

TRUST BOARD
31st March 2011

TITLE	Trust Annual Safeguarding Children Report
EXECUTIVE SUMMARY	The Annual Safeguarding Children report enables the Board to review Safeguarding Children activity over the past year in relation to compliance with statutory requirements.
BOARD ASSURANCE (RISK)/ IMPLICATIONS	The report provides assurance to the Board that the Trust meets its statutory responsibilities in relation to Safeguarding Children.
STAKEHOLDER/ PATIENT IMPACT AND VIEWS	<p>The Surrey Safeguarding Children Board (SSCB) monitors and manages safeguarding arrangements within all agencies across the county. The Health and Child Safeguarding Sub-group of the SSCB is attended by the Chief Nurse.</p> <p>The Trust Safeguarding Steering Group have reviewed and revised their terms of reference. The Trust Steering Group is Chaired by the Chief Nurse.</p>
EQUALITY AND DIVERSITY ISSUES	The Trust's Safeguarding arrangements at all times reflect the ethnic, social, religious and sexual diversity of our patients and their families.
LEGAL ISSUES	Safeguarding Children arrangements need to be compliant with section 11 of the Children Act 2004
The Trust Board is asked to:	Note and approve the report.
Submitted by:	Nikki Love Named Nurse for Child Protection Kate Brocklesby Named Doctor for Child Protection on behalf of Suzanne Rankin, Chief Nurse
Date:	22 nd March 2011
Decision:	For Noting/Approving

**ANNUAL REPORT OF THE SAFEGUARDING STEERING
GROUP
2010-2011**

PRESENTED TO THE BOARD ON 31ST March 2011

**Suzanne Rankin
Chief Nurse**

**Dr Kate Brocklesby
Consultant Paediatrician and Named Doctor for
Safeguarding Children**

**Nikki Love
Named Nurse for Safeguarding Children**

1 INTRODUCTION

The Safeguarding Annual Report provides an overview of Safeguarding Children for the period April 2011 – March 2011.

The purpose of the annual report is:

- to provide assurance to the Ashford and St Peter's Hospital Foundation Trust Board that the Trust is fulfilling its statutory responsibilities in relation to Safeguarding Children

- to analyse any existing or potential areas of risk in relation to its statutory responsibilities

- to provide an update to the Board on service developments in relation to Safeguarding

- to seek the Board's approval of the proposed objectives for the period April 2011 to March 2012.

2 OVERVIEW

Safeguarding and Child Protection continues to have a high profile on a national basis. We are currently awaiting the publication of the final report of the Munro Review of Child Protection in England due in April 2011. The Munro Review of Child Protection is part of a national drive to improve the quality of child protection services. The Munro Review was commissioned in June 2010 by the Secretary of State for Education. The final report will contain recommendations for safeguarding children which we will need to be incorporated into practice.

There are increased performance monitoring requirements for providers to give assurance in key safeguarding areas to Commissioners, the Strategic Health Authority, Surrey Safeguarding Children Board, and the Care Quality Commission that we are compliant or that we have a clear action plan in areas where we are not fully compliant.

In 2010 there has been the publication of the revised "Working Together to Safeguard Children" (HM Government, March 2010) which contains both statutory and non statutory guidance. The Surrey Safeguarding Children Board procedures were revised in the light of the new "Working Together to Safeguard Children". We are currently revising and updating our Ashford and St Peter's Child Protection/Safeguarding policy to incorporate these changes.

The Intercollegiate Document "Safeguarding Children and Young People: Roles and Competencies for Health Care Staff" has also been revised in 2010, and this has

significant implications in respect of staff groups who require specific levels of safeguarding training. Over the past year there has been a further significant commitment from the safeguarding team to provide mandatory level 2 safeguarding training to all members of staff. All Paediatric Consultants have accessed level 3 training as well as a number of Paediatric Registrars. The majority of nursing staff within Paediatrics and NICU have also accessed level 3 training, the small number of nursing staff who have not yet received level 3 training will be accessing Surrey Safeguarding Children Board training shortly. Senior midwives have also received level 3 training.

We continue to work closely with our colleagues in the Local Authority, Surrey Community Health, and other local providers as required by the Local Safeguarding Children Board.

There have been key changes of staff over the past year with the appointment in December 2010 of a new Chief Nurse, Suzanne Rankin who is the Trust Executive lead for Safeguarding.

As of January 2010 the paediatric department started to see all young people between the age of 16 and up, until their 18th birthday, within the Paediatric Accident and Emergency Department; providing both inpatient and outpatient services. This is in line with the National Service Framework and has improved safeguarding for this vulnerable age group of young people. There is ongoing work to ensure that all children and young people attending for outpatient appointments are seen within an appropriate paediatric environment, as opposed to the adult outpatient department.

Over the past year the Trust has dealt with a high number of safeguarding incidents, including several extremely challenging cases, which have required considerable input from the Safeguarding Team and court attendance.

In September 2010, the Trust were involved in a Surrey wide OFSTED/CQC inspection which focused on safeguarding children arrangements and looked after children. The Safeguarding Team participated in a number of focus groups and St Peter's Hospital was identified as the Surrey acute hospital to receive a CQC visit. The report of this inspection reflected favourably on Ashford and St Peter's Hospital (OFSTED 2010).

The Safeguarding Team is working extremely hard to meet the ever increasing demands of the Safeguarding Agenda. The safeguarding requirements are increasing at a time when service provision from partner agencies is decreasing, due to the need for financial restraint. There is still no hospital social worker. Unfortunately this is in line with all other acute trusts in Surrey. At present the Trust has a link social worker allocated. The lack of a dedicated hospital social worker remains on the Corporate Risk Register.

The role of the Paediatric Liaison Nurse has also changed over the past year; the post holder is a Surrey Community Health member of staff. In line with the Paediatric Liaison Service in all the other trusts in Surrey, there is a requirement for postholders to play a more active safeguarding role within the community. There is now an increased need for Trust staff to liaise directly with community colleagues. The lack of hospital social worker and the changes in the Paediatric Liaison role have placed a significantly increased burden on the Safeguarding Team, whom have needed to incorporate some of these functions into their own roles.

3 STATUTORY REQUIREMENTS AND MONITORING

3.1 The National Service Framework for Children and Maternity Services (NSF) incorporates the statutory duties within its core standards, and standard 5 relates to Safeguarding children.

3.2 Care Quality Commission (CQC) – Safeguarding and Safety Outcome 7.
The requirement of acute trusts to safeguard and promote the welfare of children as set out in Section 11 of the Children Act 2004 and Working Together to Safeguard Children (2010) are monitored by the Care Quality Commission (CQC) and included within its core standards. Safeguarding children falls within Outcome 7.

3.3 Care Quality Commission (CQC) – Safeguarding Children Review.
The CQC Safeguarding Children Review was published in July 2009, and reviewed safeguarding arrangements across all NHS Trusts in England. The report identified, in the main, that trusts had the correct people and systems in place in order to safeguard children. The report also identified significant shortfalls in safeguarding training across trusts, adherence to statutory requirements in relation to CRB checks and support for safeguarding staff.

3.4 David Nicholson Letter
In response to the publication of the Safeguarding Children Review, a letter was received from the NHS Chief Executive, David Nicholson, in July 2009, requesting assurance that specific criteria were in place and for the Trust Board to publish a declaration by 31st December 2009, stating that specific criteria had been met. The Trust placed its declaration on the Trust website on 4th January 2010 to confirm compliance.

3.5 Surrey Safeguarding Children Board
The Trust is represented on the Health and Child Safeguarding Sub-group of the Surrey Safeguarding Children Board by the Trust Executive Lead for Safeguarding, the Chief Nurse, Suzanne Rankin. Information from the sub-group is disseminated via the Trust Safeguarding Steering Group. As of April 2011, the Named Doctor will also attend these meetings with the Chief Nurse.

3.5.1 Section 11 Audit
The Trust is required to complete an annual audit regarding its compliance with requirements to safeguard and promote the welfare of children under section 11 of the Children Act 2004.

4 SUMMARY OF NATIONAL REVIEWS AND GUIDANCE FOR SAFEGUARDING CHILDREN 2010-2011

Working Together to Safeguard Children was updated and published in March 2010, although Chapter 8 of the guidance setting out requirements and responsibilities for the serious case review process was finalised in December 2009. Working Together is government guidance that 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 Act 1989 and Children Act 2004.

The change in government in May 2010 generated a further review of safeguarding children arrangements. The Department of Schools, Children and Families has been replaced by the Department of Education. Professor Eileen Monroe has been commissioned to undertake a further review of child protection arrangements in the UK, the final report is expected in April 2011. There have also been changes to previously agreed safeguarding policy; this includes discontinuation of Contactpoint and changes to the Independent Safeguarding Authority – Vetting and Barring arrangements.

The Intercollegiate Document “Safeguarding Children and Young People: Roles and Competencies for Health Care Staff” outlining required training and competencies were revised and published in September 2010.

5 STAFFING

The Trust currently has 3 named professionals in post and a specialist midwife:

Named Nurse	Nikki Love
Named Doctor	Dr Kate Brocklesby
Named Midwife	Theresa Spink
Specialist Midwife Safeguarding and Vulnerable Women	Deirdre Race

All Named professionals have attended additional training provided by the Surrey Safeguarding Children Board during the past year. The Named Doctor and Named Midwife have completed the Strategic Health Authority Leadership in Safeguarding Course, the Named Doctor has also attended national training courses. Other Named professionals will be attending national training courses later this year.

All Named professionals receive safeguarding supervision from the Designated Doctor or Designated Nurse on a regular basis in line with current requirements.

Safeguarding supervision is provided to Trust staff by all the Named professionals as follows:

- to any member of staff at point of need on an adhoc basis
- on a weekly basis during the NICU social meeting, the safeguarding meeting in paediatric A&E, and during the paediatric grand round. The Named Doctor and Named Nurse meet on a weekly basis to discuss cases
- regular supervision sessions are being offered to those nursing staff with ongoing case management responsibilities
- Specialist Midwife and Named Midwife meet on a weekly basis to discuss current cases and receive regular supervision as and when required
- formalised peer review of safeguarding cases is in the process of being arranged for all Paediatric Consultants.

There is no longer a Paediatric Social Worker based at the Trust and despite high level communication from the Chief Nurse and Chief Executive with the Director of Social Services, and a number of high profile meetings, this post has not been reinstated. Currently the Trust has an allocated link social worker who is a Team Manager within the North West Assessment Team. The link social worker has committed to attending the

Safeguarding meeting in the Accident and Emergency Department on alternate weeks; a meeting with the Community Neonatal Nurses on a fortnightly basis; the monthly Midwifery Safeguarding meeting, and the bi-monthly Trust Safeguarding Steering Group meeting. The link social worker is also available by telephone for consultation around cases. Safeguarding referrals are discussed directly with the Surrey Contact Centre.

A Named Nurses forum has been established to enable Named Nurses from each acute trust in Surrey; Surrey Community Health; and Surrey and Borders Partnership to meet together bi-monthly to discuss and progress current issues. The Named Doctors within Surrey and the Community have a similar forum and meet every 4 months.

In March 2011, there was the re-establishment of the North West Area Multi-Agency Group, providing a local interface between all agencies. The Named professionals are representatives from the Trust on this group.

The Chief Nurse is the Trust representative on the Health and Safeguarding Group of the Surrey Safeguarding Children Board; these meetings are held quarterly.

Multiagency issues are disseminated at the Trust Safeguarding Steering Group, and escalated upwards from this group.

6 SAFEGUARDING CHILDREN STEERING GROUP

The Steering Group continues to be chaired by the Trust Board Executive Director for Safeguarding, Chief Nurse, Suzanne Rankin, the membership is as follows:

Suzanne Rankin	Chair Chief Nurse
Vacant	Non Executive Director
Susan Brown	Head of Nursing
Kate Brocklesby	Named Doctor
Nikki Love	Named Nurse
Theresa Spink	Named Midwife
Deirdre Race	Specialist Midwife Safeguarding and Vulnerable Women
Helen Sibley	General Manager Women and Children's Services
Dagmar Gohil	Matron Paediatrics
Michelle Wolfendale	Paediatric Liaison Nurse
Wendy Pulling	Matron Emergency Services (or representative)
Marcus Wootton	Charge Nurse/Sister Paediatric A&E
Suzie Mellis	Children's Services Social Care Representative
Laura Ellis-Phillips	Information Technology Services Manager
Judy Henville	Human Resources
Liz Guest	NICU Link Nurse
Jillian Pritchard	Consultant Genital Urinary Medicine

The group meets bi-monthly, there have been some difficulties with achieving quoracy, particularly if meetings have had to be rearranged due to competing external pressures. The terms of reference have been revised in March 2011 (see attached Appendix 1). The group continues to monitor safeguarding activity within the Trust, and safeguarding

activity is developed through the Steering Group action plan (see attached Appendix 2) which is updated on a regular basis.

7 KEY ACHIEVEMENTS IN 2010

Over the past year safeguarding work within the Trust has remained very demanding and challenging. Safeguarding continues to have a high profile within the Trust, and there is ongoing work to develop staff awareness of safeguarding concerns. This remains a challenge in areas where there is a high turnover of staff.

7.1. Safeguarding Training 2010

Safeguarding training at level 2 is mandatory for all staff within the Trust. Following on from the intensive training provided last year, there has been a further drive to ensure that all staff (95% to allow for long term sick leave and maternity leave) access level 2 safeguarding training. Numerous training sessions have been made available to staff which significantly exceeded the required capacity. There has also been high level endorsement and support of the requirement for all staff to attend from the Chief Nurse and Medical Director. Again all training has been widely advertised on the intranet.

To date 92% of staff have been trained. Whilst this is an achievement, and meets the safeguarding requirements, it is disappointing not to have reached full compliance. It must be recognised that within the last 2 quarters of this financial year there have been significant operational pressures within the Trust which may well have limited the opportunities for staff to attend training. Nevertheless, the aspiration to achieve full compliance remains a firm commitment. Level 2 training is provided to all staff on induction.

Further level 3 training sessions have also been provided within the Trust by a Surrey Safeguarding Board Trainer for those staff who “predominately work with children, young people and parents” as defined in the 2006 Intercollegiate document. This training should be multiagency and hence cannot be provided by the Named Professionals. All paediatric consultants and community midwives, and the majority of paediatric and NICU nursing staff and senior midwives have completed level 3 training. As previously stated the Intercollegiate document was revised at the end of 2010; there are now additional groups of staff who need to access level 3 training. This change has enormous implications in terms of availability of training, and the ability to release staff for training. There is as yet no timescale for training to be completed by the additional staff groups. We are in the process of scoping the number of additional staff eligible, and will be working with the Surrey Safeguarding Children Board regarding provision. There is potentially a considerable cost implication for providing in house level 3 training.

Paediatric, NICU and Maternity staff currently also receive safeguarding training on the Mandatory Training update days provided by the Named Nurse and Specialist Midwife/Named Midwife. These sessions incorporate new developments, feedback from serious case reviews and facilitate reflection on cases from within the Trust.

Safeguarding training is also offered to all consultants as part of the mandatory training programme.

Safeguarding training is recorded on a single electronic database, linking with the Electronic Staff Record (ESR); there have been some challenges with achieving

accurate data. In the future it is anticipated that safeguarding training at level 1 and 2, and refresher training may be able to be provided as an online training module. A pilot study is currently being undertaken regarding the online training module.

7.2.1 Records and Record Keeping

A record keeping audit is completed on an annual basis within the paediatric department, and 6 monthly in the maternity department; and incorporates safeguarding questions. The completed audit will be fed back to the Surrey Safeguarding Children Board. An audit of child protection notes has also been completed.

The Paediatric Accident and Emergency Attendance Card has been revised and incorporates a safeguarding assessment and screening to identify safeguarding issues, and to flag those children already deemed to be vulnerable and known to social services. Senior paediatric staff within the Paediatric Accident and Emergency Department and the Named Professionals now have online access to details of those children subject to a child protection plan in Surrey. The Adult Accident and Emergency Card has also been revised to incorporate a set of questions as to whether attendees have any dependent children under the age of 18 years. Identified safeguarding concerns are reviewed in the weekly safeguarding meeting.

7.3 Safeguarding Referral Process

The safeguarding referral flowchart provides clear guidance for staff to follow when making a referral, and utilizes the Surrey wide Interagency Referral Form which has replaced the urgent Common Assessment framework (CAF) form as a means of an urgent referral to social services. The referral process is clearly discussed within training. The referral form and flow chart are available on the Trust Intranet, and referral pack is available in the Accident and Emergency Department.

7.4 Child Protection Website

The website was revised in September 2010, and provides contact details for the Safeguarding Team and local Social Services Departments. In addition the site provides the ASPH Child Protection Policy, the Maternity Safeguarding Policy, a link to the Surrey Safeguarding Children Board Procedures, information regarding training and a range of other safeguarding resources.

7.5 Patient Centre

An Information Technology (IT) project, patient centre, was successfully piloted within the Paediatric Accident and Emergency Department. Patient Centre is working extremely well, and provides instantly available information regarding a child's previous attendance and admission to the hospital, providing a summary of diagnosis and treatment.

7.6 Information sharing

All attendances to the Paediatric Accident and Emergency Department are now notified to the child's GP by an electronic letter generated from patient centre. This has greatly improved information sharing with the GPs.

7.7 Safer Recruitment and CRB Checking

All staff at ASPH Foundation Trust are required to complete a criminal record disclosure check (CRB) on starting at the Trust. All staff working within clinical areas are required to obtain an enhanced CRB disclosure. All staff at ASPH are subject to appropriate

CRB checks and these are revised on a 3 yearly basis. Human Resources have a process in place to ensure CRB checks are renewed in an appropriate timescale. We have made great improvements in this area. A human resources representative is a member of the Trust Safeguarding Steering Group and provides reporting and assurance of safeguarding practice.

Safeguarding children is everyone's responsibility and as such, all staff need to be aware of their responsibility to keep children safe. A standard statement is now incorporated into all job descriptions for both clinical and non-clinical staff.

7.8 Child Death Overview

Since April 2008 all safeguarding children boards are required to have procedures in place for all unexpected child deaths. The Trust complies with the requirements from the SSCB and the guidance within "Working Together to Safeguard Children". All unexpected child deaths are referred to the Surrey Child Death Co-ordinator, and as such a number of child death review meetings have been held within the Trust. To date all unexpected child deaths occurring within the Trust have been found to be unpreventable. All child deaths are reported to the Trust Safeguarding Steering Group and the data recorded within the minutes.

8 SAFEGUARDING GOVERNANCE

8.1 Policies and Procedures

Safeguarding children in Surrey is co-ordinated by the Surrey Safeguarding Children Board (SSCB) and we are governed by the Surrey Safeguarding Children Board Procedures.

8.2

The local Ashford and St Peter's Safeguarding/Child Protection Policy reflects the SSCB procedures; this is in the process of being revised, and will need to be ratified. The Trust policy incorporates the DNA/No Access policy and Supervision policy. The Child Protection/Safeguarding policy is available on the Trust intranet, and the content of the policy will be reinforced in training. The Trust Safeguarding policy is being revised to incorporate strengthened guidance regarding supervision and the process for children who miss appointments.

8.3 Skeletal Surrey Policy for Non-accidental injury – October 2009

8.4 Surrey Wide Self Discharge Policy- 2010

8.5 Maternity Safeguarding Policy- June 2010 is available on the Trustnet as well as the maternity departmental site. The policy is discussed at all mandatory training sessions and with all new starters. The policy has an electronic link to the Surrey Safeguarding Children Board website.

9 RISK MANAGEMENT

9.1 All safeguarding risks are highlighted at the Trust Steering Group and fed back to the Trust Board via the Chief Nurse. There is monthly reporting to the clinical governance committee and IGAC via a performance monitoring tool. Serious Case Reviews and any

untoward incidents are also escalated via the Trust Steering Group and Directorate leads; recommendations from these events are disseminated via safeguarding training.

9.2 Risks

At present it is not possible to access information regarding those children subject to a child protection plan on a national basis as is recommended. This will require ongoing work within Social Services and on a multi-agency basis. This recommendation has also been compromised by the discontinuation of the government's Contact Point project.

Currently there is not routine feedback from Surrey Children's Services in respect of referrals made to them as required by Surrey Safeguarding Children Board procedures. There are resource implications within the Safeguard Team in respect of the capacity to follow up the outcome of referrals. The lack of feedback has been highlighted to Surrey Safeguarding Children Board. Feedback on maternity referrals is more robust, this may be due to the ongoing continuity of midwifery care.

There is no longer a Paediatric Hospital Social Worker for the Trust, in line with all other acute trusts in Surrey. There have been discussions at a high level between the Trust and Social Services regarding the withdrawal of this post. The absence of a paediatric hospital social worker, and the consequential impact is monitored on the risk register and via clinical governance.

10 SERIOUS CASE REVIEWS

A Serious Case Review (SCR) is undertaken when ever a child dies or is seriously injured and abuse or neglect is a contributory factor. A SCR is instigated by the local SSCB and is a comprehensive investigation with contribution from all involved agencies in the form of an Internal Management Review (IMR). Individual IMRs and overarching SCR contain recommendations for practice. The SCR is an important tool for learning lessons from the death or serious injury to a child. All SCR are submitted to OFSTED and graded. The executive summary from each SCR is published and available as a public document.

The Trust has had ongoing involvement in 2 SCRs.

10.1

Case one was requested via Hounslow Safeguarding Children Board in 2009, and the IMR undertaken by the previous Named Nurse for Safeguarding. The case related to serious child sexual abuse. The overview report has now been received from Hounslow, and feedback has been received from OFSTED. The Trust's IMR was graded as inadequate. On reflection Hounslow LSCB should have notified Surrey SSCB of the request for an IMR as Surrey SSCB were unaware of the request until after submission. The IMR was not signed off by the Chief Executive. The process of an SCR from inception to submission is lengthy by which time the grading criteria had been revised.

10.2

The second case is a SCR requested by Surrey SSCB. The IMR was undertaken by Susan Brown. The SCR has not yet been submitted to OFSTED as there is an ongoing court case. This case related to an 8 month old child following suspected drowning.

10.3

The recommendations from both of the above SCR have been incorporated into the Trust Safeguarding Steering Group action plan (see attached).

10.4

All Named Professionals have completed training in respect of Serious Case Reviews and the production of IMRs. There is currently enhanced scrutiny and request for revision of IMRs by the Surrey SSCB prior to submission.

11 CRITICAL INCIDENTS

An internal investigation has just been completed following a grade 3 clinical incident at the Trust in April 2010. The incident related to a premature infant who was noted to have a fractured femur following transfer to another hospital from this Trust. The investigation concluded that the fracture did not occur during the time the infant was at Ashford and St Peter's Hospital.

12 PERFORMANCE MONITORING

There are increasing requirements for the Trust in respect of safeguarding arrangements and the need to provide assurance of our compliance. We are currently required to complete a number of performance monitoring tools to demonstrate and evidence our compliance status with safeguarding arrangements.

An audit of compliance with Section 11 of the Children's Act is requested by Surrey SSCB on an annual basis, this has recently been received and is due for completion and submission by the end of April 2011.

A performance monitoring tool was requested by the Designated Doctor and Nurse from a commissioning perspective for submission to the SHA.

The Trust has also been requested to complete a performance monitoring template for Surrey Community Health Commissioners. This request should have been sent to us in November 2010, but was only received by the Named Nurse in February 2011.

At times these requests have been received with very short notice for submission. The lack of notice has made it difficult to put strategies in place in those areas where we do not have full compliance. The Trust Steering Group action plan will reflect those areas for safeguarding development.

13 FUTURE DEVELOPMENTS/PRIORITIES FOR 2011/2012

- I. To review the current safeguarding policy.
- II. To review and monitor the link social worker provision.
- III. To further develop supervision within the Trust.
- IV. To improve the provision of information sharing material within the Trust.

- V. To maintain and improve on the current level of safeguarding training achieved by the Trust.
- VI. To develop the use of a Safeguarding Folder within paediatric records.
- VII. To develop online training.
- VIII. To develop safeguarding link workers within key areas.
- IX. To further develop IT systems.
- X. To review paediatric paperwork from a safeguarding perspective.
- XI. To further review the Trust safeguarding policy and procedures following the publication of the final Munro report.
- XII. To ensure all policies are ratified by the SSCB.
- XIII. To develop an audit plan, and to ensure that all audits are shared with the Designated Nurse and Designated Doctor.

14 SUMMARY

There are clearly resource issues in meeting the ever increasing requirements of the Safeguarding Agenda. The existing Safeguarding Team will work with the Chief Nurse and partner agencies to identify how best to manage the demand into the future for training, supervision and performance review. This is critical in ensuring the continuance of a high quality safeguarding service.

<p>Terms of Reference: <u>SAFEGUARDING CHILDREN STEERING GROUP</u></p>
<p>Constitution</p> <p>The Clinical Governance Committee hereby resolves to establish a sub-committee to be known as the Safeguarding Children Steering Group</p>
<p>Authority</p> <p>The Group is authorised by the Committee to promote good practice in respect of Safeguarding Children in the organisation to improve the experience for patients/carers and staff. It is authorised to seek information it requires from any employee and employees are directed to co-operate with initiatives to improve Safeguarding Children.</p>
<p>Membership</p> <ol style="list-style-type: none"> 1. Chief Nurse (Executive Lead) (chair) 2. Non Executive Director 3. Head of Nursing (Operational Lead) 4. Named Doctor 5. Named Nurse 6. Named Midwife 7. General Manager Women and Children's Services 8. Matron Paediatrics 9. Paediatric Liaison Nurse 10. Matron Emergency Services or delegated representative 11. Midwifery Clinical Manager Community 12. Sister/Charge Nurse Paediatric A&E 13. Children's Services Social Care Representative 14. Information Technology Services Manager 15. Human Resources 16. NICU Link Nurse 17. Consultant Genital Urinary Medicine
<p>Attendance</p> <p>Attendance at meetings is essential. In exceptional circumstances when a member cannot attend they must arrange for a fully briefed deputy of sufficient seniority to attend on their behalf. Members will be required to attend as a minimum, 75% of the meetings per calendar year.</p>
<p>Quorum</p> <p>The number of members necessary to conduct the meeting to exercise all or any of the authorities, powers and discretions invested in, or exercisable, by the committee/group is 8 members.</p>
<p>Frequency and Conduct</p> <p>The Committee will meet bi-monthly. Items for the agenda should be submitted to the Secretary a minimum of two weeks prior to the meeting.</p> <p>Membership and terms of reference will only be changed with the approval of the Committee</p>

Appendix 1

and will be reviewed and agreed annually.

Duties

1. To oversee the development, implementation and monitoring of systems and processes to ensure Children are safeguarded whilst at ASPH.
2. To implement and monitor national/local standards, guidelines, legislation and policy in relation to Safeguarding Children in the Trust.
3. To lead on the development and revision of Trust Safeguarding Children Policy ensuring alignment with the Surrey Safeguarding Children Board Procedures.
4. To identify priorities in relation to Safeguarding Children for inclusion in the Trust Safeguarding Children action plan.
5. To develop a training strategy which supports sound arrangements for Safeguarding Children in the Trust.
6. To identify and report risks, ensuring the risk register is updated.
7. To promote a multidisciplinary and multi-agency collaborative approach within the Trust and across external agencies.

Key Responsibilities

1. To ensure the Trust works collaboratively with paediatric Liaison, Social Services and other agencies with regards to safeguarding children in the Trust.
2. To ensure that Safeguarding Children is incorporated into Clinical Governance systems throughout the Trust.
3. To monitor and evaluate Safeguarding Children practice issues in the Trust.
4. To maintain links with the various child protection groups:
 - Surrey Safeguarding Children's Boards
 - Health & Child Safeguarding Sub-Group.
5. To raise awareness and disseminate Safeguarding Children information within the Trust.
6. To produce an annual report to the Trust Board and the Clinical Governance Committee.
7. To review evidence in relation to the relevant Standards for Better Health and provide the Domain Lead with an informed opinion on compliance.

Reporting Lines

The Group will report to the Clinical Governance Committee.

Monitoring

The Named Doctor/Named Nurse will produce an annual report to the Clinical Governance Committee.

The Group will use the templates for minutes, agenda and action points as identified in the Policy for the Working of Trust Committees and comply the reporting mechanisms as outlined in the document relating to risk identification and reporting and the quarterly reporting template for the Clinical Governance Committee.

Terms of reference updated March 2011

SAFEGUARDING CHILDREN STEERING GROUP

Under the Children Act 2004, the Trust has a statutory duty to make arrangements in order to safeguard and promote the welfare of children. This action plan reflects the arrangements required.

ACTION PLAN 2010/11

	Recommendation	Details and Action	Leads	Date to be completed	Outcome	Update
1	Organisation has trained IMR Authors (SSB per template)	All IMR authors to be trained <ul style="list-style-type: none"> • NL • KB • DR 	NL	Oct 2010	Completed Jan 11	KB attended Leadership course. DR and NL have attended training
2	The Trust is required to maintain and develop robust policies, procedures and guidance to support staff in meeting their safeguarding responsibilities.	<ol style="list-style-type: none"> 1. Trust Safeguarding procedures to be reviewed annually by named nurse. 2. Policy for child death to be reviewed. 3. Trust wide Child DNA policy to be developed as per CQC recommendation. Currently ratified as part of Safeguarding policy. Needs to be developed 	NL/KB NL/KB KB/NL	October 2010. Oct 2010 Dec 2010	Updated Sept 2010 Reviewed To be completed by April 2011	New policy currently being rewritten, although previous policy updated Sept 2010 and in date Child Death Process incorporated into Trust Safeguarding Policy To also incorporate Non access policy as well as Non attendance. Separate Maternity DNA Policy in place

		<p>in clearer format and flow chart.</p> <p>4. Ensure the Organisation is compliant with Safer Recruitment Training policy. Feedback required from HR</p> <p>5. Staff to liaise with named nurse/doctor when concerns are raised regarding sexual abuse.</p>	<p>Jeremy Over/ Judy H</p> <p>KB/NL</p>	<p>Completed</p> <p>Ongoing but in place</p>	<p>Trust reported as being compliant to Surrey PCT Commissioners.</p> <p>Regular contact in place with Named Doctor. Close liaison with GU department. GU now on trust Steering group Educational study day to be held with GU medicine and Paediatrics. Meeting with GU and Named professionals to look at processes.</p>
3	<p>Records and record keeping: Trust records need to reflect in full Laming Recommendations in order to ensure effective safeguarding.</p>	<p>1. Implementation of new Paediatric casualty card, with improved safeguarding section.</p> <p>2. Adult casualty card to have compulsory question regarding dependant children</p> <p>3. Annual audit of records for children with actual or suspected abuse and/or neglect to ensure</p>	<p>NL/KB paediatric dept</p> <p>WD/NL/K B</p> <p>KB/paediatric dept/MW/NL</p>	<p>Aug 2010</p> <p>September 2010</p> <p>Annual ongoing KB/NL</p>	<p>Completed</p> <p>Completed</p> <p>Note Audit January 2011. Results to Paediatric Clinical Governance (CG) Group. To look at developing safeguarding within Paediatric note audit.</p>

		<p>safeguarding objectives are being met.</p> <p>4. All attendances to Paediatric A&E to be notified to the relevant GP and improve communication systems with community professionals.</p> <p>5. Audit of Paediatric Alert forms completed and A+E policy being revised</p> <p>6. Audit to be made available to the SSCB, Surrey PCT and users via trust board meeting.</p>	<p>KB/N/L</p> <p>NL/KB and audit Dept/ Paed team</p>	<p>June 2010.</p>		<p>Maternity regular 6 monthly note audits in place. Information fed to Midwifery CG group and Directorate meetings.</p> <p>GP letters are now being sent for all paediatric Attendances. There are improved information Sharing processes.</p> <p>Completed</p> <p>Audit to be sent to SSCB, Surrey PCT and users</p>
4	To provide appropriate Safeguarding literature within ASPH.	<p>1. Safeguarding literature to be made available to children, young people and parents in both</p>	NL/KB/DR	Oct 2010.	Ongoing	<p>NSPCC information identified, to be made available. Domestic Abuse information available for Maternity and across the trust. Sharing Information Leaflet for paed A&E to</p>

		<p>paediatric and adult areas.</p> <p>2. Professional information disseminated NSPCC</p>				<p>Be ratified. Information given to all mothers with Red book (PHCHR) about keeping baby safe.</p>
5	<p>Identification of children/families of concern via IT systems.</p>	<p>1. Chronology of attendance on A/E attendance sheet rather than number of attendances.</p> <p>1. Ability to access details of past attendances to A+E. Recent A+E cards being scanned.</p> <p>3. Flagging system to identify children and families of concern and subject to Child protection plan. As recommended in Lamming report 2009</p> <p>4. Laming Report 2009 to develop system to tell if a child has presented at ANY A&E Dept. Systems to link up all Surrey A&E acute departments</p>	<p>NL/KB/IT/ Clinical governance group ASPH.</p> <p>IT/CG group/NL/KB</p> <p>IT/KB/HS/NL</p>		<p>Completed.</p> <p>Ongoing IT Dept</p> <p>Ongoing although Procedures in place for checking with Social care</p> <p>Unachievable at present.</p>	<p>Paediatric attendance sheet now contains chronology of previous attendances, but no reason for attendance. Additional information regard reason for attendance available from Patient Centre which is currently in use.</p> <p>Improved storage of paediatric A&E cards. Cards now being scanned and will be available via Windip, need identified for enhanced IT resources.</p> <p>Access to ICS Social Care Database now in Paediatric A&E. Senior Paediatric nurses provided with passwords. Allows access to those children who are subject to Child Protection Plan. But access too time consuming To enable checking of all children. Suitable for out of hours check.</p> <p>Difficult action to complete. Needs Input by SSCB to resolve. This action has been complicated by the withdrawal of Contact Point. Not possible to achieve at present</p>

6	<p>Ensure Trust training strategy reflects the requirements detailed by SSCB for all staff working with, or in contact with children and families.</p>	<p>1. To develop on line training Safeguarding training for level 1 and 2 to enable required updates</p> <p>2. Level 2 training is mandatory for all trust staff</p> <p>3. To target A&E and other specific areas to ensure that all staff are trained.</p>	KB/NL/W D/HC/MB	October 2010	<p>Ongoing</p> <p>Ongoing</p>	<p>There are still plans to develop on line training. Safeguarding training is reflected in the Trust Training Strategy.</p> <p>Training sessions have been provided to enable all s access level 2 training – to date 92% of staff have been trained at level 2. To work with learning and development to ensure that training figures are accurate.</p> <p>To work with Matrons, Practice Educators and Clinical Directors to Target specific staff groups -92 % of all trust trained.</p>

Paper 5.3 Appendix 2

7	Named Professionals to offer supervision to staff that work directly with children and young people.	<ol style="list-style-type: none"> 1. Named Nurse to offer supervision to paediatric nursing staff. 2. Named Doctor 3. Named Midwife 4. Revise and strengthen policy for providing supervision and audit this 	NL KB DR	December 2010	<p>Ad hoc supervision provided. Group Supervision provided within weekly Safeguarding meeting, Maternity Safeguarding Meeting and NICU Social Meeting.</p> <p>DR and TS meet weekly to go through all cases/ referrals</p> <p>Audit tool for supervision to be used</p>
8	Serious Case Reviews: Steering Group to implement recommendations following Serious Case Reviews	<ol style="list-style-type: none"> 1. To clarify policies within Sexual Health services regarding standard referral to SS of all Children under 13 years 	NL/JP	August 2010	<p>This is reflected in the Maternity Policy. Sexual Health Service is governed by the SSCB Sexual Health Policy (Working With Sexually Active Young People).</p>
9	The Trust to produce high quality IMR's for SCR's	<ol style="list-style-type: none"> 1. Detailed IMR to be written by experienced senior staff. 2. Review availability of medical records for completion of IMR's 3. Detailed action planning and review following completion of IMR 	KB/NL/DR	Ongoing	<p>Feedback still awaited as at February 2011 for latest SCR from SSCB. SCR not yet published</p>
10	Recommendations from Surrey Serious Case Review	Midwifery staff to be	DR/TS	Ongoing	<p>All patients under the age of 18 with the</p>

<p>A. All cases of domestic abuse occurring in patients under the age of eighteen are to have risk assessments undertaken and are to be referred to social services</p>	<p>informed of change in practice and this is to be incorporated into the yearly mandatory training.</p>				<p>exception of maternity cases are now seen in the paediatric department. Social Services referrals are discussed at the weekly A&E safeguarding meeting Mandatory training for midwives and maternity support workers has been updated to include criteria for referrals. Evidenced in training package. All pregnant women have thorough risk assessments during the antenatal period documented in handheld records and outside covers. New notes introduced October 2009.</p>
<p>B. To have a social worker allocated to work within the Trust to improve support and communication.</p>	<p>Meetings held with all acute trusts and area manager from Social care.</p>	<p>AL/HS/NL/ KB</p>		<p>Ongoing</p>	<p>On corporate risk register. Link Social worker for the Trust identified and agreed attendance every 2/52 to A&E safeguarding meetings, and NICU social meeting. Attendance to Trust Steering group meetings 2/12. Attendance to Maternity Safeguarding meetings 1/12</p>
<p>C. Guidance for Safeguarding in Maternity has been written and needs to be submitted for ratification. CAMHS Awareness to be incorporated and training to be given to midwifery staff</p>	<p>Ratified and available on Intranet. CAMHS Training given to midwifery staff and incorporated into yearly mandatory training</p>	<p>DR/TS</p>		<p>Ongoing</p>	<p>Maternity policy has been ratified as is available on the Intranet. CAMHS protocol and flowchart has been developed for the management of young people who self harm and are seen in A&E. Available on the intranet. Information disseminated in training.</p>

<p>D. Midwifery documentation to be more robust. Entries to be sequential and to incorporate clear evidence of full risk and social assessments. All entries to be dated and signed.</p>	<p>6 Monthly audits to be undertaken to ensure that assessments are undertaken and documented correctly.</p>	<p>DR/TS</p>		<p>Ongoing</p>	<p>Maternity carryout 6 monthly record keeping audits which includes antenatal risk assessments, notes filed chronologically, dates and signatures.</p> <p>New documentation is now in place and being used.</p>
<p>E. To ensure that all midwifery staff are aware of the Child Protection folder kept on the Labour Ward – clearly stating contact details for Named Midwife and Duty Social Worker to avoid unnecessary delay</p>	<p>Named Midwife to raise awareness by communicating to all staff via unit meetings and handovers.</p>	<p>DR/NL</p>		<p>Ongoing</p>	<p>Contact details of all Named Professionals and details for Social services available on the Trust Intranet, information highlighted in Trust training. Child protection resource Folders to be made available on wards and departments Commencing with key areas.</p>
<p>F. To ensure that postnatal care plans are returned from the community no later than 6 weeks post delivery to facilitate a sequential record</p>	<p>A report will be run from Evolution to determine any unclosed pregnancies and the notes then followed up.</p>	<p>TS</p>		<p>Ongoing</p>	<p>Query has been set up on evolution maternity system to produce reports on monthly basis of unclosed pregnancies. System in place</p>

<p>11</p>	<p>and closure of maternity episode.</p> <p>G. If a mother/child is known to social services all outpatient letters should be copied to the Social Worker to ensure all members of the MDT have up to date information.</p> <p>Recommendations from Hounslow Serious case review</p> <p>A. Staff working with children and families to access recommended training as outlined in the Trust Child Protection Training Strategy in line with Surrey Safeguarding Children's Board.</p>	<p>Medical secretaries to be reminded to copy letters to all appropriate staff members</p> <p>Safeguarding training reviewed across Trust.</p>	<p>HS</p> <p>KB/NL</p>		<p>Ongoing</p> <p>Ongoing</p>	<p>Social workers routinely copied into letters. Audit tool to be developed at to ensure compliance.</p> <p>Trust wide training programme has now achieved 92% of Trust staff trained to level 2. Level 3 training is provided within the Trust and via SSCB Training for those staff working predominantly with children and young people. All Paediatric Consultants have been trained, it is anticipated that all paediatric nursing staff and midwives will also be trained.</p>
-----------	---	--	------------------------	--	-------------------------------	--

						<p>The Sexual Health Service has protocols in place in respect of children under 13 years and works in accordance with Surrey Safeguarding Board Sexual Health Policy (Working with Sexually Active Young People). GU is now on Trust steering group.</p> <p>Audit of under 13years to be undertaken.</p>
--	--	--	--	--	--	---

	Outstanding
	Partially complete
	Complete