

Report to Trust Board

Date: May 2010

Agenda item no 9.3

Title Author Responsible Director Purpose	Safeguarding Children and Young people Q4 and Annual Report Lynda Fitzgerald Ed Neale/ Medical director Assurance/Information
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Action required : To note report

Executive Summary This paper summarises achievements in 2009/2010 and performance against the 4 agreed KPI's to date;

- Quality Assurance
- Training
- Clinical supervision
- Audits

Relevant CQC standard/ NHS Constitution pledge	<i>CQC outcomes 4, 6, 7</i> Pledges 1,3,5
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Link to strategy/plans Trust's Business strategy to deliver continuous quality improvements

Impact assessment: - quality	None
- financial/business	- Increase in Named Doctor PA's and the Deputy Named Nurse post, funding found within the Division of Women and Children - Quality services and good governance are key elements of the IBP
- equality/diversity	None
- risk	As a statutory partner not having a seat on the Strategic board making it difficult for the Trust to fulfil its obligations in Working Together (2010)
- legal/statutory	Laming Report (2009), Working Together (2010), CQC 2009
- sustainability	None

Previous reports	Q3 Report February 2010, Q1 and 2 report Sept 2009, Update report July 2009, Annual Report May 2009
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SAFEGUARDING CHILDREN AND YOUNG PEOPLE ANNUAL REPORT- May 2010

Achievements in 2009/10

Policy and processes

- Updated Safeguarding Children and Young People Policy and Training strategy
- Established terms of reference agreed across the Trust for the Safeguarding Children Group
- CRB checks rolled out across the Trust (CQC 2009).
- All job descriptions contain a relevant section on safeguarding children (Laming 2009).
- Improved quality of Trust Board reports.
- Laming recommendations achieved except those brought forward in the Q4 report below.
- Policies in place (CQC 2009)for:
 - Following up children who miss appointments (Access Policy)
 - Automatic referral when women use or misuse drugs and or alcohol and if they have pre-existing mental health problems

Staffing

- Recruited a Name Nurse/Paediatric Matron in March 2010
- Recruited 2 part time paediatric liaison posts (job share) to improve communication with Social Care (start date June 2010).
- Named professionals with clear job descriptions and an increase in allocated time for their roles (CQC 2009).

A&E systems

- Improved systems in A&E to ensure a single set of records present when a child attends A&E and recording of the child's school (Laming 2009).
- Established an Information Sharing Agreement to allow a flagging system of children who are subject to a Child Protection Plan updated each time a child is added or removed from a Plan (Laming 2009, CQC 2009).

Governance

- Have robust governance arrangements through the Trust Wide Safeguarding group and the operations sub group. This group report to the Clinical Governance Committee.

Audits

- The Bentley Jennison internal audit (September 2009) resulted in three actions.
- Had positive verbal feedback from the Section 11 Local Safeguarding Children's Board audit in December 2009.

Training

- Increased attendance at training and a comprehensive database giving accurate reports (CQC 2009).
- Identified budget for Staffing and training for safeguarding training (Laming 2009).

Safeguarding Vulnerable People agenda

The lessons learnt from establishing the robust governance arrangements for safeguarding children and young people will inform both the continuation of the governance structures and sharing of experiences to address the Safeguarding Vulnerable adults across the Trust. It is intended that an overarching structure will review common safeguarding issues for all age groups across the Trust and links with external agencies. The Safeguarding Children group and operations sub group will continue.

SAFEGAURDING CHILDREN AND YOUNG PEOPLE Q4 AND ANNUAL REPORT- May 2010

1. INTRODUCTION

The Trust was part of an Intensive Support Visit by the SHA (April 2010) to NHS Bedfordshire and its partners to review safeguarding children arrangements. The feedback verbally was positive and a written report is awaited.

The following are the key performance indicators derived from the latest government reports and guidance. The Trust has approved systems and processes in place to safeguard children that come into contact with the hospital. Trust staff work well within a multiagency context to safeguard and promote the welfare of children and young people. To ensure that these systems and processes are embedded and working there will now be a focus on auditing their effectiveness. This will provide the assurance that systems and processes are effective and safe.

1.1 Key performance Indicators:

- Quality Assurance
- Training
- Clinical supervision
- Audits

2. QUALITY ASSURANCE

2.1 Operational processes to meet Laming recommendations (2009), CQC (2009) and Working Together (2010)

The **outstanding** issues from the above report and guidance are contained within the following table:

Issue	Update	Timescale	By Whom	Outcome
Flag a child subject to a child protection plan	Operational, conducting monthly audits of the implementation	April 10	Named Nurse and Deputy	Achieved
Single set of records	System working well, Receptionists and admin staff in A&E and medical records to be commended for implementation	April 10	Named Nurse and Deputy	Achieved
Follow up all child DNA's	In patient Access policy Next step audit process	April 10	Named Nurse	Achieved
Record child's school on print out of the CAS card from PiMS	Recorded on PiMS. Not able to be printed out on CAS card to be given to the clinicians	April 10	IT/PiMS manager	Not achieved
No child is discharged whilst a concern exists	In policy (Dec 2008 and April 10). To be audited	April 10	All	Achieved
Referrals to social care followed by feedback to the	Referring health professional/Named Nurses chasing social care	April 10	Named Nurse and Deputy	Feedback not achieved

referring professional	Safeguarding liaison post will support this process			consistently
Automatic referral in special circumstances	Policies in place, referral made when there are known drug and/or alcohol abuse, domestic abuse, mental illness that may impact on children in the home	Nov 2009	All	Achieved
All patients asked about dependants on admission	Space on the admission forms to record this, training to be reviewed and practice to be audited.	June 2010	All	Achieved

2.2 Human resources:

- **CRB checks** phase 2 has nearly been completed and phase 3 commences in June 2010 in accordance with latest Vetting and Barring Scheme guidance (2009).
- **Safer recruitment:** Safer Recruitment Training was not available from the LSCB so the Trust has organised specific 'train the trainer' sessions for key staff to become trainers. They will roll out this training for all front line staff involved in interviews to ensure compliance with this standard. Training takes place in June 2010.

2.3 Multiagency working

- Staff are allocated to attend the various newly established sub groups of both Central Bedfordshire Council and Bedford Borough Council's LSCB's. It is noted that some sub groups are joint and others duplicated across the two Children's Trusts in Bedfordshire.
- The Trust does not have a place on Central Bedfordshire or Bedford Borough Safeguarding Children Strategic Boards
- Quality schedule meetings will include safeguarding children and young people performance monitoring.

3. TRAINING

3.1 Strategy and training packages:

The training strategy has been designed with and agreed by the LSCB training department. The training packages for Group 1, 2 and 3 are ready for approval by the LSCB validation panel. Training to be interactive with anonymised case scenario's to test clinical judgements and decision making.

3.2 Numbers of staff with up to date training

Attendance at training is recorded on a rolling year plan. Additional efforts will be focused on increasing attendance in groups 2 and 1, whilst maintaining vigilance with staff in groups 3, 4, 6 who work directly with children.

Staff groups in Working Together (2010)	% in date with their training
4 Those who have particular specialist child protection responsibilities	100%
6. Operational Managers of services for children, young people and/or parents/carers	100%
3. Those who work predominantly with children, young people and/or parents/carers	93%
7. Senior managers responsible for strategic management of services for children, young people and/or parents/carers	100%
2. Those in regular contact or have a period of intensive but irregular contact with children, young people and/or parents/carers	68%
1. Those who have infrequent/occasional contact:	52%

3.3 Evaluation of effectiveness

In the redesign of the training packages several forms of evaluation are planned. They include written, verbal feedback and spot checks of staff's knowledge in the form of quizzes and questions whilst in practice. This will be part of the validation processes.

4. CLINICAL SUPERVISION

4.1 Internal and external systems in place

External supervision is accessed by the Named professionals within the Trust, currently from the Designated office in NHS Bedfordshire. Whilst working well at present there has not been a situation to challenge the dual roles of the Designated office of monitoring the service with that of clinical supervision.

Internal supervision, consisting of support and challenge, is offered by the Named professionals for all staff in the Trust involved in any child or young person about whom there is a safeguarding concern. This has been accessed by some staff and happens informally. This will be strengthened by training for the named professionals and developing the current support and challenge available to enhance learning and quality of care.

4.2 Training and availability for all staff

Training in clinical supervision has not been available and the LSCB's have been requested to arrange this as soon as possible. Staff will be encouraged to attend when training is available.

5. AUDITS

5.1 Reports are awaited from recent external review from the SHA Intensive Support Team visit in April 2010 and Section 11 audit in December 2009.

5.2 Clinical Audit plan

The following will be audited in 2010/11

- Missed appointments and follow up of those children
- Record Keeping audit: personalised care plans agreed with parents documented in the child's notes, completeness of Information Sharing Forms
- LSCB meetings attended by Trust staff

- Recording of all dependants on admission of a random sample of in patients

5.3 Resulting action plans from audits to complete the activity: For each audit there will be actions that will be incorporated into the Trust's overall Safeguarding Children action plan, monitored at the operational group that meets fortnightly, reported to The Trust Wide Safeguarding Group and in the Quarterly updates to the Trust Board

6. KEY ISSUES

6.1 Quality Assurance:

- Audit is required to ensure that the systems and processes developed over the last year are working and embedded into everyone's practice.
- The Trust does not have a seat on Central Bedfordshire or Bedford Borough's Strategic Boards of the Safeguarding Children Board.
- Monitor the effect of attending duplicated meetings with two LSCB's
- CRB's to continue for all staff and all interview panels to include a person trained in safer recruitment.

6.2 Training:

- Training packages to be validated and the revised Training Strategy implemented.
- Continue vigilance with staff attending training

6.3 Clinical supervision:

- Potential conflict perceived if the Named professionals only access clinical supervision via the designated office. Consideration is to be given to access support and challenge outside of the area so that a managerial supervision role does not conflict with clinical supervision.

6.4 Audits to be carried out this year identified.