

Whittington Hospital NHS Trust

Child Protection and Safeguarding Children

Full year report April 2009 – March 2010

1. The first six months of the year was dominated by the publication of several national child protection and safeguarding reports and reviews, and the need to ensure that the Whittington hospital NHS Trust is able to report compliance with the resulting action plans.

Major reports

- Health Care Commission - **Child Safeguarding review** February 2009
- Lord Laming **Protection of Children in England: A Progress Report** March 2009
- Care Quality Commission (CQC) – **Post Baby P Serious case review** May 2009
- DCSF **The Protection of Children in England action plan: The governments response** May 2009
- Care Quality Commission - **National review of Safeguarding children** July 2009
- NHS London review of Child protection Training September 2009 (information submitted but not yet published)
- DCSF **Working Together to Safeguard Children** March 2010 (guidance document)

Terminology, used in this report, as defined by London Safeguarding Children Board (2007)

Children - 0 to 17 years and adolescents up to their 18th birthday

Safeguarding and promoting the welfare of children (proactive)

The process of:

- 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;
- Undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

Child Protection (reactive) – 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. Child Protection and Safeguarding professionals.

2.1 The Trust has a full complement of staff in post as recommended in Working together to safeguard children (2006). i.e. named doctor, midwife and nurse. In addition there is a lead nurse and a lead doctor identified in the Emergency Department as recommended by the RCPCH (2007). The midwife for vulnerable women and infants and the paediatric liaison nurse complete the team. In addition we have a consultant paediatrician with a special interest in education.

3. Activity

3.1 The Hospital Board executive lead for safeguarding children is the director of nursing and clinical development and the board receives an update on safeguarding children at least every six months. Progress on serious case reviews is reported to the Trust board meeting within the serious untoward incident report.

3.2 In April 2009 the Trust declared full compliance with standard C2 (child protection) in the CQC core standards submission.

3.3 The Board received specific assurance about the following areas:

1. The Trust meets its statutory responsibilities in relation to Criminal Records Bureau checks
2. Child protection policies and systems are up to date and robust. They include a process for following up children who miss outpatient appointments and a system for identifying and referring children about who there are safeguarding concerns.
3. The trust has a named nurse, named doctor and named midwife for child protection. They are clear about their roles and have professional accountability to the director of nursing and clinical development.

4. The Whittington Hospital NHS Trust Child Protection (and Safeguarding children) Committee (previously Forum)

4.1 The trust child protection committee which meets every two months is chaired by the director of nursing and clinical development. It includes representatives of all key clinical departments and external partners, including local PCTs and social services. They meet to share information from the Local Safeguarding Children Boards (Islington & Haringey) and discuss issues pertaining to ensuring children who attend the Whittington Hospital NHS Trust are safe. The Haringey Joint Area Review (priority health action plan) and other report action plans are implemented and monitored by this committee. Additional meetings between the Director of nursing and child protection leads within the hospital were held for several months to ensure the Trust was complying with directives and timescales as the safeguarding agenda was particularly challenging at this time with multiple requests for information.

5. Training

<p>'Ensure all staff are competent and confident in caring out their responsibilities for safeguarding children and promoting their welfare' (Working together to Safeguard Children 2006 DfES)</p>

5.1 Staff training has continued to be prioritised throughout the year. We have reported compliance for achieving level 1 training (RCPCH 2006) and level 2 training in nursing, midwifery and allied professions. Training at these levels is managed and provided by the named nurse and midwife for Child protection, and the named doctor, who is also supported by another consultant paediatrician who has a special interest in training and education. Training is included in every induction programme and in all annual mandatory updates for clinical and non-clinical staff. Attendance is recorded on the electronic staff record (ESR). The Trust's Training and Competencies strategy for child protection was completed and ratified in March 2010.

5.2 We submitted an activity return to the Haringey LSCB review of child protection training. In addition we have provided some training for hospital and primary care trust staff at competency level 3. Achieving practice competency in child protection needs to

include sharing and discussing issues that affect our every day practice to complement study days.

6. Supervision

6.1 The child protection leads within the Trust continue to receive child protection support and varying forms of supervision but as there is now a requirement to provide child protection supervision across the trust, a review of need and resource implications is being undertaken and a guideline for child protection supervision has been drafted.

7. Serious Case reviews (SCRs)

A Local Safeguarding Children Board (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. (London Child Protection Procedures 2007 LSCB)

7.1 The executive summary of the serious case review following baby Peters death and the reports commissioned by NHS London and Care Quality Commission were published. Recommendations reflect those of other reports, and these have been considered and actions required achieved by the Whittington Hospital NHS Trust.

7.2 Two other SCR reports for Haringey were submitted to OFSTED and publication is awaited pending legal proceedings/court case hearings. There was no major involvement at the Whittington with the children in either case but we have reviewed the recommendations and applied them to practice guidance and training provided within the Trust.

7.3 A fourth SCR is progress in Haringey. The Whittington has submitted an internal management review (IMR) regarding the maternity and emergency care mother and children received at our hospital; this will be submitted to OFSTED later this year. Recommendations and the action plan have been considered and are on target for achievement.

7.4 A fifth SCR was conducted in Islington, following the death of a four-month-old boy. He and his mother had limited contact with Islington community midwives following his birth, The Whittington was not asked to submit an IMR, but contributed information to UCLH for their IMR. This has been submitted to OFSTED.

7.5 A developing theme of the SCRs was domestic violence. The Trust had already demonstrated their support for victims and staff by committing to the Islington Victim of violence project and the appointment of a nurse specialist to lead the project. This will ensure that, in conjunction with the consultant public health midwife, who has a lead role in highlighting domestic abuse awareness, we will be able to implement all recommendations and action plans.

8. The Children's Emergency Department

8.1 The department opened in 2008 and has established child protection leads in the recently recruited nurse and doctor paediatric emergency care consultants. Between April 2009 – March 2010 10,662 individual patients (0-16 years old) attended the department during this time, for a total of 14,336 attendances.

8.2 The Whittington is working with NHS London as one of the pilot sites to develop an electronic system (CP24) within the Emergency Department to enable staff to check to see if any attending child is subject to a child protection plan. The evaluation and future of the project are unknown at this time.

9. Paediatric Liaison Nurse

9.1 This role continues to be financially supported by NHS Islington and NHS Haringey. The 1WTE nurse facilitates communication between hospital professionals, primary care, education and children's social care to ensure that information is shared. The primary focus of the service is safeguarding children: complex discharge planning is facilitated, missed out patients appointments are followed up for the most vulnerable children and all emergency department attendances are reviewed (a total of 14336

between April 2009 – March 2010) and information shared with the appropriate professionals. In excess of 400 additional referrals were made to Children's Social Care as a result of reviewing the ED attendances. RIO (the national primary care computerised information system) has been introduced into the communication pathway enabling information to be shared more efficiently.

10. Care of the next infant scheme

10.1 This national scheme is supported by the Foundation for Sudden Infant Death and offers support to parents with subsequent infants following a death. In line with national trends there have been no eligible referrals in the past 12 months.

11. Midwife for vulnerable women and infants

11.1 This role has been in place since August 2008 and complements the role of the Named midwife for child protection. A 1WTE post is covered by two job sharing midwives who advise and support midwife colleagues who have professional responsibility for vulnerable women and their unborn infants as well as having their own caseload. Before 2008 these women would have been referred for obstetric care, even though there was no medical need. Now they are able to access intensive and specialist midwifery care. The communication between agencies is more efficient and the unborn child advocated for in a more holistic way. In 2009 270 referrals were received of which 129 were because of the woman's mental health issue and the possible impact on the unborn and the newborn baby.

12. Child Death Review Process

12.1 The Local Safeguarding Children Board (LSCB) made child death review functions compulsory from April 2008. The objective is for a multi agency (e.g. Police, Children's Social Care, Health) group to review every child death to ascertain if it could have been prevented, and if so what measures need to be taken to prevent similar deaths in future. There have been 42 recorded neonatal/child deaths between April 2009 – March 2010. 81% infants died before they reached the age of 1 year. This is in line with national

statistics. The named nurse & doctor represent Whittington Hospital NHS Trust in both boroughs in compliance with *Working Together to Safeguard Children (DfES, 2006)* and guidelines. The Whittington 'When a child dies' guideline is available on the Whittington Hospital intranet and in a quick reference guide is available in hard copy and can be in the Paediatric ward, NICU and Emergency Department.

13. Partnership working

13.1 As part of a general re-organisation of London Borough of Islington (LBI) Children in Need service, there was a review of the Whittington Hospital Children and Families Social Work team. We are pleased that the outcome was that the social work team will remain based in the hospital. There are now 6 monthly interagency meetings and there is a senior Islington CSC manager on the Hospital child protection committee.

13.2 It is estimated that there has been a 16% increase in referrals to Children's Social Care, approximately twice the national average child protection investigations but only 30% of these leading to child protection conferences. These figures can be attributed to increased awareness amongst professionals and also to increased fear of 'missing' the opportunity to intervene and protect a child.

13.3 There is ongoing collaboration with Haringey Council and Primary Care Trust to establish safer pathways for communication and increased shared understanding of roles, responsibilities and expectations between agencies to ensure that children are safe. Haringey council, in principle, has agreed to part fund the Children and Families Hospital Social Work team based at the Whittington hospital NHS Trust, as nearly 40% of hospital referrals are for Haringey residents.

13.4 As staff skills improve in recognition of child protection situations so does their response. There has been an increase in Emergency Department and general ward referrals to CSC. This is primarily due to the message that adults, who are seriously unwell or distressed (e.g. as a result of domestic violence or deliberate self harm) have children who are vulnerable.

14. Local Safeguarding Children Boards

14.1 The Director of Nursing and clinical development represents the Whittington Hospital NHS Trust at the both (Haringey and Islington), Local Safeguarding Children board meetings in line with national recommendations. There has been 100% attendance. The Lead Nurse for Safeguarding Children represents the Trust on training and health subgroups. The content and actions from the LSCB are summarised at the hospital child protection committee.

15. Independent safeguarding authority (ISA)

15.1 Human resources are leading on this issue. It is part of the Government's Vetting and Barring Scheme (VBS) to help prevent unsuitable people from working with children and vulnerable adults and was introduced in October 2009. The ISA will bring together all the existing lists of people who should not work with vulnerable adults and children. The list is 'live' and will indicate if a prospective member of staff is able to work with vulnerable adults and children, unsupervised, supervised, or not at all. All staff will be required to register with the ISA and the Trust will have a responsibility to check all future employees against the list before contracts are completed. ISA-registration does not become mandatory for current employees until November 2010 and all other staff will be phased into the scheme from 2011. There is a fine for those employers who do not comply and cost implications for the individual and the Trust, the extent of which is not yet clear.

16. Priorities for next six months:

- Completion and ratification of guidelines for child protection supervision
- Await outcome of evaluation of the NHS London pilot project to develop an electronic system within the Emergency Department to provide information regarding children who are subject of a child protection plan.
- Review and update Whittington Hospital NHS Trust Child Protection guidelines
- Review and update Whittington Hospital NHS Trust Death of a child guideline.

- Continue to improve quality of training records data to provide assurance
- Develop an audit strategy/plan
- Ensure the trust is complying with directives and timescales of recently published guidance and action plans.

Jo Carroll

Lead Nurse – Safeguarding Children

Named Nurse for Child Protection

June 2010

References

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

DCSF (2010) **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