

Trust Board Report

Meeting Date:	20 th May 2013
Title:	Safeguarding Children: Progress Report
Executive Summary:	To present a progress report on key Safeguarding Children business
Action Requested:	<ul style="list-style-type: none"> - That the Board notes the details of the Report. - That the Annual Safeguarding Children Report is presented to the Board, November 2013.
Report of:	Chief Nurse
Author: Contact Details:	Senior Nurse for Safeguarding Children, RWT Tel. via 01902 444348
Resource Implications:	N/A
Public or Private: (with reasons if private)	Public Session
References: (eg from/to other committees)	Joint Health Safeguarding Children Committee (JHSCC)
Appendices/ References/ Background Reading	<p>Appendix 1: Safeguarding Children Work Programme (<i>RWT, 2013</i>)</p> <p>Appendix 2: Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework (<i>NHS Commissioning Board, March 2013</i>)</p> <p>Appendix 3: Working Together to Safeguard Children: A Guide to inter-agency working to safeguard and promote the welfare of children (<i>HM Government, March 2013</i>)</p>
NHS Constitution: (How it impacts on any decision-making)	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> ✚ Equality of treatment and access to services ✚ High standards of excellence and professionalism ✚ Service user preferences ✚ Cross community working ✚ Best Value ✚ Accountability through local influence and scrutiny

Background Details

1	<p>1.1 Further to the progress report submitted to the January 2013 meeting of the Board, this report aims to inform on the continued progress regarding the existing local work programme (Appendix 1). The work programme is currently informed by findings for action relating to external inspection, Children Act 2004 Section 11 self-assessment and local inter-agency case review.</p> <p>1.2 This report also serves to inform on local requirements in response to the</p>
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recent publication of two national key Safeguarding Children documents (Appendices 2 & 3).

1.3 Safeguarding Children Work Programme 2013

1.3.1 Progress has continued to be made against the range of items.

1.3.2 The joint work undertaken between the two provider sites to strengthen existing working systems and practices with regard to the management of deliberate self-harm by children and young people needs to be brought to conclusion this month. The lack of more timely completion of this work has been the consequence of a need for further consideration and agreement on certain aspects of system and practice as raised by the CAMHS. All aspects have now been addressed and ratification of the details is expected to take place across the two provider sites.

1.3.3 Several items of work are to be informed by the findings of a recent internal audit, the details of which are awaited (ref RSM Tenon, April 2013).

1.3.4 There is a need to re-introduce an item of work relating to the Child Protection Plan 'flagging' system. Whilst a system has been established within the Accident and Emergency Department, in the absence of explicit detail on the time-scale for introduction of a national system, a 'flagging' system needs to be re-considered to inform the care provided by the Walk-In Centre to children and young people.

1.4 Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework (Appendix 2)

1.4.1 The accountability and assurance framework was commissioned by the NHS CB in order to set out clearly the responsibilities of each of the key players for safeguarding in the future NHS. The framework aims to:

- Promote partnership working to safeguard children, young people and adults at risk of abuse, at both strategic and operational levels,
- Clarify NHS roles and responsibilities for safeguarding, including in relation to education and training,
- Provide a shared understanding of how the new system will operate and, in particular, how it will be held to account both locally and nationally,
- Ensure professional leadership and expertise are retained in the NHS, including the continuing key role of designated and named professionals for safeguarding children,
- Outline a series of principles and ways of working that are equally applicable to the safeguarding of children and young people and of adults in vulnerable situations, recognising that safeguarding is everybody's business.

1.4.2 This framework is intended to support NHS organisations in order to fulfil their statutory safeguarding duties as set out in:

- Working Together to Safeguard Children
- Statutory Guidance on Promoting the Health and Well-being of Looked After Children

1.4.3 Whilst statutory guidance such as *Working Together to Safeguard Children* and this non-statutory framework, seek to clarify the most important roles for organisations and key elements of effective

arrangements to deliver safeguarding, NHS organisations, whether as commissioners or providers of NHS funded care, must demonstrate strong local leadership, work as committed partners and invest in effective co-ordination and robust quality assurance of safeguarding arrangements.

1.4.4 With specific reference to NHS providers (ref. para. 3.3, p 17):

'... Health providers are required to demonstrate that they have safeguarding leadership and commitment at all levels of their organisation and that they are fully engaged and in support of local accountability and assurance structures, in particular via the LSCBs, SABs and their commissioners. Most importantly, they must ensure a culture exists where safeguarding is everybody's business and poor practice is identified and tackled.

All health providers are required to have effective arrangements in place to safeguard vulnerable children and adults and to assure themselves, regulators and their commissioners that these are working. These arrangements include safe recruitment, effective training of all staff, effective supervision arrangements, working in partnership with other agencies and identification of a named doctor and a named nurse (and a named midwife if the organisation provides maternity services) for safeguarding children; ...

Named professionals have a key role in promoting good professional practice within their organisation, supporting the local safeguarding system and processes, providing advice and expertise for fellow professionals, and ensuring safeguarding training is in place. They should work closely with their organisation's safeguarding lead, designated professionals and the LSCB. ...'

1.4.5 The framework makes specific reference to role and responsibilities of the Designated Safeguarding Children Health professional (Doctor and Senior Nurse) in the context of more recent NHS reform. The national requirements have necessitated a review of the local arrangements and work is currently underway to ensure that the future service of specialist Safeguarding Children nurses and doctors within the Trust remains robust in light of change.

1.4.6 Working Together to Safeguard Children: A Guide to inter-agency working to safeguard and promote the welfare of children (Appendix 3)

1.4.7 This guidance covers the legislative requirements and expectations on individual services to safeguard and promote the welfare of children and refers to a clear framework for Local Safeguarding Children Boards (LSCBs) to monitor the effectiveness of local services.

1.4.8 The document replaces Working Together to Safeguard Children (2010); The Framework for the Assessment of Children in Need and their Families (2000); and Statutory guidance on making arrangements to safeguard and promote the welfare of children under Section 11 of the Children Act 2004 (2007).

1.4.9 This revised statutory guidance came into effect 15th April 2013. Local consideration is currently being afforded to up-date Safeguarding Children resources and training programmes in accordance with the revised details.

Recommendations

- To support the programme of work for Safeguarding Children within the organisation.
- To receive the Annual Safeguarding Children Report at the November 2013 Board meeting.

Safeguarding Children

Work Programme and Action Plan 2012 / 13

Source of reference:

Ofsted / CQC SC Action Plan 2011/12

JHSCC Work Programme 2012

SCR Integrated Action Plan, WSCB, 2012

WSCB Section 11 CA04 Audit Findings, 2012

Outcome required / Item for Action (incl. reference source)	Agreed Actions	Accountable Officer / Lead	Timescale	Monitoring Process	PROGRESS RAG			PROGRESS
					R	A	G	
1. CP Plan 'Flagging' system is in operation <i>(Ref. item 3.1, Ofsted / CQC SC Action Plan 2011/12:)</i>	Review the system of flagging children with Child Protection Plans who attend A & E and other out of hours services and ensure this is a robust system across the health economy	Head of SC RWT Ds Dr SC DSNSC	Implement by 03.12 Regular reporting on progress	Regular reporting into JHSCC				CP Plan 'flagging' system came into operation 01.03.12. System and practice is currently monitored with intention to regularly report into JHSCC on progress. Await national directive for use of System One for access to key SC details in out of hours sites.
2. Community Health Record (Health Visiting / School Nursing Service) is revised <i>(Ref. Audit Findings, item 2 LAC, Ofsted / CQC SC Action Plan 2011/12)</i>	Audit has re-enforced the current understanding that the existing structure and format of the Health Visiting / School Nursing Service Health Record requires attention. Work has been in progress since October 2010. Revised documentation expected to be adopted September 2011	Senior Matron Community	July 2012	Regular reporting into JHSCC				Format of new record agreed. Implementation expected July 2012. Remains work in progress: Pilot phase programmed for July 2013 Progress report to JHSCC July 2013
3. Management of Self-harming behaviours of children and young people are enhanced. <i>Existing Work programme 2012 (Ref local SCR / IMR findings 2011 / 12)</i>	Task and Finish Group to review the multi-agency arrangements for the management of children and young people's needs on presentation in the acute setting with self-harming behaviour	Ds Dr SC DSNSC	Commence June 2012 Complete by 31.09.12	Regular reporting into JHSCC				Work commenced and undertaken in collaboration across x2 provider sites (in conjunction with BCPFT). Series of meeting held July / August to review existing procedure. Revised draft circulated to T&F Gp members September 2012. Consultation on draft taken place with Children's Services, WCC. Details currently being processed through to ratification and implementation by RWT and BCPFT Progress report to JHSCC May

**Version 3 – 07.05.13 Safeguarding Children
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Section11 CA04, Audit Findings 2012

								are a standardised reporting item to the Joint Health Safeguarding Children Committee Progress report JHSCC May 2013
6.	<p>Form and function of Drop-In sessions are understood by pupils and school staff</p> <p>Regular information-exchange takes place between health and education staff with regard to the health and well-being of pupils</p> <p><i>(Ref SCR Integrated Action Plan 2012)</i></p>	<p>To review the system and practice of collaborative working between School 1 and the SN service in the context of physical and emotional concerns for the welfare of individual children</p> <p>Review communication channels</p> <p>Agree future systems of communication for urgent and non-urgent issues</p>	<p>Senior Matron Community</p> <p>SN service</p>	10.12	JHSCC			A service level agreement is in operation which serves to clarify the working arrangement between the School Nursing Service and the respective school(s).
7.	<p>When children are in-patients the hospital staff should ensure that their referrals to safeguarding services have been responded to before the child is discharged.</p> <p>Improved safety and welfare of child.</p>	This will be included in child protection audit.	<p>Named Doctor SC</p> <p>Des Dr SC</p>	<p>Current good practice</p> <p>CP Audit to be programmed before end of 2012</p>	JHSCC			<p>The 'Management of Concerns' Flow Chart has been distributed to the relevant sites in view of findings. The reference source is available for all staff on the Trust SC intranet page.</p> <p>Referrals as submitted by local health care services are acknowledged by the SC Team of Nurses who track WCC</p>

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	<p>Awareness-raising exercise is completed regarding practice requirements. Evidence of practice activity via on-going referral tracking and bi-annual reports. NNSC reporting into JSHCC Contact and liaison details are accurate. Expectations of networking and information-exchange between those engaged in individual care provision are explicit and robust. Evidence of completed action is reported into the business of the JHSCC</p> <p><i>(Ref SCR Integrated Action Plan 2012)</i></p>	<p>Re-distribute the 'Management of Concerns' Flow chart</p> <p>6-monthly reports on referral activity to continue which includes detail on referral tracking and outcome.</p> <p>Ref Overview Report: The hospital is to complete an exercise to verify that details of local liaison links are correct and introduce an expectation that all professional agencies which are known to be involved with a child-patient are informed of his/her admission and discharge.</p>	<p>DSNSC</p> <p>DNSNC NNSC</p> <p>Head of SC RWT</p>	<p>31.03.12</p> <p>31.07.12</p> <p>31.01.13</p> <p>30.06.12</p>				<p>acceptance and engage on local matters as relevant.</p> <p>Six monthly referral activity reports are presented to the Joint Health Safeguarding Children Committee.</p> <p>The Children's Liaison Service receives up-date details of staff / base changes for community practitioners (Health Visitors / School Nurses). Links are established with the CAMHS via the reporting arrangements to the NNSC for BCPFT. GPs are informed of C&YPs presentations in A & E Dept. direct by the Department.</p>
8.	<p>Where there are child protection concerns regarding children on the ward consideration should be given to involving a consultant community paediatrician with expertise in this area at the outset.</p> <p>Improved understanding of community issues for hospital practitioners</p> <p>Awareness-raising exercise is completed regarding practice requirements.</p>	<p>To discuss at peer review child protection departmental meetings</p> <p>Re-distribute the 'Management of Concerns' Flow chart</p> <p>Ensure that practice expectations are included in content of SC Training events for hospital staff</p>	<p>Designated Doctor Safeguarding</p> <p>Des DR SC DSNSC</p> <p>Des Dr SC DSNSC NNSC</p>	<p>Expect this to be disseminated to all staff and implemented by end of April 2012</p> <p>31.03.12</p> <p>31.03.12</p>	JHSCC			<p>The 'Management of Concerns' Flow Chart has been re-distributed to the relevant sites.</p> <p>The reference source is available for all staff on the Trust SC intranet page.</p> <p>Internal training programmes across all levels make reference to the availability of the Child Protection Paediatrician On-Call service.</p>

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	<p>SC training programmes include information on practice requirements</p> <p>Activity reporting into JSHCC</p> <p><i>(Ref SCR Integrated Action Plan 2012)</i></p>							
9.	<p>When the CAMHS team considers that there is a suicide risk, senior hospital staff should ensure that parents have been given advice about keeping the young person safe and that their concerns have been addressed before discharge from the ward.</p> <p>Reduced risk of further self harm for young person</p> <p><i>(Ref SCR Integrated Action Plan 2012)</i></p>	To include in Discharge planning meeting	Clinical Director	Cross ref to item 2	JHSCC			<p>Policy and procedure for 'Management of Deliberate Self Harm on presentation in A& E Dept.' has been reviewed and revised via a Task & Finish Group Details currently being processed through to ratification and implementation by RWT and BCPFT.</p> <p>Progress Report May 2013</p>

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10.	<p>In complex cases consideration should be given to holding a multi-disciplinary discharge planning meeting</p> <p>Improved outcome for welfare of child and co-ordination of services</p> <p><i>(Ref SCR Integrated Action Plan 2012)</i></p>		Clinical Director	Cross-ref to item 2	JHSCC				<p>Policy and procedure for 'Management of Deliberate Self Harm on presentation in A& E Dept.' has been reviewed and revised via a Task & Finish Group. Details currently being processed through to policy ratification and implementation by RWT and BCPFT.</p> <p>Report to JHSCC May 2013</p>
11.	<p>All entries into the hospital records should be legible, signed with name and designation or registration number clearly stated, and dated with the time for in-patients.</p> <p>Able to identify clearly who has made the entry into the record and read clearly what is written. Improved communication and fewer errors.</p> <p>Awareness-raising exercise is completed regarding practice requirements.</p> <p><i>(Ref SCR Integrated Action Plan 2012)</i></p>	<p>Staff are being issued with name and designation stamps with GMC/NMC nos.</p> <p>Practice expectations with regard to standards of record-keeping are to be re-issued</p> <p>Relevant corporate record-keeping audit activities to be reported into the JHSCC</p>	<p>Directorate manager</p> <p>Medical Director / Chief Nursing Officer</p>	10.12	JHSCC				<p>Attention has been paid to local record-keeping practices during 2012 via a programme of awareness-raising, enquiry and monitoring.</p>

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12.	<p>The Deliberate Self Harm Assessment is to be strengthened to ensure that working practices between the hospital services and the CAMHS are robust, that there is consistency of record-keeping practices and that the explicit requirements for discharge planning are clearly defined More robust procedure is in operation</p> <p>Practice is monitored via activity reporting and regular audit.</p> <p>Reports inform the business of the JHSCC for on-going service development</p> <p><i>(Ref SCR Integrated Action Plan 2012)</i></p>	<p>Review and revise the existing procedure*</p> <p>Formulate a monitoring activity / audit of practice tool</p> <p>Complete 6 monthly audit and report into the JHSCC</p> <p>*ref Overview Report In all cases of self-harm of children there must be robust multi-disciplinary liaison and in relevant instances a pre-discharge planning meeting must be convened</p>	<p>Clinical Director RWT</p> <p>Head of SC RWT</p>	<p>Cross-ref to item 2</p>	<p>JHSCC</p>		<p>Policy and procedure for 'Management of Deliberate Self Harm on presentation in A& E Dept.' has been reviewed and revised via a Task & Finish Group. Details currently being processed through to policy ratification and implementation by RWT and BCPFT.</p> <p>Progress Report JHSCC May 2013</p>
13.	<p>All direct consultations with a child should include an appropriate level of discussion with regard to: their perspective on their needs, their opinions on care planning and needs' management and their impression regarding the impact on their well-being as a result of service intervention, all of which should be accurately</p>	<p>Details to be forwarded to all relevant hospital sites which inform on responsibilities for identifying and attending to the needs of individual children</p> <p>Practice expectations to be included in content of SC Training events for hospital staff</p>	<p>Clinical Director RWHT</p> <p>Head of SC RWT</p>	<p>10.12</p>	<p>JHSCC</p>		<p>Policy and procedure for 'Management of Deliberate Self Harm on presentation in A& E Dept.' has been reviewed and revised via a Task & Finish Group.</p> <p>Details currently being processed through to ratification and implementation by RWT and BCPFT.</p> <p>Awareness-raising exercise to</p>

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	<p>reflected within the records as maintained.</p> <p>Awareness-raising exercise is completed regarding practice requirements. SC training programmes include information on practice requirements. Activities to be reported into the JHSCC. Relevant corporate record-keeping audit activities to be reported into the JHSCC.</p> <p><i>(Ref SCR Integrated Action Plan 2012)</i></p>						<p>follow policy ratification. Messages on 'listening to and understanding the voice of the child' are included in all local SC training activities.</p> <p>Review progress JHSCC May 2013</p>
14.	<p>Our publicity about our safeguarding arrangements is effective.</p> <p><i>(Ref Section 11 CA04 Audit findings 2012)</i></p>	<p>There is a need to review how to demonstrate the effectiveness of the publicity about the Trust's Safeguarding arrangements.</p>	<p>Head of SC RWT</p>	<p>May 2013</p>	<p>JHSCC</p>		<p>Item of enquiry ref TENON</p> <p>Review findings Re TENON JHSCC May 2013</p>
15.	<p>The organisation has clear priorities for safeguarding children explicitly in their strategic documents standard indicator.</p> <p><i>(Ref Section 11 CA04 Audit findings 2012)</i></p>	<p>Explicit details regarding corporate priorities for safeguarding children are to be incorporated into the corporate strategic documents (ref. annual plan 2013/14).</p>	<p>Head of SC RWT</p>	<p>May 2013</p>	<p>JHSCC</p>		<p>Item of enquiry ref TENON</p> <p>Review findings Re TENON JHSCC May 2013</p>

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16.	<p>Appropriate safeguarding children training is available to staff at all levels within our service</p> <p><i>(Ref Section 11 CA04 Audit findings 2012)</i></p>	<p>Progress needs to continue to support increasing compliance with RCPCH guidance. Further consideration needs to be given to understanding and evidencing the consolidation of learning as theory into practice. To add ref standard 1 There is scope to increase staff awareness of the accountability framework and details of key officers which will occur following Safeguarding Children intranet page re-design and re-launch which is work in progress.</p>	<p>Head of SC RWT Des Dr SC DSNSC</p>	<p>May 2013</p>	<p>JHSCC</p>		<p>To produce the activity report April 1st 2012 – March 31st to confirm rag rating Intranet Safeguarding Children page being updated</p> <p>Report JHSCC May 2013</p>
17.	<p>Increased participation by relevant personnel in Safer Working Practices training, WSCB.</p> <p><i>(Ref Section 11 CA04 Audit findings 2012)</i></p>	<p>Review the needs of current personnel with regard to future engagement in the WSCB Safer Working Practices training.</p>	<p>Head of SC RWT Des Dr SC DSNSC</p>	<p>May 2013</p>	<p>JHSCC</p>		<p>Meeting between 3 leads , SWP training information acquired from WSCB training committee April 2013</p> <p>Update report JHSCC May 2013</p>
18.	<p>WSCB policies and procedures are accessible to all staff who work with children and adults</p> <p><i>(Ref Section 11 CA04 Audit findings 2012)</i></p>	<p>There is a need to continue developing user-friendly resources to enable staff and services to understand and adhere to local practice and procedural requirements.</p>	<p>Head of SC RWT</p>	<p>May 2013</p>	<p>JHSCC</p>		<p>Intranet Safeguarding Children page being updated with link to WSCB page</p> <p>Update report JHSCC May 2013</p>

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19.	<p>Our service consults with children and young people about their needs and opinions in relation to safeguarding. Our service consults with parents and carers about their needs and opinions in relation to safeguarding. Our service acts on the feedback gathered from children, young people and families</p> <p><i>(Ref Section 11 CA04 Audit findings 2012)</i></p>	<p>The focus on consultation with children and their carers to gather opinion on safeguarding as subject-specific enquiry needs attention. Consideration needs to be given to improving the enquiry exercises that need to be undertaken with service-users to inform and influence service development in the related areas of practice.</p>	<p>Head of SC RWT</p>	<p>May 2013</p>	<p>JHSCC</p>		<p>Item of enquiry ref TENON</p> <p>Update Report JHSCC May 2013</p>
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