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## Whittington Health Trust Board

23 October 2013

<b>Title:</b>	Safeguarding Children Annual Report 2012-2013						
<b>Agenda item:</b>	<b>13/135</b>		<b>Paper</b>			<b>3</b>	
<b>Action requested:</b>	For information						
<b>Executive Summary:</b>	<p>The purpose of this Report is to provide assurances and evidence to the Whittington Health Trust Board that the Trust is fulfilling its statutory responsibilities to safeguard children and young people</p> <p>Whittington Health has a statutory responsibility to make arrangements to safeguard and promote the welfare of children and young people as set out under Section 11 of the Children Act of 2004<sup>1</sup>.</p> <p>This Report provides an overview of the Trust's current progress in ensuring robust systems are in place to safeguard children and young people and provides details on the planned future service developments.</p>						
<b>Summary of recommendations:</b>	None						
<b>Fit with WH strategy:</b>	<p>Integral to any Safeguarding Children Services is that it must deliver efficient, effective services that improve outcomes for patients and service users, while providing value for every pound spent. Additionally, there must be evidence of consultation and engagement with children and families about the service. The service must be delivered in line with the Organisation's statutory responsibility.</p>						
<b>Reference to related / other documents:</b>							
<b>Date paper completed:</b>	4.10.13						
<b>Author name and title:</b>	Steph Sollosi			<b>Director name and title:</b>		Bronagh Scott Director of Nursing and Patient Experience	
<b>Date paper seen by EC</b>		<b>Equality Impact Assessment complete?</b>	No	<b>Risk assessment undertaken?</b>	No	<b>Legal advice received?</b>	No

<sup>1</sup> Children Act 2004 HM Government



## Safeguarding Children Annual Report

April 2012 – March 2013

### 1.0 Purpose

- 1.1 The purpose of this report is to provide assurances and evidence to Whittington Health Board that the Trust is fulfilling its statutory responsibilities to safeguard children and young people.

### 2.0 Introduction

- 2.1 Whittington Health provides general hospital and community services to 500,000 people living in Islington and Haringey, as well as other London boroughs including Barnet, Enfield and Camden.
- 2.2 The organisation was established in April 2011 following the merger of the Whittington Hospital NHS Trust with NHS Haringey and NHS Islington community health services including Child and Adolescent Mental Health Services (CAMHS) in Islington.
- 2.3 The Trust employs more than 4,000 staff delivering care across North London at The Whittington Hospital and from 30 locations across Islington and Haringey.
- 2.4 The Whittington Hospital has an emergency department and a maternity unit where around 4,000 babies are delivered annually.
- 2.5 Whittington Health has a statutory responsibility to make arrangements to safeguard and promote the welfare of children and young people as set out under Section 11 of the Children Act of 2004<sup>1</sup>.
- 2.6 This report provides the Trust Board with assurances that Whittington Health is meeting its statutory responsibilities as set out under Section 11 of the Children Act 2004.

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<sup>1</sup> Children Act 2004 HM Government

- 2.7 This report provides an overview of the Trust's current progress in ensuring robust systems are in place to safeguard children and young people and provides details of the planned future service developments..

### **3.0 National strategy and guidance**

#### **The Children Act 2004**

- 3.1 The Children Act (1989 and 2004) places organisations under a duty to ensure that, in discharging their functions, they have regard to the need to safeguard and promote the welfare of children and young people. This guidance sets out the key features for effective arrangements to safeguard children which all agencies need to take account of when discharging their functions.
- 3.2 To discharge the duty under Section 11 of the Children Act 2004, the Trust is required to be compliant with the Care Quality Commission' outcome seven and standard five of the National Service Framework for Children, both of which relate to safeguarding and promoting the welfare of children.
- 3.3 The Children Act 2004 reinforces the statutory duty of the NHS to contribute to the five outcomes identified for children and young people in the Children Bill 2004 and to co-operate in the functioning of the Local Safeguarding Children's Boards (LSCBs).
- 3.4 NHS trusts are required to co-operate in arrangements to improve information sharing, common assessments of children's needs, provision of services, and to increase training of staff how to recognise and raise child protection concerns.

#### **Health reforms**

- 3.5 On 21 March 2013, NHS England published an accountability and assurance framework entitled *Safeguarding Vulnerable People in the Reformed NHS*. This document describes how the new NHS system will work from April 2013 and aims to:
- promote partnership working to safeguard children, young people and adults at risk of abuse, at both operational and strategic levels;
  - clarify NHS roles and responsibilities, including in relation to education and training;
  - provide a shared understanding of how the new system will operate and, in particular, how it will be held to account both locally and nationally;
  - ensure professional leadership and expertise are retained in the NHS, including the continuing key role of designated and named professionals for safeguarding children;

- outline a set of principles and ways of working that are equally applicable in the safeguarding of children and young people and of adults in vulnerable situations, recognising that safeguarding is everybody's business.

3.6 Sections 11 and 13 of the Children Act 2004 have been amended so that the NHS Commissioning Board and the clinical commissioning groups (CCGs) have identical duties to those previous applying to primary care trusts and strategic health authorities - that is to have the regard to the need to safeguard and promote the wellbeing of children and to be members of the LSCBs.

### **Care Quality Commission and Ofsted**

3.7 The Care Quality Commission (CQC) is the independent health and adult social care regulator for England, regulating care provided by the NHS, local authorities, private companies and voluntary organisations.

3.8 The CQC monitors the Trust against the essential standards of quality and safety which consists of 28 regulations (and associated outcomes) that are set out in two pieces of legislation: the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

3.9 Outcome 7 (Regulation 11) is specific to safeguarding as it is in respect of safeguarding people who use services.

3.10 Ofsted is the Office for Standards in Education, Children's Services and Skills. It is the independent regulator that inspects and regulates services which care for children and young people, and those providing education and skills for learners of all ages, including children's social care.

### **Working together to safeguard children<sup>2</sup>**

3.11 Working Together is the statutory guidance that provides details on how organisations and individuals should work together to safeguard and promote the welfare of children and young people.

3.12 High profile reviews of child protection processes and arrangements including Lord Laming's Review<sup>3</sup> and more recently Professor Eileen Monroe' Review of Child Protection<sup>4</sup> 2012 have informed the Government and subsequently led to revisions of Working Together, the most recent The Children Act 2004 being in 2013.

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<sup>2</sup> Working Together to Safeguard Children - Department of Education 2013

<sup>3</sup> Lord Laming review of Child Protection - HM Government 2009

<sup>4</sup> The Munroe Review of Child Protection - HM Government 2011

## 4.0 Safeguarding arrangements within Whittington Health

### Board lead and assurance arrangements

- 4.1 The Director of Nursing and Patient Experience is the executive lead with responsibility for safeguarding children.
- 4.2 Operational responsibility for the day-to-day management of the service sits with the Director of Operations for Women, Children and Families via the Assistant Director for Universal and Safeguarding Children's Services.
- 4.3 The Trust has a Safeguarding Children Committee which is chaired by the Director of Nursing and Patient Experience. It meets bi-monthly. The purpose of the group is to ensure that Whittington Health is meeting its statutory obligations for safeguarding children by developing, supporting and monitoring all safeguarding activity within the Trust and by ensuring that services are planned, delivered, and monitored in line with best practice guidance, statutory legislation and the needs of the local population. This group reports to the Quality Committee.
- 4.4 The Trust also has an operational Safeguarding Group chaired by the Assistant Director for Universal and Safeguarding Children services which meets six times a year and reports to the Safeguarding Children Committee.
- 4.5 The Quality Committee is a sub-committee of the Trust Board. It is chaired by a non-executive director. The purpose of the Committee is to focus on service quality and improvement through the following three NHS defined components:
- Patient safety, clinical risk
  - Effectiveness
  - Patient experience

### Named professionals for safeguarding children (see Appendix 1 for organisational structure)

- 4.6 In line with its statutory obligations laid out in Working Together 2013, Whittington Health employs a team of named professionals. Named professionals have a key role in promoting good professional practice within the organisation, providing advice and expertise for fellow professionals, and ensuring safeguarding training is in place. They work closely with the organisation's safeguarding lead, designated professionals and the LSCBs.

- 4.7 Whittington Hospital has one named nurse, one named midwife and a named doctor (1.0 PA<sup>5</sup>). In addition, a consultant neonatologist currently provides support and cover for the neonatal and maternity unit.
- 4.8 Haringey Borough has one named nurse and a named doctor (4PAs).
- 4.9 Islington Borough has one named nurse a named doctor (3PAs).
- 4.10 Whittington Health works in partnership with the designated professionals from Haringey and Islington CCGs.

## **5.0 LSCB membership**

- 5.1 Following Lord Laming's report into the death of Victoria Climbié, the Children Act 2004 required all local authorities across England and Wales to set up a Local Safeguarding Children Board (LSCB). The task of each LSCB is to safeguard and promote the welfare of children and young people in their area.
- 5.2 Whittington Health is a statutory partner and member of the following LSCBs and is represented on the following groups:

### Haringey LSCB:

- Executive Board - assistant director
- Serious Case Review – assistant director
- Training and Development – named nurse
- Best Practice – named nurse
- Quality and Assurance – named nurse
- Child Death Overview Panel (CDOP) - bereavement midwife, Named nurse

### Islington LSCB:

- Executive Board -assistant director
- SCR panel - assistant director
- Policy and practice Sub Group - named nurse
- Quality Assurance Sub Group - named nurse
- Training Sub Group - named nurse and doctor
- Sexual Exploitation Sub Group - named nurse

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<sup>5</sup> \*PA = Professional activity used to describe medical sessions. One PA for a Consultant is equivalent to 4 hours; for a GP is 3.5 hours.

- Missing from Care, Education and Home Steering Group - named nurse
- Harmful Traditional Practice Sub Group – named nurse
- Child Death Overview Panel (CDOP) - Paediatric liaison nurse

## **6.0 Policies and communication**

6.1 Whittington Health has safeguarding children procedures that are reviewed every three years or more frequently as required.

6.2 In addition to compliance with the London Safeguarding Board Child Protection Procedures<sup>6</sup>, the following policies have been developed, ratified and disseminated to staff in 2012 -2013.

- Safeguarding Training Policy
- Safeguarding Children Supervision Policy
- Policy for Failure to Bring / Attend Children's Health Appointments
- Female Genital Mutilation Policy

All of these policies are available on the intranet.

## **7.0 Child protection training**

7.1 In accordance with Working Together 2013, all staff working in healthcare settings including those who predominantly treat adults - should receive training to ensure they attain the competencies appropriate to their role and follow the relevant professional guidance;

- Safeguarding Children and Young People: roles and competencies for health care staff, RCPCH (2010).
- Looked after children: Knowledge, skills and competencies of health care staff, RCN and RCPCH, (2012).
- Protecting children and young people: the responsibilities of all doctors, GMC (2012).

7.2 Whittington Health has a child protection training policy detailing all levels of child protection training available to staff and giving clear instructions to indicate which staff groups require which level of training.

7.3 An expectation that organisations will achieve a compliance rate of 80 per cent of eligible staff had been the level previously recommended by NHS London.

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<sup>6</sup> London Child Protection Procedures - 4th edition (Apr 2011) London Safeguarding Children's Board

- 7.4 The majority of child protection training is provided by the named nurses and locality specialist nurses, and named doctors through taught sessions delivered across the areas.
- 7.5 Level one is delivered via e-learning and is mandatory for all staff.
- 7.6 Level two and core competencies level three are delivered via taught sessions offering the opportunity to explore and debate complex issues.
- 7.7 Additional competencies level three training is predominantly received via the safeguarding children boards training programmes.
- 7.8 The training data provided is the average total percentage declared across the three legacy organisations as of 31 March 2013. Each organisation had different methods of data collection and monitoring that has therefore affected the totals.
- Level 1 88%  
Level 2 25.9%  
Level 3 38.6%
- 7.9 Uptake of training at level two and three was low during the period of this annual report. This was because of a change in the Trust policy regarding staff groups required to undertake this level of training and a lack of awareness of need to undertake training. This was compounded by a perception from several staff groups that level one was adequate, there were insufficient places offered and, in addition, staff were assigned to incorrect levels. There is a robust action plan which aims to ensure 80 per cent compliance at all levels by December 2013.
- 7.10 A full-time administrator has now been employed to manage the process with regards to staff accessing the training courses. The Named nurses have reviewed staff lists to assign staff to the correct training level.
- 7.11 External training that is accessed via the LSCB has been input and captured on the Electronic Staff Record (ESR)
- 7.12 There has been attendance by the named nurses at divisional management meetings to raise awareness.



- 7.13 Training sessions offered to staff have significantly increased in an effort to increase staff uptake.
- 7.14 The named nurses have worked in partnership with Human Resources, Learning and Development and the IM and T department to resolve issues around ESR and the accurate recording of safeguarding children training and a working group has been set up to capture and coordinate this.
- 7.11 Whittington Health staff also attend LSCB multi-agency training as part of their level three training. At present figures are collected by individual line Managers. There are plans for this to be held centrally on ESR.

## **8.0 Audit**

- 8.1 As an integral part of monitoring quality and service improvements Whittington Health has a robust audit cycle with regards to safeguarding children services.
- 8.2 During 2012 - 2013 the following audits were completed:
- Whittington Health participated in both Islington and Haringey LSCBs multi agency safeguarding children Section 11 audit.
  - Whittington Health participated in an LSCB multi agency audit which audited the case records of ten Islington children.
  - An audit of the immediate post natal safeguard plan for pregnant women and new born babies.
  - Whittington Health participated in an Islington LSCB multi-agency training audit in 2013.
- 8.3 Robust action plans were developed for all identified issues arising from the audits.
- 8.4 An audit plan for 2013-14 is being developed to further develop and improve services and practice.

## **9.0 Child protection supervision**

- 9.1 Safeguarding children supervision is a mandatory requirement and is monitored as part of the North Central London CCG data set.
- 9.2 In line with Whittington Health's Child Protection Supervision Policy, mandatory quarterly supervision is carried out according to staff group. This is using a combination of individual or group supervision, according to group.

9.3 Safeguarding children supervision is also provided more frequently when required.

	Indicator target	
ICO	% 1:1 (90%)	97%
	% Group (90%)	78%
Haringey	% 1:1 (90%)	98%
	% Group (90%)	N/A
Islington	% 1:1 (90%)	100%
	% Group (90%)	80%
Hospital paediatrics	% 1:1 (90%)	90%
	% Group (90%)	100%
Hospital (midwives)	% 1:1 (90%)	100%
	% Group (90%)	55%

9.4 There is an action plan within midwifery to address the issues regarding uptake of supervision.

## 10.0 Serious Case Reviews (SCR)

10.1 Working Together 2010 provides guidance to Local Safeguarding Boards as to when SCRs must be undertaken. An 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 children's social care is or has been involved with the child or family.

10.2 In addition, the LSCB should also consider a review whenever a child has been harmed in the following situations:

- A child sustains a potentially life-threatening injury or serious and permanent impairment of physical and/or mental health and development through abuse or neglect; or
- A child has been seriously harmed as a result of being subject to sexual abuse; or
- A parent has been murdered and a domestic homicide review is being initiated under the Domestic Violence Act 2004, or
- A child has been seriously harmed following a violent assault by another child or adult and that the case gives rise to concerns about the way in which local professionals and services worked together to safeguard and promote the welfare of children. This includes interagency and/ or inter disciplinary working.

- 10.3 The purpose of the SCR is to;
- Establish what lessons are to be learned from the case about the way in which local professionals and organisations work individually and together to safeguard and promote the welfare of children;
  - Identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result;
  - Improve intra and inter-agency working;
  - Better safeguard and promote the welfare of children.
- 10.4 During the period April 2012 to March 2013, Whittington Health completed two internal management reviews (IMRs) as part of formal SCRs in Haringey. It is expected that both will be published in Autumn 2013.
- 10.5 Both SCRs relate to a period of time when Haringey Community services were managed by Great Ormond Street Hospital.
- 10.6 The Trust Board receives and reviews a monthly update on all SCRs.
- 10.7 SCR action plans are discussed and monitored at the bi-monthly safeguarding children team operational meetings which report to the Safeguarding Children Committee. External monitoring takes place in the LSCB sub-groups.

## **11.0 Safer recruitment**

- 11.1 Criminal Record Bureau (CRB) / Disclosure and Barring Service (DBS) checks are undertaken by the Trust for all staff and volunteers who are recruited to work with children and vulnerable adults and anyone who manages or supervises such staff or has access to information systems that include information about children.
- 11.2 The Recruitment and Selection Handbook was most recently updated in December 2011.
- 11.2 In accordance with Working Together 2010, there are processes for managing allegations of abuse made against a person who works with children.
- 11.3 The procedures must be applied when there is an allegation made which suggests a person who works with children has:
- Behaved in a way that has harmed a child or may have harmed a child
  - Possibly committed a criminal offence against or relating to a child

- Behaved towards a child or children in a way that indicates s/he is unsuitable to work with children in connection with his/her employment or voluntary activity

11.4 Each local authority has a duty to employ a member of staff with specific responsibility for managing allegations against staff - known as the local authority designated officer (LADO).

## **12.0 Multi-agency working**

12.1 The Multi-Agency Safeguarding Hub (MASH) is a national initiative involving joint agency response to referrals into social care. Police, health, housing, probation and social care and other partner agencies are co-located to provide a 'joined up' approach to social care referrals, to improve joint working, communication and outcomes for children.

12.2 The Children Service Contact Team (CSCT) commenced in Islington in April 2013. Whittington Health, police, health, housing, probation, children's social care and other agencies are now co-located and working together. All referrals to children's social care are now made through the CSCT. This has significantly improved communication, professional relationships and joint working and has reduced duplication of work across the agencies.

12.3 It is anticipated the full MASH process will be implemented in Islington in July 2013. An additional child protection advisor was recruited to the team in 2012 to increase capacity and enable the team to start working in children's social care on a rotational basis.

12.4 Haringey MASH continued to develop, forging excellent links across agencies, and outcomes have been evidenced. Haringey MASH was runner up in the London Safeguarding Children Board Award in December 2012 scheme, being cited as an 'innovative site' with 'active engagement from health partnerships.' Evidenced outcomes include reduced numbers of initial assessments being carried out within social care. This is a positive measure, indicating that the MASH protocol serves to gather information at an early stage, sometimes de-escalating the need for social work intervention. This allows more time to be spent on assessments that require social care follow up. Health will audit the input and workload allocation as a result of MASH.

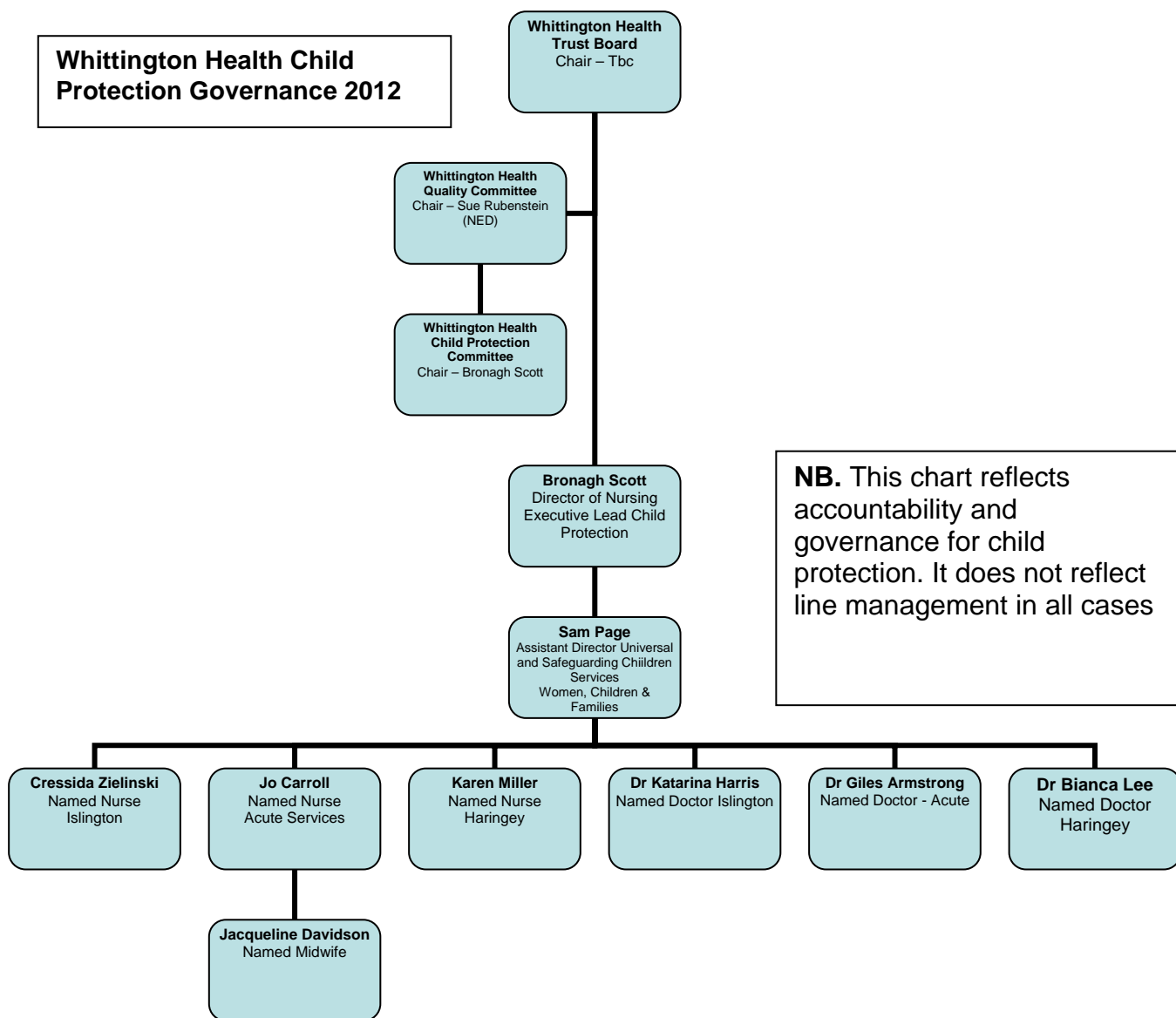
## **13.0 Plans for 2013 - 2014**

13.1 As part of its commitment to safeguarding children and in an effort to continually review and develop services, a review of the nursing structure

and function within the safeguarding team across Whittington Health has been commissioned. The purpose of this review is to assess current structures and to make recommendations to ensure ongoing delivery of a high quality service.

- 13.2 Whittington Health will continue work to ensure that training figures are compliant to 80 per cent for all levels of training, with expectations that systems will be further developed to ensure that they are sufficiently robust to capture the data.
- 13.3 There is an ongoing work programme to harmonise legacy safeguarding policies across the organisation including an overarching Whittington Health Safeguarding Children Policy.
- 13.4 The policy for the management of allegations against staff will be updated and ratified.
- 13.5 Work is ongoing with with Human Resources with regards to safer recruitment, specifically regarding policies for safer recruitment and auditing.

# Appendix 1 Organisational Structure



## Appendix 2 Children in Haringey and Islington

Children make up a higher than national average rate<sup>7</sup> (23%) of our ethnically diverse local population.

The poverty experienced by many of the children living in the area has a significant affect on their mental and physical health, is associated with higher levels of neglect and lowers the resilience of the children to recovering from the affects of abuse or neglect.

	Haringey	Islington	London average	England average
% of population aged 0-19 years	24.7	20.1	24.50	23.9
% school population 0-16 years who come from black and minority ethnic backgrounds	80.7	73.1	68.2	25.6
% of children 0-16 years living in poverty	33	40.9	27.8	21.1

### Safeguarding children

#### Islington

The number of children subject to a child protection plan (CPP) in Islington was 115 in February 2013 (latest report to the Islington Safeguarding Children Board). This reflects a rate of 34 per 10,000 (0-17 years population) which is below the average England rate (37.8 per 10,000 in March 2012) and the average London

<sup>7</sup> [www.chimat.org.uk](http://www.chimat.org.uk) Child Health Profiles 2013

rate (35.7 per 10,000 in March 2012). Since April 2012 the number of children subject to child protection plans in Islington has fluctuated each month but overall there has been a decrease from 136 (April 2012).

The relatively low numbers of children subject to a child protection plan in Islington are in part attributed to the local development of early intervention strategies and services for vulnerable families. It is also noteworthy that the England and London rates (as at March 2012) have fallen since March 2011.

Month	Number with CPP	Population under 18 years	Number with CPP per 10,000 Islington under 18
March 09	138	33,692	49 SN* (41)
March 10	132	33,743	53 SN* (33)
March 11	112	33,743	52 SN* (33)
March 12	141	34,297	46 SN* (41)
March 13	117	34,297	34

\* Statistical neighbour

Source: Islington LSCB Annual Report 2012-13

## Haringey

The numbers of children subject to a child protection plan in Haringey increased month on month from 177 in April 2009 to 325 in February 2011 before beginning to decrease and stabilise to around 280 a year ago.

However throughout the first three quarters of 2012/13, the number of children subject to a child protection plan has increased again quarter on quarter but in quarter 4 the number has fallen again. The cause of this is unclear.

Description	2011/12 average	SN average 2011/12	2012/13 Q1	Q2	Q3	Q4
Children subject to a CPP	284	224	299	328	335	375