

ANNUAL REPORT

COMMITTEE / SUB-COMMITTEE
SAFEGUARDING CHILDREN AND YOUNG PEOPLE COMMITTEE
ANNUAL REPORT PERIOD
APRIL 2014 TO MARCH 2015
CHAIR
VALERIE NEWTON DEPUTY DIRECTOR OF NURSING
REPORTED TO
QUALITY COMMITTEE
REPORTED ON
18 AUGUST 2015

THE ANNUAL REPORT OF THE SAFEGUARDING AND YOUNG PEOPLE'S COMMITTEE 2014 /2015

1 CHAIR'S INTRODUCTION

The Safeguarding Children Committee was integrated with the children's services committee in August 2014 and is now The Children and Young People's Services and Safeguarding Committee. It meets monthly and is chaired by the Deputy Director of Nursing. The group discusses national and local policy and development and its implications for children's services and safeguarding children. Recommendations from Serious Case Reviews (SCRs) and Serious Incidents (SI) are reviewed, as well as internal incidents and action plans agreed for learning and dissemination across the Trust.

The committee reviews training and supervision arrangements and reviews any incidents and complaints reported that are related to safeguarding. The committee considers changes to children's inpatient and outpatient services and any potential impact on safeguarding.

The committee is accountable to the Patient Safety Committee. The Executive Lead for Safeguarding is the Director of Nursing.

The purpose of this report is to provide the Board with the assurance that the Trust is compliant with its safeguarding duties including those responsibilities specified under section 11 of the Children Act 2004. This report covers the period from April 2014 to March 2015.

The safeguarding Team now provides a quarterly assurance report to the Designated safeguarding team at the CCG. A summary of the assurance report requires information about child protection supervision arrangements, recruitment, safeguarding policy, safeguarding training, vacancies and policy development.

In January 2015 the Norfolk Children's Designated team undertook a provider audit of the Trust the following was noted:

- Overall compliance with safeguarding standards is good
- Compliance with training was generally very good but there is some work required to improve compliance at level 3. An Action plan with timescales is in place to reach compliance. This is recognised as an on-going challenge where large numbers of staff are involved, and also with the additional requirements as a result of the reviewed intercollegiate document
- A review of the recruitment policy indicated the need for a second interviewer and interview training required as standard to be included in

recruitment policy when reviewed

- A plan to ensure that 0.4wte of the specialist midwives roles is designated to Named Midwife work to come into effect summer 2015 to enhance the resources within the Children's Safeguarding Team was supported
- Vacancies rates in areas where children are cared for (e.g. A&E, DSU, Outpatient Department (OPD) theatres), may affect the ability of teams to provide safe care. There will be a need in future to submit more specific vacancy figures relating to Registered Sick Children's Nurse (RSCN) posts e.g. in A&E and OPD
- Future Provider audits will be undertaken 6-12 monthly depending on compliance and the content may change depending on recommendations from national and local reviews and reports

2 POLICIES / PROCEDURES RATIFIED IN THE PERIOD

POLICY	DATE RATIFIED
Supervision Policy	June 2014

3 KEY ACHIEVEMENTS

- Establishment of safeguarding champions: there are now 31 champions across the Trust: These champions have received bespoke training and have access to regular support and supervision and will have more in-depth knowledge to support their colleagues in practice
- Development of trust safeguarding children information leaflet with feedback form for parents and carers to express their views about the service.
- Training is generally good overall with a plan in place to review the strategy and address level 3 compliance in 2015/16
- E learning included in the trusts offer of safeguarding training at all levels
- Additional safeguarding supervisors have been trained and the roll out of the new model is being implemented
- Policy for record keeping for children who have been adopted completed and is being submitted for ratification after a long suspension whilst discussions took place between paediatricians, information governance and the management of medical records committee
- Mandatory safeguarding training has become a joint training session that has been positively evaluated by staff who have participated
- Positive audit by the designated safeguarding team of Trust's staff knowledge of safeguarding, what to do if they have a concern, and who to contact within the organisation.
- Photography policy completed and ratified and removed from risk register
- Regular team meetings have ensured better communication and positive

relationships within the team and good working relationships are vital if the team is to work more effectively

4 TRAINING

The training strategy at the QEH is based upon the recommendations specified in the intercollegiate document 2010. In light of the revised edition published in 2014 the strategy will be reviewed in the next financial year.

Safeguarding training is a measure of quality and compliance under section 11 that the Norfolk safeguarding board require for their quarterly report to the executive board

- For training data please see Table 1 below
- The percentage of staff compliant with level 3 training is 77.9% which is below the target of 85%. An action plan was drawn up and this is now a standing item on the agenda for the children's services and safeguarding committee meeting
- Poor compliance for level 3 training in the A&E department and doctors in general was identified as a problem and has been escalated to the Lead clinician within the department for action and is now improving
- Other activities that contribute towards level 3 training such as supervision, attendance at conferences etc are now able to be recorded on ESR and staff understand that they can submit evidence to the safeguarding team so that it is entered in a timely way onto ESR
- Midwives are updated monthly by the Named Midwife and Specialist Midwife for vulnerable women
- Staff key areas such as paediatrics, NICU and midwifery are also required to access multi-agency training provided by Norfolk Safeguarding Children Board the equivalent of 8 hours every three years to complement and enhance single agency training provided in house. This is in accordance with the intercollegiate document 2010
- Approximately 110 teaching sessions were delivered by the safeguarding children's team across the trust, an increase in training when compared to the previous year
- In January 2015 the mandatory training programme underwent significant changes. All safeguarding training is now integrated; with safeguarding children training and safeguarding adult training delivered in a single, joint session for level 1 induction and level 2 mandatory training. Doctors induction and mandatory training will also be a joint from September 2015. The changes made have ensured that all staff are inducted at level 1 when they commence work at the Trust and that all clinical staff receive level 2 training in addition as part of their induction programme.
- From September 2015 all volunteers will also receive safeguarding training which has not previous been in place

Table 1 : Training figures for April 2014-March 2015

Safeguarding Children Training April 2014 - March 2015		
Level & Number of staff requiring level	% of total staff	% of total staff receiving training
Level 1 - 1046	32.48	100
Level 2 - 1889	58.66	94.02
Level 3 - 285	8.86	77.90

(NB averaged over the year; target 85%)

Supervision

Overall the figures for supervision show that the Trust is not compliant with current policy. Table 2 shows that 33 supervision sessions were delivered across the trust for the period of this report. Specialist midwives, paediatricians, paediatric diabetes nurse specialists, safeguarding champions and the paediatric rehabilitation team are all compliant with current policy. Areas that need improvement are clinical health psychology, NICU outreach Team and the community children's nursing team.

There has been an issue of capacity for provision of child protection supervision as only the named nurse was trained to deliver supervision. This has led to cancellations of sessions often at short notice, due to the urgency of other work coming into the team.

An action plan to roll out the new model of supervision as described in last year's report is being implemented. The new safeguarding Children Supervision Policy was ratified in June 2014 and the Trust has trained 6 additional supervisors reflecting the need in key areas such as paediatrics, NICU, Midwifery and A&E.

The new supervisors will support the named nurse to ensure compliance for the coming year and in addition Supervision is now being rolled out to paediatric nurses, midwives and A&E staff from June 2015.

Supervision remains a key aspect of assurance and is included in the quarterly assurance report for the Designated team within the CCG.

Table 2 Child protection Supervision sessions April 2014 to March 2015

Team or individual	No of sessions	Compliant with policy Yes /No
Paediatric Diabetes nurse specialists	3	Yes
Peer Review	7	Yes
Clinical health Psychology	2	No
Specialist Midwife for vulnerable women	5	Yes
Specialist Midwife for vulnerable women	5	Yes
Paediatric Rehabilitation Team	3	Yes
Children's Community Nursing Team	0	No
Safeguarding Champions	6	Yes
Neo-natal Outreach team	2	No

5 LINKS TO THE LOCAL CHILDREN'S SAFEGUARDING BOARD

The Trust is represented at the following:

- Health Safeguarding Children Group (HSCG): This is a sub group of the NSCB. The group is attended by Provider and CCG safeguarding leads and there is an expectation that there is representation by all organisations at each quarterly meeting. It was agreed that the three acute Trusts in the region, The QEH, James Paget and The Norfolk and Norwich University Hospital would be represented by The Executive Lead for Safeguarding at The Norfolk and Norwich Hospital. In addition the Deputy Director Nursing represents the trust at this sub group periodically and in her absence and if required the named nurse attends.
- Clinical Network Meeting for Named Nurses in Norfolk
This group meets on a monthly basis and is attended by the Named Nurse and is facilitated by the Designated Nurse for Norfolk.

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- West Norfolk Local Safeguarding Children's Group
This is a multi-agency meeting held bi-monthly specifically to consider the local issues within West Norfolk and is attended by the Named Nurse.
 - Norfolk Child Death Overview Panel
The Trust is represented by the Named Nurse for Safeguarding Children at this subgroup.

6

COMPLEX CASES

There have been several complex cases during 2014/15. One case related to child obesity and neglect with the case reaching the National Press, and a second case related to Fabricated Induced Illness which proved a lengthy, challenging and protracted process. As a consequence, next year's Training programme for level 3 will include some sessions on 'when does obesity become a safeguarding issue?' and 'The management of suspected Fabricated Induced Illness.

7

SAFEGUARDING CHILDRENS ACTIVITY DATA

Table 3 below shows the activity data for the period covered by the report.

Activity for the specialist midwives for vulnerable women is not included in this report and will be the subject of a separate report due for completion at the end of September 2015 and will be presented in a report by the Named midwife for safeguarding.

Safeguarding activity continues to increase as shown in the data presented below. In particular there is a large volume of work generated by children attending A&E and in addition concerns raised by adults who are parents attending A&E with issues including mental health, substance misuse and domestic violence.

The establishment of the Multi-Agency Safeguarding Hub (MASH) in Norfolk has increased the amount of liaison and information sharing work required in the team significantly.

Table 3 Activity	Number
Referrals to the safeguarding team from A&E	238
No of referrals to children's services from A&E (approximately a third of the above number)	77
Number of referrals to children's services from other departments in the Trust (this figure is not definitive as the team are only aware of referrals that are notified to the team.)	45
Invitations to Case Conferences	651
Attendance at Case Conferences / Child in Need Meetings/CAf meetings/strategy meetings/core group meetings by Named Nurse	30
Missing Persons alerts received	324
Number of Children Who Missed Appointments	795
C39D notifications (police reports of domestic violence)	64
Number of training sessions delivered:	118
Number of Supervision sessions delivered	33

Trends indicate that the referral rate to Children's Services are increasing (which is in line with the national picture); this may be due to increased staff understanding and awareness.

There have been an increased number of invitations to child protection case conferences, which would indicate that more children in Norfolk are subject to child protection processes.

The number of children referred to children's services with mental health needs has increased.

The number of referrals from Adult services about parents who have children who may be at risk has also increased.

8 CHALLENGES IN THE PERIOD

- Creating capacity in the team remains a challenge. There are plans for an extra 7 ½ hours to the team by increasing the number of hours of the specialist midwife for vulnerable women and the creation of a 0.4 WTE Named Midwife position.
- In addition extra administrative support is being scoped to support the

specialist midwife to release some time to support the mandatory training commitments of the team.

- Reviewing policy and implementing best practice by creating a safeguarding culture, rolling out supervision and increasing staff confidence and competence to manage safeguarding concerns remains key to increasing safeguarding capacity within the organisation.
- Planned audits have been delayed due to some absence in the team but revised completion dates are being finalised.

9 POLICY CHANGES

Nationally:

NHS England : safeguarding within the accountability and assurance framework (April 2015) Changes to these were required in order to take account of:

- The wider context for safeguarding which has changed in response to the findings of large scale inquiries, incidents and new legislation.
- New and revised statutory and intercollegiate guidance.
- The changes to the NHS commissioning system - with the introduction of co-commissioning from April 2015 it was seen as important that safeguarding roles were made clear
- Feedback from practitioners working across the health system
- The restructuring process in NHS England at the regional and local level

Working Together to Safeguard Children: A Guide to inter-agency working to safeguard and promote the welfare of children: Revised edition published in March 2015: This document highlights the expectations of health services in meeting their requirements to safeguard and promote the welfare of children.

The Serious Crimes Act 2014: Female Genital Mutilation (FGM) Safeguarding duties: This Act places a legal duty on health professionals to report FGM in under 18's to the police. The FGM multi-agency guidelines were updated in July 2014.

Child Protection Information Sharing Project: an NHS England programme developed to provide an information sharing solution that will deliver a higher level of protection to children who visit NHS unscheduled care settings and will be launched in the next financial year.

Intercollegiate Document (March 2014) : This sets the standards for Safeguarding Children and Young people and describes the roles and competences for health care staff.

Locally:

The Norfolk Threshold Guidance document was published 1/08/2014: This is currently under review and another edition is expected in October 2015: It includes:

- The process for The Early Help Assessment
- The criteria, including the level of need, for when a case should be referred to local authority children's social care for assessment and for statutory services under sections 17,47,31 and 20 of the Children Act 1989.

Signs of Safety: In Autumn 2014, Norfolk County Council successfully bid to become one of ten UK Authorities to be part of the national signs of safety programme. This programme picks up the 2011 Munro Report recommendations. This is a strength based, solution focused model that empowers families and enables them to make the changes that they need to make to safeguard their children and support them to achieve their full potential. The signs of Safety will be the approach used by social care staff to assess and plan in Child Protection cases as well as Child in Need and Family Support Plans. Partner agencies will be expected to use this approach

Monthly Assurance report: The Designated Safeguarding Team now requires a monthly assurance report from the trust in relation to its safeguarding activities.

Action taken by the safeguarding team in response to policy changes :

- **The Norfolk Threshold Guidance Document:** This is referenced in mandatory training at levels 2 and 3 and staff can access the full document on the intranet or on the NSCB website which is available via a link on the intranet. The Threshold Document is used in child protection supervision sessions to analyse decision making when making referrals to children's services as means of improving practice.
- **The Savile Report:** A Very Important Person (VIP) policy is in place and training has been updated. The safeguarding team has a training plan in place for all volunteers working in the Trust.
- **Domestic Violence:** A trust wide policy has been developed
- **Female Genital Mutilation:** The Named nurse participated in a conference in London on FGM and honour based violence and is designing a teaching programme along with the named midwife, to increase knowledge and awareness of FGM in the midwifery service. The revised national guidelines are available on the staff intranet. Mandatory safeguarding training has been updated to include awareness of FGM. Clinical coding has a code for FGM and reports cases to NHS England via their reporting mechanism. This will be rolled out from October 2015. The Named Midwife is writing Trust Guidelines

on FGM and compliance and monitoring of the process will be carried out by annual audit.

- **The intercollegiate Document 2014:** Training levels to be reviewed across the Trust, including training for practitioners who have a mixed caseload (adults and children) in the next financial year.
- **Child Protection Information Sharing Project:** The Trust has signed up to the project with a programme in place for staff training and access via smart cards. The go-live date has not yet been set.

10 OBJECTIVES AND AIMS FOR 2015/16

- Continue policy development including Female Genital Mutilation, training strategy and review of safeguarding Training needs.
- Continue to develop skills within the team, looking at roles and responsibilities to ensure the service remains responsive and modernises in line with changes to national policy and guidance
- Ensure the audit plan is completed
- Ensure that safeguarding culture is embedded within the organisation
- Evaluation and audit of supervision
- Ensure compliance with section 11 and that quarterly reports are submitted in a timely manner to the Norfolk Designated team at the CCG.

11 CONCLUSION

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust (The QEH) continues to ensure that Safeguarding Children and Young People is a priority within the organisation.

Safeguarding continues to be a high priority on the national agenda in the NHS and across all agencies following large scale investigations and abuse inquiries.

The Safeguarding team has been able to respond to this by striving to create a culture of safeguarding across the Trust by rolling out supervision to staff and increasing confidence and capacity in the organisation.

Joint working with the lead nurse for safeguarding adults has resulted in improved mandatory training, recruiting and supporting safeguarding champions in most areas across the Trust and a feeling of joint responsibility. We have been able to share policy development for Trust wide policies such as Photography and Domestic violence.

Safeguarding has been given a higher profile in the Trust and the Children and Young People Services and Safeguarding Committee has been strengthened by a strong commitment from the executive lead and the chair of the committee.

There is an improved and clearer line of communication between the team and the executive lead for safeguarding with regular meetings between the named nurse.

The systems in place for clinicians to facilitate improved assessment of safeguarding and child protection risks and concerns will change significantly with the roll out of the National Child Protection Information Sharing project and the Trust has committed itself to implementing this.

Overall there has been an increased commitment to the Safeguarding Agenda within the Trust and the work that the team does. The team has had some significant achievements that include the development of the safeguarding champion role and enhanced training by joint working with the Adult safeguarding lead. The Team continues to ensure that the Trust remains compliant under section 11 of the 1989 Children act.