

## **Report for the Quality and Patient Safety Committee Child Protection**

### **1.0 Introduction**

The Child protection committee has met twice since the last Quality & Safety committee. This report provides summary of the key items discussed.

### **2.0 Quality & assurance**

#### **2.1 Risk register update**

The child Protection Risk register has been reviewed and updated. There are 4 outstanding risks with action plans identified. The high risk areas with staff capacity to provide a safe service - Health visitor vacant case loads (highest) , the management of children with complex needs and the children in need team. (Appendix 1)

#### **2.2 CQC/OFSTED**

A CQC/OFSTED inspection of Safeguarding Children services was conducted in the London Borough of Islington, including Whittington Health, during February 2012. We have now received provisional feedback on this inspection. The full report will be published in early March. The overwhelming feedback was of a good contribution from health to keeping children safe and to health outcomes for children looked after within the context of an outstanding partnership in Islington.

LB Haringey have completed the action plan following the 2011 inspection and are expecting an announced Safeguarding children inspection later in 2012. Preparations for this are in progress.

#### **2.3 Assurance framework update (appendix 2)**

Quarter 3 data is incomplete at time of writing this report. Due to on going complex issues with ESR and the continued development of new ways of working across the organisations. Action plan is in progress and monitored by the child protection committee. Quarter 4 data was not available at the time of writing this report.

##### **2.3.1 Training** - Technical difficulties have been experienced in migrating historical training attendance data from legacy community and hospital systems to a single Electronic Staff Record data base. This has resulted in the loss of some data and what are believed to be inaccurate rates of training uptake. Named Nurses are working closely with the Learning and Development Service in order to enable the Information Team to provide a more accurate report for training uptake.

The Training Needs Analysis has commenced. The each staff member on the Whittington Health staff list (4000+) has been allocated levels of competence. IM&T will review ESR data using the agreed denominators (based on RCPCH 2010 recommendations)

##### **2.3.2 Child Protection Supervision** – Supervision is mandatory for all staff that hold case load responsibilities. Quarter 4 (in the next report) will measure against the new CPO Supervision guidelines.

**2.3.3 Staff vacancies** – all lead posts are recruited to. The two new named nurses for Child Protection (Haringey & Islington Posts) will commence in post in March 2012, 2-3 weeks before the current post holders retire, allowing a period of hand over. There are Health visiting and School nurse vacancies in both Haringay & Islington and ongoing recruitment is planned.

**2.3.4 Children subject to child protection plans** all have an allocated health visitor or school nurse (depending on age) ensuring that all children have health support and monitoring.

#### **2.4.1 Serious case review update**

*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 2010, LSCB)*

Whittington Health is not involved in any SCR resulting action plans have been achieved. All SCRs that Whittington Health contributed to in 2011 have been submitted to Ofsted. All the criminal cases linked to SCRs have been completed. Baby P remains on the Grid as there has been recent freedom of information requests.

A full action plan for each IMR & SCR is available to the Whittington Health Child Protection Committee for monitoring progress, and a discussion of exception reports is held, with a proposed recovery plan if outcomes and actions are not achieved to plan. Historical action plans from the legacy organisations will be brought together to ensure that learning takes place across the integrated organisation.

### **3. Policy**

#### **3.1 Child Protection Strategy**

Progress report on the Whittington Health Child protection strategy & guidelines. Each legacy organisation continues to use their own guidelines. The work plan to create integrated child protection guidance across the organisation is on time scale.

3.2 Child Protection Supervision Guidelines - The integrated organisation guidelines will be completed and signed off at the March meeting.

3.3 Child Protection Training Guidelines -The integrated organisation guidelines will be completed and signed off at the March meeting.

3.4 The annual child protection E-bulletin updating staff about changes in policy and child protection practice was circulated in December 2011.

#### **4. Practice**

##### **4.1 CRB Checks**

CRB checks Retrospective checks project - i.e. anyone in the hospital (community has already done this) who does not have a disclosure on ESR has been asked to do a check online. This is a large number of staff - due to several factors:

- they started in the trust before CRB checks
- their number is incorrect on ESR
- some numbers did not transfer from the old payroll system.

Almost all staff concerned have been contacted. A large number have not responded, so heads of nursing and divisional directors are being given names to speed the process up. Project due to be completed end February 2012. A full report with data evidence will be presented at CPC in March 2012.

##### **4.2.1 Standing Operational Procedures for Alerts in Emergency Department**

The Standard Operating Procedure for Child Protection alerts on EDIS was reviewed at the February meeting and there is no longer a paper list of children who are subject to Child protection plans stored within the Emergency Department. The final SOP will be signed off at the March meeting. This procedure will ensure that all staff working in ED are familiar with the revised methods of accessing information regarding children who are subject to a child protection plan (those children who have been or at risk of abuse or neglect.)

##### **4.2.2 LB Haringey Child Protection Medical Protocol**

This is a revised care pathway offered by community paediatric services in Haringey by Whittington Health for a child who is referred because of concerns about abuse or neglect. The Pathway has been agreed by Haringey Children & young people's services, Child abuse investigation team ( Police ) and Whittington Health. This Pathway will ensure all agencies work to agreed protocols to ensure the best service for the children and their parents.

##### **4.2.3 Revised terms of reference for Child Protection Committee**

Terms of reference for CPC – were reviewed and agreed at the February meeting to include the Looked After Children Team representation.