Portsmouth Hospitals NHS
NHS Trust

TRUST BOARD PUBLIC– JULY 2013

Agenda Item Number: 135/13
Enclosure Number: (11)

Subject:	Safeguarding Children Annual Report 2012/13
Prepared by: **Sponsored by:** **Presented by:**	Pamela Aspinell, Named Nurse Safeguarding Children Dr Simon Birch, Named Doctor Safeguarding Children and Lead Doctor for Child Deaths Julie Dawes, Director of Nursing Julie Dawes, Director of Nursing
Purpose of paper *Why is this paper going to the Trust Board?*	Requires Trust Board approval Statutory requirement For Information / Awareness
Key points for Trust Board members *Briefly summarise in bullet point format the main points and key issues that the Trust Board members should focus on including conclusions and proposals*	• The annual report addresses issues relating to strategic development and organisational accountability for safeguarding children. • To provide assurance to the Board that the Trust is compliant with the legal requirements for Safeguarding Children. • To provide assurance about current Safeguarding Children arrangements • To report on progress and developments in the last 12 months. • To inform the board of actions planned for 2013-14 to develop and promote safeguarding children practice across the Trust.
Options and decisions required *Clearly identify options that are to be considered and any decisions required*	• The Board is asked to receive, discuss and approve this report
Next steps / future actions: *Clearly identify what will follow the Trust Board's discussion*	• To implement actions planned for 2013-14, and to continue to develop and promote safeguarding children practice across the Trust.
Consideration of legal issues (including Equality Impact Assessment)?	• There is a legal requirement to ensure that children are safeguarded as outlined in HM Government Department for Education' "Working together to safeguard children" (March 2013) and the Care Quality Commission ("Safeguarding People Who Use Services From Abuse") and monitor -essential standards of quality and safety. • A failure to comply with the legal requirements of safeguarding children could risk the Trust's

	registration with the Care Quality Commission. • Safeguarding children has implications for all service users and the public, and requires public and patient involvement to ensure improvements in delivering equitable and safer care to all who access our services and who live within the local areas the Trust serves
Consideration of Public and Patient Involvement and Communications Implications?	• Commissioners contract-the report will be shared with the Commissioners. • A public PHT declaration of safeguarding children compliance is available on our website.

Links to Portsmouth Hospitals NHS Trust Board Strategic Aims, Assurance Framework/ Corporate Risk Register	
Strategic Aim	Strategic Aim 1: Deliver safe, high quality patient centred care • Year on year improvement in national, local and quality account metrics • Achieve top 20% position across acute Trusts as measured by the East Midlands Quality Observatory dashboard • Year on year reduction in avoidable harm • Maintain compliance against Care Quality Commission outcomes • Deliver good patient experience as measured by Friends and Family Test • Consistently achieve all access standards in line with commissioning and regulatory requirements • Partner with other organisations to deliver joined up emergency care • Safeguard vulnerable groups through robust safeguarding procedures
BAF/Corporate Risk Register Reference (if applicable)	Links to Strategic Aim 1
Risk Description	Links to risks in Strategic Aim 1
CQC Reference	Outcome 7: Safeguarding people who use services from abuse - People should be protected from abuse and staff should respect their human rights.

Committees/Meetings at which paper has been approved:	**Date**
Trust Safeguarding Committee	02/07/2013

Portsmouth Hospitals NHS
NHS Trust

SAFEGUARDING CHILDREN

ANNUAL REPORT

2012-13

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1: Purpose

1.1 All NHS Trusts have statutory responsibilities under Section 11 of the Children Act of 2004 to make arrangements that, in discharging their functions, they have regard to the need to safeguard and promote the welfare of children. This includes the need to ensure that all adults who work with or on behalf of children and young people (C&TP) in these organisations are competent, confident and safe to do so.

1.2 This report provides a declaration to the Trust Board about how the Trust is complying with current Safeguarding Children Duties and maps and prioritises areas for development.

1.3 The Board last received an update on Safeguarding Children performance in the Trust in June 2012 (Annual Report).

1.4 Work to strengthen and improve safeguarding arrangements for C&YP is an ongoing priority within the Trust. This report summarises the range of activity undertaken in support of the safeguarding children responsibilities of Portsmouth Hospitals NHS Trust.

1.5 The HM Government Department for Education revised its *Working together to safeguard children Guidance* in March 2013, which will influence the future strategies for safeguarding children.

1.6 The Care Quality Commission (CQC) lists the requirements for safeguarding people who use the services from abuse (Outcome 7). The Trust is registered with the CQC with no conditions applied for this standard.

1.7 Recommendation:

- The Board is asked to accept this report.

2. Local Statistics (PHT cover Portsmouth and South East Hampshire)

2.1 In total Hampshire County have 295,942 children under the age of 18.

2.2 Portsmouth have a population of 42,500 children under the age of 18.

- During the period of April 2013-March 2013, Portsmouth made a total 364 children subject to Child Protection Plans.

2.2 South East Hampshire have a population of 85,568 children under the age of 18.

- As of March 2013 South East Hampshire (Fareham & Gosport/Havant) had 363 children subject to Child Protection Plans.

2.3 The 'Emergency Department' (ED) see 24,014 children aged 0-16 and 3,105 aged 16-18.

2.4 Maternity services are responsible for the delivery of 6,500 births per year, making it the largest maternity service on the south coast.

2.5 The Paediatric Unit sees 11,598 children per year (aged 0-16) and a further 1,192 young people (16-18) are seen in other specialties'.

2.6 The Neonatal Unit admits approximately 600 children per year from 24 weeks to term.

3. Safeguarding Children Strategy:

3.1 The Trust developed a 3-year Safeguarding Children Strategy (2010-2013); the aims were identified in 2011-12's annual report as, to:

- Ensure that PHT Safeguarding Children Arrangements under section 11 of the Children Act (2004) were in place.
- To embed safeguarding children practice in all aspects of trust functioning alongside safeguarding adults and general safeguarding, as required by statute and commissioning.
- Protect existing good practice and develop clinical supervision in safeguarding children.
- Meet the challenge of staff turnover and high demands on the Safeguarding Children Team.
- To work together with all external agencies and between different services within the Trust to promote safeguarding children principles.
- Maintain target levels of Safeguarding Children training across the Trust.
- To improve Evidence-based Safeguarding Children Practice.
- To ensure that staff demonstrate the values and competencies needed to safeguard and protect children.

3.2 The Trust achieved all the aims stated, however, they remain constant and will be referenced in the new strategy for 2013-16. The new strategy will be a children/adult safeguarding strategy and will be brought to the Board for approval.

4. Safeguarding Children Governance

4.1 Portsmouth Hospitals NHS Trust (PHT) is committed to safeguarding C&YP across the range of services provided by the organisation. The welfare of children is a primary consideration of all staff across the Trust in fulfilling their roles. All Trust employees, including those in non-clinical roles, have a statutory duty to ensure that children are protected from harm and comply with the principles laid down in the Children Acts (1989 and 2004), Working Together to Safeguard Children (HM Government 2013), and the four Local Safeguarding Children Board Procedures.

4.2 Corporate Responsibilities

Section 11 of the Children Act 2004 places a statutory duty on key people and bodies to make arrangements to safeguard and promote the welfare of children. All NHS Trusts, NHS Foundation Trusts providing services for children are expected to identify named professionals who have a key role in promoting good professional practice within the Trust, and provide advice and expertise for fellow professionals. The Trust Board/Board of Directors recognises its responsibility of overseeing safeguarding children arrangements across the Hospital. There have been several changes in key safeguarding staff during 2012/13.

4.3 Chief Executive

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, the Department for Education, Commissioners and Portsmouth Safeguarding Children Board.

4.4 Executive Director of Nursing (Safeguarding Children)

The Executive Director of Nursing is accountable to the Chief Executive and has delegated responsibility for safeguarding children and young people.

4.5 Named Doctor and Lead for Child Deaths (2PAs)

In January 2013, the Trust appointed a new Named Doctor and Lead for Child Deaths (previous post holder left to take up another position outside the organisation). The Named Doctor is line managed by the Clinical Director for Paediatrics and receives supervision from the Designated Doctor.

4.6 Named Nurse (1wte)

The Named Nurse for Safeguarding Children is line managed by the Head of Nursing (Women & Children Clinical Service Centre) and accountable to the Director of Nursing. The Named Nurse is the hospital wide lead for ensuring staff are aware of their roles and responsibilities in relation to Safeguarding Children and other relevant Government and external documents and works closely with the adult safeguarding lead and governance team within the organisation to ensure that all services are aware of their responsibilities.

4.7 Named Midwife (1wte)

The Named Midwife for Safeguarding Children is line managed by the Director (Head) of Midwifery and responsible for developing, participating and contributing to policy and practice in relation to child protection issues associated with pregnancy and the post-natal period. The Named Midwife ensures appropriate action is taken by staff, in particular in relation to unborn babies.

4.8 Safeguarding Children Midwife Advisor (CAF (Child Assessment Framework) Champion) (0.9 wte)

The Specialist Midwife Advisor assists the Named Midwife in her safeguarding role and is the lead for CAFs in the organisation.

4.9 Public Health Midwives

Public Health Midwives have specific safeguarding responsibilities within their portfolios and work closely with the Named Midwife to deliver the safeguarding agenda (Domestic Abuse, Mental Health, Learning Disabilities and Substance Abuse).

4.10 Safeguarding Children Clinical Nurse Specialist (0.76 wte)

The Safeguarding Children Clinical Nurse Specialist Nurse (new post March 2013) assists the Named Nurse in her safeguarding children's role. This post replaces the Band 7 (Practice Educator's post) which the Trust could not appoint to during 2012.

4.11 Safeguarding Children Facilitators

There are safeguarding Children Facilitators in the Paediatric unit and assist in the day to day delivery of the safeguarding children agenda.

4.12 Safeguarding Children with the Emergency Department (ED)

There is a lead doctor and nurse responsible for the delivery of day to day safeguarding children and young people in the ED.

4.13 Safeguarding Children Administrators (2 wte)

The administrators give administrative support to the Safeguarding Children Team.

4.14 Portsmouth Hospitals NHS Trust Staff

Managers, clinical professionals, care workers and any other staff who suspect that abuse has occurred are responsible for ensuring they are familiar with Trust policies and procedures and for implementing them, in association with their managers and other agencies. The Safeguarding Children Operational Group will monitor compliance with and the effectiveness and will be responsible for ensuring that any action plans to improve compliance and effectiveness is implemented.

4.15 Trust Board

The Board receives monthly Safeguarding Children information by way of a monthly quality reports and an annual report on Safeguarding Children.

4.16 Safeguarding Committee

The Safeguarding Committee is a newly formed (strategic) committee as from January 2013. The meeting is chaired by the Executive Lead for Safeguarding Children and Adults, supported by the Deputy Director of Nursing (Head of Patient Safety). The Committee members meet quarterly to report on and discuss progress of any national and local agendas that affect the working of the organisation and welfare of children, young people and adults for example meeting Commissioner Contracts and Trust Priorities around safeguarding.

4.17 Safeguarding Children Operational Group

The Safeguarding Children Group is a sub-committee of 4.16. The group is represented by all Clinical Service Centres, monitors the effectiveness of policy and practices, oversees the implementation of any action plans to implement any gaps in service provision and provides assurance on compliance with legislation and national standards.

4.18 Safeguarding Children Team

The team meet on a monthly basis to review current safeguarding issues and or concerns supported by the Head of Nursing for Women & Children Clinical Service Centre and Director of Midwifery.

4.19 Safeguarding Children in the Emergency Department

The department meets quarterly with external partners to report on, discuss progress of any national and local agenda's that effect the working of the department and welfare of children, young and adults.

5. Multi-agency Working

5.1 Portsmouth Safeguarding Children Board (PSCB): PHT is represented on the Board by the Director of Nursing (Executive Lead for Safeguarding Children), who delegates this responsibility to the Named Nurse. Portsmouth's Safeguarding Children Board is a statutory strategic inter-agency forum with the primary responsibility for determining how the different agencies and professional groups should co-operate to protect children from abuse and neglect and for ensuring the arrangements work effectively to achieve good outcomes for children and young people (C&YP) in the local area. In addition, the Board has responsibility

to ensure the effectiveness of arrangements made by agencies to safeguard and promote the welfare of children. Therefore, in addition to its key tasks, the Board has a co-ordinating, monitoring and performance management role in relation to a wider safeguarding agenda. PHT also respond to requests to Hampshire's Safeguarding Children Board.

There are a number of sub-groups and linked groups as detailed below:-

5.2 Executive Committee of Portsmouth Safeguarding Children Board: The Named Nurse represents PHT on this Board.

5.3 Practice Committee of Portsmouth Safeguarding Children Board: this is a multi-agency operational group addressing practical problems of information sharing and working together PHT are represented on this Practice Committee.

5.4 Children Trust Board:

The Children's Trust is not a statutory body but remains in place with a role in improving outcomes for children and young people. The Board meets quarterly and the lead for the Trust is the Director of Midwifery. The Board has representation from the local authority, community and voluntary sector, schools and the college, police, housing, and health. The Children's Trust is not a separate organisation as each partner within the Trust retains its own functions and responsibilities. The Portsmouth Children's Trust Plan for 2011-2014 has seven priorities;

A. Identification, assessment and support for families from pregnancy to school age

B. Effective multi-agency intervention for targeted families with multiple problems

C. To support more schools to be 'good' or 'outstanding'

D. Targeted support for children and young people who demonstrate behaviours that may put them at risk

E. Excellent safeguarding and early intervention practice, processes and procedures

F. Improving outcomes for Looked after Children

G. Improving services for children with disabilities and their families

PHT are involved in all priorities at some level, but are significantly involved in priorities 'A' and 'E'.

5.5 Hampshire Multi-agency Safeguarding Children Forum which feeds into Hampshire Safeguarding Children Board:

This is a sub group of the main Safeguarding Children Board and the Named Nurse represents PHT on this forum.

Other multi-agency groups attended:

5.6 Domestic Violence Forum:

Domestic violence has a significant impact on children and young people's lives. A significant number of referrals made by the hospital are related to Domestic Violence, especially within maternity (28%). The Named Nurse for Safeguarding Children/Adults and the Public Health Midwife responsible for this area attends the forum.

5.6 Multi Agency Risk Assessment Conference:

The Multi-Agency Risk Assessment Conference (MARAC) is part of a coordinated community response to domestic abuse, which aims to, share information to increase the safety, health and well-being of victims/survivors - adults and their children. PHT contributes to these assessments when requested.

6. Safeguarding Children policy, guidance and procedures (all policies, guidance and procedures will require review during 2013-14 as a result of new guidance (publication) Working Together (March 2013).

- Safeguarding Children Operational Policy/Guidance: This is due to be revised within the next couple of months following publication of Working Together (2013).
- Review of the Trust Allegations Policy in line with Working Together (2013).
- Safeguarding Children Training Strategy in line with Working Together (2013) and Skills for Health (2013).
- Safeguarding Children Supervision Policy: whilst in date will require review this year following the publication of Working Together 2013 and local changes to supervision practice.
- Management of Sex Offenders: whilst in date, national guidance has changed and therefore, will need to be reflected in this policy.
- Children who do not attend out-patient appointments will be reviewed this year and put into Trust format.
- All policies are available on the Trust Intranet and Safeguarding Children Website.
- All clinical bases have access to Trust and local safeguarding children leads as well as access to the central Safeguarding Children Team, for advice support and escalation of concerns.

7. Quality and Performance Review

7.1 Safeguarding Commissioning/Contracts

Increasing priority given to safeguarding children in the commissioning process. The 2013/14 Standard NHS Contract for All Services: Schedule C, Part 7.2. has been reviewed and has been signed off. This Safeguarding Children contract highlights the practice providers are expected to undertake to safeguard vulnerable people in their care (i.e. children, young people and adults) from harm (maltreatment). The Policy has been split into three sections – Safeguarding Children; Safeguarding Vulnerable Adults and General Safeguarding Requirements. The Trust will be asked to undertake quarterly self assessment against their progress and this will be reported to the Commissioner.

7.2 Safeguarding Performance Data

Because of the statutory requirements for the delivery of Safeguarding Children services, expectations about performance data were better developed in 2012-13 due to a new Safeguarding Database. Early analysis suggests that data is becoming more accurate and starting to reflect actual performance. The dataset have been identified as:

- Number of referrals to Children's Social Care
- Number of child protection case conferences being notified of and attended
- Number of SIRIs (Serious Incidents Requiring Investigation– where there is a safeguarding children element
- Number of active Serious Case Review (SCR's) or reviews of cases involving PHT.
- Number of adverse incidents (AIRs)
- Number of allegations made against staff, in relation to children/young people, reported to the Local Authority Designated Officer (LADO)
- Number of Child Assessment Framework (CAF) /Team Around the Child (TAC) meetings
- Training statistics

7.3 Safeguarding Training and Compliance

7.4 Training

Safeguarding Children Training is a priority for the organisation and is a performance indicator for the Trust. In line with national guidance (Roles and competencies for Health Care Staff 2010 and Working Together 2010) the organisation ensures that all staff and volunteers undertake safeguarding children training, appropriate to their role and level of responsibility. It is a mandatory requirement that all staff at the Trust attend or complete level one safeguarding children training. Level two and level three training is mandatory for all relevant staff who work with C&YP. An annual training need analysis is undertaken and informs the training strategy and a training plan is then designed to reflect the range of safeguarding children responsibilities undertaken by the Trust. The Safeguarding Children Training Strategy is being reviewed and matched against the newly published Working Together (March 2013) and the National Skills for Health passport (2013). Training incorporates emerging recommendations from Serious Case Reviews. The levels of training provided by PHT are:

- **Level 1**: Non-clinical staff working in health care settings
- **Level 2**: Clinical staff who have some degree of contact with children/ young people and/or parents/carers
- **Level 3**: Clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns
- **Level 4** is for the Named Professionals e.g. Named Doctor/Nurse/Midwife

7.5 Evaluation of Training

Over the past year learners on the level 2 and level 3 training sessions have been asked to complete an evaluation form. Learners were asked how they felt the training would impact on their practice; the comments were reviewed and fell into the following categories:

- Training would make them more aware of safeguarding children concerns
- They knew who to contact if they had concerns
- They would be more confident to refer if they had a concern
- They would be more aware of risk factors
- That they would 'think family' and put the child first

In 2013/14 staff will be asked to complete a self-assessment, this will assess learner's knowledge and confidence.

7.6 Training Compliance

The Trust is currently compliant at 85%. However, further improvement and clarity is required of staff needing level 2/3 training.

7.7 The Safeguarding Children Training Strategy incorporates a training matrix. The matrix outlines the level of training commensurate to an individual's role, method and frequency of training. The child protection competencies have been mapped onto the electronic staff record (ESR). Training compliance is monitored by the Safeguarding Children Team, Committee and each Clinical Service Centres. Any service area that drops below the expected compliance standard is alerted and discussion had as to how to improve compliance. This can include specific additional training opportunities being made available to support services.

7.8 A review of the Safeguarding Children Team took place in 2009-2010 which identified the team required a dedicated Practice Educator in order to meet the needs of PHT staff and to assure those monitoring Trust Performance that we had a workforce that had the skills and competencies to keep children and young people safe. The review saw the team to appoint a Practice Educator in early 2011, training opportunities for staff increased as a result improving the Trusts overall compliance. Unfortunately, the Practice Educator left the position (mid 2012) to take up another position. This post was advertised, interviews took place but there was no suitable candidate and the post not filled. This left the remaining team having to deliver the training, but due to capacity they have not been able to sustain the programme built up whilst the trainer was in post due to operational need. Level 2 & 3 training sessions have been put on for staff but have had to have been cancelled due to lack of uptake by staff and the team have not been able to offer the number of sessions to specialities as achieved in the previous year when a trainer was in post and this is reflected in the Trusts end of year figures for levels 2 & 3. Each Clinical Service Centre is aware of their performance and has been discussed with the Safeguarding Children Operational Group and a review is being undertaken as to how to improve this position. Part of the review will look at whether ESR is correctly reflecting training undertaken by staff as this has previously been a concern. A Safeguarding Children Training analysis has been undertaken (aligned with national changes) identifying that Level 2 training update can be safety increased to two years and an audit is being undertaken to look at skills and knowledge of staff.

7.9 Supervision and Competence

7.10 The Trust has a Safeguarding Children Supervision Policy and promotes the use of supervision across all disciplines in the Trust. The Safeguarding Children Supervision Policy is being updated in line with the new Working Together 2013 and local guidance.

7.11 As from April 2013 Safeguarding Supervision in Midwifery has become mandatory. Public Health midwives are being supervised by the Named Midwife (Safeguarding Children) and Public Health Midwives are giving supervision to their teams.

7.12 The Named Nurse has quarterly supervision meetings (group) with the Safeguarding Children Facilitators, Specialist Nurses and Dietitians. Ad hoc supervision is also available and carried out.

7.13 Peer supervision: a trial was undertaken by the previous Named Doctor without take up; this is being reviewed by the new Named Doctor as to whether this can be taken forward.

7.14 The Safeguarding Children Team receive regular supervision.

7.15 Competency frameworks are incorporated into the Safeguarding Children Training Strategy in the form of a matrix. The matrix was informed by the Safeguarding Children and Young people: roles and competences for health care staff (2010) document. This document identified the skill sets and how they can be measured through completion of appropriate supervision and training. The document was published by the Royal College of Paediatrics and Child Health (2010) on behalf of the contributing organisations

8. Managing Individual Cases /Activity

8.1 Referrals to Social Care

Between April 2012 and March 2013 a total of 761 referrals were made to Children's Social Care (fig 1) by Trust staff in comparison to 635 during the same period 2011-12. Fig 2 shows the reasons for referral, noting maternity are the highest referrers. Fig 3 shows the reason for referrals by maternity, Fig 4 shows reasons for other referrals and Fig 5 referrals by area and Fig 6 by agency. Although our Safeguarding Children have not changed significantly this increase reflects improved reporting and recording mechanisms

Fig 1: Referral Comparison 2012-13

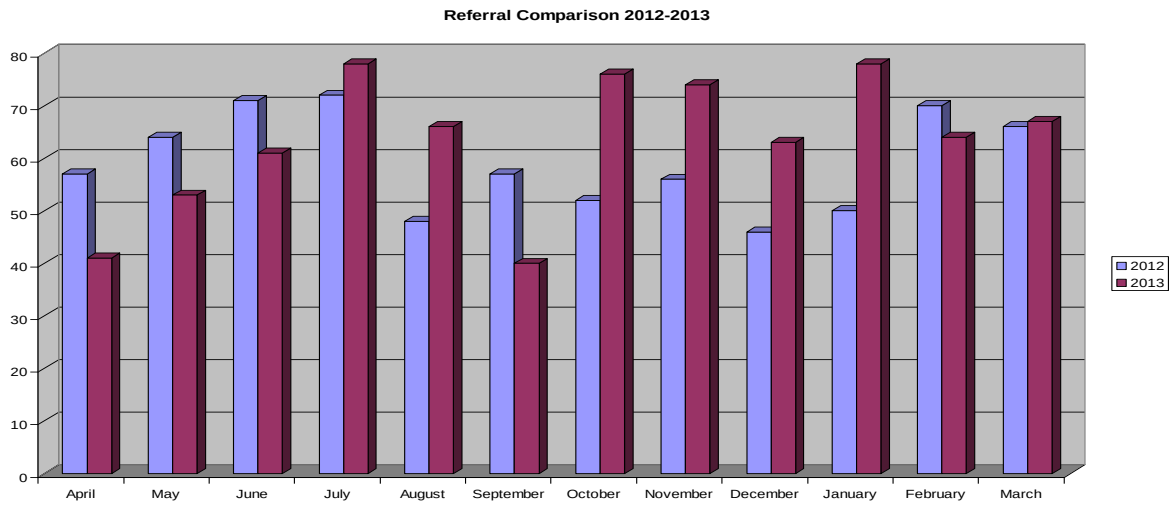


Fig 2: Referrals April 2012-march 2013

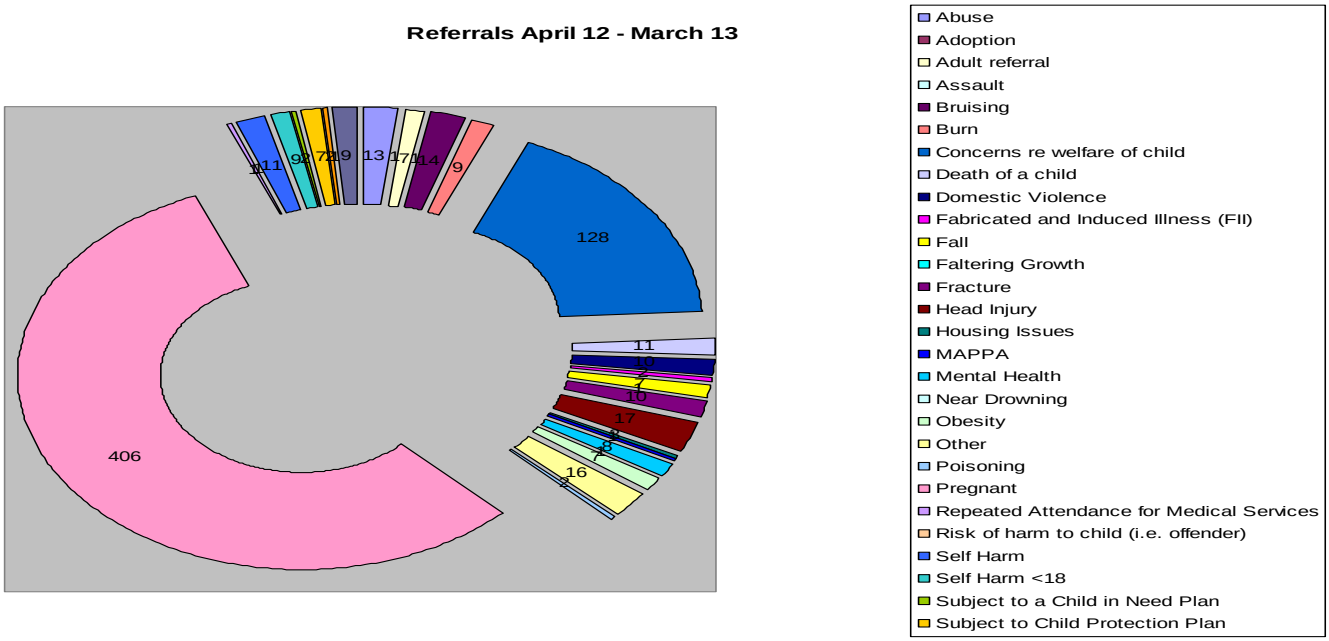


Fig 3 Pregnant referral reason

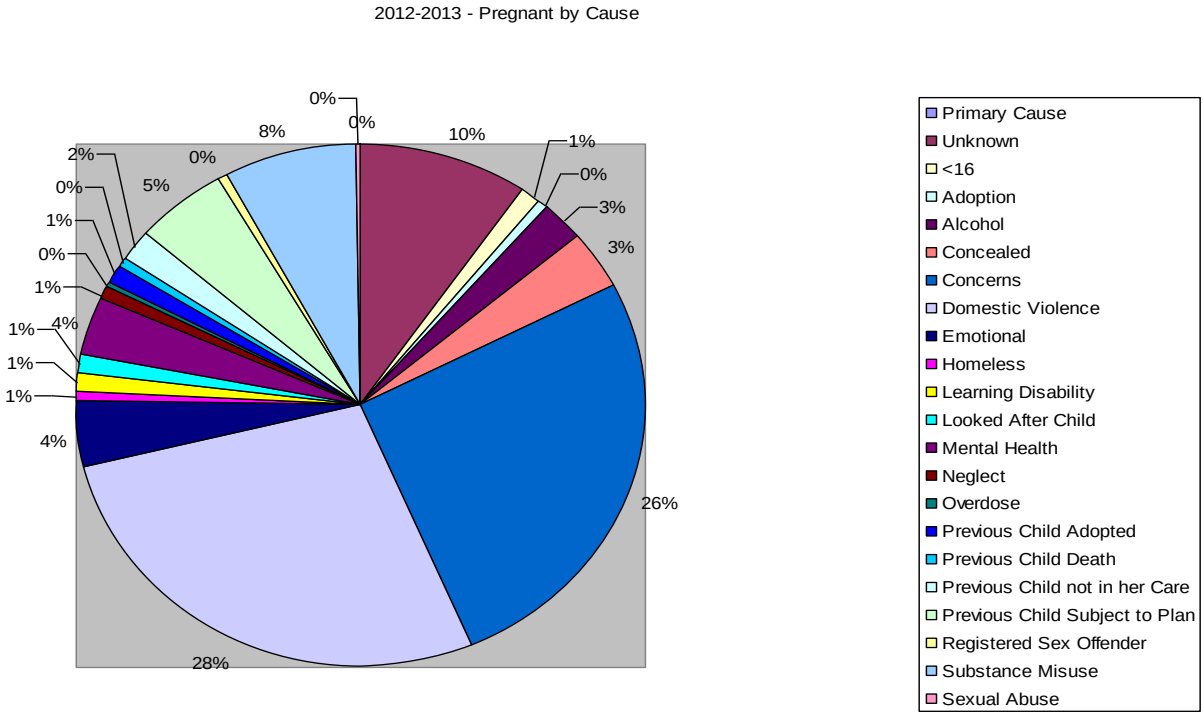


Fig 4: Referral cause excluding pregnant referrals

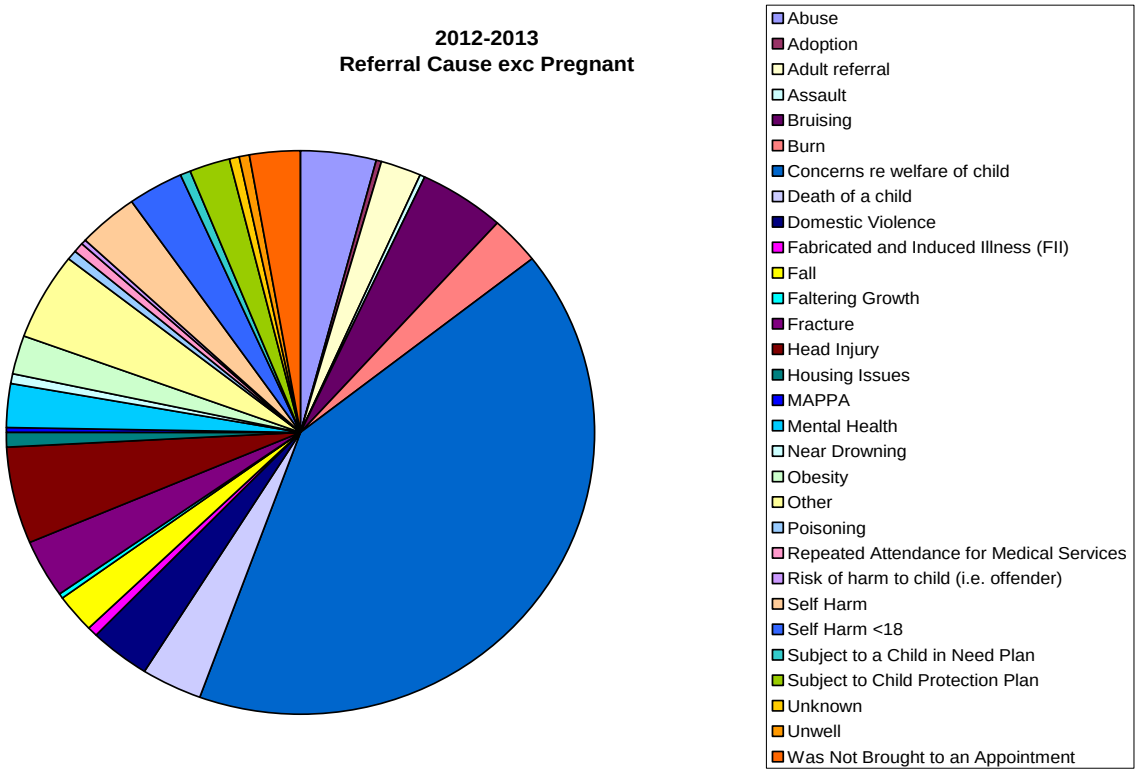


Fig 5: Referrals by area

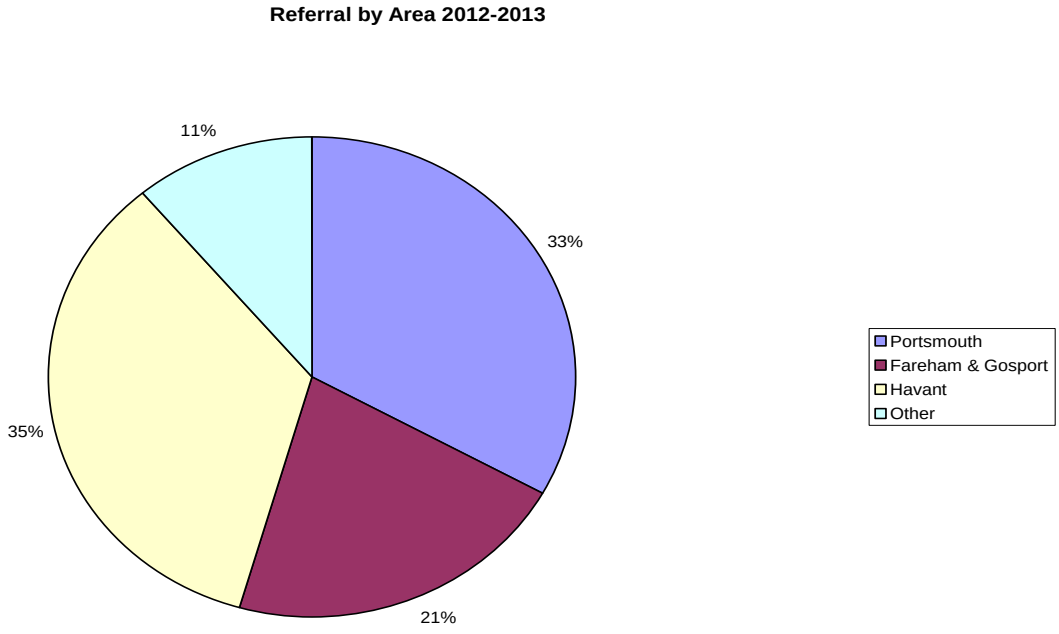
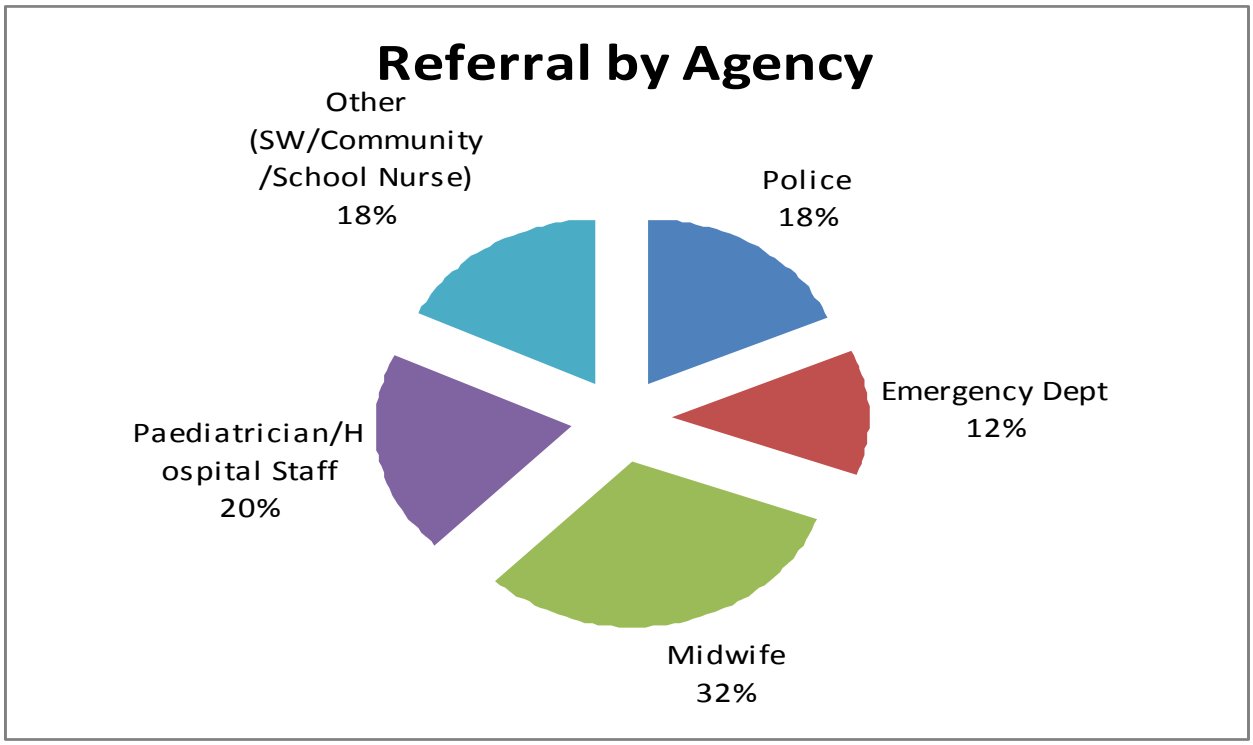


Fig 6: Referral by Agency



8.2 Number of child protection case conferences being notified of by area (fig 7), number (fig 8), type (fig 9) and comparison between maternity and paediatrics (fig 10). Fig 11 attendances v apologies, fig 12 attendance comparison.

Fig 7

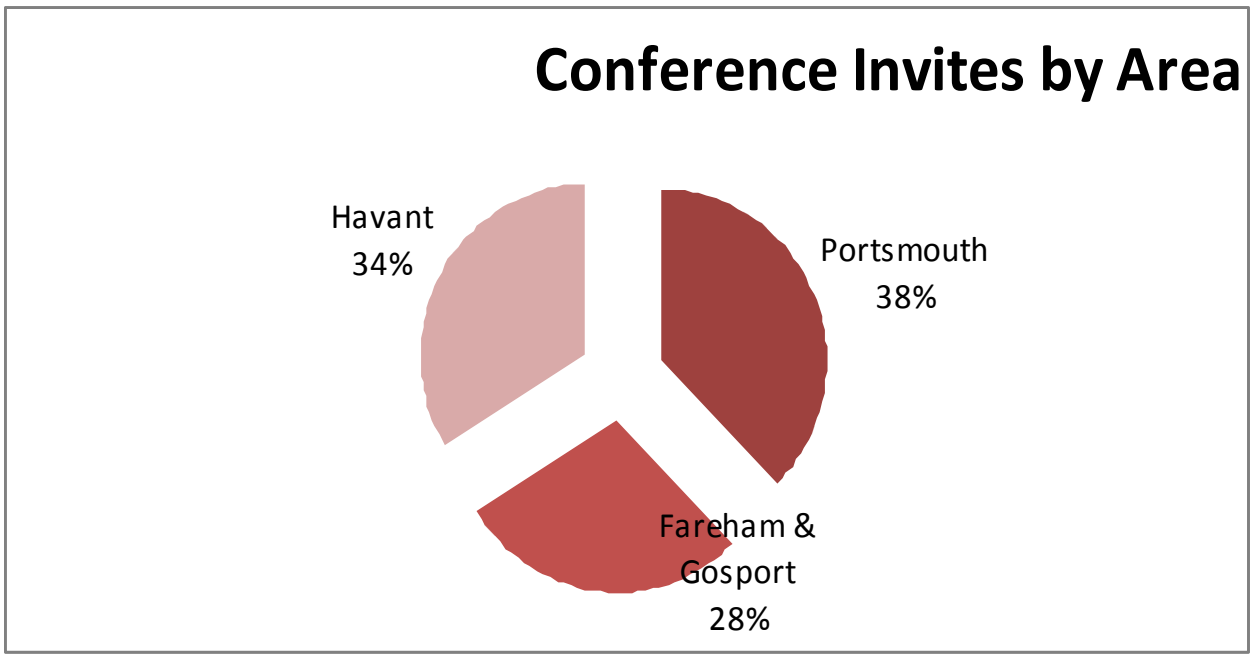


Fig 8

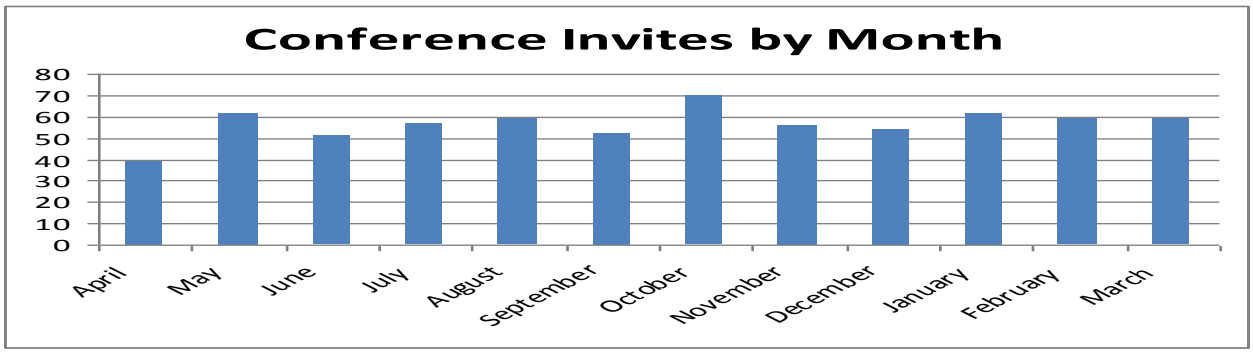
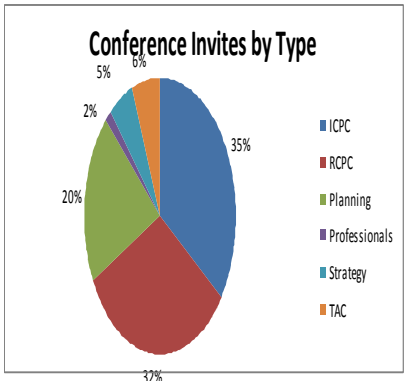
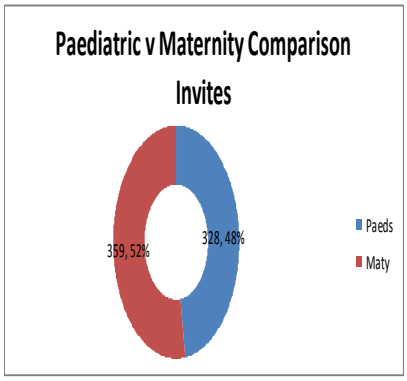


Fig 9 **Fig 10** **Fig 11**





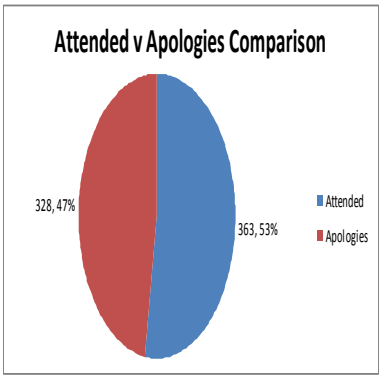
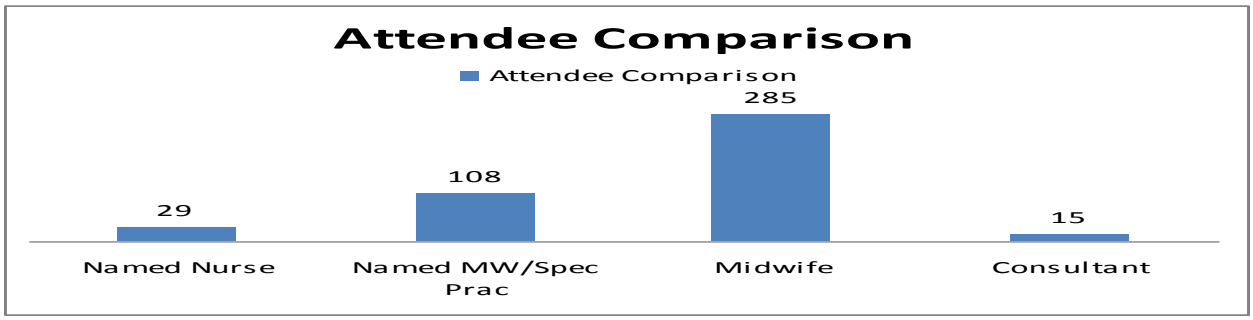


Fig 11

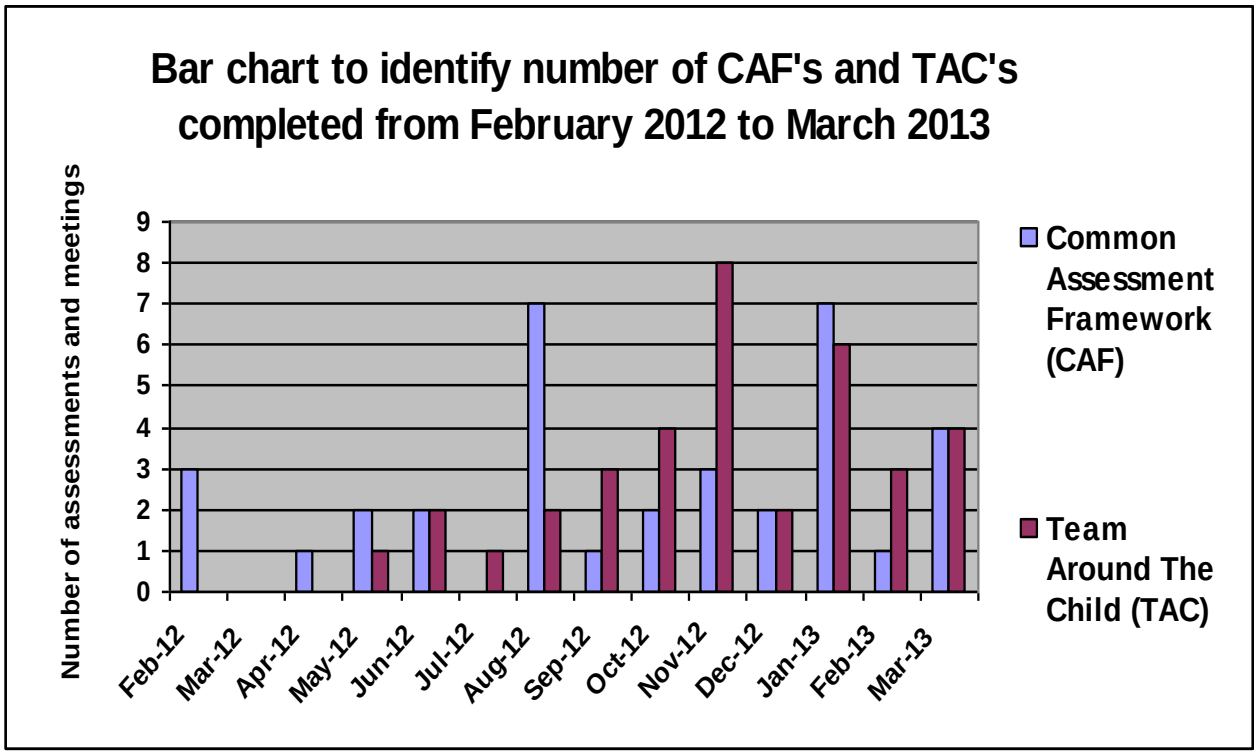


8.3 In the last year there has been an increase in the number of families with complex safeguarding needs across maternity and C&YP, resulting in increased workload for the Safeguarding Children Team and PHT staff contributing to assessments. Maternity (safeguarding) are working closely with Children Services (Portsmouth and Hampshire) due to the increasing number of women where safeguarding has been identified. This has had an impact on maternity services due to women requiring extended post natal stays whilst Children Social Care place the matter before the court. This puts huge pressure on bed capacity and at times, raises security issues.

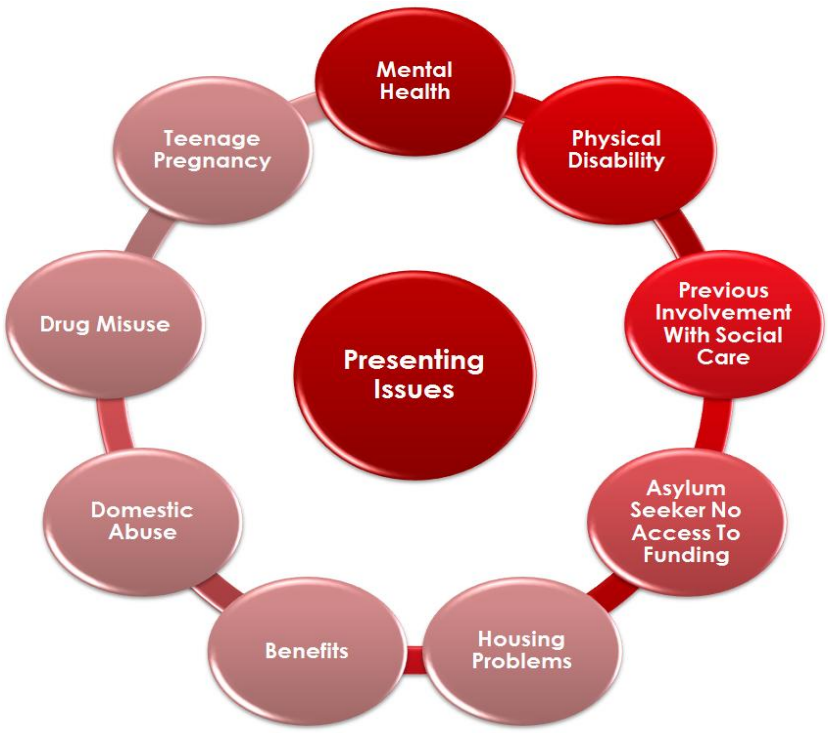
8.4 Number of Child Assessment Framework (CAFs) /Team Around the Child (TACs) Meetings

8.5 The Safeguarding Children Team have prioritised CAFs & TACs in order to meet Priority E of the Children Trust Board. The CAF assessment process has been included in all annual maternity and paediatric updates (Fig 12).

Fig 12



8.5 The CAF's completed in 2012 identified a variety of issues that families were faced with:



8.6 The interventions that were carried out due to the TAC process

Verbal feedback from professionals

Positive feedback:

- Health Visitor – I now have a clear knowledge including the background of the family and what has already been put in place.
- Midwife - seeing the CAF document in the notes gave a real insight into the issues the family was facing.
- Midwife - it saved the family having to repeat their story several times.
- I did not know many of the things about the family that the CAF identified. I did not know the father to be was a Looked After Child.
- Social Care (Leaving Care team) – it is good to offer support that is needed.
- Housing - I was made aware of the importance of Safe Sleeping.

Negative feedback:

- It is a long consuming process.
- I don't have the time to complete the CAF and attend the TAC meeting/s in my allocated ante natal time.

Verbal feedback from participants:

Positive Feedback:

- It was so good to think someone was listening to me at last.
- I now have a clearer picture of what is going to happen.
- I feel more organised.

Negative feedback:

A participant that felt support was not on offer as a referral was made to Children's Social Care.

Recommendations

- Early intervention is seen as a priority for all Portsmouth Hospital Staff.
- The new Portsmouth CAF form is now used for all CAF assessments.

- Training is ongoing for all staff; specific training in assessment takes place.
- Good supervision is in place for all grades of staff.

Conclusion/s

- There have been positive outcomes for families, which include a clear plan for any interventions.
- There has been improved service co-ordination and better engagement with Children's Centres. This in turn will provide improved home life for families.
- Health service support included referrals to specialist services e.g. physiotherapy, school nursing, psychiatry, physiotherapy and Health Visiting.

9. Serious Case Review (SCR) and Multiagency Public Protection Arrangements (MAPPA)

9.1 The Trust was requested to contribute to a Portsmouth SCR review in January 2012 following the death of a child in December 2011 (known as Child D). The child was subject to a Child Protection Plan at the time of birth. The Named Nurse performed an Internal Management Review (IMR) following the terms of reference set out by Portsmouth's Safeguarding Children Board. The IMR was completed as per timescale and an Over view report was completed by an Independent Author. The Over view report was completed in September and signed of by the Board but due to ongoing Family Proceedings (court) there has been a delay in publishing the final report, this is scheduled for July 2013. The internal IMR identified that there were lessons to take forward and recommendations were made (all of the recommendations were accepted in the final overview report). The recommendations required maternity to review their maternity records, domestic abuse, giving and recording safe sleeping advice and supervision. The recommendations for maternity have been completed and are now been monitored.

9.2 Hampshire Safeguarding Children Board requested PHT to contribute to a multi-agency review of a case in December 2011; the death did not meet the criteria for a full SCR. PHT submitted an Internal Management Review (IMR) in April 2012. The findings were not dissimilar to the findings of the IMR completed for Child D and have been implemented (9.1).

9.3 The Trust was requested to complete a review into a case in January 2013, using the 'systems methodology' recommended by Professor Munro. The systems process is a less prescriptive process giving the flexibility to select a learning approach which suits the circumstances of the case being reviewed i.e. proportionate to the case being reviewed. The review was undertaken by the Named Midwife, supported by the Named Nurse and involved a thorough analysis of what happened in the case and why, and what improvements need to be made to reduce the risk of recurrence. The review identified that there were lessons to be learned, recommendations were made, implemented and are being monitored.

9.4 The Trust was requested to take part in Multiagency Public Protection Arrangements (MAPPA) SCR in January 2013. The initial request was to review records of the 'persons involved'. A review of the records of the 'persons involved' was undertaken and the findings submitted. The review completed by the Named Nurse identified no safeguarding children concerns but identified a vulnerable adult, but had received appropriate management from the Trust. The MAPPA Board have decided a full SCR will be conducted and the terms of reference have been received. A health overview report is being completed externally and at this time there are no recommendations for the Trust.

9.4 The Executive Summary for Child C was made public in 2012. The full overview report was not made public at the request of the LSCB, due potential detrimental impact on remaining

family members. However, Working Together (2013) expects all Serious Case Reviews to be published in full from April 2013 and Child D will be published in July 2013).

9.5 The Overview and Executive Report for Child D will be published in full (anonymously) in July 2013.

9.6 Recommendations from Child C (SCR 2011/12) and Child D (2012/13) have been completed, monitoring through audit will take place.

9.7 The Trust has 1 active Serious Case Review at time of the report (9.1).

10. Human Resources (Recruitment, Employment, Allegation and Whistle Blowing):

10.1 The Criminal Records Bureau (CRB) and the Independent Safeguarding Authority (ISA) have merged into a single non-departmental public body called the Disclosure and Barring Service (DBS). The changes to the Safeguarding Vulnerable Groups Act 2006 are included in the Protection of Freedoms Act 2012.

10.2 The Trust has incorporated theses changes ensuring it has safe recruitment policies and practices in place, meeting legislative and regulatory standards, which includes the statutory requirement with regard to the carrying out of Disclosure and Barring (DBS) and referral to the independent Safeguarding Authority (ISA). The policy complies with the NHS employment check standards.

10.4 Management of Allegations: the Trust has a named senior officer for maintaining and monitoring allegations of abuse procedures and has a Whistle Blowing Policy. Allegations of harm to children made against staff are taken very seriously and the trust policy for managing this issue is followed. The Policy was reviewed in 2012 and due to the publication of the Working Together 2013; the policy is being reviewed again. The Trust was involved in three strategy meetings involving the Local Authority Designated Officer (LADO) during 2012-13.

11. **Child Deaths:**

11.1 All child deaths 0-18 years are reportable to the Child Death Overview Panel (CDOP) and has been a requirement since 2006.

11.2 The Rapid Response part of the procedure applies when a child dies unexpectedly (birth to 18th birthday excluding stillborn) or where there is lack of clarity about whether the death of a child is unexpected.

11.3 Definition of unexpected death: an unexpected child death is defined as the death of a child that was not anticipated as a possibility 24 hours before the death, or where there was a similarly unexpected collapse precipitating the events which led to the death.

11.4. The Lead Doctor Chairs the Phase 2 meeting.

11.4 Unexpected deaths in young people age 16 – 18 are notified to CDOP as required, but are managed by the Emergency Department Team (adults).

April 12-March 13	**Number**	**Comment**
Deaths within PHT (Neonatal Intensive Care Unit)	9	"Most extreme prematurity or lethal congenital anomalies. Neonatal unit has very low mortality on national comparisons."
Expected deaths of children	4	Nil

under PHT care but dying elsewhere e.g. home/hospice		
Children brought in to PHT following unexpected death at home	6	Nil
Total	19	

Note: An unexpected death occurring in an infant aged under 28 days initiates a Serious Incident Requiring Investigation (SIRI) and is reportable to the Commissioners

12. Safeguarding Risk Register

12.1 The Safeguarding Children Team managed and closed three risks on their risk register for the period 2012/13.

12.2 The Safeguarding Children Team are currently managing one risk (tolerated). This involves the Joint Child Protection Register (JCPR). The JCPR is managed by Hampshire County Council and register (not live) of Portsmouth and Hampshire Children who have been made subject to Child Protection Plans. Access to the JCPR is via the Emergency Department as the department has 24 hour administrative support; staff can contact ED or contact Social Care (direct) 24 hours a day if they have a concern about a child. The JCPR is under review by Hampshire County Council (HCC).

13. Complaints

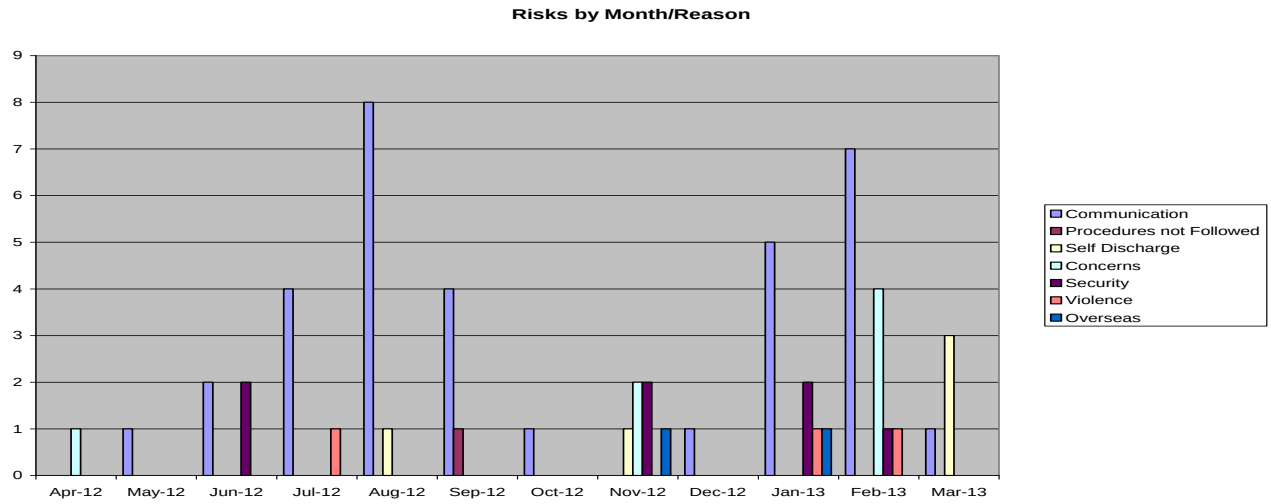
13.1 The Safeguarding Team have received no complaints during 2012/13

14. Serious Incident Requiring Investigation (SIRI)

14.1 No safeguarding children red or amber SIRIs raised during 2012/13

14.2 The safeguarding Children Team are informed of all incidents in relation to children/safeguarding across the Trust since the introduction of Datix. These are being monitored, and will allow for improved scrutiny of performance, identify themes from incidents and support learning (fig 13).

Fig13



15. Audit

15.1 Portsmouth Compact: Section 11 audit/self assessment

15.2 Section 11 Children's Act 2004 became law and operational on 1 October 2005. Working Together 2010 and 2013 identifies that Local Safeguarding Children Boards (LSCB) consider coordination of system self-audits by agencies to ensure that they are compliant with section 11 of the Children Act (and by implication sections 175 and 157 of the Education Act). A review of PHTs compliance with section 11 of Children Act 2004 using the Portsmouth Section 11 self assessment tool was completed in January 2013 by the Named Nurse Safeguarding Children. All standards assessed the hospital was either adequate or good taking into account the whole organisation; no areas for further development were identified as work was ongoing. In February 2013, Maternity services received a request through the Evaluation and Scrutiny Committee of Portsmouth Safeguarding Children Board (PSCB) to complete a self audit (section 11). This was completed by the Named Midwife in conjunction with the Director of Midwifery and assessed as either adequate or good; no areas for further development were identified as work was ongoing.

15.3 Bruising Protocol Audit

15.4 PHT were requested to complete an audit of children attending with bruising. This was completed in 2011/12 and will be an annual audit. The findings informed the Local Safeguarding Children Board Bruising protocol for non mobile infants.

15.5 Trust wide Snap Audit

15.6 An audit was undertaken through December 2011 to January 2012 to assess staff knowledge of safeguarding C&YP in order to increase organisational understanding/awareness that safeguarding and promoting the welfare of children is everybody's responsibility. To highlight those CSCs and or professional groups of whom may require additional support or training.

15.7 The results identified as an organisation there was good understanding of safeguarding children responsibilities, staff would seek advice if they were concerned and good knowledge of risk factors.

15.8 The audit identified that there should be an annual training audit. This has not yet happened due to the publication of the Essential Training Handbook (April 2013). The audit will be completed by October 2013.

15.9 Hampshire LSCB audit 2012/13

15.10 PHT were requested to participate in an audit on children who self harm. This was completed in January 2013; the results identified good practice and some areas for improvement but no recommendations for the Trust.

15.11 Portsmouth Safeguarding Children Board audit 2012/13

15.12 PHT were requested to participate in a Multi-agency Deep Dive Audit (Portsmouth Safeguarding Children Board). The audit looked repeat child protection plans. The results identified good practice but a need to ensure all professionals completed a report and attended conferences.

15.13 The Emergency Department have completed an annual audit of the safeguarding children check list used in the department. This identified that there was improvement in the

questions being asked and the response being recorded but still required improvement. This is being monitored.

16. External Inspection – Safeguarding Children (2012/13)

16.1 PHT contributed and participated in a Safeguarding Children Peer Review involving Portsmouth City Council and its wider safeguarding partnership working. This review was held during the 15-19th October 2012. The Review Team were very complimentary about services across Portsmouth, and commented on the 'commitment and enthusiasm of the children's workforce. They could clearly see the progress that all services had made and considered that we are in a strong place for realising our ambitions. Safeguarding is viewed as a priority for the City Council and all Partners. Priorities are clear and based on good sources of information. Priorities are supported by very good partnership working and enthusiastic, skilled and committed staff. The early intervention/early help initiatives are having real benefits. Overall there is clear evidence of a commitment to modernise and grasp the implications from Munro'.

16.2 In March 2013 the Trust had an unannounced inspection from the Care Quality Commission (CQC) who inspected Safeguarding under 'Safeguarding people who use services from abuse' (Standard 7). Their judgement: 'The provider was meeting this standard'. People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

17. Other

17.1 The safer babies campaign was re-launched, Hampshire wide in December 2012.

18. Safeguarding Children Action/Work Plan for 2013-14

18.1 The Safeguarding Children action/work Plan clearly sets out the work required to ensure Portsmouth Hospitals NHS Trust continues to provide a proactive and robust services to safeguard children and young people.

The focus for the coming year are:

Actions required	**Action by date**	**Person responsible (name and grade)**	**Comments /actions status (provide examples of action in progress, changes in practices, problems encountered in facilitating change, reasons why not been actioned etc)**
Submission of an annual report to the Trust board.	June 2013	Named Nurse/Doctor	Trust Board Report
Development of a 3-year Trust Strategy Combining Safeguarding Children and Adults, identifying and addressing developmental needs across the organisation and approved by the Board.	July 2013	Director and Deputy Head of Nursing (Patient Safety) Children and Adults Named Nurse/Doctor Adult Safeguarding Team	Strategy presented to Children and Adult Committee and to the Board
An integrated safeguarding governance structure is now	On-going	Director and Deputy Head of	Safeguarding Children and Adult Committee quarterly reports

Actions required	Action by date	Person responsible (name and grade)	Comments /actions status (provide examples of action in progress, changes in practices, problems encountered in facilitating change, reasons why not been actioned etc)
in place and will be monitored. This structure will provide consistency/assurance across the organisation		Nursing (Patient Safety) Children and Adults	
Continue to provide evidence/assurance for CQC essential standard 7 outcome	Quarterly	CQC outcome leads Named Nurse	Quarterly reports
To ensure Working Together (2013) requirements are aligned to Trust policies, procedures and guidance	By Oct 2013	Named Nurse /Team	Updated Policies, procedures and guidance updated and on website
Review all Safeguarding Children Training presentations and align training strategy to Working Together 2013, Skills for Health 2013 and the Intercollegiate Document (2010)	By July 2013	Named Nurse /Team	Training audit Training Strategy
Monitor safeguarding children training through Performance (clinical Service Centres and Safeguarding Operational group –audit	Quarterly	Clinical Service Centre Operational Group	Increasing compliance
Develop an audit plan	By August 2013	Safeguarding Children Team	Present audits/register with audit team
Vacancy (band 7) within Safeguarding Children Team from June 2013.	WSC by June 2013	Director of Midwifery	Forms completed for WSC June 2013

19. Equality and Diversity: The Trust ensures that racial heritage, language, religion, faith, gender and disability are taken into account when working with children and young people.

19.1 The Trust takes its responsibilities for safeguarding children seriously and would want to assure the public and service users, through the publication of its Safeguarding Children Declaration that the arrangements in place are robust and meet all statutory and good practice requirements. Portsmouth Hospitals NHS Trust will continue to review its arrangements for safeguarding children annually and as required.

20. Resources

- Children Act 1989 Available at: www.legislation.gov.uk/ukpga/**1989**/41/contents
- Children Act 2004 Available at: www.legislation.gov.uk/ukpga/2004/31/contents
- DfE (2011) *The Munro Review of Child Protection: Final Report A child-centred system.* London :DfE Available at: http://media.education.gov.uk/assets/files/pdf/m/8875_dfe_munro_report_tagged.pdf
- General Medical Council (2012) Protecting children and young people: The responsibilities of all doctors. Manchester: GMC.
- HM Government (2004). *Every Child Matters, Change for Children.* Nottingham: Department for Education and Skills (DFES).
- HM Government (2006) *Information Sharing: Practitioners guide*. London: DFES.
- HM Government (2008) *Children and Young People's Workforce Strategy*. Nottingham: Department for Education and Skills (DCFS).
- HM Government (2013) *Working Together to Safeguard Children. A guide to inter-agency working to safeguard and promote the welfare of children*. Nottingham: Department for Education (DfE). TSO
- Laming, Lord, H. (2003) *The Victoria Climbie Inquiry* Report. London: HMSO
- Laming, Lord. (2009) *The Protection of Children in England: A Progress Report.* London: The Stationery Office.
- NICE (National Institute for Health and Clinical Excellence) (2009). *When to suspect child maltreatment:* Clinical Guideline 89. London: NICE.
- RCPCH (2010) *Safeguarding Children and Young people: roles and competences for health care staff Intercollegiate document*. London: RCPCH Available at: fflm.ac.uk/librarydetail/4000116