. Achievements 2014/2015

- Increased capacity of the Safeguarding Children Team to ensure that the organisation meets its responsibility to safeguard/protect unborn babies/children.
- Revised safeguarding children training matrix to incorporate all RCCHP Intercollegiate Document (2014) requirements.
- Improved safeguarding children training compliance
- Developed safeguarding children Level 2 training packages.
- Developed maternity service Level 3 update package.
- Implemented 1-1 and group safeguarding supervision within specific services.
- Completed safeguarding supervision audit.
- Completed safeguarding children's audits.
- Established Maternity Combined Mental Health Clinic in Wiltshire.
- Reviewed lessons learned from the investigation reports into offences committed by Jimmy Savile in NHS hospitals, to strengthen safeguarding arrangements in the Trust.
- Established Maternity Safeguarding Link Workers network.
- Completed all outstanding actions from the 2012 CQC Safeguarding Inspection, SCR case H and IMR case JD.
- Trust now represented at Wiltshire's Safeguarding Children's Board.
- Revised Child Protection Policy and Recruitment and Selection Policy.
- Completed and published:
 - Domestic Abuse Policy
 - Disclosure and Barring Policy
 - Section 85 Children's Act Notification Policy.
- Established communication process between RUH and local authorities' administration teams.
- Developed RUH safeguarding children webpage.

15. Objectives for 2015/16

- Promote Awareness of Safeguarding Children Team within Trust amongst adult led services.
- Ensure all actions from the CQC CLAS review are completed.
- Ensure all actions identified in Section 11 Audits are completed.
- Ensure all actions from SCIE review are completed.
- Complete Safeguarding Children and Adults Safeguarding Training Strategy.
- Complete RUH Level 3 update package and confirm delivery schedule.
- Lead implementation of Independent Domestic Abuse Advisor project within Trust.

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- Establish Maternity Safeguarding Committee.
- Revise Child Protection Policy ensuring compliant with Working Together 2015.
- Develop and publish:
 - Domestic Abuse Affecting Staff Policy;
 - DNA Policy for children;
 - Female Genitalia Mutilation Policy;
 - Maternal Mental Health Policy;
 - Substance Abuse in Pregnancy Policy.
- Train additional 15 safeguarding supervisors to facilitate group safeguarding supervision.
- Develop KPIs scorecard to support internal and external monitoring/reporting.
- Establish PREVENT training programme in conjunction with adult safeguarding team.
- Continue to develop RUH safeguarding children webpage.
- Continue to implement lessons learned from the investigation reports into offences committed by Jimmy Savile in NHS hospitals, to strengthen safeguarding arrangements in the Trust.

16. Concluding Comments

This report has concentrated on the key safeguarding activity improvements and risks within the organisation. Whilst it has provided an opportunity to capture key activity it is by no means a full report of achievements of the Safeguarding children Team and others in the organisation. It is appropriate to acknowledge the achievements of the Safeguarding Children Team, the Safeguarding Children Lead Practitioner Network, the support of the Executive Lead for Safeguarding, the safeguarding activities of staff and the very positive direction of travel.

References

Intercollegiate Document: *Safeguarding Children and Young People, Roles and Competences for Health Care Staff*, London RCPCH, 2014

Working together to Safeguard Children, London, DSCF, 2013

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