

TRUST BOARD IN PUBLIC	Date: 29 October 2014 Agenda Item:	
REPORT TITLE:	Safeguarding Children Annual Report 2013/14	
EXECUTIVE SPONSOR:	Fiona Allsop, Chief Nurse	
REPORT AUTHOR:	Sally Stimpson & Vicky Abbott Named Nurses Safeguarding Children Sally Brittain, Deputy Chief Nurse	
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)	Patent Safety & Risk Committee – 14 October 2014 Children Safeguarding Committee – please insert meeting date	
Action Required:		
Approval ()	Discussion (✓)	Assurance (✓)
Summary of Key Issues		
<p>The Annual Report for Safeguarding Children provides the Board with assurance regarding statutory compliance with Section 11 of the Children Act (2004) and enables the Board to review activity regarding safeguarding children across the Trust. It should be noted that the Trust demonstrates compliance with section 11 and this was further endorsed by the CQC inspection. As with any standard there will inevitably work and actions which are generated but these are monitored and actioned through the Trust Safeguarding Children Committee.</p> <p>Areas discussed within the report include:</p> <ul style="list-style-type: none"> • Trends for information shared with other agencies and referrals to children's services • Key activities implemented in 2013/14 • Evidence of progress made in relation to ongoing work plans. • Priorities for children's safeguarding in 2014/15. • Surrey and Sussex Section 11 Self Assessments and review • CQC Report August 2014 for Safeguarding Children <p><i>Key issues to note are:</i></p> <ul style="list-style-type: none"> • 43% increase in referrals to children's services • Commencement of 6 monthly Level 3 Multidisciplinary Safeguarding Children Training at East Surrey Hospital which has dramatically increased our training compliance to over 80% at level 3 • Review of filing to ensure all children who attend East Surrey will have a set of notes and that all paediatric records are planned to be stored in a single location on site in 2015 • Monthly Safeguarding Peer Review meetings commenced in January 2014. 		

Relationship to Trust Strategic Objectives & Assurance Framework:	
SO1: Safe -Deliver safe services and be in the top 20% against our peers SO3: Caring – Ensure patients are cared for and feel cared about SO4: Responsive – Become the secondary care provider and employer of choice for the catchment populations of Surrey & Sussex	
Corporate Impact Assessment:	
Legal and regulatory implications	Yes
Financial implications	Yes
Patient Experience/Engagement	Yes
Risk & Performance Management	Yes
NHS Constitution/Equality & Diversity/Communication	Yes
Attachments:	
Nil	

Executive Summary

The Annual Report for Safeguarding Children provides the Board with assurance regarding statutory compliance with Section 11 of the Children Act (2004) and enables the Board to review activity regarding safeguarding children across the Trust.

It should be noted that the Trust demonstrates compliance with section 11 and this was further endorsed by the CQC inspection. As with any standard there will inevitably work and actions which are generated but these are monitored and actioned through the Trust Safeguarding Children Committee.

In 2013/14 there is evidence of an increase in children's safeguarding activity with 4491 information sharing forms completed in the Trust from these, 1406 referrals and information sharing forms sent to children's services in Surrey and Sussex. This is very positive as it demonstrates that the mandatory training being delivered, with specific targeting of key areas such as the emergency department has been effective. In addition it provides assurance that staff increasingly understand the importance of identifying vulnerable children and families and know how to share that information appropriately with other agencies. The majority of these have been completed electronically which improves the quality of the referral and makes them more useable by other members of the multidisciplinary team.

Multidisciplinary Level 3 Training implemented at East Surrey Hospital in November 2013 has been very successful and raised awareness to staff who have regular contact with children. All three days that have been run have been significantly oversubscribed and twice yearly training will continue at East Surrey Hospital going forward. Since the introduction of in house training the percentage of staff being appropriately trained has increased by 27%. The figure trained is 81% with a benchmarked target of 85%, 81% is a very significant achievement in year for which the Children's Safeguarding Team should be commended.

Review of the Trust process for obtaining medical records for children attending the Emergency Department now ensures that all children will have a set of medical records made up either at birth or at their first attendance if not born at East Surrey Hospital. This will ensure that all medical records are complete and accessible and therefore reduce risk of safeguarding concerns being overlooked. Prior to this change Emergency Department medical records had not been filed were on occasion difficult to locate. This process will be even more robust when in 2015 all paediatric notes will be stored in a single location on site.

Training and paediatric medical records were identified as a significant risk for the Trust and have now there are processes in place which are being managed locally There are currently no red children's safeguarding risks.

The Annual Report includes the full Care Quality Commission comments for children's safeguarding identifying that:

'The Trust had very good safeguarding arrangements and worked closely with two local Safeguarding Children Boards and colleagues from the Mental Health Trust'

Key objectives have been met within children's safeguarding this year and development of the safeguarding team will ensure that we continue to provide a robust level of support and training to all staff who work within the Trust.

1.0) Introduction

This annual report demonstrates how the organisation is discharging its statutory duties in relation to safeguarding children under Section 11 of the Children Act (2004).

1.1) The aim of this report is:

- a) To provide assurance that the Trust fulfills safeguarding activity to meet national safeguarding children standards. Key to this is the implementation of actions from the Section 11 Audits and Serious Case Review recommendations.
- b) To provide an update on service developments in relation to safeguarding.
- c) To demonstrate continuous improvement in safeguarding children systems.
- d) To address any existing or potential areas of risk in relation to statutory responsibilities.

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

- Protecting children from maltreatment
- Preventing impairment of children's health and 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)

During 2013/14 the Safeguarding Children Team has worked with many internal and external partners in a variety of activities to safeguard the children in their care. These range 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. .

2.0) Section 11 of the Children Act (2004)

Improving the way key people and bodies safeguard and promote welfare of children is crucial to improving outcomes for children. Section 11 of the Children Act 2004, places a duty on key persons and bodies to make arrangements to ensure that in discharging their functions, they have regard to the need to safeguard and promote the welfare of children.

Section 11 compliance is a statutory requirement for Surrey and Sussex Healthcare Trust. Compliance is assessed and monitored by the safeguarding boards in both Surrey and Sussex by the submission of a RAG rated Self-Assessment Audit. Outstanding actions are uploaded to the Trust safeguarding action planned and reviewed bi-monthly at the Trust Safeguarding Children Committee. Surrey & Sussex Healthcare NHS Trust submitted their Self-Assessment to Surrey Children Safeguarding Board on 19/08/14 and is attached as Appendix 1. The actions within the action plan will be completed by 30 April 2015..

The Self-Assessment for Sussex was submitted on 30/04/14 and reviewed at the Section 11 Scrutiny Panel in August 2014. We have responded to the review and provided additional clarification and information as requested by 30th September 2014. The Self-Assessment is attached as Appendix 2.

It should be noted that the Trust demonstrates compliance with section 11 and this was further endorsed by the CQC inspection. As with any standard there will inevitably work and actions which are generated but these are monitored and actioned through the Trust Safeguarding Children Committee.

3.0) Care Quality Commission Inspection August 2014.

In May 2014 the Trust was reviewed by the CQC. The report, published in August 2014 and in all areas of services for children the Trust was rated as good, there were no specific areas within safeguarding children that were identified for improvement.

The comments specifically relating to safeguarding children are as follows:

- The department had robust systems to safeguard children. They had undergone a trust level peer review of safeguarding in May 2012, as recommended by the Royal college of Paediatricians and Child Health (RCPCH). Some of the needs identified included a review of training plans and records to ensure that they reflected the latest national guidance. The trust had an action plan to respond to these issues. Progress on the action plan had been made and the safeguarding board was monitoring progress. A focus on training had resulted in 81% of staff working directly with children had completed level 3 training.
- There were clear policies and procedures for handling potential safeguarding concerns; the trust worked in partnership with two local safeguarding children boards (LSCBs) and had adapted its policies to include an algorithm, which ensured that staff followed the protocols for both authorities.
- Children identified as a potential safeguarding concern had a specific care plan. Birth plans included details of child protection issues and any prenatal child safeguarding plans were shared with the relevant staff. All children with a safeguarding concern or with a child protection plan were seen by a consultant paediatrician prior to their discharge. In the year preceding the inspection, 1400 child safeguarding referrals were made.
- A consultant paediatrician post had been created to oversee all child safeguarding arrangements across the trust. Frequent audits were taking place which focused on the A&E department due to the identified increased risk of morbidity and mortality when children first present with acute injuries.
- Any children who failed to attend an appointment were followed up using the trust protocol. Any child who presented with self-harm, alcohol induced illness or drugs misuse was automatically referred to the Child and Adolescent Mental Health Services (CAMHS). All such children were admitted and not discharged from the inpatient ward until they have been seen by CAMHS.
- The trust has recognised that their location, close to a major international airport, increased the likelihood of girls presenting in the A&E department with complications of female genital mutilation. The safeguarding implications of this had been incorporated into the training programme.
- Multidisciplinary safeguarding meetings were held weekly. All information sharing forms were considered and any shortfalls in the management or referral process were identified and actioned.

4.0) The Safeguarding Children Team

4.1) The Children Act (2004) requires on each acute Trust to appoint named professionals to take the 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.

4.2) The Safeguarding Children Professionals at East Surrey Hospital for 2014 are

- | | |
|-----------------------|---|
| • Vicky Abbott | Named Nurse* |
| • Sally Stimpson | Named Nurse* |
| • Janice Blythman | Named Midwife |
| • Majeed Jawad | Named Doctor** |
| • Catherine Greenaway | Named Doctor** |
| • Ranjaran Tirumalai | Named Doctor** |
| • Maureen Royds-Jones | Specialist Midwife |
| • Laura Lewis | Clerical Assistant to Safeguarding Team |

*Vicky Abbott commenced maternity leave in September 2013; her post was being covered by Sally Stimpson who was being seconded from her position as Paediatric ENP in the Emergency Department.

**In September 2013 Yekta Dymond commenced as the Named Doctor for Safeguarding Children. She went on maternity leave in December 2013 and is due to return February 2015. During her absence Dr Jawad and Dr Greenaway initially covered her role. In July 2014 Dr Greenaway was replaced by Locum Doctor Ranjaran Tirumalai as Named Doctor for Safeguarding Children.

The Executive Lead for Safeguarding Children is the Chief Nurse, Fiona Allsop.

The Operational Lead is Deputy Chief Nurse, Sally Brittain.

4.3) Designated Doctor and Nurses. The Designated Professionals for Surrey and Sussex CCGs provide supervision for the Trust's Named Nurse, Midwife and Doctor who meet with the designated person for supervisory sessions and personal review.

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

Designated Doctor	
Surrey	Dr Ayomi Kariyawasam
Sussex	Dr Jo Crane (leaving Sept. 2014)

Designated Nurse	
Surrey	Amanda Boodhoo
Sussex	Sarah Smith

4.4) 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

5.0) Safeguarding Referrals from East Surrey Hospital

5.1) Any staff can raise a concern about a child or family to the safeguarding team using a two tier referral system

- a) An Information Sharing/Special issues form (used in maternity) – for low level risk, generally within health
- b) Referral directly to Children's Services using a multi-agency referral form (MARF)

The Trust Intranet has been updated to enable easy access of forms by all staff.

Staff receive guidance and training during their annual statutory and mandatory update which includes completing and submitting the correct information to other agencies.

All referrals are discussed in detail at Multidisciplinary Weekly Safeguarding Meetings and all are recorded on a specified database. The weekly meetings are held within the Neonatal Unit, ED and Outwood/Child Assessment Unit.

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

Following the success of the Emergency Department completing all their referrals electronically, all areas now complete information sharing forms and referrals to Children's Services electronically. This process has been welcomed by Health Visitors, School Nurses, GP's and Children's Services across both Surrey and Sussex.

5.2) The total number of Information Sharing Forms completed by the Trust in 2013 was 4491; in addition 1406 referrals were sent to social services regarding vulnerable children and families.

This demonstrates a 6% decrease in Information Sharing activity but a 43% increase in referrals to social services, which indicates that the patients who are being identified as requiring support are increasingly vulnerable.

Identifying and referring vulnerable children and families is a key role for all clinical and non-clinical staff across the hospital. This ensures that vulnerable children do not pass through the hospital undetected and the Trust as an organisation does not fail in its statutory duty to share concerns. Training is essential to continue to raise staff awareness and enable staff to recognise when a child is being, or is at risk of being abused to ensure that the relevant information is shared appropriately as soon as possible.

At the start of 2012 the Safeguarding Team devised criteria to assist staff in identifying which children and families require information to be shared and/or referrals. The criteria has been successfully rolled out within Paediatric ED, Outwood Ward, Child Assessment Unit and the Neonatal Unit, all departments have found them extremely useful.

In 2013 Maternity implemented their criteria. All criteria are easily available in the Safeguarding Children section on the intranet.

6.0) Safeguarding Children Training

Explanation of the different levels of training as set out in the Intercollegiate Document (RCPCH 2014)

Course	Trust Frequency	Government Recommendation
Child Protection Level 1, required for all Trust Staff, both clinical and non-clinical. ** All staff at SaSH now receive Level 2 training.	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 e.g. 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

6.1) Figures for the period 01/05/13– 30/04/14

	Required	% Attained	% To Achieve
Level 1	3156	63%	
Level 2	2109	71%	85%
Level 3	597	81%	85%

Figures provided by the Training Department from OLM database.

6.2) Children's safeguarding training continues to be delivered as part of Trust Statutory and Mandatory training and meets the criteria outlined in the Intercollegiate Document (RCPCH, 2014).

Level 2 training is now given to all members of SASH staff which exceeds recommendations. Compliance with training has been a challenge due to the availability of places on statutory updates. Last year the Training Department had identified that there were only enough spaces to train approximately 50% of the work force at any one time. This year the training places have significantly increased with the implementation of the integrated MAST programme designed to meet the needs of medical, clinical and non-clinical staff. The Training Department continues to work hard to increase the sessions available so that our annual compliance continues to improve.

There is also an e-learning package for all three levels of safeguarding training which allow staff to complete some training online. This is to be used in addition and to complement the face to face training which is given to all staff members for example for new starters until they are able to access the relevant training days.

6.3) Level 3 training access was identified as a risk within last year's annual report. To address this, the Trust commenced in-house Level 3 multi-agency training which has been hugely successful with the third course already planned.

100+ SASH staff have attended this level 3 training since November 2013. This has led to a significant increase in staff trained to Level 3 from 54% to 81%. Engagement from all specialties has been very welcome, including dental, orthopaedics, ED, radiology, ENT along with paediatrics and midwifery.

100% of ED consultants, registrars, emergency practitioners, Band 7 staff and all paediatric staff in ED will be trained by November 2014 which is excellent and this risk has now been removed from the Trust Risk Register.

The Level 3 single agency update sessions continue to be provided by the Specialist Midwife and Named Nurse within the key areas.

An area of difficulty has been capturing the figures accurately for staff who have completed Level 3 training. With the in-house training it has become easier to identify who has undertaken the training and when completed. The staff who have attended training are being added to the OLM system by the safeguarding team.

6.4) Medical Staff receive training from the Named Doctor and complete e-learning as part of their teaching programme, additional training dates have been provided to meet the needs of Medical staff and they are attending the in house Level 3 training days.

6.5) From January 2014 monthly SPEER (Safeguarding Peer Review) meetings take place to discuss and review recent safeguarding cases to improve areas of weakness within these cases, these have been very well attended by all Paediatricians.

7.0) Criminal Records Bureau

7.1) 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.

7.2) DBS Report

- 3407 staff require DBS clearance
- 3288 (96.5%) are cleared.
- 119 (3.6%) forms with agency awaiting clearance.

8.0) External Meetings

8.1) 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.

In addition to these a new meeting has been set up this year, a SASH/0-19 information sharing meeting which has been held twice so far with very positive feedback. It was developed following a learning information event after a Serious Case Review in another area of Surrey where lack of appropriate and timely information sharing was a lesson to be learnt. The meeting is led by First Community Health and aims to clarify and ease the information sharing process. Named Nurse, Named and Specialist Midwives from SASH attend with representatives from neonatal unit and maternity.

9.0) Named Staff Supervision and Training

9.1) 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.

9.2) The Named Nurse has completed Level 4 training held at the RCPCH on peer review within children's safeguarding. The Named Nurse has also attended a serious case review learning event, presented at a local self-harm conference and completed several multi-agency safeguarding study days provided by the Surrey / Sussex Safeguarding Children Boards.

9.3) 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:

9.4) The Specialist Midwife for Safeguarding Children has completed Level 4 training held at the RCPCH on peer review within children's safeguarding and also attended a serious case review learning event.

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

10.1) The Safeguarding Children Team have not been involved in a Serious Case Review or Individual Management Review in the 2013 - 2014 period, however a Serious Case Review will be taking place following an incident in June 2014.

Actions from a Serious Case Review involving a child in another area of Surrey have been identified and training around the "Bruising in a non-mobile infant policy" delivered along with the distribution of "information for parents" leaflet.

Work continues with maternity and neonatal services to improve documentation with regard to babies discharged from hospital with marks. This is to ensure community staff are able to identify new marks/bruising. The new SASH/0-19 meeting has been invaluable in helping with this.

All identified actions from previous SCR/IMR are monitored through the overarching Trust Safeguarding Children Action Plan.

11.0) Audit

11.1) 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.

11.2) A deep dive audit of safeguarding notes by the CCG took place with both outstanding and good results.

12.0) DNA Policy

Following recommendations from Serious Case Reviews nationally, children not being brought to medical appointments continues to be highlighted as an area for potential neglect. This year we have worked to embed the policy across the Trust and the safeguarding team are informed of two or more non attendances with information sharing forms completed to establish if other agencies have any information or other concerns with regard to these families. The Paediatricians having been following procedure and a small audit identified that safeguarding were informed in 100% of non-attendance on two or more occasions. The dental department with children's safeguarding being led by Mr. Kandiah, have identified several children who are at risk of significant neglect with one case recently resulting in a Section 47 enquiry and a police investigation. A group has been set up to ensure that other outpatient areas, such as ENT, dermatology, trauma and orthopaedics, must be informed and follow the procedure to identify children at risk.

13.0) Safeguarding Photographic Policy

Following some concerns with regards to the lack of any hospital photographer and difficulty in police attending to photograph injuries the safeguarding team now have a digital camera and photo printer to enable photographs to be taken and stored in the child's notes. Photographs are downloaded onto a safe hospital site and then deleted from the camera. An interim policy is in place whilst the legal department are developing a Trust wide photography policy.

Photographs have also been very useful in training and Safeguarding Peer Review Meetings.

14.0) ED Notes

In line with the Lamming recommendation from June 2014 all children attending ED will have their ED cards filed in their notes and if they do not have a set of hospital notes a set will be made up. This is a significant development and precedes the building that has been commissioned of a storage area on site, for all paediatric notes in 2015. This will mean that all notes will be accessible within 45 minutes of a child arriving in the Trust.

When this process is in place frontline staff will have full information about a child when making important decisions about the welfare of children and their families.

15.0) Priorities for 2013-2014

15.1) The following are the priorities for the next twelve months:

- To continue working with the Training Department to improve compliance for Level 2 Training and ensure that the training compliance data is regularly received by the Trust Safeguarding Children Committee
- To continue to provide training for Level 3 and ensure compliance is correctly recorded

- To monitor the filing of paediatric notes from ED into the child's main medical record in line with Lamming Recommendations
- To highlight and monitor adherence to the DNA policy in all areas of the Trust following recommendations from recent serious case reviews.
- To work closely with our partner agencies across Surrey and Sussex

16.0) Conclusion

The implementation of accessible Level 3 Safeguarding Children training and 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. Development of the safeguarding team will ensure that we continue to build on the work already completed by the Named staff will continue to provide a robust level of support to frontline staff.

The progress of our hospital filing systems being reviewed to ensure that all patient records are available in a single location to support the work of the frontline staff is very exciting and will ensure that frontline staff have full 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.

Appendix 1



Surrey Section 11
Audit 2014-3.xls

Appendix 2



Sussex April 2014
review.doc
