

Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	27th October 2016
Board Sponsor:	Interim Chief Nurse
Paper Author:	Debi Filery, Nurse Consultant Safeguarding Children and Young People
Subject:	Safeguarding Children Annual Report

Executive summary

The Board of Directors is responsible for ensuring the overarching leadership with respect to safeguarding children and child protection. This report ensures the Committee and Board are apprised of the main developments in the national safeguarding children agenda over the past 12 months and to understand how BSUH fulfils its statutory duties.

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 internal governance arrangements and statutory requirements for safeguarding children and child protection are met & monitored, however IT support needs improving.
- MASH requires approx. £23000pa from BSUH corporate funds to support health input to multi-agency working
- BSUH responds to issues relating to FGM
- BSUH responds to issues relating to CSE (Child sexual exploitation)
- BSUH undertook an internal review following the Lampard (Savile) report
- BSUH undertook an independent review of safeguarding children within the Trust.
- 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

However:

- Despite multiple training sessions provided, the training figures need improvement
- As recommended by the internal report the safeguarding structure requires review to ensure it is fit for purpose, can respond to increased demand, minimises risk and addresses succession planning.

<p>Action required by the Board</p> <p>The Board is asked to discuss and note the Safeguarding Children Annual Report</p>
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Links to corporate objectives	The Trust must ensure a culture exists where safeguarding is everybody's business and ensure that there are robust systems in place & the best and safest care is given to safeguard our most vulnerable patients (children and adults, including those with learning disabilities).
Identified risks and risk management actions	<p>The report highlights any areas of potential risk related to safeguarding children.</p> <p>Failure to comply with the legal requirements of safeguarding children could risk the Trust's registration with the Care Quality Commission.</p>
Resource implications	MASH requires approx. £23000pa from BSUH corporate funds to support health input to multi-agency working
Report history	The safeguarding children annual report is submitted to the Committee and Board of Directors
Appendices	NICE Quality Standard – Gap analysis – Domestic violence and abuse

Report to the Board of Directors, 27th October 2016 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.

Working Together to Safeguard Children (2015) defines Safeguarding as:

- *Protecting children from maltreatment*
- *Preventing impairment of children's health or development*
- *Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care*
- *Taking action to enable all children to have the best outcomes*

Working Together to Safeguard Children (2015) also suggests that effective safeguarding arrangements must be underpinned by two key principles:

- *Safeguarding is everyone's responsibility: for services to be effective each professional and organisation should play their full part*
- *A child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children*

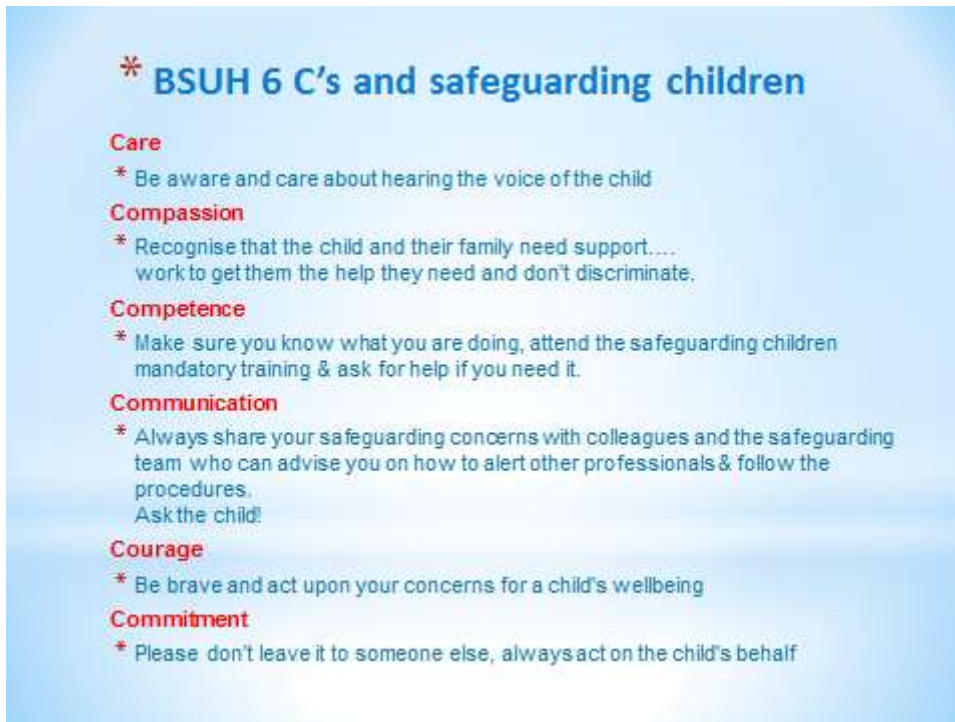
Section 11 of The Children Act 2004 places a statutory duty on all NHS organisations to ensure that services are designed to safeguard and promote the welfare of children. At an organisational these key features ensure:

- Senior management commitment to the importance of safeguarding and promoting children's welfare
- A clear statement of the agency's responsibilities towards children; available for all staff
- A clear line of accountability within the organisation for work on safeguarding and promoting the welfare of children
- Service development that takes account of the need to safeguard and promote welfare and is informed, where appropriate, by the views of children and families
- Safe recruitment procedures in place
- Effective inter-agency working to safeguard and promote the welfare of children
- Effective information sharing & learning from serious case reviews and local issues.

As an organisation BSUH continues to follow Sussex Child Protection and Safeguarding Procedures when required, staff are also supported by access to a range of internal BSUH policies, standards, procedures and systems which promote the delivery of safe care and support for children and their families.

The BSUH safeguarding review undertaken during 2015 indicates that '*lessons learnt are relevant for all Trust staff from the boardroom to the wards*' & '*leaders need to be seen and heard to reflect the importance of safeguarding children*' (page 8 & 18)

The BSUH Board should critically appraise this annual safeguarding report for the period September 2015 - September 2016 to assure themselves that patient safety, staff activity, governance arrangements, risks are identified and addressed, safeguarding data are transparent and clear and that there is a plan for 2016/17.



Contextual summary of issues and relevant documents published in 2015/2016 with BSUH actions

As mentioned in last year's report the wider context of safeguarding continues to grow and change in response to the findings of large scale inquiries such as the Lampard investigation into Jimmy Savile, The Rotherham Child Sexual Exploitation Enquiry and the Goddard inquiry. There continues to be the requirement of acute Trusts to report on FGM (Female Genital Mutilation) & to be aware of aspects of honour based violence and the modern Slavery Act 2015.

Lampard (Savile) Investigation Update 2015

In October 2012, the Secretary of State for Health appointed Kate Lampard, a former barrister, to undertake an independent review of the investigations that were undertaken into the matters relating to four NHS Trusts and the late Jimmy Saville. This was to provide assurance that all investigations had established the truth and had robustly protected the interests of the patients concerned. 14 recommendations were made.

The DH released a report *Update on the Themes and lessons learnt from Jimmy Saville NHS investigations* in November 2015.

- BSUH had already formulated an action plan & in addition an independent review of the Trust safeguarding processes was commissioned and the report is due imminently. The action plans relating to this report will require Board oversight.

The Goddard inquiry into sexual abuse has had a difficult year with 3 leads resigning. Professor Alexis Jay was appointed the new lead in August 2016. Her initial report in Rotherham in South Yorkshire, identified that at least 1,400 children had been sexually exploited between 1997 and 2013.

- BSUH continues to store notes which may be required by the Goddard inquiry and this will have a financial impact.

Child Sexual Abuse and Exploitation (CSE)

Child sexual exploitation (CSE) is a type of sexual abuse where children in exploitative situations and relationships receive something such as gifts, money or affection as a result of performing sexual activities or others performing sexual activities on them. Some children and

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young people are trafficked into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in gangs. Children or young people may be

tricked into believing they're in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed on line.

- The Named Nurse is involved in meetings related to local initiatives such as 'Operation Kite', the LSCB CSE/CSA early identification Prevent & protect subcommittee and undertakes BSUH training on how to recognise and refer young people who are victims of CSE. BSUH have also been part of an LSCB audit into 10 cases of CSE which illustrated good working relations & communication. The 'see me, hear me' framework needs to be embedded to make sure the child's voice is heard.

B&H discussions	2015	2016	Age range in 2016 13 – 21yrs old
Red Op kite cases	11 - 15 pcm	7 - 16 pcm	
Amber op kite cases	17 – 37 pcm	10 – 22 pcm	
Green op kite cases	2 – 15 pcm	9 – 16 pcm	

- The new children's SARC opened in 2015, based at Brighton General Hospital which is used for children with injuries to the genital area or if there are indications of sexual abuse. The sexual health clinic continues to link closely with these professionals.

Modern Slavery Act 2015

The Modern Slavery act received royal assent during March 2015, it encompasses human trafficking, forced labour and domestic servitude.

- A BSUH raising awareness session in Sept 2106 has been undertaken. Staff should be encouraged to discuss any such concerns with their manager, supervisor and/or the safeguarding team, so that appropriate risk assessment and relevant actions can be taken when required.

Female Genital Mutilation (FGM)

Mandatory reporting by NHS hospitals continues and BSUH has developed a process for this data collection and are linked with the Brighton VAWG (Violence against women and girls) to ensure a strategic approach.

	2014	2015	2016 to date
Disclosures	22	26	22

- The BSUH Trust policy has been updated and includes a risk assessment and information relating to support of women affected by FGM. It is linked to the Pan Sussex child protection procedures and various professional documents.
- The Safeguarding Team provide practical advice and support to clinical staff regarding the management of potential FGM cases when required, based upon current national DH and NHS multi-agency guidance.

CP-IS (Child Protection Information service)

CP-IS is a national system connecting local authorities child social care IT systems with those used by the NHS in unscheduled care settings. This is to provide better care and earlier intervention for children who are considered to be at risk and are subject to a Care plan or are 'Looked After'. (<https://systems.hscic.gov.uk/cpis>).

- BSUH already has a well organised flagging system but is working towards this integrated service linking with B&H Local Authority, with completion due in March 2017.

MASH (Multi-agency Safeguarding Hub).

The formation of a MASH requires integrated multi-agency staff. The CCG pilot funded a health professional representing the acute, community and mental health services for one year.

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- The MASH pilot was deemed a success requiring the individual Trusts to continue the funding of £20,000pa recurring from April 2016. A further development is for an additional sum as a contribution to the cost of the premises which will commence in 2017.

SECTION ONE Corporate responsibilities & statutory Leads during October 2015 – September 2016 Child Protection / Safeguarding Children workload
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Corporate Responsibilities

The Chief Executive is the Accountable Officer of the Trust and as such has overall responsibility for ensuring it meets statutory and legal requirements and adheres to guidance issued by the Department of Health, Department for Education and Skills, Commissioners and local Safeguarding Children Boards.

The Safeguarding Children Lead Director is the Chief Nurse who is accountable to the Chief Executive and has delegated responsibility for safeguarding children and young people. The Chief Nurse oversees safeguarding children arrangements within the Trust and is the named person on its Local Safeguarding Children Board, supported by the Named professionals.

Each Trust has a statutory duty to provide a Named Nurse and Doctor and a Named Midwife if providing midwifery care. They are accountable to the Director of Nursing & 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 (from Sept 2015 – May 2016) Interim Chief Nurse Helen O’Dell (from May 2016)		1.0
Named Doctor	Consultant paediatrician	Leonie Perera	4 pa
Named Nurse	Nurse Consultant Safeguarding Children & Young People	Debi Fillery	1.0
Safeguarding nurse	Sarah Stenning (0.6) & Sarah Matthews (0.4)		1.0
Liaison nurse	Rachel Wright (from Sept 2015 – May 2016) Geraldine Fraher (from Mid July 2016)		0.72
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

Work has continued with the Named Doctor to ensure an efficient child protection medical service. The current link between the Consultant led child protection medical service and the acute speciality of CED or HDU is being addressed by the appointment of more paediatric Consultants who will be included in the CP medical rota.

The safeguarding team needs to be reviewed to ensure that the volume of work is accommodated, and supervision and succession planning is addressed. As in previous years consideration also needs to be given to the safeguarding provision in adult A&E (see appendix safeguarding team workload)

In June 2016 Brighton & Hove has 381 children who are subject of a child protection plan making it the 25th highest out of 152 Local Authorities in England.

There are 439 children looked after (CLA) at 30th June 2016.

There are 213 electively Home Educated children numbers for 1st April-30th June 2016.

Quarter	Sept 2010	Sept 2011	Sept 2012	June 2013	June 2014	June 2015	June 2016
Total No of children with a CP Plan for B&H	411	395	340	300	328	385	381
B&H per 10,000	88	85	N/A	59.9	59.9	57.1	74.7
National average per 10,000	N/A	36	N/A	37.8	37.9	42.1	42.9
Statistical neighbour						44.4	42.1
League table (n=152)			8th	15th	24th	33rd	25th

Of the 3,238 referrals received by B&H during the year ending 30th June 2016:

- 5.6% were unborn
- 4.5% were aged under 1
- 18.4% were aged 1 to 4
- 25.1% were aged 5 to 9
- 35.6% were aged 10 to 15
- 10.7% were aged 16 and over

13.8% referrals were from Health Services compared to 14.9% nationally.

A further pressure is the ongoing increase in Unaccompanied Asylum Seeking children (UASC) to 33 This is the highest number of UASC's that have been the responsibility of Brighton & Hove since 2008 reflecting the growing number fleeing war and persecution. It is likely in the current political climate the numbers of UASC are likely to continue to grow.

SECTION TWO

Governance & multiagency working during 2015-2016

The BSUH Safeguarding Children Committee

Meets quarterly Chair Lead Director currently the Chief Nurse

1. Ensures internal governance arrangements are in place and effective and reports to the Board once a year. In 2017 will also report to the quality & performance committee twice a year.
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.

Policies & guidance introduced or updated

1. The Trust safeguarding supervision policy
2. Domestic abuse policy (C016). (approved Feb 2016)
3. FGM policy (C084) re drafted to link with Pan Sx procedures & Maternity policy (MP027). (approved May 2016)
4. Various paediatric on line clinical guidance e.g. Strategy Meeting Checklist (response to SCR learning from another trust)
5. Posters encouraging patients and their families to talk to the complaints dept, PALs and the safeguarding team if they have any concerns about staff behaviour have been introduced across the organisation during 2016.
6. A leaflet to help staff understand the nuances of parental responsibility has been introduced.
7. Various short term information guidance & links about on line safety, pokemon go, and parental on line supervision was produced and will be repeated throughout the year.

Communication & IT

- The changes to the safeguarding liaison service during 2015/16 resulted in a part time member of staff being integrated into the BSUH safeguarding team funded by the CCG. The challenge has been to continue the excellent communication with reduced personnel.
- The approximate cost of manually posting attendance summary sheets is approximately £5000pa so an improved IT solution should be developed which would provide a quality service which is financially efficient.
- BSUH staff safeguarding web site continues to be a resource for the child protection procedures, topics and documentation.
- The monthly newsletter continues & helps circulate key learning points from SCR, research or local & national reports
- The BSUH public web page has been updated to include various new national reports & FGM links but needs further work in 2017.
- The liaison with MASH continues & a review of communication with health visitors and school nurses indicate benefits would be made by improved IT links.
- The Alert IT system continues to be a challenge to work with & changes are still required.

Safeguarding Supervision

- There are no major developments in Supervision due to lack of capacity.
- There has been one serious incident reported and investigated, relating to a mental health issue. It was dealt with well and the learning from the incident has been circulated
- 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. (see appendix 2 snap shot of safeguarding work)
- Documentation of discussions is filed in the child's notes.
- The Named professionals receive supervision from the designated professionals.
- The monthly feedback to the Chief Nurse's meeting (PIM & NNMB) also initiates discussion about safeguarding children issues which should be disseminated to the Directorate teams via their quality and safety meetings.

Audits undertaken

Section 11 audit & challenge
Overview of CP medicals
LSCB notes audit x 2
FGM documentation

Ward discussion overview
Training evaluation
Chaperone awareness
MH awareness

Training

Working Together to Safeguard Children (2015) sets out guidance on the responsibility of BSUH to ensure that employees have an awareness of how to recognise and respond to safeguarding concerns.

The Intercollegiate Guidance Safeguarding Children and Young People: Responsibilities for health care staff (2014) provides a competency framework and sets out the levels of competence required by different groups of health care staff.

The Trust learning and development strategy indicates how this mandatory requirement for all staff should be achieved.

The total BSUH workforce requires some level of statutory safeguarding children training.

1. Level 1 (At induction & all non-clinical staff) requires 3 yearly update.
2. Level 2 (All clinical staff who see adults) requires 3 yearly update
3. Level 3 (All clinical staff who see children **and unscheduled care - PRH A+E**) require annual update

Various reports (IRIS, CQC, and safeguarding review) indicate that the training figures at BSUH are not at optimum levels and that is true of safeguarding children.

NB. Despite providing over 130 separate safeguarding children training sessions (see [appendix](#)) and an increase in training dates for the rest of the year, it will be a challenge to achieve. The training figures have been raised with the Safeguarding committee, the Board, & is part of the CQC action plan.

The Trust RAGE report from IRIS safeguarding children training figures suggest that

	Aug 2016		Key areas Aug 2016	
Level 1	67%		Paediatric Nursing 83%	Sexual health
Level 2	54%		Maternity 80%	100% Health Advisers up to date
Level 3	51%		Adult A&E 85%	70% Drs up to date, 30% booked onto imminent course, 100% sexual health nurses up to date

- The name nurse also helps facilitate a 10 day safeugarding children course linked to the University with BSUH staff attending.
- The use of e learning is offered
- A level 1 session has been taped for use in an emergency (eg sickness of presenter)

4 x 3hr raising awareness sessions with outside speakers have been undertaken in addition to the mandatory training. Topics included....

Oct 2015	Feb 2016	June 2016	Sept 2016
WRAP/Prevent	Legal aspects	Wrap/Prevent	DV themed session; Local service update Asking the question Case example IDVA feedback BME aspects of DV
RUOk & alcohol abuse	Consent	Hidden children, modern slavery	
Serious case review & self-harm	Mental Capacity	Paed Liaison Mental Health service update	
Invited DV victim (real experience)	MH & teens	Burns	
		CED injuries	

Partnership working

- BSUH recognises that safeguarding is a shared responsibility requiring effective joint working between agencies and professionals of different roles and expertise. It

therefore promotes collaborative relationships with other services to allow constructive challenge and the continual improvement of care

- BSUH continues to be a statutory member of Brighton and Hove Local Safeguarding Children Board (LSCB) and the lead Director attends as the BSUH Board member accompanied by the Named professionals as advisors.
- The Named professionals also represent the Trust at 4 B&H LSCB sub groups including monitoring & evaluation, training & development, Health advisory group and multi-agency liaison.
- Attendance by the BSUH Nurse Consultant is 80% and the time commitment given to meetings and LSCB projects totals approximately 4 weeks (150hrs) plus travel time.
- 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 & contribution include:-

1. The section 11 audit completed for B&H 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. Contribution to serious case review x 3
5. Contribution to the Neglect review
6. A BSUH safeguarding update to contribute to the LSCB annual report.

External regulation and inspection by LSCB, Care Quality Commission (CQC), and commissioners (CCG)

Section 11 (s11) of the Children Act (2004) provides statutory guidance on the arrangements required to safeguard and promote the welfare of children which all agencies need to take account of when creating and maintaining an organisational culture and ethos that reflects the importance of safeguarding and promoting the welfare of children.

External monitoring of these arrangements is a responsibility of the LSCB (Local Safeguarding Children Board), Ofsted and the Care Quality Commission (CQC).

In the spring 2016 the Named Nurse, on behalf of the Trust, completed the bi-annual S11 audit and will attend the peer challenge review arranged by the LSCB in October 2016. The audit indicated that the Trust met most standards in simplistic terms but required actions to address the training issues.

In the spring of 2016 there was an Ofsted visit to B&H Local Authority; there were no specific safeguarding actions for BSUH.

There has been a CQC visit to BSUH which indicated that were a range of actions for the Trust, those that affect safeguarding children relate to improvement of training figures & the siting of the adult research facility based on Level 10 of RACH.

In Sept 2016 there has been a Local Government association peer review and BSUH named professionals were asked to facilitate a visit to RACH and to be interviewed.

CCG exception reports are provided by BSUH on a quarterly basis and the main issues have related to training figures and the internal safeguarding review report which has been slow in being made available.

Serious Case Review & themed reviews

The purpose of a Serious Case Review is to establish whether there are lessons to be learned from the case about the way in which local professionals and organisations work together to safeguard children, identify what needs to be changed and, as a consequence, improve multi-agency working to better safeguard and promote the welfare of children.

Within Sussex BSUH has been included in a wide range of local learning related to serious case reviews. www.brightonandhovelscb.org.uk/serios-case-review-2/

SCR Liam published in Oct 2015

SCR E published in Sept 2016

In addition there is learning from other national SCR which can also be accessed via the LSCB or NSPCC website.

Some examples of learning from SCR includes:-

- Improving the awareness of gaining information about all the family both mothers and fathers.
- Documentation of corridor conversations
- Raising awareness of self-harm
- Working with challenging parents/carers
- Domestic abuse

Safeguarding Children Human Resources Report

Safer recruitment

BSUH work to ensure that those working or in contact with children are safely recruited and to make sure that we do everything we can to prevent appointing people who pose a risk to children is an essential part of safeguarding practice and BSUH recruit staff and volunteers following safer recruitment procedures.

All staff at the Trust are employed in accordance with the NHS pre-employment check standards.

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.

Allegations against staff

The guidance on managing allegations against staff is being updated.

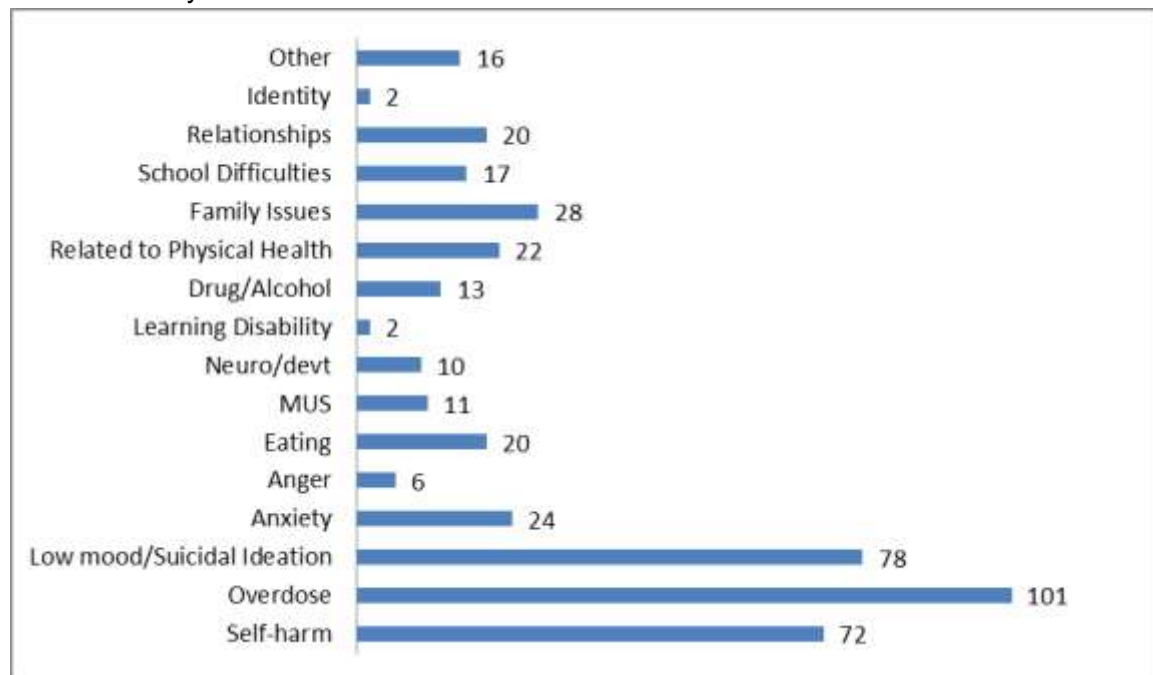
During the period 2015/16 there has been incidents of child safeguarding allegations against members of staff. All were escalated to the Local Authority Designated Officer (LADO) team.

Paediatric Mental Health Liaison Services Report (PMHLT) Jo Bullen.

- The PMHLT is a multi-disciplinary team (occupational therapy, nursing, psychiatry) that started working at the Royal Alexandra Children's Hospital in Nov 2016. The service was set up in concordance with a growing evidence base cited by the Royal College of Psychiatrists for liaison service, the Mental Health Crisis Care Concordat , Future in Mind and Guidance to support the introduction of access and waiting time standards for mental health services in 2015/16 .
- The service operates between 9am-8pm Mon – Fri and 10am-6pm Sat, Sun and bank holidays and offers a service to the Royal Alexandra Children's Hospital patients, families and staff.
- The PMHLT provide specialist mental health and risk assessment and forward care planning with the aim of offering early intervention and appropriate sign-posting for children, young people and their families experiencing mental health related difficulties.

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- PMHLT is positioned as an Interface for a number of different services regarding child/adolescent mental health and well-being within and outside of the hospital (other psychological services within the hospital and community mental health, education, social and youth services outside the hospital)
- Between 2nd November 2016 – 11th August 2016 there has been a total of 276 referrals from the hospital. Of those referrals 49 safeguarding referrals were forwarded to MASH or equivalent.
- The following table summarises the presenting problems for children and young people when they were referred to the team:



- The CAMHS service provision is being reviewed nationally
- The B&H commissioner continues to fund the service of mental health support for children in B&H with long term health issues linked with BSUH.

Maternity Report

Achievements and Progress in relation to Maternity October 2015 - October 2016

- 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.
- 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. The specialist midwives for substance misuse & teenage pregnancy support the safeguarding midwives with specific women.
- An audit of the FGM monitoring & documentation has been undertaken, and changes made to make it more simple. The notes have been updated to include the question.
- In response to SCR Liam an audit has been completed related to the changes made to the booking information about fathers and a maternity records group has been established to review the hand held records – first meeting in September 2016
- Improvements have been made to the liaison for out of area women in response to the CQC visit to West Sussex
- The Level 3 safeguarding and domestic abuse training compliance is steady at 80%

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Maternity Action plan 2016-2017

- Plans for 2016/17 is for a 0.6 WTE Mental Health midwife to be recruited and this individual will support the safeguarding agenda for this caseload
- There is a need to monitor and adapt midwifery services due to the impact of changes to HV and FNP.
- A review of safeguarding supervision is required to ensure staff are supported and a quality service is maintained.
- To continue to monitor and audit the pre-birth safeguarding workload and make recommendations as required (ongoing)
- To audit the changes made to the booking information about fathers.

Domestic Violence and Abuse Report (DVA)

Each year around 2.1m people suffer some form of domestic abuse - 1.4 million women (8.5% of the population) and 700,000 men (4.5% of the population)

130,000 children live in homes where there is high-risk domestic abuse

85% of victims sought help 5 times on average from professionals in the year before they got effective help to stop the abuse

In 2013-14, 85 women were murdered by their partner or ex-partner in England and Wales. This accounted for just under half (46%) of all murders of women aged 16 or over. In comparison, 7% of men murdered were killed by their partner or ex-partner

1 in 5 high-risk victims reported attending A&E as a result of their injuries in the year before getting effective help

40% of high-risk victims report having mental health issues



Front line health services are well placed to intervene and disrupt patterns of domestic violence. The Government Strategy “Ending Violence against Women and Girls” was refreshed in February 2016. This document promotes early intervention by all agencies and supports professionals to identify and deal with the earliest signs of abuse. To this effect BSUH has some strategies & projects in place as itemised below.

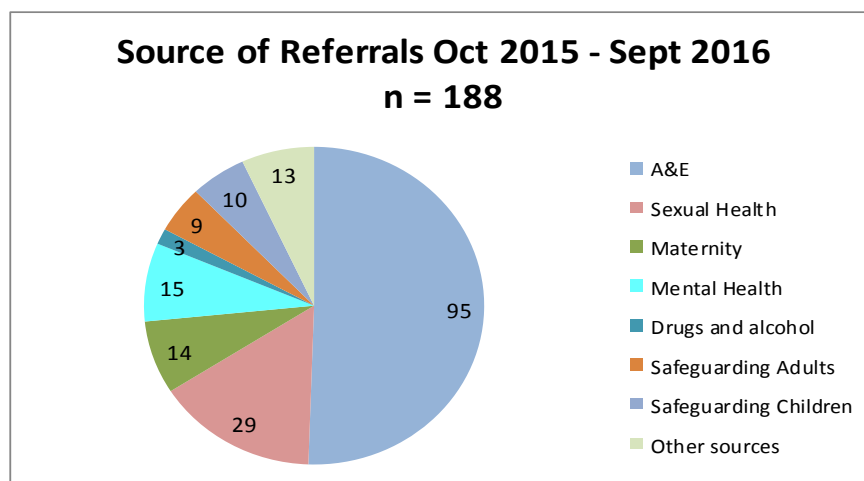
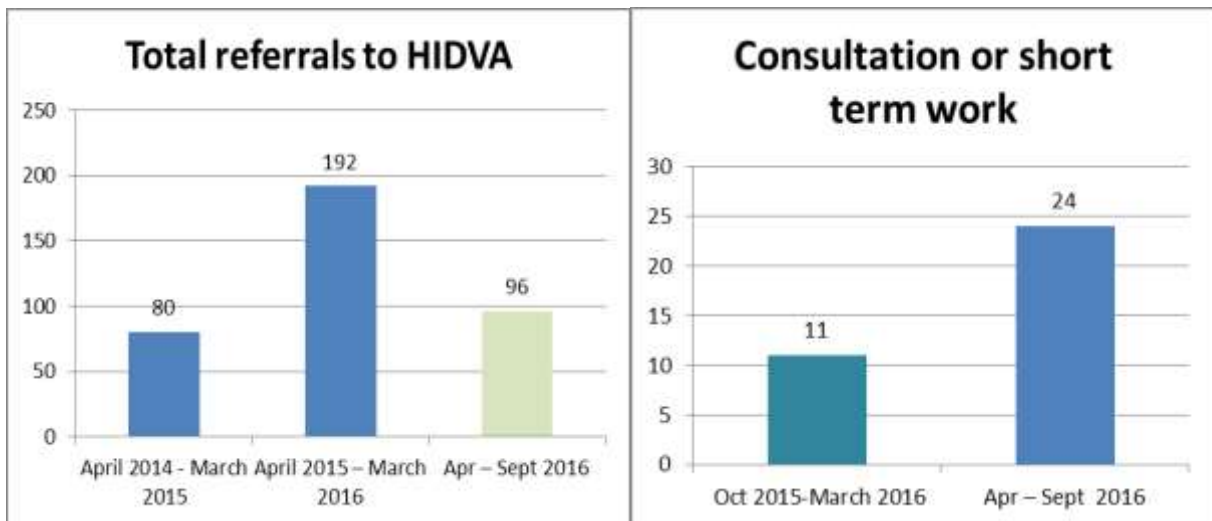
Achievements and Progress in relation to Domestic Abuse October 2015 - October 2016

- 1) The BSUH domestic abuse policy has been updated.
- 2) The NICE Quality Standard – Gap analysis – Domestic violence has been reviewed by the named Nurse and the Named nurse for adult safeguarding & action plan formulated.
- 3) There has been recognition that Domestic abuse training has been reduced over the years within the mandatory level 2 and 3 safeguarding children training and at induction for all midwives. Given the scale of the problem and the need for staff to recognise the issues this needs to be reviewed.
- 4) A specific 3hr domestic abuse raising awareness session was organised in Sept 2016 to help address the training shortfall.
- 5) The Named Nurse for safeguarding Children continues to represent 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

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marriage; crimes committed in the name of 'honour'), stalking; trafficking; sexual exploitation, and sexual harassment.

- 6) The quarterly meeting between safeguarding children and safeguarding vulnerable adults and domestic abuse continues. However there is no recognised BSUH lead for domestic abuse and this is of growing concern.
- 7) The Trust is represented twice monthly at the MARAC by a member of the safeguarding children team. The MARAC is the multi-agency forum of organisations that manage high-risk cases of domestic abuse, stalking and 'honour'- based violence and develops a coordinated safety plan to protect each victim. This might include the actions agreed for any children, adults, and for perpetrators. The commitment for BSUH is considered to total 3 days pcm.
- 8) The safeguarding children team has agreed to facilitate flagging of those people who are discussed at MARAC once a system has been designed to ensure correct information is provided.
- 9) **The Health IDVA (independent domestic violence advisor) project** linked with RISE and funded by the Clinical Commissioning Group (CCG) has improved the numbers of staff trained and subsequently the referrals to the HIDVA have increased.
 - Posters and the use of 'amber cards' and 'bar code tissues' help promote the service.
 - Unfortunately the building works in A&E has forced a move to St Marys Hall resulting in a reduction of visibility and problems with IT, which an updated Trust laptop would help resolve.



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Domestic Abuse Action plan 2016-2017

- To continue the BSUH commitment to attend the B&H MARAC.
- 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 support and raise the profile of the IDVA project & facilitate a working arrangement to enable better visibility within A&E, plus an updated laptop.
- To instigate flagging for those people who are discussed at MARAC once a system has been designed to ensure correct information is provided.
- To contribute to the Heath Hub related to domestic abuse.
- To consider the Trust contribution to the Dv champion initiative.

SECTION 3..... Key issues & Action plan for Sept 2016 – Sept 2017



The Safeguarding agenda is constantly changing and the Trust needs to recognise the requirements to work hard to achieve significant progress in all areas of safeguarding and respond to new issues and challenges. The underpinning message however remains the same in that safeguarding is everyone's business irrespective of role or position. It is everyone's responsibility to safeguard and protect the most vulnerable children in our society. The child at risk must remain at the centre and motivation of all our actions.

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 a Non-executive Board member linked to paediatrics and safeguarding children.
- 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 complete the Lampard review action plan.
- To consider a review of the safeguarding children team in the light of the safeguarding review comments about succession planning and ability to cope with the work load.
- To consider the disclosure and barring processes and repeating the assessment every 3 years for those in high risk roles.
- To continue to contribute to the MASH funding. (approx. £25,000pa)
- To continue to update the Child Protection Guidelines in line with current literature
- 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 enhance the links to safeguarding information for parents and carers on the public facing part of BSUH website.
- To continue to raise awareness and embed the skills and knowledge around female genital mutilation and continue to implement the Govt 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 and the named midwife role is reviewed.

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- To ensure the domestic abuse action plan is addressed & that the IDVA service is supported with a functioning laptop.

Debi Fillery

Nurse Consultant Safeguarding Children and Young People

October 2016

For a full copy of the annual action plan please contact Debi Fillery, Nurse Consultant, Safeguarding Children or Helen O'Dell, Lead Director for Safeguarding.