

EXECUTIVE SUMMARY

REPORT TO:	Trust Board
DATE:	Tuesday 6 October 2015
AGENDA NO:	4.3
AGENDA ITEM:	Safeguarding Children Annual Report 2014/15
SPONSOR:	Darryn Allcorn, Director of Workforce and Development
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PRESENTED BY:	Darryn Allcorn, Director of Workforce and Development

1. Purpose and Key Issues

1.1. The purpose of this paper is to present the annual report to the Trust Board.

- New Named Doctors (job share) commenced in post in July 2014.
- Devon-wide review of safeguarding children and young people services due to failed Ofsted. No direct implication for the Trust, however monthly Devon improvement reports are submitted. As a result of the poor 2013 Ofsted inspection of Devon County Council's safeguarding processes and procedures, many changes are taking place which require good multi-agency cooperation. Named Professionals keep abreast of any changes and participate in cascading inter-agency information within the Trust.
- An update of Level 1 safeguarding children information was attached to all staff wage slips in June 2014.
- Safeguarding children mandatory training compliance has increased, particularly for Levels 2 and 3, although it is not currently at the level required by the Devon Safeguarding Children Board. Delivery of Level 3 training in-house is now by the Named Professionals.
- Existing Safeguarding Children and Young People training content and frequency has been reviewed and amended to ensure compliance with the intercollegiate Guidance released in 2014.
- A Patient and Visitor information leaflet was produced on Safeguarding Children and Young People and disseminated across the whole organisation.
- Safeguarding Children Supervision training has been completed by another 22 safeguarding leads. There are now 40 staff who have been assessed as competent to deliver safeguarding supervision.
- Domestic Abuse and Violence policy has been amended and updated. Both the Safeguarding Children and Safeguarding Children Supervision policies have been updated and all are available on the Safeguarding Children page on BOB.
- Delivery of the Safeguarding Children Workplan (attached as Appendix 1).

- On-going development of a Safeguarding Children Performance Report (attached as Appendix 2).
- Section 11 Audit completed and signed by the Chief Executive of the Trust.

2. Supporting Information

- 2.1. The annual report is attached together with the Safeguarding Children workplan for 2014/15, the Safeguarding Children Performance Report and the Safeguarding Children workplan for 2015/16.

3. Controls and Assurance

- 3.1. The Trust Safeguarding Children's Board has the overview of all Safeguarding Children activity. This meeting is chaired by the Interim Director of Nursing as Executive Lead. The Safeguarding Children Lead attends local and regional meetings for safeguarding children. The Trust Safeguarding Children's Board reports quarterly to the Quality Assurance Committee.
- 3.2. The Annual Report will be presented to the Quality Assurance Committee on an annual basis.

4. Legal and Regulatory Implications

- 4.1. The legal and regulatory implications have been considered and none have been identified.

5. Equality and Diversity Implications

- 5.1. The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. No adverse or positive impacts have been identified from this report.

6. Patient, Public and Staff Engagement

- 6.1. The Trust ensures that patients, the public and staff are involved in the decision-making process when appropriate.

7. Cost Implications

- 7.1. There are no cost implications.

8. Potential Risk to the Organisation

- 8.1. The annual report does not highlight any organisational risks at the current time.

9. Board Prompts

- Is the Board assured that the Trust has robust systems and processes in place for monitoring processes/outcomes related to safeguarding children?
- Is the Board assured that the progress within the Trust on all aspects of safeguarding children is robust and effective?

10. Recommendations

- 10.1. The Board / Committee is asked to **RECEIVE** the Safeguarding Children Annual Report 2014/15.

11. References

- 11.1. None.

12. Strategic Objectives

- 12.1. The Trust's strategic objectives are reviewed by the Board on an annual basis. This paper supports the achievement of the following strategic objectives:

✓	Highest Quality		Flexible and multi-skilled workforce
✓	Sustainable Services	✓	Efficient & Effective
	Integrated Health & Social Care		Provider of Choice

13. Principal Risks

- 13.1. The Trust's principal risks have been identified through the Trust's risk management processes. They are updated as they are identified by the Risk Management Committee. This paper supports the mitigation of the following principal risks:

	Financial planning & management		Clinical records management
	Strategic & business planning	✓	Leadership & management
✓	Workforce numbers		Unsafe behaviour
✓	Workforce skills	✓	External demands
✓	Procedural management	✓	Partnership arrangements
	Equipment & facilities arrangements		Communication

“The welfare of the child is paramount”

CONTENTS

INTRODUCTION	5
BACKGROUND	5
CURRENT POSITION	5
Accountability and Assurance.....	5
Training.....	8
Supervision.....	8
Audits.....	9
 PERFORMANCE MEASURES	
Safeguarding Children MASH Enquiries	10
Safeguarding Children Liaison Process	10
Datix	
 ORGANISATIONAL RISKS.....	11
 OBJECTIVES FOR 2014/2015	13
 CONCLUSION.....	14

1.0 INTRODUCTION

This annual report highlights the work undertaken by the Trust in respect to its commitment and responsibilities in maintaining the safety and protection of children.

The purpose of this report is to inform the Trust Safeguarding Children's Board and Quality Assurance Committee of the safeguarding arrangements currently in place to ensure NDHT meets its statutory responsibilities to safeguard and promote the welfare of children and young people. It provides a detailed review on key aspects of safeguarding activity and partnership working with agencies across Northern, Mid & Eastern Devon.

The responsibility to safeguard children and promote their welfare is, more comprehensive than child protection. To be effective it requires staff to recognise their responsibility to safeguard and promote the welfare of children. This includes ensuring that staff have access to appropriate training, advice, support and safeguarding children supervision in relation to this.

This report reviews the Trust's progress in meeting national/local standards and priorities. It also sets out safeguarding priorities for 2015-16.

2.0 BACKGROUND

The failings in the child protection responsibilities of the statutory sector were originally highlighted by the statutory inquiry into the death of Victoria Climbié by the Lord Laming in 2003. The Government's response to these findings included the Green Paper "*Every Child Matters*" and the provisions of the Children Act 2004. "*Working Together to Safeguard Children 2015*" sets out how organisations and individuals should work together to safeguard and promote the welfare of children and young people in accordance with the Children Acts 1989 and 2004.

In January 2009, the inquest into the death of Baby Peter was reported and the Government commissioned a further report by the Lord Laming which was published in July 2009. This has resulted in a requirement for greater assurance on child safeguarding across agencies.

Work has been undertaken to ensure that the required systems and processes are in place to ensure that safeguarding responsibilities are met by the Organisation.

3.0 CURRENT POSITION

3.1 External Assurance

3.1.1 Devon Safeguarding Children Board (DSCB)

The Devon Safeguarding Children Board is the body with responsibility for safeguarding children across Devon. It reports to Devon County Council which must ensure that comprehensive arrangements are in place across the local area. The Trust is currently represented on Devon Safeguarding Children's Board and is an integral decision maker in the development and progression of the local safeguarding agendas. The Trust representative plays a key role in informing the multi agency board on the development of safeguarding initiatives specifically related to health and social care in Northern Devon Healthcare NHS Trust.

The Trust is represented on a number of Devon Safeguarding Children Board sub-groups, including the Northern & Eastern Locality Forums, The Health Advisory Group and the Workforce Development Group. The Named Nurse for safeguarding children and young people, is the Vice-Chair of North Devon MACSE (Missing and Child Sexual Exploitation) Forum.

3.1.2 Care Quality Commission (CQC)

The CQC has reviewed safeguarding arrangements as part of safeguarding and Looked after Children Review which was undertaken in September 2014. This review looked in detail at the safeguarding arrangements in place across the health economy, particularly how professionals work together to identify and respond to child protection and safeguarding risks.

The review focussed on the quality of health services for Looked after Children, and the effectiveness of safeguarding arrangements for all children in the Devon area and on evaluating the experiences and outcomes for children, young people and their families, who receive health services within the boundaries of Devon.

NDHT has contributed to an Improvement Action Plan which is now in the final stages of being agreed. These actions have also been included in the 2015/16 NDHT safeguarding children work plan.

3.2 Internal Assurance

3.2.2 Trust Safeguarding Children Board

The Trust's Internal Safeguarding Children Board meets quarterly and seeks assurance that all safeguarding commitments and responsibilities are met. The Terms of Reference have been reviewed, revised and membership reconfigured. This group oversees the Safeguarding Children Work Plan (appendix 1) and reports to the Quality Assurance Committee.

3.2.2 Safeguarding Children Operational Group

The operational subgroup of the Trust Safeguarding Children Board is chaired by the DGM for Strategic Delivery, meets monthly and takes relevant action in regard to any operational safeguarding children issues which have been identified. The group maintains an overview of the progress of the safeguarding children work plan.

3.2.3 Safeguarding Children Lead Practitioner Network & Emergency Care Safeguarding Children Network groups

These professional networks groups support the delivery of the Safeguarding Children Work Plan and are chaired by the Named Nurse. The purpose of the networks is to disseminate key learning from cases, incidents and audits, and support the development of safeguarding leadership within services to ensure that they are understood. The networks meet quarterly and report to the Trust Safeguarding Children's Board. Attendance at the network meeting is very good, with representation from different disciplines across the Trust. Feedback from staff attending these network groups is extremely positive. A further 22 Safeguarding Leads have now been trained to provide safeguarding children supervision to their teams. There have been guest speakers discussing relevant and interesting topics during the meetings in 2014/15.

3.2.4 Internal Audit

The Safeguarding Children professionals identify areas of practice to be audited on an annual basis. In 2014/15 two audits were undertaken, one relating to training and the other reviewed the process for initiating child protection plans. No significant areas of concern were identified and actions required in response to recommendations made were added to the safeguarding children work plan 2014/15.

3.3 Safeguarding Lead Professionals

3.3.1 Safeguarding Executive Lead

Kevin Marsh, Director of Nursing had Executive responsibility for safeguarding within the Trust and was the Chair of the Trust Safeguarding Children Board until his retirement. In March the position was covered by Toby Cooper (Head of Midwifery, Children's Nursing Service) and has now been picked up by Debbie Bennion as the Interim Director of Nursing, in March 2015

3.3.2 Named Nurse

Kristine Brayford-West ensures delivery of the Work Plan provides assurance to the Trust Safeguarding Children's Board and delivers strategic objectives. She continues

to be the lead for ensuring compliance in NDHT with the safeguarding agenda both locally and nationally. Kristine represents the Trust at multi agency meetings, provides staff support with safeguarding, child protection issues and court, safeguarding supervision, advice, leadership and empowers staff to be confident in safeguarding children.

3.3.3 Named Doctor

Dr S Richardson retired from the Named Doctor role in June 2014 and was replaced with a job share Named Doctor role. Consultant Paediatricians, Dr Rebecca Rub and Dr Jonathan Walsh, now undertake this role for the Trust.

The Named Doctor continues to provide support, advice and leadership to NDHT doctors and other staff, provide reports for child protection conferences and represent NDHT at multi agency meetings.

3.3.4 Named Midwife

Therese Chapman, Named Midwife for Safeguarding Children & Young People, provides leadership, advice, safeguarding children supervision within maternity services and ensures compliance in NDHT with the safeguarding agenda both locally and nationally.

3.4 Safeguarding children training

During 2014-2015 there has been a continued emphasis on training to ensure increased compliance in respect of Safeguarding Children training at all levels. Monthly compliance reports against position are provided to all budget managers, with targeted detail to ensure increased compliance. The compliance target is 90%, as advised by the DSCB Workforce Development training sub group. Performance against this is detailed in the table below.

	March 2014	March 2015
Level 1	96.6%	97.9%
Level 2	77.3%	84.2%
Level 3	74.6%	79.7%

Level one has remained above the compliance target this year. Staff have undertaken awareness training and remain compliant with the need to update every three years. Level 2 has continued to see an increase in compliance with work is on-going to achieve the compliance target.

Action plans in terms of achieving 90% compliance in Level 3 has led to a change in delivery method. Content of training has been reviewed during 2014/15 to reflect national and local guidance and policy

3.5 Safeguarding Children Supervision

During 2014-2015 there has been a significant emphasis on increasing the provision of safeguarding supervision. Safeguarding children supervision is a requirement for all staff who have face to face contact with children and young people. It is accessed via the named professionals or via the trained safeguarding leads. The Trust Safeguarding Children Supervision policy has been reviewed and amended and is available to all staff via the Safeguarding Children page–on BOB. All safeguarding children supervision that is undertaken will be reported to the Safeguarding Children Team so that compliance can be monitored.

The Safeguarding Multi-Agency Review Team (SMART), chaired by the Named Doctor, meets quarterly to review cases and share learning. These meetings are attended by paediatric medical and nursing staff, staff from other specialities and a senior social worker. Paediatricians can access supervision from the Named Doctor as required.

3.6. Audits

3.6.1 Internal Audit

The Trust commissioned a Safeguarding Children Internal Audit during the year. This report was published in March 2014 and the actions were included in the Work Plan.

3.6.2 Section 11 Audit

Section 11 (Children Act, 2004) places a statutory duty on Organisations to make arrangements to ensure that in discharging their functions, they have regard to the need to safeguard and promote the welfare of children. Compliance is mandatory.

The Section 11 Audit was submitted to the Devon Safeguarding Children's Board in January 2015. There were no actions incorporated into the Safeguarding Children Work Plan as progress has been made against delivery.

3.6.3 Safeguarding Children Audit Plan

The 2014/15 Safeguarding Children Audit plan was agreed.

3.7 Serious Case Reviews

In March 2014 NDHT had been advised by DSCB, of a Serious Case Review which was to be commenced. NDHT has not been involved with any other Serious Case Reviews during 2014/2015.

3.8 'Voice' of the child

Work is currently taking place between the Named Nurse for safeguarding children and the Communications Team, looking at how the 'voice' of the child can be captured.

3.9 Safeguarding Children Page on BOB

This has been further developed and includes updated legislation, child sexual exploitation, female genital mutilation and domestic abuse information and guidance.

3.10 Policies and Procedures

The Trust Safeguarding Children and Safeguarding Children Supervision policies have been reviewed and updated and are available for all staff to access on the Safeguarding Children page on BOB.

3.11 Performance Measures

During the 2014/15 year the Safeguarding Children Performance Report has been developed and attached as Appendix 2.

3.12 Multi Agency Safeguarding Hub (MASH) Enquiries

The MASH is a partnership between Devon County Council, children's social care, education, youth services and Devon NHS health services. The MASH is the single point of contact for all safeguarding enquires.

The Safeguarding team have enhanced the information system established to monitor the number and quality of MASH enquires submitted to the MASH from NDHT staff.

Copies of MASH enquiries are now filed in the child's healthcare record and a copy of the MASH enquiry is sent to the child's GP and health visitor / school nurse.

Table 1 gives a breakdown of the number and department reporting to the MASH between 1st April 2014 and 31st March 2015. This identifies an increase since 2013/14 when 216 MASH enquiries were made. Of these MASH enquiries 48 related to children presenting with deliberate self-harm.

Area	2013/14 Total	2014/15 Total
Caroline Thorpe Ward	14	19
Consultant Paediatricians	17	8
Dental Access Centre	1	5
Emergency Department	65	98
Genito Urinary Medicine/Family Planning	5	14
Maternity/Community Midwives	64	63
Minor Injury Units	31	20
Named Professional	0	3
Orthodontist	0	0
Special Care Baby Unit	2	1
Other	17	34
Total	216	265
Deliberate Self-Harm	**	48

**** Not previously recorded**

3.13 Safeguarding Children Liaison Form Process (SCLF)

The safeguarding children liaison form ensures that there is a system in place that supports staff, shares information with health visitors and school health nurses and partner agencies when they are concerned about a child or parents/carers or the child has a SW or is a LAC. The concern may not warrant a MASH enquiry being submitted, but the child or parents/carers may benefit from support from a health visitor, or school health nurse or partner agency. This process was reviewed as part of the 2014/15 workplan.

Table 2 show the speciality and number of safeguarding children liaison forms that were submitted between 1st April 2014 and March 2015. This identifies a decrease since 2013/14, where 1050 SCLF form were completed. Of the SCLFs reported, 84 related to children presenting with deliberate self-harm

Area	2013/14 Total	2014/15 Total
Caroline Thorpe Ward	2	13
Emergency Department	381	340
Minor Injury Unit's	660	364
Orthoptics		48
Other	7	44
Total	1050	809
Deliberate Self-Harm	**	84

**** Not previously recorded**

3.14 Court Statements

Staff continue to be requested to provide court statements or chronologies for legal proceedings. The procedure for providing such is highlighted in the Safeguarding Children Policy and has been reviewed and revised during the year. Staff have been supported by the Named Nurse when attending Court to provide evidence and staff are advised that all statements and chronologies are reviewed by their Line Manager and Named Professionals prior to submission.

3.15 Datix Incidents

There were 17 safeguarding children related incidents between April 2014 and March 2015, a reduction from 20 the previous year. There were two separate themes identified during this period:-

- 3 unexpected admissions to SCBU
- 4 inappropriate placements for children who required mental health services being placed on the Paediatric ward (Caroline Thorpe Ward)

Recommendations from incident investigations are incorporated into the Safeguarding Children Work Plan.

3.16 Significant Event Audits

During the 2014/15 year 1 SEA was reported to the Safeguarding Children Board, which related to the placement and extended stay of a child with mental health issues on the children's unit whilst waiting for a Tier 4 placement.

3.17 Organisational Risk

There are several risks in relation to safeguarding children on the Trust risk register, each are clearly defined with controls and action plans in place to reduce risk. There were four risks open on the risk register at 31 March 2015 as follows:

- 2427 Risk of safeguarding concerns not being acted upon due to poor communication between paediatric multi-agencies (current risk score of 12) - one action outstanding on this risk assessment which relates to the provision of specialist mental health assessment for children. There is currently a commissioning review of paediatric mental health service being led by the CCG and funding has also been identified to commission a rapid response team. It is therefore proposed that whilst these two actions are being undertaken the risk remains on the risk register with the action deadline extended to December 2014 **(Risk score = 12)**
- 2991 Risk of inappropriate use of Caroline Thorpe Ward for patients with mental health or social issues **(Risk score 10)**
- 3164 Risk of children being 'missed' if they are potentially at risk of harm due to no Paediatric Liaison Nurse - Safeguarding **(Risk score = 12)**. This risk is being carried over to June 2015. This 'gap' in our service has been highlighted by the CQC in September 2014.
- 3232 Risk of inappropriate and prolonged stay on Caroline Thorpe Ward due to issues with obtaining tier 4 beds **(Risk score = 15)**

Three risks were closed during the 2014/15 year as actions had been completed as follows:

- 2136 – no Named Doctor in post
- 2991 – staff not identifying children in care accessing NDHT services
- 2690 – Risk to the safeguarding of children due to lack of sharing information

3.18 Domestic Abuse

Multi Agency Risk Assessment Conferences (MARAC) are local monthly meetings where information about high risk domestic abuse victims is shared between local agencies. These meetings;

- Share information to increase the safety health and well-being of victims, adults and their children
- Determine whether the perpetrator poses a significant risk to any particular individual or to the community
- Develop and implement a risk management plan that provides support to all those at risk of harm

The Trust is represented by the Independent Domestic Violence Advisor (IDVA), and any other appropriate member of staff.

The Trust has been involved with a national research referred to as the 'THEMIS' study, which is researching the benefits of having IDVA's placed within acute settings. This study continues until March 2016. The Named Nurse is the Principle Investigator and the IDVA's are recruiting and working with clients. Currently Northern Devon Healthcare Trust is the most successful at recruiting nationally.

3.18.1 Role of the Independent Domestic Violence Advisor (IDVA)

Our health IDVA is a qualified social worker. The main purpose of the IDVA is to address the safety of patient's or staff of NDDH who have disclosed being a victim at risk of harm from an intimate partner, ex-partner or family members. The IDVA works collaboratively with other agencies to secure the safety of these clients and their children, serving as their primary point of contact.

The health IDVA delivers Domestic Abuse training and also co-facilitates with the Named Nurse at level 3 in-house Safeguarding Children training. She recently completed her training as a Safeguarding Children Supervisor and now provides safeguarding children supervision to NDHT staff in various departments

The IDVA works alongside her client from the point of crisis to assess the level of risk, discuss the range of suitable options and develop an agreed safety plan. These plans include actions from the Multi-Agency Risk Assessment Conference (MARAC) as well as sanctions and remedies available through the criminal and civil courts, housing options and services available through other organisations

The IDVA receives referrals from all areas within Northern Devon Healthcare (patients & staff). During April 2013- March 2015 there were 522 referrals, of which 470 engaged with the Health IDVA. Of those 470; 87 were High risk and presented at MARAC. Of the 522 referred 349 came from the Emergency Department, 92 maternity, 81 other. These victims had between them 542 children.

Due to lack of funding from the CCG the IDVA contract was due to run out at the end of March 2015

3.19 Objectives for 2015/16

There is a comprehensive rolling Safeguarding Children Work Plan in place which sets out the organisation's priorities in achieving its objectives. This is attached as Appendix 3.

Looking forward to 2015/16

- Work will continue to be undertaken to ensure that the 'voice of the child' is included in safeguarding work.

- The team will continue to work in partnership with the DSCB in providing commitment and leadership in the safeguarding agenda.
- Ensure compliance of safeguarding children training is achieved.
- Ensure that Trust staff are able to identify any potential Child Sexual Exploitation cases and report concerns appropriately and the Named Nurse or Doctors continue to be contribute and attend the North Devon MACSE (Missing and Child Sexual Exploitation) Forums
- All information/guidance relating to safeguarding children and young people is easily accessible to staff across the Trust.
- Fully participate, review and learn from local and national Serious Case Reviews.
- Work to achieve the CQC Action Plan is addressed in a timely and efficient manner.
- Continue to raise the profile of the importance of staff accessing safeguarding children supervision and monitor compliance.
- Work in partnership with the Devon Safeguarding Children's Board and support staff involved with the Serious Case Review (CN12).
- Continue to ensure that relevant staff can access safeguarding children supervision when required and as per safeguarding children supervision policy.
- Working closely to secure on-going funding for the Health IDVA and complete the THEMIS National study
- Develop a business case for a Paediatric Liaison Nurse to support liaison between agencies for children identified as a cause for concern but low risk of harm.

We will continue to work collaboratively with partner agencies to identify solutions to address any gaps in the current safeguarding provision across Devon.

3.0 CONCLUSION

The Government's reforms put patients and the quality of their care at the heart of the NHS. The Government's commitment to patient choice, control and accountability includes support and protection for those in the most vulnerable situations. Health services have responsibilities for the safety and well being of all their patients. However, they have particular duties for those patients who are less able to protect themselves from harm, neglect or abuse.

As a consequence the Trust has had to undertake a considerable amount of work to ensure that those most vulnerable patients are protected and that the workforce recognises that safeguarding children is everyone's business.