

Public Board: 26th July 2012

Title of Paper: Safeguarding Children Annual Report

Presented by: Natalie Forrest – Director of Nursing

Purpose

The purpose of this Annual Report is to provide an overview of Safeguarding Children activity across the Trust in the last 12 months. This report sets out the work carried out by West Hertfordshire Hospitals NHS trust Safeguarding Children Team. In addition this report will provide assurance to the Board that the Trust meets its statutory responsibilities in relation to Safeguarding Children.

Background

Safeguarding Children is governed by a range of legal and regulatory requirements including: “Working Together to Safeguard Children” (2010); the Care Quality Commission Essential Standard of Quality and Safety Outcome 7 and “Getting the Right Start”, the National Service Framework for Children for Hospital Services (standard 7). Since the last report the Safeguarding children agenda continues to have a high profile with particular focus on processes and policies. The recommendations from the Munro Review of Child Protection in England (2011) are currently being processed through Government. The key document “Working Together to Safeguard Children (2010), which sets out how individuals and organisations should work together to effectively safeguard in accordance with the Children Act 2004, is under consultation from key stake holders. It is anticipated that this will have a significant impact on local and national policy and practice.

Statutory requirements for monitoring

The National Service framework for Children and Maternity Services (NSF) incorporates the statutory duties within its core standard, standard 5 relates to safeguarding children.

The requirement of Acute Trusts to safeguard and promote the welfare of children as set out in section 11 of the Children Act 2004 and Working Together (2010) are monitored by the Care Quality commission (CQC) and included within core standard outcome number 7.

Workforce

In line with Section 11 of the Children Act 2004 the Trust has named professionals in post, these are:

Named Doctor for Safeguarding Children
Named Nurse for Safeguarding Children
Named Midwife for Safeguarding Children

These roles are supported by 2 (1 WTE) experienced Safeguarding Children Nurses based at Watford General Hospital and effective safeguarding children practice is well established across the Trust.

Assurance

Ultimately the Trust board requires assurance that the Trust is fulfilling its obligations to make arrangements to safeguard and promote the welfare of children.

The Trust has an established Safeguarding Children Committee chaired by the Director of Nursing. A core action plan based on strategic safeguarding aims for the Trust has been developed. Over the last 12 months the vast majority of the targets set have been achieved. The committee expects to see continued progress against the action plan for 2012-13 and will ensure that safeguarding children work continues to be both proactive and progressive. The action plan is closely monitored at each quarterly meeting. The Committee aims to ensure the Trust is aware of relevant changes within National Policy and to regularly review our policies and procedures in line with recommendations and guidance. The action plan can be viewed via the Trust Safeguarding Children intranet site:

http://wghintra01/nursingandmidwifery/safeguarding/children/action_plan.asp

The Safeguarding Children Link Nurses Group is established as a sub-group to support the Safeguarding Children Committee. This group is chaired by the Named Nurse and has cross divisional membership to ensure that systems and procedures are in place to safeguard children in non paediatric areas such as the adult wards.

External reporting occurs at several levels. The Designated Nurse for Safeguarding Children NHS Hertfordshire carries out bi-monthly Section 11 visits. NHS Hertfordshire have recently introduced safeguarding quality indicators in line with Section 11 of the Children Act. The Named Nurse Safeguarding Children attends NHS Hertfordshire Whole Systems Safeguarding meetings and presents updates/reports as required. Compliance and exception reports are supplied to the Trust as part of the CQC Essential Standards (outcome 7). Safeguarding Children is also a standing item at the region Director's of Nursing meetings.

In March 2012 NHS Midlands and East "Enable East" reviewed the safeguarding children and young people arrangements (Intensive Support Team visit). The review was hosted by NHS Hertfordshire. Over all Safeguarding arrangements across Hertfordshire were found to be robust and there were no specific actions for the Trust.

In March 2012 the topic of the Hertfordshire Scrutiny Committee, on behalf of Hertfordshire County Council, was "Security on Maternity Wards". The purpose of the scrutiny was to establish how well maternity services are working with other agencies to identify and address risk to unborn babies and neonates, with particular focus on outcomes for babies at risk of significant harm. No particular concerns were identified by the committee although it was recommended that administrative support for the safeguarding team should be established. An action plan addressing the recommendations has been devised and is monitored by the Safeguarding Children Committee.

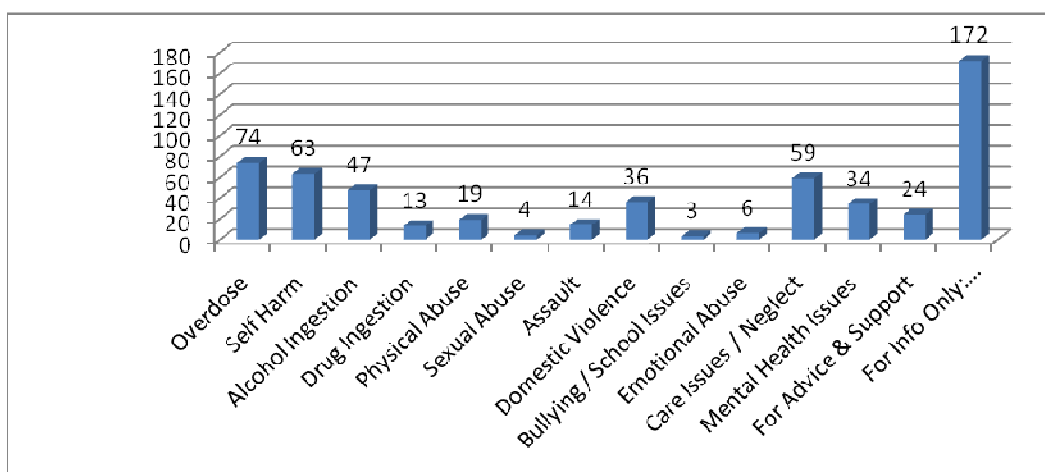
KEY ACHIEVEMENTS

Over the past year safeguarding children work within the Trust has remained demanding. Safeguarding continues to have a high profile within the Trust, and there is on going work to develop staff awareness.

An unannounced CQC visit took place in paediatrics following a complaint from a parent. No specific actions were identified and the safeguarding children arrangements were verbally described as "impressive".

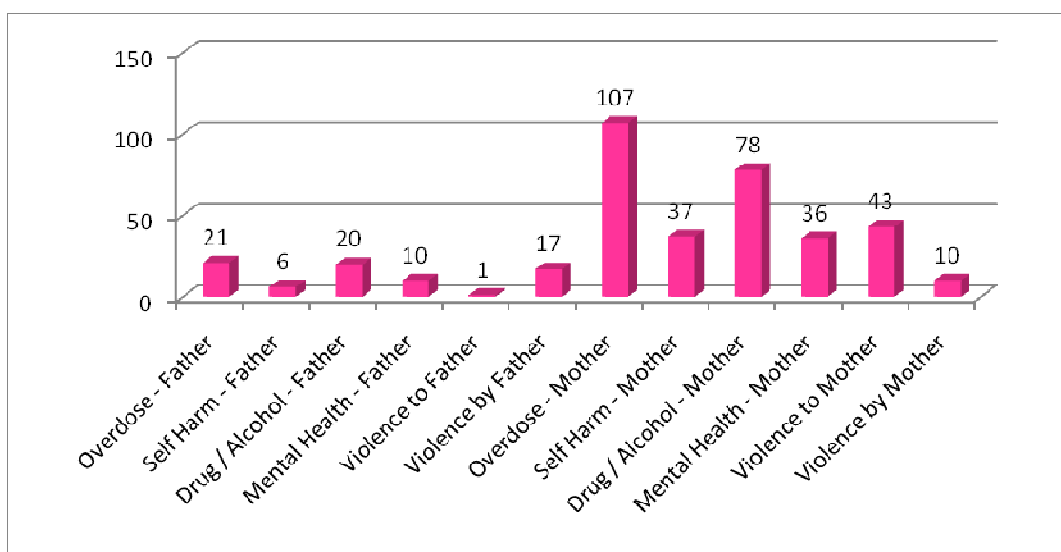
This is further supported by the high level of safeguarding activity across the Trust. An average of 25 referrals to Children, Schools and Families are made, per week, from Watford General Hospital and an average of 5 per week is made from Hemel Hempstead Urgent Care Centre.

Graph 1 depicts the total number of referrals (**954**) for the under 16's made at Watford General Hospital during the last 12 months. The number of children presenting with self harm has increased by 54% in the last year.



Graph 1 under 16's referrals by type

Graph 2 depicts the total number of referrals made regarding the adult patient over the last 12 months. There have been significant increases in some areas, for example the number of referrals concerning maternal drug and alcohol abuse has risen by 59%, paternal overdose has risen by 91% and paternal self harm by 100%.



Graph 2 referrals for parental issues

A significant number of referrals are originating from the main Accident and Emergency department (40%). This is an increase of 21% over the last 12 months and demonstrates that staff are recognising parental issues which may put children at risk.

In areas outside unscheduled care there is a reliance on discussion with members of the Safeguarding Children Team to ensure a consistency of approach. Work continues to raise awareness of safeguarding children in non paediatric areas including the roll out of level 1 safeguarding children for all staff, including those with no clinical role.

Safeguarding Children Audit Strategy

The Safeguarding Children Audit Strategy 2011 -2013 has been agreed by the Safeguarding Children Committee. This will ensure audits are in line with the WHHT Clinical Audit Strategy and that the audit cycle is completed. The strategy provides a rolling programme of essential audits for areas that have direct contact with children, including the maternity department.

The Trust is actively involved with Hertfordshire Safeguarding Children Board (HSCB) audits.

The following audits have been completed:

- Safeguarding Children record keeping audit
- Audit of the single fracture guidelines for children under 18 months of age
- Audit of the standard of written referrals to children Schools and Families
- HSCB audit children with disabilities
- HSCB audit babies with non-accidental injuries

Safeguarding Children Training

Significant progress has been made in safeguarding children training compliance since the last report. The Trust has adopted the Intercollegiate Document as a framework to deliver and record training. The Competency Framework tiers training into six levels based on the complexity and its target audience. The Trust is training staff up to level 3 and this is appropriate. The level of training required by each staff group is clearly indicated in the guidance:

Level 1: Non – clinical staff working in health care settings, this include Board members

Level 2: Minimum level required for clinical staff who have some degree of contact with children and young people and/or parents/carers

Level 3: Clinical staff working with children and or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a young child or young person and parenting capacity where there are safeguarding/child protection concerns (Intercollegiate Document 2010).

All staff now receive mandatory safeguarding training at the appropriate level and this is accurately recorded as follows:

Safeguarding Children Training level 1 Compliance = **64% (May 2012)**

Safeguarding Children Training level 2 Compliance = **74% (May 2012)**. This represents a 50% improvement in the number of staff trained at level 2 over the last 12 months. All clinical staff now receive level 2 as part of corporate induction.

Compliance for Level 3 Safeguarding Children Training is **51% (May 2012)** compliance is lower than previously recorded as the scope of attendees been widened to include maternity, accident & emergency and sexual health staff. A training programme is in place to address this. Within this group over 90% of the paediatric staff have received level 3 training.

An effective level 1 e-learning module has been designed with the assistance of an external IT consultant. Level 2 is also available via e-learning, it is anticipated that this module will be improved over the coming months once funding has been agreed by the training department. All mandatory safeguarding children training is linked to the staff record which allows accurate monitoring of compliance.

A robust and effective safeguarding children training strategy is in place to ensure continued compliance. The Trust can expect to reach a minimum target of 80% compliance with all 3 levels by the end of this year.

Safeguarding Intranet Site

The safeguarding Intranet site has been available to staff since October 2011. The site has been designed to support staff in safeguarding children and vulnerable adults and contains a wealth of information. This has been a highly successful project with excellent feedback from staff, particularly those working in areas of complexity such as sexual health.

Criminal Records Bureau Checks (CRBs)

The Trust has a Recruitment and Selection Procedure in place which includes a CRB check on commencement of employment for all staff working directly with patients, in line with NHS regulations. An enhanced check is carried out for staff that have regular contact with children (the procedure defines regular as more than 50% of their role). Since the last report the Safeguarding Children Committee have worked in conjunction with Human Resources to ensure staff employed prior to 2002 are appropriately CRB checked. A phased approach was adopted to ensure staff that have direct contact with children were checked first. The second phase, which includes maternity staff is almost complete. Human Resources are currently seeking approval to undertake phase 3 of the project. The Board is asked to continue to support this important initiative.

The Trust does not currently have a 3 year re-check policy. Changes to the CRB process are anticipated in 2013 and this may have an impact on the current requirement for 3 year re-checks.

Serious Case Reviews

A Serious Case Review is undertaken whenever a child dies or is seriously harmed and abuse or neglect were a contributory factor. No Serious Case Reviews involving the Trust have been instigated by Hertfordshire Safeguarding Children Board over the last 12 months. A Partnership Case Review has been carried out following the unexpected death of a disabled child at home. Although the Trust contributed to the review as the child had accessed services provided by the Trust there were no specific areas of concern highlighted for the Trust. The final report and action plan is expected in the near future.

Key challenges

Increased Safeguarding Activity

There has been a 20% increase in the number of referrals to children schools and families made by the adult Accident and Emergency department. Although this represents good practice and effective training, there is a significant increase in workload for the safeguarding children team. It is anticipated that this number will continue to rise due to a variation of factors including the current economic climate. The risks around this could be mitigated by dedicated administrative support for the safeguarding team.

Clinical Commissioning Groups

There are nationally identified risks in relation to safeguarding and the transition period to Clinical commissioning Groups (CCG). The current level of understanding of the statutory commissioning and provider roles in relation to safeguarding is underdeveloped. With this in mind it is essential that safeguarding processes and procedures across the Trust continue to be robust and effective.

Conclusion and Recommendation

This report has identified that there are safe and effective procedures in place to safeguard children and young people who access services across the Trust. This is supported by a

proactive and responsive annual work plan endorsed and monitored by the Safeguarding Children Committee.

Key challenges remain and the Board is asked to note and discuss the ongoing commitment to provide appropriate training to staff and volunteers across the organisation.

The Board is asked to note the report, endorse the self-assessment, and approve the work plan 2012 -13.

**Natalie Forrest.
Director of Nursing**