

Title	Safeguarding Children half year report October 2014
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Executive Director	Jennie Hall Chief Nurse
Actions for the Board The intention of this half year report for safeguarding children is to provide an update on the Annual Report as presented to the Board in May 2014. The report will enable the Board to review the activity across the Trust in relation to the Organisation's Statutory responsibilities in line with Section 11 of the Children Act 2004.	
Key messages for the Board: This paper demonstrates that: <ul style="list-style-type: none"> • The Trust is committed to meeting the Section 11 of the Children Act 2004 requirements and to ensure that safeguarding children and promoting their welfare is prioritised throughout the workforce • The structure of safeguarding children team is currently unchanged however following a review of the service, the Chief Nurse is leading on a revision of the safeguarding team which will include the service provision and the lines of accountability and governance. It is anticipated that this process will be finalised by the end of the year (2014/ 15). The review will include an understanding of resources required to deliver an effective service with any additional resources being sought through the Business Planning Process. • Safeguarding children training compliance continues to be problematic and this was added to the risk register due to target levels of attainment not being reached • The Chief Nurse is overseeing the actions that have been put in place to address the training compliance shortfall and this issue is monitored monthly via the Quality Report process. The level of activity generated by the Serious Case Review (SCR) Process has increased markedly over the last 12 months with the Trust contributing to several SCRs • The Individual/Internal Management Reviews (IMR) provided by the Trust and the shared working from the SCR process is a valued mechanism for learning and improving safeguarding practice • The Trust is actively represented in the wider safeguarding children arena and is committed to integrated working with our colleagues from other agencies 	
Key risks (linked to Assurance Framework) Maintaining effective safeguarding arrangements increases the safety of our patients and clients and the quality of the services we provide, supporting the achievement of objective 1: To maintain and further improve patient safety.	
Impact on our quality of care Has an EIA been carried out: Yes (If not, state reasons) Key Issues from Equality Assessment: Applicable to all children	

Introduction

This Safeguarding Children Report provides an update on the Safeguarding Children Annual Report was presented to the Board in May 2104. This report will focus on the key aspects of child safeguarding which are relevant to the compliance with Section 11 of the Children Act and to those significant aspects of safeguarding practice that have developed or progressed during the last six months. While the safeguarding children team in the acute, community and maternity services work closely together, there are some areas of practice that are specific to an area and will be highlighted as such.

1. Safeguarding Children Organisational Structure

1.1 A review of the safeguarding children service and provision was completed in the late spring and the recommendations have been approved by the Chief Nurse who is leading on a revision of the service. The revised governance structure will support a merged corporate function across the Acute and Community Settings with a wider Trust governance framework strengthening Operational leadership within the safeguarding function. It must be noted that this step is designed to further improve the existing safeguarding function.

1.2 The current service provision is fully staffed with the exception of the Designated Doctor for "Looked After Children" who is currently a locum doctor but this is not a substantive appointment.

1.2 An appointment has made to a new Domestic Violence Post which arose as a recommendation from the Domestic Abuse Working Party. The post holder will sit in the adult safeguarding service team, but it is anticipated that there will be joined up working with the child safeguarding service.

2. Clinical Policies, Procedures and Guidance

2.1 In response to the Savile Inquiry a specific guideline for Trust staff has been introduced to supplement existing guidance which addresses a number of the issues raised for health organisations. The Guideline for Ensuring that Access to Children is controlled has been approved by the Children and Young People's Safeguarding Committee and the Chief Nurse. The policy has been uploaded to the Intranet and staff will be alerted to this new guidance via e G.

2.2 Revision of the following policies / guidance is underway in line with the protocol for updating polices

- Safeguarding Children Information Sharing policy
- Looked after Children guidance for acute service staff
- Safeguarding children supervision policy
- Child abduction policy
- Child death policy
- The Safeguarding Children Training Strategy
- Unseen child policy

3. Representation and Partnership

3.1 The Trust is represented on the Wandsworth Safeguarding Children Executive Board (WSCB) by the Chief Nurse. Representation on the Merton and Sutton Safeguarding

Children Board is being reviewed by the Chief Nurse as part of the revision of the safeguarding service.

The Trust is also represented by the safeguarding children team at the following venues:

The Wandsworth Safeguarding Children Board
The Merton and Sutton Safeguarding Children Board
The Wandsworth SCB Training Sub group
The Wandsworth SCB Monitoring Sub Committee
The Wandsworth Adults and Children Sub Committee
The Child Death Overview Panel
The Wandsworth Serious Cases, Learning and Improvement Sub Committee
The Wandsworth Missing Children Group
The Wandsworth SCB audit group
The Wandsworth Gangs and Child Sexual Exploitation Group
The Wandsworth Sexual Exploitation Multi-Agency Panel
The Wandsworth Children Looked after Overview Group
The Wandsworth Task and Finish Group
The Wandsworth Multi-Agency Audit Group
The Wandsworth Private Fostering Group
The Wandsworth MARAC

3.2 A safeguarding advisor is allocated from the community safeguarding team to the Multi Agency Safeguarding Hub (MASH) each day and so the Trust's safeguarding service is directly contributing to the information sharing and decision making process in relation to referrals made to the MASH.

4. Clinical Governance, Monitoring and Performance

4.1 The Trust continues to ensure that arrangements are in place to meet the Section 11 of the Children Act 2004 (HMSO 2004) requirements and the inspection in January this year of the acute service by the Care Quality Commission (CQC) demonstrated that the standard for safeguarding was met. It is anticipated that an Ofsted/ CQC inspection is likely to take place imminently.

4.2 One of the goals of the revision of the safeguarding children service as identified by the Chief Nurse is to strengthen the governance and reporting arrangements of the service. The work to complete the revised service structure will be completed by the end of 2014/15. It has been agreed that the Acute and Community Teams will be aligned into a single corporate function with Operational Leads identified within the Trust safeguarding governance structure. For example the Divisional Directors of Nursing will be key Senior Operational Leads for each of the Divisions with Heads of Nursing for higher risk areas such as maternity, Emergency Department and community services also identified. In addition the Chief Nurse will be reviewing the terms of reference (TOR) and the membership of the strategic meeting and well as advising TOR and membership of the operational meetings.

4.3 Key performance indicators (KPI) for safeguarding children activity is an essential component of the Trust's ability to evidence its commitment to meeting section 11 requirements. The named nurse and the deputy named nurse for the acute service are currently revising the methodology for collecting this data and the process that is being used in order to be able to share this information with the LSCBs and Clinical Commissioning Groups (CCG) are required. The Chief Nurse is overseeing this area of safeguarding activity.

4.4 Managing allegations against staff

All agencies have a duty and responsibility to report allegations made against a person in a position of trust that works for them, whether that person works in a full-time, part-time, as a locum or bank employee. This also includes voluntary staff and all staff employed by the Trust. The WSCB Safeguarding Standards Service (SSS) has the operational responsibility of managing and responding to allegations. The Trust has an appropriate Lead Officer in place and policy in place and links with the appropriate Local Authority Designated Officer (LADO) as needed. The overview of the cases raised under this procedure is now an agenda item by the Children and Young People's Safeguarding Committee.

4.5 Audit

Both the acute and community services are taking part in a multi-agency audit process that has been initiated by the WSCB. The Wandsworth SCB multi-agency audit committee sets the audit agenda and both the community and acute service named nurses attend these meetings and facilitate the audits. The goal is to achieve at least 3 multi-agency audits per year which are then reported to the WSCB. The introduction of this process is in line with the recommendation for local safeguarding children boards in Working Together to Safeguard Children 2013.

In addition to the multi-agency audits, the acute service has undertaken a number of audits which are associated with the actions from serious case review action plans or provide monitoring of aspects of the safeguarding process such as use of the Safeguarding Issues Form. Audit topics include the management of Children who DNA for appointments, an audit of safeguarding actions taken when Children are involved in Domestic Violence situations, the recording of safeguarding information within the PICU. Audits are progressing with the findings reported to the safeguarding committee and shared with key agencies where required.

The safeguarding children service also had the benefit of a review by the London Audit Consortium. The purpose of the review was to provide assurance to the Board that actions arising from serious case reviews or internal management reviews were being implemented in a timely manner. The audit that was undertaken focused in particular on the robustness of the governance arrangements as well as the quality of the evidence that actions from the SCRs or IMRs and the learning is being embedded and sustained. The report was constructive and useful especially as it raised some suggestions which would improve the governance arrangements and monitoring of SCR/IMR actions. The conclusion of the report was that there was 'Reasonable Assurance'.

5. Training

5.1 The ability to evidence the safeguarding children training compliance has been a priority area for the Trust for some time and is subject to monitoring on the Trust risk register.

5.2 The following information taken from the WIRED matrix represents the safeguarding children training compliance for the organisation as a whole (02.11.14):

Level 1 88.7%

Level 2 79.63%

Level 3 58.82%

The Acute Service

5.3 The safeguarding children training programme provides regular training sessions at level 2 and level 3 each month as well as bespoke sessions. Level 2 can be accessed as an e learning programme and all staff members have the opportunity to update their basic knowledge each year via the safeguarding component of MAST. Multi-agency safeguarding children training courses are available through the Wandsworth Safeguarding Children Board programme although the attendance on these courses by St George's acute service staff is notably poor possibly because it is not always feasible to release staff from patients care.

5.4 The measures taken to improve the compliance with safeguarding children training is as follows:

- Revision of all staff groups in respect of training needs
- Funding for the provision of additional level 3 sessions
- Level 2 training is now available as e learning
- Targeting specific groups for training
- Advertising training session availability regularly in e G
- Requesting that all managers address safeguarding children training compliance as part of all personal performance reviews
- Achieving essential training is a criteria for staff achieving performance and increment
- The monitoring of training compliance is part of the Quality Report
- The Safeguarding Children Training Strategy is being revised

Community Services Division

5.5 The community services division provides level 2 and level 3 mandatory training throughout the year including bespoke sessions delivered for GUM/Sexual Health and HMP Wandsworth Staff. Additional training sessions are regularly provided for Domestic Abuse, and Record Keeping with bespoke sessions booked for FGM.

-Training is advertised with dates for the year available.

- Regular scrutiny of the MAST data is undertaken to target those staff who have not attended their mandatory training.

5.6 Non-compliant staff members receive an e-mail invitation to book and their line manager is informed.

5.7 Bespoke sessions are delivered in the department concerned to encourage attendance and minimise travel and time resource.

5.8 Unfortunately sessions are usually fully booked with people on reserve; however staff often do not attend without any prior cancellation which wastes capacity.

5.9 Staff turnover and subsequent recruitment in some departments appears to impact on the ability to demonstrate the required training compliance.

Maternity

5.10. Obstetric staff other than midwives are now attending the Level 3 Safeguarding training; either the maternity-specific whole day, or the Trust half day sessions.

A local charity which supports young people with learning difficulties/learning disability has funding to deliver 5 teaching sessions for midwives. These are scheduled to take place in the early part of 2015

6. Serious Case Reviews (SCR) and Individual / Internal Management Reviews (IMR)

For information: a serious case review is conducted at the request of the local safeguarding children board (LSCB) when a child has died or been significantly harmed. It is a multi-agency review of how the agencies have worked with the child/ family as well as how the agencies worked together to support the child/family.

An individual management review can be recommended by LSCB when a case under review does not meet the criteria for a SCR but issues for one or more individual agencies has been identified. The agency identified will then conduct a single agency review in order to learn lessons.

6.1 The following is a brief summary of the current cases:

- There are a total of 8 serious case reviews where the Trust has provided IMR reports
- These 8 SCRs are all in progress – the final reports, (which will be published) are not expected to be released for some months
- Several of the cases are also in the criminal court arena
- In 4 of the cases, the Trust's involvement has been limited to diagnosing non accidental injury
- One of the cases is likely to result in a robust action plan for St George's Healthcare NHS Trust
- Three of the cases are high profile and are likely to generate public interest when the cases are in court as well as when the reports are published
- In these scenarios the Communication Department will be kept advised of the cases
- Learning from serious case reviews and individual management reviews is shared in training sessions, multi-agency learning events and by summaries that are distributed to the workforce
- A number of action plans are in progress with the purpose of strengthening practice, based on the learning from the cases reviewed. Linked with the action plans are various audits designed to evidence the outcomes of the action plans. The action plans and audits are reported to the Acute Service Children and Young People's Safeguarding Committee and the Community Divisional Safeguarding Committee.

7. Looked After Children

7.1 In the acute service a guideline has been produced and in conjunction with the community guideline which is currently being reviewed will form a joint guideline for St George's staff; with the purpose of ensuring that staff are aware of the needs for this vulnerable group of children. The overall policy is due for revision (this is the responsibility of the Designated Nurse for Looked after Children).

7.2 The Looked after Children's health service comprises of a designated doctor, a Medical Advisor and a Specialist Nurse for LAC.

7.3 Health Reviews for looked after children comprise two categories.

- Initial Health Assessments

When a child is taken into care it is statutory requirement that they have an Initial Health Assessment completed by a doctor within 28 days. This is applicable to all age groups 0-18years.

- Review Health Assessments

The review health assessments are completed subject to age.

0-5years Review Health Assessments completed every 6 months by a LAC doctor

6-10 years currently completed annually by G.P.s or LAC doctor if complex needs.

11-18 years completed annually by the Specialist LAC Nurse or doctor if complex needs.

8. Specific Areas to highlight for Acute, Community and maternity Services

The Acute Service

8.6 Female Genital Mutilation (FGM) is currently an area of child abuse that is receiving national and local attention. Within the Wandsworth locality there has been some significant multi-agency working which has resulted in specific helpful guidance. The acute and community service has been represented in this arena by the specialist midwife for perineum care who will be delivering 2 training sessions in November and December to raise awareness about this important issue throughout the workforce.

8.7 The Government have requested that data on the incidence of FGM is collected by health organisations. To this end the Deputy Chief Nurse has arranged a series of meetings to ensure that the appropriate data is collected and is made available.

8.10 Achieving compliance with the safeguarding children training targets remains a priority area.

8.11 The Paediatric Emergency Department has recently introduced a process whereby parents and carers are asked to give signed consent for information sharing. This process has caused some difficulties particularly for the liaison health visitor service. Actions to address the problems are being implemented and the issue has been added to the risk register.

The Community Service

8.13 The Wandsworth Multi-Agency Safeguarding Hub was operational from 1st April 2014. Health services are key partners and a specialist health visitor post has been allocated to work within the MASH, this has been funded by NHS England.

The Maternity Service

8.15 FGM is high on the agenda for Maternity; the Perineal Specialist Midwife delivers a session at the maternity specific Level 3 safeguarding training day, as well as providing ad hoc sessions for other specialties when requested.

8.16 A new Consultant Midwife for Public Health has been appointed, and there are specialist midwives for Mental Health and Domestic Abuse and Substance Misuse. The substance misuse midwife has re-launched the BUMPS service for drug misusing pregnant women. She does a clinic at the St John's Therapy Centre on a Monday afternoon.

8.17 There is a fortnightly psychosocial meeting between social workers, the liaison health visitor, NNU sister responsible for safeguarding and specialist midwives to discuss current cases of concern.

ST GEORGE'S HEALTHCARE NHS TRUST SAFEGUARDING CHILDREN ACTION PLAN 2013- 2014					
Issue identified	Action required	To be addressed via	Time-scale	Responsibility	Date action completed/ progress
The Trust is compliant with Section 11 requirements, CQC standards and national and local guidance	<ul style="list-style-type: none"> • Complete Section 11 audit 2014 if required • Ensure the child safeguarding standards are met • Ensure that the workforce are aware of changes to national and local policies and that internal policies reflect new guidance 	<ul style="list-style-type: none"> • The safeguarding team to complete the section 11 audit as requested • The safeguarding team will report to the Children and Young People's Safeguarding Committee (CYPSC) as well as WSCB • The safeguarding team to keep up to date with national and local developments and share this information with the workforce 	April 2014 – March 2015	The Safeguarding Team	
The Trust ensures that the workforce is appropriately trained in safeguarding children and that information about staff training is accessible and transparent	<ul style="list-style-type: none"> • Ensure all training data is entered onto WIRED • Staff at all levels to be appropriately trained. Ensure minimum compliance for training is 80% at all levels is achieved • Provide a programme of training that meets the needs of the workforce • Safeguarding children training compliance to be subject to monitoring via the risk register 	<ul style="list-style-type: none"> • Staff training will be monitored by the Quality Report process, the risk register and the strategic and operational committees • Alert all staff and managers to check data base • Managers to review safeguarding training compliance as part of the PPR process • An action plan is in progress to address the shortfall in staff training 	April 2014 – March 2015	The Safeguarding Team	

<p>The Trust will ensure that the service provided to meet the needs of children who are looked after is robust and in line with NICE guidance.</p>	<ul style="list-style-type: none"> • A specialist nurse is in place • Revision of Children Looked After policies and procedures • The Designated Nurse will be revising the overarching policy • A permanent Designated Doctor is required 	<ul style="list-style-type: none"> • The acute service to produce a guideline to ensure staff are aware of their responsibilities • The Trust will appoint a Designated Doctor 	<p>April 2014 – March 2015</p>	<p>Nurse Specialist LAC St George's Healthcare NHS Trust Management</p>	
<p>The Trust will work with our partner agencies to address specific aspects in child safeguarding and will take part in multi-agency forums, audits and action plan</p>	<ul style="list-style-type: none"> • The Trust will be represented in all multi-agency forums • The Trust will contribute towards learning opportunities from serious case reviews, individual management reviews and multi-agency audits 	<ul style="list-style-type: none"> • Feedback from the various forums will be included as agenda items (CYPSC) • Learning will be widely shared and included in training opportunities • Action plans and audits will be monitored by the AS CYPSC and the CYPSC 	<p>April 2014 – March 2015</p>	<p>The Safeguarding Team</p>	
<p>The Trust ensures that the actions and learning from Serious Case Reviews (SCR) and Individual Management Reviews are embedded in practice</p>	<ul style="list-style-type: none"> • Lead professionals will be identified for each case • Reports, action plans and progress will be monitored both in house and with our partner agencies • 6 monthly and yearly reports to Trust Board • Identify clear pathway to share learning from complex and serious cases 	<ul style="list-style-type: none"> • All reports – SCR or IMR will be approved by the Chief Nurse and shared with the CYPSC • Action plans will be monitored by the CPYPSC as well as AC CYPSC • The training team and WSCB training sub group will lead on shared learning 	<p>April 2014 – March 2015</p>	<p>The Safeguarding Team</p>	