

Safeguarding Children Annual Report

For: Information

Summary: The annual report for safeguarding children enables the Board to review the activity across the Trust in relation to the Boards Statutory compliance with section 11 of the Children Act (2004)

Action: The Board is asked to receive annual report

Presented by: Sally Brittain, Deputy Chief Nurse

Author: Vicky Abbott, Named Nurse for Safeguarding Children

Notes:

Trust objective: Please list number and statement this paper relates to.
Safe high quality care

Legal: What are the legal considerations and implications linked to this item? Please name relevant act
Children Act 2004 (section 11)

Regulation: What aspect of regulation applies and what are the outcome implications? This applies to any regulatory body – key regulators include: Care Quality Commission, MHRA, NPSA & Audit Commission
CQC, LSCB, Ofsted

Reviewed & Approved by Management Board	Date:
Reviewed & Approved by the Safety & Quality Committee	Date:

Safeguarding Children Annual Report

Date	August 2013
Author	Vicky Abbott (Named nurse For Safeguarding Children)
Department	Corporate
Audience	Trust Board Members

1.0 Introduction

1.1 This annual report demonstrates to the Trust Board how we as an organisation are discharging our statutory duties in relation to safeguarding children under section 11 of the Children Act (2004).

1.2 All hospital staff have a statutory responsibility to safeguard and protect the children and families who access our care. Safeguarding and promoting the welfare of children is defined as:

- Protecting children from maltreatment
 - Preventing impairment of children's health or development
 - Ensuring children grow up in circumstances consistent with the provision of safe and effective care
 - Taking action to enable all children to have the best outcomes
- (Working Together 2013)

1.3 During 2012/13 the Safeguarding Children Team continued to be involved in a number of activities. These ranged from child protection conferences, child death reviews, strategy meetings with police and social services, training, external and internal safeguarding meetings and supervision alongside daily management of child protection and safeguarding cases throughout the hospital. The Named Nurse for Safeguarding Children has also provided support to the Vulnerable Adults Team.

1.4 Additional Challenges for the Safeguarding team in 2012/13:

- There is an ever increasing number of patients attending the emergency department, and with that the potential increase of those who require input from the safeguarding children team. By comparison Jan – July 2012 to the same months in 2013 there was a 5.34% increase in paediatric ED attendances. Adults who attend with issues which may affect the family are also highlighted to the safeguarding children team.
- Increased number of staff in key areas such as maternity, requiring the appropriate levels of training

2.0 The Safeguarding Children Team

2.1 The Children Act (2004) places a requirement on each acute Trust to appoint Named professionals to take the professional lead on children and young people safeguarding matters within the Trust, and to advise all staff employed by the Trust on awareness and processes related to safeguarding children.

2.2 The Safeguarding Children Professionals at East Surrey Hospital for 2013 are:

- Vicky Abbott Named Nurse for Safeguarding Children*
- Janice Blythman Named Midwife for Safeguarding Children
- Majeed Jawad Named Doctor for Safeguarding Children*
- Juliette Williams Safeguarding Children Facilitator
- Maureen Royds-Jones Specialist Midwife for Safeguarding Children
- Laura Lewis Clerical Assistant to Safeguarding Team

*Vicky Abbott will commence maternity leave in September 2013, her post will be covered by Sally Stimpson who is being seconded from her current position as paediatric ENP in the Emergency Department.

**In September 2013 we will have a new Named Doctor for Safeguarding Children; Yekta Dymond.

The Executive Lead for Safeguarding Children is the Chief Nurse, Sally Brittain, Deputy Chief Nurse is Operational Lead

3.0 Designated Doctor and Nurse

3.1 The Designated Professionals for Surrey CCGs and Sussex CCGs provide supervision for the Trust's Named Nurse, Midwife and Doctor. Each of the latter meets with the designated person for supervisory sessions and personal review.

The designated professionals for Surrey and Sussex NHS Trust (SaSH) are:

Designated Doctor

Surrey	Dr Ayomi Kariyawasam
Sussex	Dr Jo Crane

Designated Consultant Nurse

Surrey	Amanda Boodhoo
Sussex	Lorraine Smith

3.2 The safeguarding team continue to work closely with key staff at SaSH

- Joanne Farrell Matron for Children and Young People
- Ingrid Marsden Ward Manager Neonatal Unit
- Lucie Gamman Senior Paediatric ED Sister
- Fiona Crimmins Vulnerable Adults Lead

4.0 Safeguarding Referrals from East Surrey Hospital

- 4.1 Any member of Staff within the hospital can raise a concern about a child or family with the safeguarding team. There continues to be a two tier referral system used, through which staff can raise their concerns:
- An Information Sharing form / Special issues form (used in maternity) – for low level risk, generally within health
 - Referral directly to social care via a multi agency referral form
(All relevant forms are available on the Trust Intranet)

Staff receive guidance and training during their annual statutory and mandatory update on which families require safeguarding paperwork to be completed and how to complete the paperwork correctly.

All referrals are discussed in detail at Weekly Safeguarding Meetings and these referrals are recorded into a database. The Weekly meetings are currently held within the Neonatal Unit, ED and Outwood / Child Assessment Unit.

The majority of referrals continue to be generated through the Emergency Department.

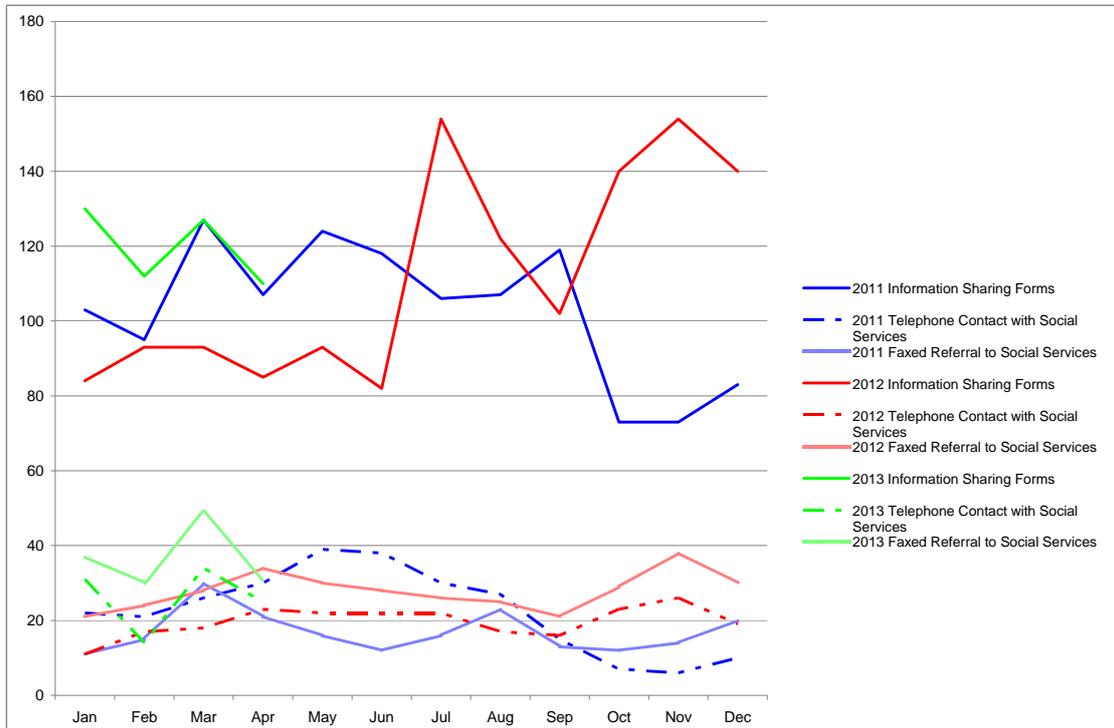
The Emergency Department have started to complete their referrals electronically which has been welcomed by our colleagues in Social Care, Health Visitor and School Nurse teams across Surrey and Sussex. The plan is to roll the electronic referral process across other paediatric areas by the end of 2013. The electronic forms are currently available to all staff via the intranet pages.

- 4.2 The graphs on the next pages give details of the number of forms generated for patients attending from either Surrey or Sussex. Forms received for families who live 'out of area' are logged in the Surrey database and so will make up a small number of the Surrey figures overall.

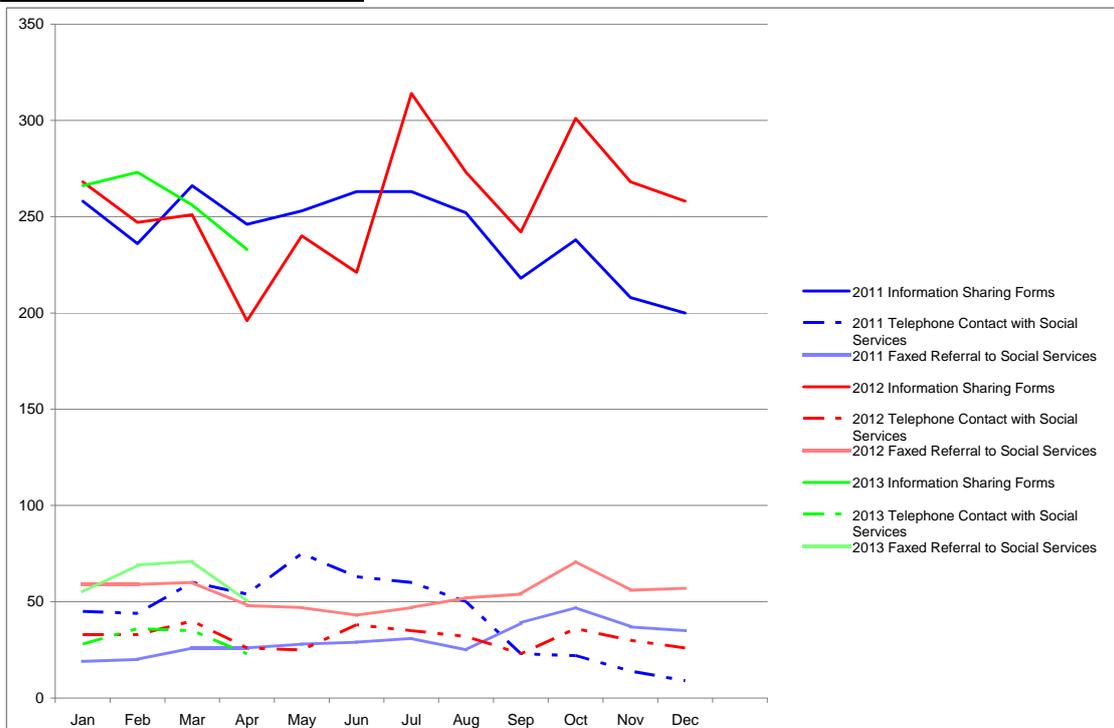
The total number of Information Sharing Forms completed by the hospital in 2012 was 4515; in addition we sent 983 referrals to social services regarding vulnerable children and families. 248 of the forms received in the safeguarding office related to adult patients who had attended the hospital and concerns were raised regarding their parenting capacity.

There is an overall increase in reporting activity between the first four months of 2012 and the first four months of 2013 of 16%. When comparing figures for the entire year 2011 to the entire year 2012 we saw a 27% overall increase in reporting activity by the Trust.

Sussex Safeguarding Referrals, showing trends in referrals for 2011, 2012 and the first part of 2013



Surrey Safeguarding Referrals, showing trends in referrals for 2011, 2012 and the first part of 2013



4.3 Identifying and referring vulnerable children and families is a key role of all hospital staff both clinical and non clinical in all areas of the hospital. This ensures that vulnerable children do not pass through the hospital undetected and we as an organisation do not fail in our statutory duty to share our concerns. Training is essential to continue to raise staff awareness and enable staff to recognise when a child may be being abused and ensure that the relevant information is shared appropriately and timely. At the start of 2012 the Safeguarding Team devised criteria to assist staff in identifying which children and families require referrals. The criteria has been rolled out within Paediatric ED, Outwood ward, Child Assessment Unit and the Neonatal Unit, all departments have found them extremely useful. Maternity will be implementing similar criteria to assist staff in the coming months. The criteria are available to all staff via: <http://intranet.sash.nhs.uk/departments-directory/child-protection/policies-and-procedures/>

4.4 Safeguarding Referral figures for Maternity



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5.0 Safeguarding Children Training

Explanation of the different levels of training as set out in the Intercollegiate Document (RCPCH 2010)

Course	Trust Frequency	Government Recommendation
Child Protection Level 1, required for all Trust Staff, both clinical and non clinical	Annual	Refresher every 3 yrs
Child Protection Level 2, required for all staff with access to patients, both paediatric and adult	Annual	3 yr update
Child Protection Level 3, required by those staff working in key paediatric areas eg maternity, paediatric ward and paediatric ED	3 yearly session (sourced externally) Annual update (in-house)	Full external session every 3 yrs with an annual update

5.1 Figures for the period 01/05/12 – 30/04/13

	Required	% Attained
Level 1	3012	45%
Level 2	1923	71%
Level 3	630	50.4%

Figures provided by the Training Department from OLM database, these figures do not include medical staff or bank staff.

It should be highlighted that we have moved to annual compliance reporting, as per Intercollegiate Document Guidelines requiring all sessions to have an annual update. We have not had regular training figures from the Training Department since 2011, so we have been unable to monitor our compliance.

- 5.2 Levels 1 & 2 continue to be delivered as part of Trust Statutory and Mandatory training and meets the criteria outlined in the Intercollegiate document (RCPCH, 2010). Compliance with training is a challenge due to the availability of places on statutory updates. The Training Department have recently identified that there were only enough spaces to train approximately 50% of the work force at any one time. However, the Training Department are working hard to increase the sessions available so that our annual compliance will improve.

There is also a move to design an e-learning package to which would allow staff to complete some training online. This would mostly be limited to level 1 training as e-learning modules removes the group discussion element which is vital part of safeguarding children training at levels 2 and beyond.

- 5.3 Level 3 multi-agency training continues to be provided by either Surrey or Sussex Safeguarding Boards. There have continued to be difficulties accessing training due to lack of spaces available on courses, location of the course and capacity to release key staff to attend the training. This has been addressed with the Designated Nurse for both Surrey and Sussex and raised as a risk due to continued low numbers of staff in key areas receiving this training. To mitigate this risk the Trust devised a single agency Level 3 training package which was rolled out at the start of 2012 to capture key areas. The Level 3 single agency update sessions are provided by the Specialist Midwife and Named Nurse within the key areas. The next area to focus this training will be ED and we currently have sessions planned for the summer and early autumn.

- 5.4 We have employed a Safeguarding Children Facilitator whose key responsibility will be to meet the ever increasing demand for safeguarding children training at all levels.

5.5 Medical Staff receive training from the Named Doctor as part of their teaching programme, additional training dates have been provided to meet the needs of Medical staff and discussions are underway for the Surrey Safeguarding Children Board to provide a multi agency training day within the Trust.

6.0 Criminal Records Bureau

6.1 The Trust complies with NHS Employers Guidance on all pre employment checks and with the Disclosure and Barring Service Code of Practice. Following changes to the DBS checks the Trust has recently undergone a review of which posts within the Trust require a DBS check and at what level. This review will be reported to the Trust Safeguarding Children Committee. The Trust is also reviewing, alongside neighbouring Trusts, the DBS new Update Service and will report progress to the Trust Safeguarding Children Committee.

6.2

As of 16th July 2013

	Headcount	Percentage %
Total Headcount	882	
Current Cleared CRB	846	95.92
on Maternity	24	2.72
HC on Career Break	2	0.24
HC on Long Term Sick		0.00
CRB forms outstanding	36	4.08
HC on Suspension	1	0.11

7.0 External Meetings

7.1 The Surrey Safeguarding Children Board Health Group invite the Trust Executive Lead for Safeguarding Children to attend their quarterly meeting. The Sussex Safeguarding Board continue to hold quarterly meetings for the Named Professionals, and Surrey holds a South East Area meeting which the Named Professionals are invited to attend.

8.0 Named Staff Supervision and Training

8.1 The Named Nurse and Named Midwife receive formal supervision from the Designated Nurse from Surrey and Sussex CCGs. The Named Doctor receives supervision from the Designated Doctor.

- 8.2 The Named Nurse successfully completed the first MSc module in Safeguarding Children in August 2011 and after securing funding has completed the taught component of the second MSc module in safeguarding children during February and March 2013. Work at this level demonstrates compliance with level 4 training. The Named Nurse has also completed several multi-agency safeguarding study days provided by the Surrey / Sussex Safeguarding Children Boards.
- 8.3 The Named Doctor has attended the following study days during 2012-2013: Update for Named and Designated doctors, Institute of child health London. Developing Leaders Programme (6 months), Mandatory in house training programme.
- 8.4 The Maternity Matron is the Named Midwife for Safeguarding and oversees the Specialist Midwife for Safeguarding. Within the Department, the Specialist Midwife for Safeguarding carries delegated responsibility for the role of the Named Midwife and he/she directly reports to the Named Midwife:
- 8.5 The Specialist Midwife for Safeguarding Children has attended the following study days in 2012-2013: Pre-Birth development Seminar, 4 days Train the Trainers for Surrey Safeguarding Board, Substance Misuse (trainer on the course) SIDS training (Sudden Infant Death Syndrome)

9.0 Serious case reviews / Individual Management Reviews. (SCR / IMR).

- 9.1 The Safeguarding Children Team have not been involved in a Serious Case Review or Individual Management Review in 2012-2013 to date. All identified actions from previous SCR / IMR are monitored through the overarching Trust Safeguarding Children Action Plan.

10.0 Audit

- 10.1 There is an audit programme in place for safeguarding. The completed audits are reported into the Trust Safeguarding Children's Committee where any identified actions are monitored through the action plan.

12.0 Priorities for 2013-2014

- 12.1 The following are the priorities for the next twelve months:

- Completion of the e-learning programme for level 1
- Review all policies in line with the Munro Review and Working Together 2013
- To work with the Safeguarding Children Boards to improve compliance in Level 3 Training.
- To continue working with the Training Department to improve compliance for Level1 &2 Training and ensure that the training compliance data is regularly received by the Trust Safeguarding Children Committee
- To work closely with our partner agencies across Surrey and Sussex

- Review the way that access is provided to Paediatric ED notes to ensure that they are available to all clinical staff within the Trust in line with Lamming recommendations

13.0 Conclusion

The implementation of Safeguarding Children training on the statutory and mandatory training sessions continues to raise the profile of safeguarding children across the Trust, and ensures that staff feel empowered to highlight any concerns they might have about a child or family member. An increase in the human resource within the safeguarding team will ensure that we continue to build on the foundation of work already completed by the Named staff and to provide a more robust level of support to frontline staff.

Our hospital filing systems must also be reviewed to ensure that all patient records are available in a single location to support the work of the frontline staff. This will ensure that frontline staff have the full picture of information when making important decisions about the safety and welfare of children and families.

Overall this has been a very successful twelve months within safeguarding children team, we continue to work closely with the adult safeguarding team to ensure that staff feel supported when dealing with vulnerable patients. There have been a number of challenges for the team and some of these challenges have helped to shape our priorities for 2013-2014.