

Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	21st December 2015
Board Sponsor:	Chief Nurse
Paper Author:	Nurse Consultant for Safeguarding Children & Young People
Subject:	Safeguarding Children Annual Report

Executive summary

The purpose of this report is to appraise the Board of the main developments in the national safeguarding children agenda over the past 12 months; to provide assurance of how the Trust fulfils its statutory duties with respect to safeguarding children and child protection; and to highlight to the Board any areas of potential risk related to safeguarding children.

This report demonstrates that:

- Safeguarding children and promoting their welfare continues to be addressed
- The Trust is committed to meeting the Section 11 of the Children Act 2004 (HMSO 2004) requirements and is able to demonstrate a safe service, acknowledges and addresses the challenges relating to safeguarding children.
- The Safeguarding Children Committee has continued with its responsibility to ensure that the internal governance arrangements and statutory requirements for safeguarding children and child protection are met.
- The Trust has responded to issues relating to Female Genital Mutilation (FGM) and Child Sexual Exploitation (CSE)
- The Trust undertook an internal review of its systems for safeguarding children following the Savile report; and commissioned a further external review of Children's Safeguarding Practice and Procedure which will report shortly
- Systems, processes and policies are constantly under review to ensure that they comply with local and national guidance
- Actions from National and local serious case reviews are being addressed and learning shared

The Board is also asked to note that the structure of dedicated practitioners requires review to ensure that it provides a team approach to safeguarding children, is fit for purpose, can respond to increased demand, minimises risk and addresses succession planning.

Links to corporate objectives	The report concerns the corporate objectives of <i>excellent outcomes; great experience; empowered skilled staff;</i>
Identified risks and risk management actions	List the major risks identified and mitigating actions. If appropriate include the risk of not adopting the recommendation
Resource implications	Outline the resources required to implement the recommendations
Report history	Safeguarding Children Committee
Appendices	None

Action required by the Board

The Board is asked to note the progress made over the past 12 months; and the systems in place to ensure that the Trust fulfils its statutory duties with respect to safeguarding children and child protection

Report to the Board of Directors, 21st December 2015

Child Protection and Safeguarding Children - Annual Report to the Board

Introduction

All those who come into contact with children and their families have a statutory duty to safeguard and promote the welfare of children as defined by The Children Act 1989 and 2004.

“Children are best protected when professionals are clear about what is required of them individually and how they need to work together”

“effective safeguarding of children can only be achieved by putting children at the centre of the system and by every individual and agency playing their full part, working together to meet the needs of our most vulnerable children.”

Working Together to Safeguard Children March 2015
& CQC statement on roles and responsibilities

This is the annual report to the Board concerning safeguarding children and young people and child protection arrangements within Brighton and Sussex University Hospitals NHS Trust (BSUH) during the period between October 2014 and September 2015.

The report describes national and local changes and sets out the resulting issues, identifies areas of good practice developments, actions and where there are elements of risk for the Trust.

Context

Over the past year, child abuse has rarely been out of the public eye with the continued fallout from the Savile Inquiries, grooming and trafficking in Rotherham, greater awareness of the dangers of online abuse and a concerted attempt to tackle it alongside an increasing awareness of the impact of emotional as well as physical abuse.

Nationally there has been a range of new safeguarding documents, legislation and learning from serious case reviews during the year including:

- *Working Together To Safeguard Children (Updated March 2015)*
- *What To Do If You Are Concerned A Child Is Being Abused (Updated March 2015)*
- *Female Genital Mutilation Risk And Safeguarding: Guidance For Professionals (New March 2015)*

Serious case reviews (SCRs) take place after a child dies or is seriously injured and abuse or neglect is known or suspected. The aim is to help agencies learn lessons about how they can work better together to protect children from serious abuse. In England from 1 April 2014 to 31 March 2015, 114 SCRs were commissioned and 71 were published.

Locally the formation of a MASH (Multi-agency Safeguarding Hub) requires integrated multi-agency staff. The CCG have funded a year's pilot project to support a health professional representing the acute, community and mental health services, which if successful requires the individual Trusts to continue the funding (probably of approximately £25,000) from April 2016.

Recently there have been major changes to the organisation of both the West Sussex and Brighton & Hove (B&H) social care teams so the safeguarding team is raising awareness to minimise risk due to poor communication during the implementation stage of the new arrangements and care pathways.

The onsite specialist safeguarding liaison team employed by Sussex Community Trust for the past 22 years has been disbanded and the work has been integrated into the BSUH

safeguarding team. The challenge has been to continue the excellent communication with the community with reduced personnel.

The highly publicised child sexual exploitation scandals have resulted in increased awareness and developing services within the locality. BSUH is involved by representation at the 'Operation Kite' risk and planning meetings. In addition there have been 3 more B&H strategic meetings related to Child Sexual Exploitation (CSE) which the Named Nurse attends on behalf of BSUH. The Claude Nichol staff have an electronic risk assessment tool which incorporates questions relating to sexual exploitation. Awareness of Child Sexual exploitation has been incorporated into all safeguarding children training programs including asking staff for key factors to look out for to enable them to recognise the risks. Staff have referred children to the Community paediatricians for review of injuries to the genital area or if there are indications of sexual abuse. There are new links with the Brighton Sexual Assault Referral Centre (SARC).

Following publication of the overarching Savile Inquiry the Trust formulated an action plan and has recognised the need to make a decision on whether to strengthen their safe recruitment practices by repeating the disclosure and barring checks in key areas despite the financial impact. In addition an independent review of the Trust safeguarding processes was commissioned and the report is due imminently and will be shared with the Board and key partners and any necessary actions agreed and implemented.

Further requirements from Government relating to Female genital mutilation (FGM) have been requested. Mandatory reporting by NHS hospitals is being addressed and BSUH has developed a process for this data collection and are linking with the Brighton Violence against women and girls (VAWG) to ensure a strategic approach. The Trust policy is being updated to reflect this new requirement, the Local Safeguarding Children Board (LSCB) pan-Sussex child protection procedures and evidence from various authorities including the Royal College of Obstetricians and Gynaecologists (RCOG) Green-top guidelines.

The new Goddard enquiry into sexual abuse will start soon and may have a financial impact as the notes are required to be accessible meaning they cannot be destroyed and need storing for longer.

The exciting news about the 3T's project brings a new development phase for BSUH and plans for departments. Children will still be cared for in some specialist adult areas as well as visiting their sick relatives and as such directorates need to consider the fact that children are not 'small adults' and planning should be individualised accordingly.

SECTION ONE

Child Protection and Safeguarding Children workload and nominated statutory Leads

Brighton & Hove has 385 children who are subject of a child protection plan an increase of **30.5%** since last year making it the 33rd highest out of 150 Local Authorities in England.

In B&H since March 2015 there has been 24% increase of children having a Child Protection (CP) plan.

Quarter	Sept 2010	Sept 2011	Sept 2012	June 2013	June 2014	June 2015
Total No of children with a CP Plan for B&H	411	395	340	300	328	385
B&H per 10,000	88	85	N/A	59.9	59.9	57.1
National average per 10,000	N/A	36	N/A	37.8	37.9	42.1
Statistical neighbour						44.4
League table			8th	15th	24th	33rd

West Sussex also continues to experience high levels of Child Protection activity with 443 children subject to child protection plans in Oct 2015.

Commentary from the B&H Local Authority Head of Safeguarding indicates that data from audit and a recent Ofsted inspection evidences that the rise is reflective of the characteristics of the City, the associated risk factors and the robust response to those risks. Public health data suggests that B&H has high rates of drug and alcohol misuse and adult mental health issues.

When the reasons for single assessment being completed are considered, B&H has significantly higher proportion of the following issues.

	B&H	National
Mental health	46.5%	24.9%
alcohol misuse	23%	15%
Drug misuse	21.6%	14.6%

Each Trust has a statutory duty to provide a Named Nurse and Doctor and a Named Midwife if providing midwifery care. Their role is to support other professionals in their agencies to recognise the needs of children, including rescue from possible abuse or neglect. Named professional roles should always be explicitly defined in job descriptions. Professionals should be given sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively (Working Together 2015).

BSUH Safeguarding Named Professionals			WTE
Lead Director	Chief Nurse	Sherree Fagge	1.0
Named Nurse	Nurse Consultant Safeguarding Children & Young People	Debi Fillery	1.0
Safeguarding nurse	Sarah Stenning (0.6) & Sarah Marshall (0.4)		1.0
Liaison nurse	Rachel Wright (from Sept 2015)		0.72
Named Doctor	Consultant paediatrician	Leonie Perera	4 pa
Named Midwife	Community midwifery matron	Marion Wilyman	1.0 but no ring fenced time
Safeguarding Midwife	Midwife	Fiona Rose	0.8
HR Lead	HR Director	Helen Wetherill supported by Abbi Denyer	1.0

Although the Named Doctor has 4 sessions allocated to undertake safeguarding work there are difficulties prioritising the workload with other clinical commitments and this is being reviewed. The current link between the Consultant-led child protection medical service, and

the acute speciality of Children's Emergency Department (CED) or High Dependency Unit (HDU), needs addressing. In addition the geographical area that is covered by the hospital in relation to 'cold' child protection medicals needs clarification to ensure the service is not overwhelmed by cases which could be seen in a more local hospital.

The safeguarding team needs review due to the impact of the local social care management changes, the increase in the serious case reviews, domestic abuse commitment increasing (MARAC), the child sexual exploitation work increasing, team administration changes and changes to the liaison team have all had to be accommodated.

SECTION TWO

Key tasks undertaken during 2014-2015

Serious Case Review & themed reviews

The modern child protection system has developed, in part, from the learning from child abuse tragedies primarily about children that were killed by their parents / carers, including Maria Colwell (Brighton 1973), Jasmine Beckford (1985), Victoria Climbié (2000) and Peter Connolly (2007).

Within Sussex BSUH has been included in a wide range of local learning related to serious case reviews.

- 1 SCIE (Social Care Institute for Excellence) Themed Learning Review
- 2 SCIE Full Learning Reviews
- 1 SCIE Speed & Learning Review
- 1 SCIE Serious Case Review

Previous learning from local Serious Case Reviews (SCRs) includes:-

- Improving the maternity information gathering documentation relating to fathers.
- Ensuring all staff are aware of how to access safeguarding advice and support throughout the day.

Current ongoing Local SCRs include:-

- East Sussex SCR MSH Jan 2014. (Little girl shot by her father)
- B&H SCR (D)
- B&H learning review (neglect)

Ofsted, Care Quality Commission Audit & section 11 audit.

The Trust continues to ensure that arrangements are in place to meet the Section 11 of the Children Act 2004 (HMSO 2004) requirements. External monitoring of these arrangements is a responsibility of the LSCB (Local Safeguarding Children Board), Ofsted and the Care Quality Commission (CQC).

In Feb 2015 the CQC visit West Sussex included a visit to the maternity services in PRH & the visit has resulted in some changes.

In the summer of 2015 there was an Ofsted visit to B&H Local Authority; there were no safeguarding actions for BSUH.

There has been a CQC visit to BSUH which did not result in any safeguarding actions except to review training figures.

Commitment to the B&H, East and West Sussex Local Safeguarding Children Boards (LSCBs)

- BSUH continues to be a statutory member of Brighton and Hove Local Safeguarding Children Board (LSCB) and Sherree Fagge attends as the BSUH Board member accompanied by the Named professionals as advisors.
- The Named professionals also represent the Trust at the B&H LSCB sub groups including monitoring & evaluation, training & development, Health advisory group and multi-agency liaison.

- Links to West Sussex and East Sussex Local Safeguarding Children Boards have continued via the Designated Nurses and Designated Doctors for Child Protection for West and East Sussex.
- The BSUH Nurse Consultant attends a health sub group of the West Sussex LSCB.

Reports written include:-

1. The section 11 audit update written for both B&H & West Sussex LSCB
2. A report for B&H LSCB on the safeguarding children audits undertaken by BSUH
3. Contribution to 3 B&H audits (monitoring & evaluation group)
4. A BSUH safeguarding update to contribute to the LSCB annual report.

Safeguarding Governance within BSUH during 2014 –2015.

<p>The BSUH Safeguarding Children Committee Meets quarterly Chair Sherree Fagge</p>
<ol style="list-style-type: none"> 1. Ensures internal governance arrangements are in place and effective 2. Works towards completing the BSUH safeguarding action plan. 3. Maintains and monitors the Section 11 audit with evidence available electronically and updated as required. 4. Addresses & disseminates learning from SCR & audit. 5. Attendance has changed to reflect the new BSUH structures
<p>Communication & IT</p>
<ul style="list-style-type: none"> • BSUH staff safeguarding web site continues to be a resource for the child protection procedures, topics and documentation. • The monthly newsletter continues • The BSUH public web page has been updated to include various new national reports, & FGM links. • When SCRs are published (local/national) – key learning points disseminated to staff. • The liaison with social work team continues and has been improved by the introduction of scanned documents being sent by confidential e mail. • The Alert IT system has been a challenge to work with & changes are still required.
<p>Safeguarding Supervision</p>
<ul style="list-style-type: none"> • The Named Doctor continues to give safeguarding supervision to medical staff on an ad hoc basis, and participates in the Monday teaching sessions and the Thursday peer review meetings. • The Named Nurse continues to give safeguarding supervision to nursing/midwifery staff who carry high risk caseloads and on a case by case basis to all staff as required. • The safeguarding midwife gives supervision to the substance misuse midwife. • Daily safeguarding ward visits continue at RACH enabling improved case discussion for nurses on approximately 450 children. • Documentation of discussions is filed in the child's notes. • The Named professionals receive supervision from the designated professionals.
<p>Policies & guidance introduced or updated</p>
<ul style="list-style-type: none"> • Trust safeguarding policy updated. • Managing allegations against staff guidance being updated • Domestic abuse policy currently being updated. • FGM policy re drafted to link with Pan Sx procedures.(Nov 2015) • Various paediatric on line clinical guidance.
<p>There have been changes to practice brought about by working with the multi-agency partners including:-</p>

- The risk assessment form in children's emergency department ,
- The pathway for children who attend having been bitten by a dog,
- The pathway for children who self-harm
- The improved information gathering related to fathers.

Audits undertaken

Section 11 audit updated Overview of CP medicals LSCB notes audit Maternity CP, MH, & DV documentation & referral.	Ward discussion overview Training evaluation Referral forms. CP flagging
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Training

The Trust workforce requires some level of statutory safeguarding children training as below:

- | | |
|--|-----------------------|
| 1. Level 1: all non-clinical staff require 3 yearly update | 66.4% trained |
| 2. Level 2: all clinical staff who see adults require 3 yearly updates | 42.0% trained |
| 3. Level 3: all clinical staff who see children require annual updates | 49.07% trained |

	2013	Jan 2014	May 2014	Q1 2015
Level 1	67.9%	66.9%	65.5%	66.4%
Level 2	53.6%	53.5%	55.5%	42.0%
Level 3	45.5%	50.6%	55.7%	49%

Key areas
Paediatric Nursing 83%
Maternity 80%

Each area with a large number of staff in the red have been contacted and asked to action the training as soon as possible.

- All staff receive level 1 training during induction and then have further training as required by their profession or role.
- The current attendance figures at the mandatory training will not enable the majority of Trust staff to be trained within time scales.
- The use of e learning is offered and it is expected that the new IRIS system will help once safeguarding is incorporated
- The West Sussex designated nurse observed a level 2 session and reported that they met all the required criteria for staff competence.
- The sessions continue to be well evaluated.
- 2x3 hour raising awareness sessions have been undertaken in addition to the
- The training figures have been raised the Safeguarding committee.

Various other projects and initiatives

1. The introduction of the FGM monitoring process & raised awareness.
2. Audit is near completion looking at imaging in children with suspected non-accidental injury.
3. The named Dr has had a recent publication in paediatric literature (ENT injuries and non-accidental injury)
4. **CP-IS** (Child Protection Information-Sharing Project) is being introduced by means of smart cards so that staff in key areas can access the national spine to check if children have a CP plan. Flagging will need to continue as the IT systems at BSUH currently do not link directly with the spine.
5. The Named Nurse is part of the MASH steering group which oversees the health representative pilot project agreed by the LSCB & will require ongoing funding.
6. The B&H CCG require assurance relating to their new safeguarding standards, in addition to the bi-monthly statistics currently collected.

Safeguarding Children Human Resources Report

During the period 2014/15 there have been three incidents of Safeguarding allegations against members of staff. All were escalated to the Local Authority Designated Officer (LADO) team. One required the member of staff to be dismissed and two, following consideration, required no further action to be taken. However internal investigations have also taken place and recommendations have been implemented which included further training and mentoring support within given time frames.

The guidance on managing allegations against staff is being updated.

Changes to the disclosure and barring process have taken place and a decision about rechecking needs to take place as this will have a financial cost.

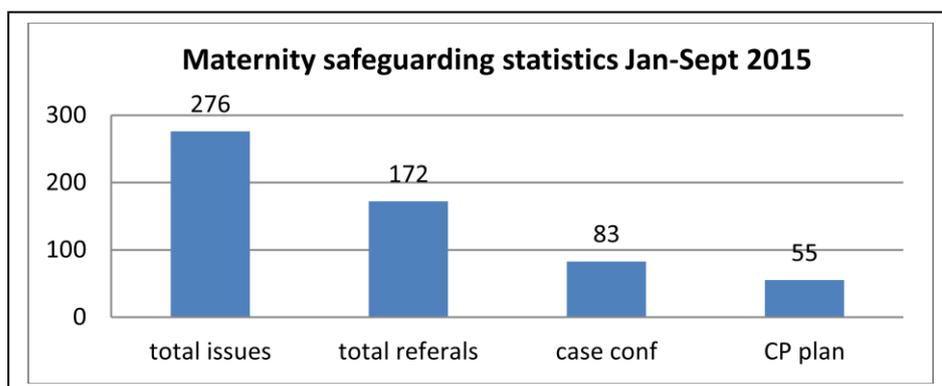
Child and Adolescent Mental Health Services (CAHMS) Report

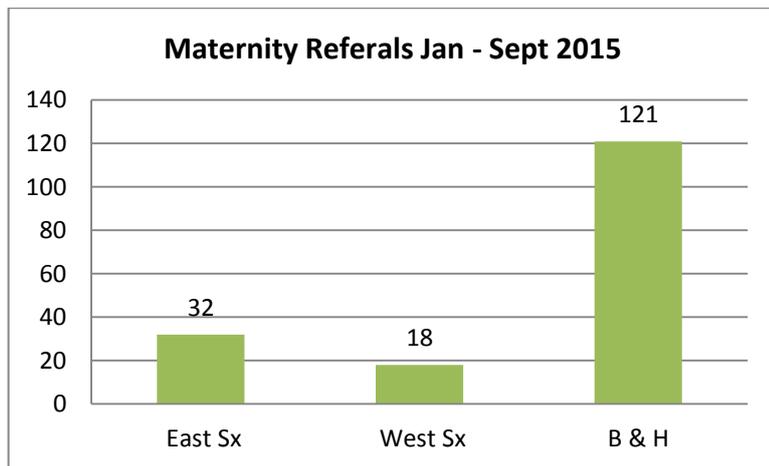
- The CAMHS service provision is being reviewed nationally
- The B&H commissioner has secured some funding to improve the service of mental health support for children in B&H with long term health issues linked with BSUH.
- The B&H commissioner has secured some funding to improve the in patient service of mental health support for children in B&H with self-harm.
- The growing issue of children's mental health is affected by a multitude of issues but an increasing trend seems to be the use of social media sites.

Maternity Report

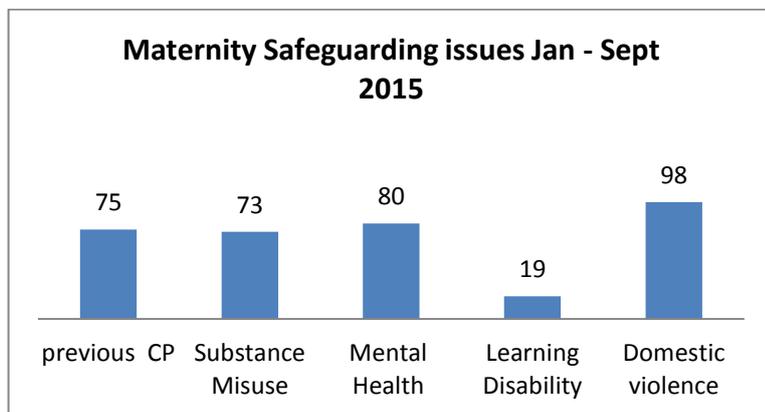
Serious case reviews highlight that babies are very vulnerable to abuse & as such the maternity service continues to refer a high number of women and families with complex needs.

Within the period of the report 276 pregnant women had issues which were felt to need more support and 172 required safeguarding referral.





The reason for referral included individual issues and those relating to the toxic trio (namely domestic abuse, mental health and substance misuse.). The quality of the referrals results in 40-60% being offered a single assessment and subsequent case conference. Each conference takes approximately 10 hours of midwifery time, from writing the report, attending the conference and the following core group.



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The B&H SCR (*Liam*) had some learning issues for maternity services relating to gaining more information about fathers which is being addressed by changes to the documentation.

The CQC visit to West Sussex had some recommendations for maternity services about improving cross boundary working which have been addressed.

Achievements and Progress in relation to Maternity October 2014 - October 2015

- The Named Midwife and the Safeguarding Midwife have worked hard to minimise the risks associate with the complex nature of safeguarding cases within this maternity service.
- An audit of maternity documentation relating to child protection, domestic abuse and mental health issues has been undertaken and shared with the department.
- The Level 3 safeguarding and domestic abuse training compliance is 86%
- Safeguarding supervision for the specialist midwives, whose caseloads are high risk, has been provided by the Named Nurse.
- The safeguarding midwife undertakes supervision for the substance misuse midwife.
- Introduced the FGM monitoring question for all pregnant ladies.

- The recommendations from the SCR (*Liam*) & West Sussex CQC visit have been actioned.

Maternity Action plan 2015-2016

- The time allocated to the safeguarding midwife needs to be reviewed due to the increasing numbers of women seen and need for improved supervision of the midwives on both sites.
- To re-audit the postnatal feeding support to minimise the admission of babies with feeding issues.
- To continue to monitor and audit the pre-birth safeguarding workload and make recommendations as required (ongoing)
- To maintain and audit the FGM monitoring question for all pregnant ladies.
- To audit the changes made to the booking information about fathers.

Domestic Abuse Report

Domestic abuse is a very common problem for many people. 1:4 women and 1:7 men are affected.

As in previous reports it is vital that BSUH staff are vigilant in recognising and referring issues where domestic abuse and associated child protection issues are suspected.

There have been 5 domestic homicides discussed this year and action plans will be required to address the resulting issues. (See adult safeguarding report)

The Named Nurse for safeguarding Children represents BSUH on various strategic groups relating to Domestic abuse and to Violence against Women and Girls (VAWG). This includes harmful traditional practices (genital mutilation (FGM); forced marriage; crimes committed in the name of 'honour'), stalking; trafficking; sexual exploitation, and sexual harassment.

Multi-Agency Risk Assessment Conference (MARAC) attendance.

The safeguarding children team attend the twice monthly domestic abuse MARAC (multi-agency risk assessment committee). Attendance depends on competing work pressures and has been sporadic over the summer when the team were also covering the liaison role; however information is always shared in writing and The MARAC team have been asked to contact us if there are any specific hospital issues. Flagging of those people who are discussed at MARAC should be undertaken and is action for 2015/16

The Health IDVA (independent domestic violence advisor) project linked with RISE has improved the numbers of staff trained and subsequently the referrals to the HIDVA have increased. The referrals are always better when the HIDVA is visible so she is keen to meet staff on ward rounds and meetings and to continue having an office space within the unit.

Total No of additional staff trained	115
Visibility ward round A&E	91 + 6 team meetings
Visibility ward round maternity	32
Visibility ward round Claude Nicol	3 + 2 team meetings

Referrals to HIDVA	1 st 2 quarters	2 nd 2 quarters
total	43	100
A&E	25	58
maternity	22	11
Claude Nicol Centre	2	7
Drugs and Alcohol Liaison Team	0	3
Safeguarding Teams	0	3

- 43 patients engaged with support offered.
- 39 declined support, 12 HIDVA was unable or unsafe to contact, 6 were referrals which required signposting to other services.

Achievements and Progress in relation to Domestic Abuse October 2014 to October 2015

- Domestic abuse training continues within the mandatory level 2 and 3 safeguarding children training and at induction for all midwives.
- The independent domestic violence advocacy (IDVA) service specifically linked to the Emergency Department and Midwifery at RSCH continues.
- The project within A&E has raised awareness and the total number of referrals received by the HIDVA service has increased considerably.

- Links between safeguarding children and safeguarding vulnerable adults and domestic abuse have been strengthened by having a joint quarterly meeting & the named professionals meeting regularly.

Domestic Abuse Action plan 2015-2016

- To continue the BSUH commitment to attend the B&H MARAC.
- To update the Domestic Violence policy.
- To continue to link with the B&H VAWG strategy
- To continue to support the current domestic abuse training available within BSUH.
- To continue to raise the profile of the IDVA project
- To instigate flagging for those people who are discussed at MARAC.

SECTION THREE

Key issues & Action plan

In addition to general statutory requirements which apply to the whole Trust, there are specific action plans for various specialities within the BSUH Trust itemised and monitored in the Safeguarding children committee action plan which will obviously respond to additional issues which arise through out the year.

- To have directorate assurance & evidence that 'safeguarding children' is discussed and that staff are aware of their role and responsibilities.
- To action any recommendations from the safeguarding review.
- To consider the disclosure and barring processes.
- To monitor the impact on BSUH of all the local multi-agency safeguarding changes such as the MASH, the changes to the liaison service, and the new Pod system of social work teams.
- To improve the arrangements for child protection medicals and work towards minimising the cross cover with HDU and CED.
- To continue the rotation of an member of adult nursing staff from PRH A&E and CED at RACH which is cost neutral and benefits the safeguarding aspect of care at PRH.
- To monitor the information sharing processes and ensure efficient IT systems.
- To monitor the safeguarding aspects of the provision of mental health services for children within RACH.
- To continue to raise awareness and embed the skills and knowledge around female genital mutilation and continue to implement the Governmentt request for information.

- To complete the CP-IS actions.
- To continue & complete the work itemised in the current Safeguarding Children & Young People Committee action plan.
- To ensure the maternity action plan is addressed.
- To ensure the domestic abuse action plan is addressed.

Debi Fillery
Nurse Consultant Safeguarding Children and Young People
December 2015

For a full copy of the annual action plan please contact Debi Fillery, Nurse Consultant, Safeguarding Children or Sherree Fagge, Lead Director for Safeguarding.