

ITEM: 09/097
DOC: 8

Meeting: Trust Board
Date: 17 June 2009

Title: Child Protection & Safeguarding Children Annual Report 2008

Executive Summary: This year has been challenging for all those who have responsibility for leading Child Protection and Safeguarding services within the Whittington Hospital NHS Trust.

- There have been changes in staff, including the creation of an additional post
- The service has been under close scrutiny by the media, courts and other UK bodies.
- It has been a challenge at times to ensure that the ‘every day’ work continues.
- The Whittington Hospital Child Protection Guidelines were reviewed and updated in 2008, to incorporate London Child Protection Procedures (2007)
- Joint Area Review undertaken by Ofsted into the safeguarding of children in Haringey, in response to the Baby P case. The Whittington is named in the report as Baby P was treated here in December 2006. The Whittington’s internal management review (IMR), submitted as part of the original serious case review investigation, was judged as “good” in the report.

Priorities for 2009 are:

- Review training strategy
- Preparation for the new responsibilities that the new Independent Safeguarding Authority (ISA) will place on the Whittington Hospital NHS Trust
- Responding to the results of the Healthcare Commission (now CQC) review of safeguarding children across England.
- Ensure that there are clear guidelines for the action to be taken when a child with a Child Protection Plan attends the hospital
- Ensure all action plans are reviewed and actions achieved.

Action: For information

Report from: Jo Carroll, Lead Nurse for Safeguarding Children / Named Nurse for Child Protection

Sponsored by: Deborah Wheeler, Director of Nursing and Clinical Development

<p>Compliance with statute, directions, policy, guidance</p> <p>Lead: All directors</p>	<p>Reference: Working together to Safeguarding Children DOH 2006 National Service Framework for C&YP DfES 2004 London Child Protection Procedures 2007</p>
<p>Compliance with Care Quality Commission Core Standards</p> <p>Lead: Director of Nursing & Clinical Development</p>	<p>Reference: 1st Domain: Safety - C2</p>

**Child Protection & Safeguarding Children
Whittington Hospital NHS Trust
Annual Report
January to December 2008**

‘Safeguarding Children is Everybody’s Responsibility’

1. Introduction

The Children Act (2004) places a statutory responsibility to safeguard children upon all NHS organisations.

This year has been challenging for all those who have responsibility for leading Child Protection and Safeguarding services within the Whittington Hospital NHS Trust. There have been changes in staff, including the creation of an additional post. The service has been under close scrutiny by the media, courts and other UK monitoring bodies. It has been a challenge at times to ensure that the ‘every day’ work continues, to ensure that staff are able to recognise and respond appropriately when there is a concern that a child is in need of protection.

‘Working Together to Safeguard Children’ (DfES 2006), identifies our statutory responsibilities and duties and indicates how organisations should work together with others to safeguard and promote the welfare of children.

The Healthcare Commission core standard C2 and other performance criteria require NHS organisations, as commissioners and providers of healthcare, to demonstrate that they have arrangements in place to ensure that safeguarding is supported at strategic and operational levels.

NHS London published their report from the safeguarding children survey that was undertaken in late 2007/early 2008. The Whittington’s performance against each of the five high level statements was favourable. Although there is always room for improvement, none of the scores give rise to cause for concern; indeed the score relating to meeting our statutory responsibilities and promoting best practice is significantly higher than the mean scores across other organisations

Our progress in achieving these standards is reviewed by the local safeguarding children boards (LSCB) in the boroughs of Islington and Haringey and also NHS London and the Health Care Commission.

This report will use the statutory responsibilities as a framework for presenting our activities and achievements.

The table below shows numbers of children attending the Whittington Hospital NHS Trust in 2008. (NB. This is **not** the total number of children seen at The Whittington)

	Emergency Department	Children Out patients Department	Children’s Ward (Ifor)	paediatric Ambulatory Care Unit	Others Areas
Islington	7887	4294	813	468	6165
Haringey	5758	3872	646	371	4959
Others	2670	1783	303	230	n/a
Total	16415	9943	1762	1069	>7000

Definitions: London Child Protection Procedures 2007

Child: 0-17 years and adolescents up until their 18th birthday.

Safeguarding: The process of protecting children from abuse or neglect, preventing impairment of their health and development, and ensuring that they grow up in circumstances consistent with the provision of safe & effective care which is undertaken as to enable children to have optimum life chances.

Child Protection: The process of protecting individual children identified as either suffering or at risk of suffering, significant harm as a result of abuse or neglect

2. Key responsibilities

“All NHS Trusts should identify a named Doctor, a named Nurse, and where there is a maternity unit, a named Midwife with responsibility for Safeguarding children”. (DfES 2006)

During 2008 we had a full complement of Child Protection / Safeguarding leads, including Named Doctor, Named Midwife and Named Nurse. In addition we have a Lead Paediatric Consultant with responsibility for training medical staff (undergraduates and post graduates), including Protecting and Safeguarding children. The Paediatric Liaison Nurse post was vacant between May and September. During this time the Lead Nurse for Safeguarding Children undertook these responsibilities. The newly created Midwife for Vulnerable Women and Infants post (1wte), was appointed to with job share midwives, who commenced in July/August.

The new Children’s Emergency Department (ED) opened in December 2008. RCPCH (2007) recommends a Lead Nurse & Doctor for Child Protection in ED. These roles have been included in the job descriptions of the newly appointed ED Paediatric Nurse Consultant and the medical consultant with paediatric lead within the department. A regular team meeting has been established to facilitate communication and the understanding of each other’s responsibilities.

2.2. All organisations require evidence of their clear priority and commitment for safeguarding and promoting the welfare of children. (DfES 2006)

Policies and Procedures:

The Whittington Hospital Child Protection Guidelines were reviewed and updated in 2008 to incorporate the London Child Protection Procedures (2007) and Working Together to Safeguard Children (2006). The guidelines include recognition and response to abuse, case conference processes, investigations, assessment and monitoring, also safeguarding issues e.g. domestic violence, trafficking of children and private fostering. Paper copies are available in areas where children are regularly seen, as well as on the Child Protection /Safeguarding Children web page on the Whittington Hospital intranet.

2.3. All health agencies should ensure that safeguarding children and promoting their welfare is an integral part of their governance system (DfES 2006)

Child Protection and Safeguarding forum

The forum meets bi-monthly and is chaired by Deborah Wheeler (Children's Champion & Director of Nursing and Development). The designated nurse and doctor from Islington and senior representatives from departments within the hospital attend. The forum discusses the local safeguarding boards' agendas and other national developments that have direct effect on our responsibilities. A sub group has been meeting every two weeks to ensure that during this time of intense activity (post Baby P) we are able to agree work priorities and discuss reports received and submitted.

Checking the list of children with Child Protection Plans

NHS London gave all London Trusts a directive that every Emergency Department should check every child who attended against the list of children with Child Protection Plans. There has intense debate about this. While the operational issues of implementing this directive are reviewed, the guidance to staff remains 'If you are at all concerned that a child may have suffered or be at risk of deliberate harm you must arrange hospital admission whether or not the child's name is on the register/list.'

2.4. "All organisations which employ staff or volunteers to work with children should adopt a consistent and thorough process of safe recruitment". (DfES 2006)

Criminal record bureau checks are carried out on all of new staff. Staff appointed to substantive paediatric posts will **not** be able to commence employment until a satisfactory CRB disclosure has been received. It has been agreed that all staff working directly working with children will be repeat CRB checked every 3 years and all bank staff annually. From October 2009 Independent Safeguarding Authority will join together all the 'vetting & barring processes' for carers of both vulnerable adults and children, this checking system will run in parallel with CRB check and will have a cost implication for the trust. Further details will not be available until Autumn 2009.

2.5. "To ensure all staff are competent and confident in carrying out their responsibilities for safeguarding children and promoting child welfare". (DfES 2006)

Child Protection Training is mandatory for all staff employed by Whittington NHS Trust, including bank staff. Levels and content of training are based on Roles and Competences for Health Care Staff recommended by the Royal College Paediatrics and Child Health (2006) (Appendix 1).

The Child Protection and Safeguarding Children draft training strategy has been in place for a year and is an integral part of the Whittington Hospital NHS Trust Education and Training Strategy, and will be reviewed and revised in 2009.

New Trust employees receive a 15 minute, level one teaching session, and are given a copy of 'What To Do If You're Worried A Child is Being Abused' DfES (2006)

as part of hospital induction. There were 337 (plus 18 non training doctors) new starters and 100% of the induction sessions were covered. There was an additional training session provided for junior doctors commencing employment in August 2008 and a leaflet was specifically produced for their guidance.

Clinical Staff, who attend the annual mandatory clinical update, receive 25 minutes level one training. The Royal College of Paediatrics and Child Health recommend that staff competencies be maintained with annual updates.

During 2008 the Trust Board received their mandatory training during a board meeting. The revised Protecting and Safeguarding Children training strategy (spring 2009) will explore more imaginative ways of training of 'harder to reach' groups.

Staff working in out patients (clinical & support): More than 7000 children were seen and treated in clinics outside the paediatric department, during 2008. Specific training sessions have been arranged for all staff working in these areas who would not access training via another route. More than 30 staff attended the audit afternoon training.

Plans for non-clinical staff level1 training have been finalised and will commence summer 2009. It was identified that there was no provision for non clinical staff who have been employed by the trust for more than a year to received Child Protection /Safeguarding training, as is recommended by RCPCH (2006)

Staff who work directly with children are required to attend level two training. This was delivered as a 4 hour session throughout 2008, and attended mostly by nurses. The Royal College of Paediatrics and Child Health recommend minimum 3 yearly update at this level

Midwifery staff receive level two training as a separate study session specific to their needs, including protection of the infants in relation to domestic abuse. During 2008 there were 4 full day and 4 half-day training sessions.

The Whittington Hospital Paediatric department ran two ALSG/RCPCH "Recognition and Response" training courses for junior doctors (ST1, 2 and 3) during 2008. These courses are open to doctors from anywhere in the country but Whittington doctors have priority.

During 2008 there was a transfer of training data from the many data collection systems that are used with in the trust to a trust wide system (OLM). During the roll out of the system, data collection has not been constantly accurate or easy to interpret and therefore has not been reproduced for this report.

3. Local Partnerships

3.1. "The NHS Trust must work in partnership with the Local Safeguarding Children Boards" (LSCB) (DfES 2006)

As required we have representation (Named Nurse for Child Protection) on both LSCB (Haringey & Islington); there has been 100% attendance at board meetings, and active engagement in all events and activities. The Whittington Hospital is represented on the training, private fostering, trafficked children and health sub groups.

The Named Doctor and Nurse for child protection are actively involved in the both Islington and Haringey Child Death Review Panels (CDRP). From 1st April 2008 it became a statutory responsibility for every child death to be investigated by a multi agency group (police, children's social care and health). The lessons learnt are then integrated into practice, for example following the death of a 7year old child, as a result of an allergic reaction, a new post of Clinical Nurse Specialist for Allergy has been jointly funded by the hospital and NHS Islington. There is a 'rapid response plan' in place for the hours immediately after a child dies. The present working document is to be revisited in partnership with both NHS Islington and NHS Haringey during 2009. This has delayed the completion of the hospital specific guidelines, 'When a child dies', but current practice guidance has been included in the Whittington Hospital Child Protection Guidelines (2008)

3.2. Serious Case Reviews.

'A LSCB should always undertake a serious case review when a child dies (Including death by suicide), and abuse or neglect is known or suspected to be a factor in the child's death. This is irrespective of whether LA children's Social care is or has been involved with the child or family'. (LCPP 2007)

Baby P was a 17-month-old boy who died in August 2007. He was on the Haringey Child Protection register; the Whittington was actively involved in Haringey's serious case review. Recommendations from the internal management review have been implemented and the outcome of the audit in 2008 was satisfactory, following which we have reviewed some of our processes.

The Named Doctor for Child Protection and a Paediatric Registrar provided evidence to the criminal trial at the Old Bailey during July 2008.

The Whittington was included in the Joint Area Review (JAR) undertaken by Ofsted, Healthcare Commission and HM Inspectorate of Constabulary into the safeguarding of children in Haringey in response to the Baby P case, as he had been treated here in December 2006.

The Whittington's internal management review (IMR), submitted as part of the original serious case review investigation, was judged as "good" in the report. Even so, the opportunity has been taken to review practice at the Whittington in the light of the report's recommendations; The Whittington Child Protection Forum agreed an action plan that has been shared with both Haringey and Islington LSCBs.

The Healthcare Commission is undertaking a review into child protection procedures within the four trusts that were involved in the care of Baby P. The Whittington has been asked for information about child protection policies, training and service reviews between March 2006 and September 2007. This information has been collated and was submitted to the Healthcare Commission on 5 December. Once the Healthcare Commission have reviewed the information they have received, they will decide which of the trusts they will visit as part of their intervention. Their report is expected to be published by the end of January 2009.

Haringey Local Safeguarding Children Board is undertaking a new serious case review into the care of Baby P. The Whittington's IMR is being fully reviewed and will be resubmitted to the independent writer who has been commissioned to review

all the health IMRs. A separate independent writer is completing the serious case review, using the IMRs from all the organisations involved; the report is due to be completed by the end of February 2009.

3.3. Children Social Care (CSC).

A children & families social work team is based on the Whittington Hospital site. It was recognised in the Healthcare Commission review (December 2008) that there is a good and effective model of multi disciplinary working between the health care professionals and social workers at the Whittington hospital.

There is currently a review of CSC service provision to the Whittington Hospital site by the borough of Islington, which has been on going for most 2008. Managers of both the Whittington and Islington CSC continue their discussions.

Referrals procedure has been reviewed. The referrals are emailed (internally) to the CSC team and a receipt is received within 48 hours. The new referral form can be found on the hospital intranet page and within the new Whittington Child Protection procedures.

There are approximately 900 referrals per year from hospital staff to CSC.

3.4. Paediatric Liaison Service

this service comprises of Paediatric Liaison Nurse (PLN), Named Nurse for Child Protection and clerical support. Whittington Hospital, NHS Islington and NHS Haringey TPCT continue to jointly fund this service.

'Working Together to Safeguard Children' (DOH 2004) stated that it is a health organisation's responsibility to share information regarding children's attendances and admissions to hospital with General Practitioners and primary care nurses (health visitors & school nurses).

During 2008 the PLN screened all (16415) children Emergency Department attendances and liaised information about 14764 children to health visitors and school nurses

Details of attendances and all admissions of children (ward, out patients and paediatric ambulatory care unit) are shared with health visitors and school nurses. Children and parents are informed of this through information posters in each department and at the end of every bed.

Preparation for the service to become "paper light" commenced during 2008, with the exploration of new ways of working and the use of the RIO national community IT system. This has included familiarisation with how to use the system, including issue of SMART cards, to work out new pathways for information exchange in partnership with NHS Islington, NHS Haringey & NHS Camden. RIO goes 'live' in May 2009 and we will be piloting the new system for one month. RIO will enable the PLN to access information about children as well as upload the information. It is envisaged that new ways of working will create a financial saving, as it will reduce paper and printing

3.5. Care of the Next Infant (CONI)

This scheme is sponsored (across England) by the Foundation for the Study of Infant Deaths, and is funded by NHS Islington to ensure that all parents who have experienced a sudden unexplained infant death are offered additional support

following the birth of subsequent children. The PLN co-ordinates this service for parents who live in Islington or give birth at the Whittington Hospital. Families living outside the borough are referred to their local CONI co-ordinator. Parents of infants who die from identified causes are also offered additional support, CONI+. The number of families enrolling on CONI is small (one during 2008) and decreasing, reflecting national trends. The demographics of these families have changed (locally & nationally) and they are often very vulnerable families living in difficult situations. There is a study afternoon planned for Spring 2009 to inform staff across midwifery, neonatal and paediatric services at the Whittington Hospital, UCLH and Royal Free and the local Primary Care trust about the benefits of the CONI scheme for parents and infants, including how to refer to the service.

4. In conclusion

During 2008 the Whittington Hospital NHS Trust has shown that we continue to work with partners to ensure this organisation prioritises the safeguarding and promotion of the welfare of children as guided by local and national policy.

During 2009 we will:

5. Review training strategy including improving methods for collecting data of staff attending training
6. Preparation for the new responsibilities that Independent Safeguarding Authority will place on the Whittington Hospital Trust
7. Explore issues of Supervision for Child Protection leads
8. The Healthcare Commission have also announced an England-wide review into safeguarding children, as requested by the secretary of state.
9. Ensure action plans (including Child mapping) are reviewed and implemented.
10. Continue discussions with Islington CSC to improve links between them and the Whittington and to strengthen the hospital children & family social work team.
11. Clarify the roles and responsibilities of key Child Protection/safeguarding staff
12. Consider the workload of key professionals as part of the job planning process.
13. Review the processes by which case notes of children where there are child protection concerns are audited
14. 'One year on' Report on activity of Midwives for vulnerable women & infants

Jo Carroll
Lead Nurse for Safeguarding Children
Named Nurse for Child Protection
March 2009

References

DfES (2006) **Working Together to Safeguard Children** Stationary office

RCPCH (2006) **Roles and Competences for Health Care Staff**

London safeguarding Children Board (2007) **London Child Protection Procedures**
LCPP

RCPCH (2007) **Services for Children in Emergency Departments**

Appendix 1

Descriptions of levels of child protection training

- Level 1 - All staff working in a health care setting
- Level 2 - Clinical & non- clinical staff who have contact with children & young people & parents
- Level 3 – All staff working predominantly with children & young people & parents
- Level 4 – Named & designated Child protection Professionals
- Level 5 – Designated Child Protection Professional
- Level 6 – Experts in Child Protection