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1. INTRODUCTION

This Bedford Hospital NHS Trust (BHT) Safeguarding Children Annual Report is to inform the Trust Board, Quality Committee, Joint Safeguarding Board, Safeguarding Children Board and Local Safeguarding Children Boards on progress made in delivering the Safeguarding Children agenda during the period 1st April 2015 - 31st March 2016.

The objectives of the report are:

- To provide assurance that the Trust continues to fulfil its statutory responsibilities in relation to Safeguarding Children as stated in Section 11 of the Children Act 1989/2004
- To provide assurance that the Trust is compliant with Care Quality Commission (CQC) Fundamental Standards
- To provide an update to internal and external stakeholders on the developments in relation to safeguarding children and young people
- To identify areas of risk in relation to its statutory responsibilities during the reporting period
- To identify priorities for 2016/17

2. OVERVIEW

BHT provided care to 16218 children and young people via A&E, 8182 inpatients, 31558 outpatients in the period reported. There were 2746 births in maternity services.

The Trust has a responsibility to provide effective and seamless services directly to children and indirectly by providing services to family members. Safeguarding children is ‘everyone’s responsibility’.

Everyone who comes into contact with children and families has a role to play. Children are seen throughout the hospital and staff have a responsibility to safeguard and promote the welfare of children and be aware of their responsibilities and work in line with Trust Safeguarding Children and Adults Policies. Children are best protected when professionals are clear about what is required of them individually and how they need to work together.

Safeguarding Children is defined in Working Together (2015) as:

- Protecting children and young people from maltreatment
- Preventing the impairment of children’s health and development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes

National Statutory Guidance sets out clearly organisational responsibilities and guidance that will help BHT to achieve this and these are incorporated within our local safeguarding polices:

- Children Act 1989 provides the general legal framework for the protection of children from harm
Children Act 2004, Section 11 imposes a specific duty on NHS organisations to make arrangements to safeguard and promote the welfare of children

Working Together to Safeguard Children: A Guide to Interagency Working to Safeguard and Promote the Welfare of Children (March 2015), provides guidance on legislative requirements and expectation on individual services to safeguarding and promote the welfare of children and provides a clear framework for Local Safeguarding Children Boards (LSCB) to monitor the effectiveness of local services

Safeguarding Vulnerable People in the Reformed NHS. Accountability and Assurance Framework (March 2013)

National and local drivers in 2015/16 are identified throughout this report with reference to actions taken by BHT.

In collaboration with National Guidance BHT also ensures that regulations as identified by the Care Quality Commission (CQC) are adhered to ensure children are effectively safeguarded.

All staff working for BHT, including those who work predominately with children have a critical role to play in safeguarding and promoting the welfare of children. The Safeguarding Children Team promotes a “Think Family” approach and embeds this across the organisation to ensure staff are able to identify risk and protect vulnerable children and young people from harm.

The Trust is committed to achieving and maintaining good compliance with national safeguarding children standards to ensure that all patients including children are cared for in a safe, secure and caring environment”.

3. SAFEGUARDING CHILDREN’S TEAM STRUCTURE

The Safeguarding Team consists of:

- Named Nurse Safeguarding Children (0.5 WTE)
- Deputy Named Nurse for Safeguarding Children (1.0 WTE)
- Named Doctor for Safeguarding Children (3 PA’s - 0.33 WTE)
- Lead Midwife Team (0.8 WTE)
- Paediatric Liaison Nurse (1.0 WTE currently covered 0.6 WTE for maternity leave)

The Director of Nursing is the Trust Board Executive Lead supported by the Associate Director of Nursing. The Assistant Director of Planned Care line manages the Named Nurse Safeguarding Children on behalf of the Director of Nursing.

The above Named Professionals support staff to deliver effective interventions to safeguard children and young people. This is achieved through training, supervision and supportive advice to enable all staff to achieve competencies appropriate to their role and relevant national/local guidance.

The safeguarding children team is currently under review and changes have taken place within the team during the final quarter of 2015/16. The safeguarding children team currently consists of:
• Interim Named Nurse for Safeguarding Children 8a (1.0 WTE)
• Named Doctor for Safeguarding Children (0.33 WTE)
• Named Midwife/Clinical Midwifery Manager/Matron Gynaecology
• Interim Lead Midwife Team (0.8 WTE)
• Paediatric Liaison Nurse (1.0 WTE currently covered 0.6 WTE for maternity leave)

Recruitment is in progress to recruit a full-time Lead Midwife for Safeguarding Children for the start of the 2016/17 period with further plans to explore new ways of working to support the team from a nursing and clerical perspective.

4. SAFEGUARDING CHILDREN’S GOVERNANCE STRUCTURE

The Trust Safeguarding Governance arrangements are attached in appendix 1 of this report.

The Trust Safeguarding Children Operational meeting, chaired by the Named Nurse meets monthly and reports to the Joint Safeguarding Board, which is chaired the Director or Deputy Director of Nursing.

5. SAFEGUARDING CHILDREN’S TRAINING

5.1 Overview

During the reporting period Safeguarding Children training was delivered in accordance with the RCPCH Safeguarding Children & Young People Intercollegiate Document (March 2014).

5.2 Training

Safeguarding Children training is provided in a number of ways:

• Level 1 (all staff working in health care settings) is delivered to all staff on induction and to non-clinical staff at corporate update training on an annual basis.
• Level 2 (all non-clinical and clinical staff who have any contact with children/young people and/or their parents/carers) to all clinical staff at clinical update training on an annual basis.
• Level 3 (all clinical staff working with children, young people and/or parents/carers). This is delivered every 3 years to a multi-disciplinary group of identified staff cohorts via a 1 day course provided by the members of the safeguarding children team.
• Local Safeguarding Children Board training events are actively promoted to all staff at BHT with a particular focus on Level 3 practitioners to support their development in multi-agency learning and working to safeguard children.

5.3 Safeguarding Training Compliance

During the reporting period the Trust worked towards achieving 90% compliance for all levels of Safeguarding Children training.

Each Division is responsible for monitoring and maintaining training compliance for their staff groups. Training compliance is readily accessible for individual staff and managers to view by the electronic WIRED reporting system. Divisional compliance for year ending March 2016 is outlined in tables 1 - 3 below.

Overall Safeguarding Children training compliance for the reporting period is:
Level 1 – 73.53
Level 2 – 67.85
Level 3 – 88.76

Training content includes

- Female Genital Mutilation (FGM) - this is incorporated into Levels 1, 2 and Level 3 training. Staff are also encouraged to complete the Home Office FGM e-learning available on line
- Domestic Abuse (DV) training - this is now delivered to all nursing and midwifery staff as part of their mandatory update and includes routine enquiry
- Child Sexual Exploitation (CSE) which is incorporated within Level 1, 2 and 3 training
- Completion and appropriate use of Child Protection referrals and Early Help Assessments. This is incorporated into Level 3 training and mandatory updates. Training is also delivered ad-hoc in face to face settings
- Parental behaviours - Substance misuse, mental health.

Additional training sessions provided by tri-borough LSCB’s that have been accessed by staff during the reporting period include:

Female Genital Mutilation Briefing, Paternal Mental Ill Health, Drugs and Alcohol effects on the Child, Working with Parents & Families who are Difficult to Engage, Domestic Abuse and the Impact on the Child, Working in Core Groups, Safeguarding Children with Disabilities.

6. SAFEGUARDING CHILDREN POLICIES & RELATED POLICIES
The Trust’s Safeguarding Children Policy provides operational guidance to staff. The policy is accessible to all staff via the Intranet and accessible in all areas. The Policy is under review and due to be re-launched in the first quarter of 2016-17.

Other policies that relate to safeguarding children, young people and families are also currently under review and include:

- Teenage Pregnancy
- Domestic Abuse
- Maternal Mental Health Pathway
- Drugs and Alcohol Misuse – Care of pregnant women and their babies
- Child Protection Paediatric Assessment for Child Abuse and Neglect

An Abduction or Suspected Abduction of and Infant/Child Policy was approved by the Safeguarding Children Operational Group in October 2015 and ratified by the Trust’s Security Committee in December 2015 and is available on the Trust Intranet.

The Safeguarding Children and Adult teams are currently engaged in a task and finish group to complete a Transition Policy for the transfer of young people from children’s services to adult services.

Tri-borough LSCB’s, with partner agencies, have developed a Pan-Bedfordshire Pathway for cases of confirmed or suspected FGM. This pathway was launched in February 2016 and will be incorporated into the review of the safeguarding children policy.
7. SAFEGUARDING CHILDREN SUPERVISION
Supervision is an essential aspect of ensuring that staff are confident and supported in their work with vulnerable children and families. Working Together 2015 identifies that all organisations should have in place arrangements that reflect the importance of safeguarding children, including undertaking safeguarding training. The safeguarding children and midwifery team are currently developing a Safeguarding Children Supervision Policy which will identify how staff can access Safeguarding Children Supervision.

The Named Nurse receives Safeguarding Children Supervision from the Designated Nurse for Bedfordshire and the Safeguarding Midwife from the Named Nurse.

Community midwives are offered 1:1 safeguarding supervision and this is monitored by the Lead Midwife who keeps a record of attendance. This was a direct outcome of the CQC inspection in May 2015, details in point 16.

8. SERIOUS CASE REVIEWS/CASE LEARNING REVIEWS
A Serious Case Review (SCR) is commissioned where abuse or neglect is known or suspected and a child dies, or is seriously harmed and there are concerns about the way organisations or professionals worked together to safeguard the child. The case must meet the criteria set out in Working Together (2015).

Both LSCB’s hold Case Review Groups to discuss cases that have been put forward for a serious case review, monitor the reviews taken forward and the reports prior to publication. The Interim Named Nurse sits on these groups and identifies learning for the Trust which is disseminated via the Operational and Board Safeguarding meetings and training throughout the Trust.

During the reporting period BHT has contributed to three Serious Case Reviews (Bedford Borough and Central Bedfordshire) and one Thematic Review (Bedford Borough). 2 of these reviews are due to be published in the near future.

The Themes arising from these reviews are beginning to be included at training events and are identified as:
- Co-ordinated care of children with disabilities
- Transition of young people to adult services in all settings including health
- Focus on the needs of the parent/carer and ‘invisible’ children and young people.

Bedfordshire Clinical Commissioning Group monitor an action log for all the case reviews across both LSCB’s and this log is discussed at the Trust Safeguarding Children Board meetings.

9. MONITORING & ANALYSIS OF SAFEGUARDING CHILDREN’S DATA

9.1 Safeguarding Children Social Care Referrals
The Trust has in place a process for the collection of information regarding child protection referrals made by BHT staff. Multiagency referral forms are used to refer child protection concerns to Bedford Borough MASH and central Bedfordshire Access & Referral Hub.

As seen in table 4 below, a total of 196 referrals were completed, mainly by the Maternity Services, Emergency Department and Paediatric Inpatient services during the reporting period. Referrals have doubled since this time 2 years ago demonstrating that the training that was rolled out towards the end of 2014 has been effective. Significant impact of topics such as FGM, CSE and Parental factors that influence children’s development have seen an increase in referrals.
An action for 2016/17 is to record the category of abuse on a the Safeguarding Children spreadsheet to identify the number of referrals for each category.

**Table 4**

<table>
<thead>
<tr>
<th>Period</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td>April ’13 – March ’14</td>
<td>97</td>
</tr>
<tr>
<td>April ’14 – March ’15</td>
<td>194</td>
</tr>
<tr>
<td>April ’15 – March ’16</td>
<td>196</td>
</tr>
</tbody>
</table>

**9.2 Early Help Assessment’s (EHA)**
The term Early Help is used to describe the process of taking action early and as soon as possible to tackle problems emerging for children, young people and their families. Effective help can occur at any point in a child or young person's life. These are the first figures that the Trust has for reported for the completion of EHA and are mainly from Maternity Services. There are many children & young people and parents that access the Emergency Department and Paediatrics where completion of an Early help Assessment is discussed with other services working with them such as the health visitor, school nurse and schools. It is acknowledged that a good professional relationship is essential to the success of EHA and other services may be better places to undertake them.

**9.3 Information Sharing Forms**
Information Sharing Forms are completed if it is judged that a family would benefit from the input of other services, such as to support an anxious first time mother, or to provide safety advice on accident prevention, young people with mental health concerns. Information Sharing Forms are also completed to raise child protection concerns or where staff feel that a situation requires further investigation, such as frequent presentations to the Emergency Department. In this reporting period a total of 743 Information Sharing Forms were completed by BHT staff. A particular focus in this period has been on raising the awareness of staff about the vulnerabilities of young people with mental health presentations and that also of parents. The safeguarding team are now seeing an increase in the number of contacts with them regarding these concerns and this could explain the 20% increase on last year’s figures as seen in Table 5.

**Table 5**

<table>
<thead>
<tr>
<th>Period</th>
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<tbody>
<tr>
<td>April ’13 – March ’14</td>
<td>596</td>
</tr>
<tr>
<td>April ’14 – March ’15</td>
<td>618</td>
</tr>
<tr>
<td>April ’15 – March ’16</td>
<td>743</td>
</tr>
</tbody>
</table>

**9.4 Child Deaths**
Since 1st April 2008, it has been mandatory for Local Safeguarding Children Boards (LSCB) Child Death Overview Panels (CDOP) to review all deaths of children (birth up to their 18th birthday), to identify if there were any preventable factors that contributed to the death.

The Trust’s Named Nurse for Safeguarding Children is the link professional for CDOP and attends rapid response meetings when a child dies at the Trust.

During the reporting period there have been 4 deaths reported to CDOP that have occurred at Bedford Hospital. All four presented acutely unwell to the Emergency Department where
death was confirmed. Two of these are currently in the initial stages of a serious case review due to multi-agency involvement and will be reported in subsequent reports. There have been no cases of inpatient deaths for this reporting period.

10. SAFEGUARDING AUDITS

10.1 Safeguarding Children Audits

Regular Safeguarding Children audits are undertaken as per the Trust’s Safeguarding Children Audit schedule which is monitored both at the safeguarding operational and board meetings.

During this reporting period, the following cross site audits have been undertaken:

- Looked After Children Documentation in the Emergency Department
- Maternity Late Booking Pathway
- Maternity Routine Enquiry
- Child Sexual Exploitation Awareness
- Documentation and Voice of the Child

Looked after children documentation in the Emergency Department audit was handed over directly to the staff in this area to complete and facilitate learning within the team. This audit was completed weekly until compliance reached over 90%. The audit will now continue on a biannual basis. Learning from this audit is delivered via team meetings and by feeding back directly to individual staff to recognise good practice and areas for improvement. The last audit in July 2015 showed 93% compliance.

The maternity late booking pathway and routine enquiry audits are undertaken as a direct result of a local serious case review where these were identified as factors. Whilst these audits saw increase in process and policy being followed in the beginning this tailed off and targeted work was undertaken by the midwifery team to increase awareness and compliance. These audits are now undertaken monthly and learning is disseminated via face-to-face training, supervision and team meetings to embed good practice.

Audit results are discussed at the Safeguarding Children Operational meeting and are repeated within agreed timeframes until satisfactory outcomes are achieved. Exceptions are reported at the Safeguarding Children Board.

11. ALLEGATIONS AGAINST STAFF RELATING TO SAFEGUARDING CONCERNS

The role of the Local Authority Designated Officer is set out in HM Government guidance - Working Together to Safeguard Children 2015, which states that each Local Authority should have a LADO to be involved in the management and oversight of individual safeguarding cases who should provide advice and guidance to employers and voluntary organisations, liaising with the police and other agencies to ensure that they are dealt with as quickly as possible consistent with a thorough and fair process.

During the reporting period the Trust have been no allegations against staff relating to children and young people under the age of 18yrs.

12. FEMALE GENITAL MUTILATION (FGM)
From 31st October 2015 all regulated health and social care professionals and teachers are required now to report cases of FGM in girls under the age of 18 which they identify in the course of their professional work to the police. This is included in all Levels of safeguarding children training across the Trust. In February 2016 the 3 LSCB’s launched a Pan-Bedfordshire Pathway to be used by all local services who come into contact with girls and women who may have had or be at risk of FGM. Incorporated in the pathway are flow charts and risk assessment tools to assist professionals in understanding the risk that may be posed to girls under the age of 18yrs. In addition to the risk assessment tool being completed all cases are referred to Children’s Social Care for further assessment. All women booked for maternity care at BHT are asked routinely about FGM and this information is recorded in their patient held records. Training is delivered on how to ask sensitive questions relating to domestic abuse as part of the level 3 training programme. The lead midwife routinely asks questions relating to routine enquiry as part of supervision sessions. Information sharing and referrals are triggered if there is a positive response to FGM having been performed. During this reporting period and since the mandatory reporting became effective there have been 2 referrals to social care and reports to the police relating to women disclosing that their daughters have previously had FGM performed in their home countries. One of these cases was raised via maternity services from routine questioning and the other in Gynaecology which identified maternal FGM during a procedure and then later completion of the risk assessment tool identifying the child.

There have been no disclosures or identified cases of FGM in the under 18yr age group accessing the Trust.

<table>
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<th>2014-15</th>
<th>2015-16</th>
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<tbody>
<tr>
<td>Maternity Disclosure</td>
<td>14</td>
<td>11</td>
</tr>
<tr>
<td>Gynae</td>
<td>-</td>
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</tr>
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13. CHILD SEXUAL EXPLOITATION (CSE)

CSE awareness is incorporated within Safeguarding Training programmes (Levels 1, 2 and 3) and is included on maternity mandatory updates. The safeguarding children team record any concerns relating to children and young people around CSE on their referrals database and in patient records. This has been in place since 1st April 2015. Since then a total of four children/young people who attended for healthcare in the Trust have been referred because of being at potential risk of, or victims of CSE. Three of these were Bedford Borough children and one from Central Bedfordshire. Two young people were referred from Paediatric Services and two were referred by the Emergency Department. As a partner of the LSCB, the Trust adopt the Pan Bedfordshire CSE strategy and protocols for identifying and proactively working to keep children and young people safe from sexual exploitation. The safeguarding children team continue to work across the Trust to raise awareness among staff of CSE and to roll out the Pan-Bedfordshire CSE Risk Assessment Tool. [http://bedfordscb.proceduresonline.com/index.htm](http://bedfordscb.proceduresonline.com/index.htm)
14. MATERNITY SERVICES

Improvements around the management of safeguarding and child protection case have continued to improve over the past 12 months in maternity services and include:

Maternity has a robust process in place to ensure vulnerable families are identified early in pregnancy and appropriately referred to services, with the aim of ensuring good support is in place prior to the birth of a new baby. All pregnant women where vulnerabilities are identified for the current pregnancy or within the family unit have plans completed to inform staff of concerns and action to be taken post-delivery.

During the pregnancy the named Community Midwife completes a monthly tracker on all vulnerable women and/or families which ensure the safeguarding team have oversight on all individual cases. Enhanced visiting is also recommended encouraged for vulnerable women after 24 weeks gestation.

The focus for 2015/16 was to ensure that maternity staff are completing chronologies on all pregnancies where the unborn has been placed on a child protection plan. These chronologies are completed prior to the child protection conference along with a detailed report to identify themes and long term neglect/reluctance to change within families to aid decision making and safety planning for the unborn. Chronologies are also completed in any case where it is felt information needs to be pulled together to highlight areas of concern and identified via supervision and/or the monthly tracker updates.

Safeguarding supervision has proved to be a valuable resource to support maternity colleagues to keep their safeguarding and child protection cases on track and be aware of the wider picture within families. These sessions are structured and facilitated by the Lead Midwife for Safeguarding. This process has commenced and is currently being offered to all midwives on a more formal process.

15. PARTNERSHIP WORKING

15.1 Local Safeguarding Children Boards (LSCB’S)

The Trust continues to demonstrate a high level of commitment to partnership working through active participation on both Local Safeguarding Children Boards (Bedford Borough and Central Bedfordshire) by the Director of Nursing or their Deputy. The Trusts Named Professionals are also members of a number of LSCB subgroup meetings and Pan-Bedfordshire meetings to align procedures across the 2 Board areas and Luton.

15.2 Community Health Liaison

The Paediatric Liaison Nurse communicates information on a daily basis with health colleagues in the community regarding children and young people who access BHT Emergency Department. This role has been key in identifying children and young people where professionals are working with them outside of child protection and significant in information sharing and support for families around the early help agenda.

16. EXTERNAL INSPECTIONS
In May 2015, BHT were involved in a CQC Safeguarding Children/Looked after Children (LAC) review. The review focused on the quality of the service for LAC and the experience and outcomes for children, young people and their families who receive health care.

In response to the formal feedback which highlighted eleven recommendations, the Trust worked with BCCG on an action plan which was monitored at the Safeguarding Children Board and at BCCG Health wide meetings. All actions were completed within agreed timescales.

Ongoing work continues around strengthening and broadening the safeguarding team to meet the evolving agenda of safeguarding children.

In March 2016 Central Bedfordshire Children’s Services were inspected on their processes and procedures around the Child Sexual Exploitation agenda. Inspectors from Ofsted, CQC, HMI Probation and HMIC undertook a Joint Targeted Area Inspection and all partners of the Central Bedfordshire LSCB contributed to this. Case file audits around identified CSE cases were reviewed in the multi-agency context to support partnership working across Central Bedfordshire in keeping children and young people safe. A CQC inspector visited the Emergency Department where he reviewed records of identified cases.

The findings of this inspection will be shared with the board in 2016/17.

17. PRIORITIES FOR 2016/17

Priorities for BHT safeguarding children team over the next year are aligned to those of the 2 LSCB’s

- Neglect and improving identification of ongoing neglect and professional’s acceptance of long term situations within families including children and families with additional/long term needs.
- Domestic Abuse, continuing to work with all services across the Trust and partner agencies to identify families where domestic abuse is a factor and safeguarding children and young people at risk of harm from these situations.
- CSE, to continue to raise awareness and embed procedures across the Trust.
- Transition of young people with long term needs to adult services. Working with partner agencies to ensure a seamless approach and safeguards young people accessing acute health services.
- Mental Health services and the availability of these services is widely acknowledged by all professionals who work with children and adults. Recognition of children and young people who may be at risk of harm or neglect due to a parent or carers mental health illness.
- Training: Improve compliance of training and undertake a review all training materials and the Trust training needs analysis to ensure it is relevant and fit for purpose

This annual report demonstrates evidence of significant safeguarding activity within the Trust demonstrating that safeguarding children and promoting their welfare is a priority.

The Trusts commitment to partnership working is demonstrated by the high level of active involvement with Local Safeguarding Children Boards and partnership developments.