

**CHILD PROTECTION ANNUAL REPORT**  
**APRIL 2008 – MARCH 2009**

Prepared by Carol Sawkins.  
Named Nurse Child Protection on behalf of the Trust Safeguarding Children Steering  
Group.

## **Safeguarding Children Annual Report - Executive Summary: 2008/2009**

**Executive Lead:** Lindsey Scott / Pat Fields  
Chief Nurse and Director of Governance  
Board Lead for Children and Young People / Safeguarding Children.

**Author:** Carol Sawkins  
Named Nurse Child Protection, on behalf of the Trust Safeguarding Children Steering Group.

### **Purpose of Report:**

This report outlines to the Board the Statutory Safeguarding arrangements and responsibilities required by the Trust, as outlined in Section 11 of the Children Act 2004, underpinned by the Children Act 1989 and Working Together to Safeguard Children 2006.

Key priorities and developments in 2008/09 will be detailed within the report, including progress against planned objectives, and core standard requirements, highlighting those areas which require further work and development in 2009/10. Future action plans will need to address the Governments recommendations due to be published in April 2009. New National indicators for safeguarding are also expected.

### **Executive Summary:**

Following the death of Baby Peter the national profile of Safeguarding has risen dramatically both in the media and within government over the last twelve months. The Haringey Joint Area Review (December 2008) highlighted a number of safeguarding failings, following which all NHS Trusts were asked to review their own safeguarding arrangements and to be able to provide assurances for their own organisations.

The Trust Board declared compliance with the Healthcare Commission Standards for Better Health, Core Standard 2, for 2008/09 as part of the Annual Health Check, *whilst acknowledging areas of on-going risk such as multiple sets of notes within the Women's and Children's Division*. The Trust Safeguarding Children Steering Group has, on behalf of the Trust Board, ensured that safeguarding policy and practice has been monitored and reviewed quarterly. Providing robust evidence of compliance with Core Standard Two, including for example staff training records, will be of increasing importance over the next twelve months.

The Government has commissioned a second national review of safeguarding, to be completed by Lord Laming; this is due to be published in April 2009, followed by a Government Action Plan. The Trust has also already contributed to the Health Care Commission review of safeguarding arrangements in the NHS. The findings of Lord Laming and the Health Care Commission will be an important focus for Trust actions in the next reporting period.

The focus of the Named Professionals in this reporting period has been on developing safe safeguarding systems Trust wide and the delivery of Mandatory Child Protection training across the Trust. There has again been a steady improvement in compliance. However the rate of improvement is limited by the capacity of the current Trust Safeguarding team, this will be presented as an area of concern to the Trust Board early in the next reporting period.

## CONTENTS

1. Introduction.....	Page 4
2. Current Management Arrangements for Safeguarding Children.....	Page 4
3. Trust Key Activity and Achievements 2008-2009 .....	Page 5 – 10
3.1 Named Professionals Activity	
3.2 Mandatory Child Protection Training	
3.3 Women’s Services	
3.4 Emergency Departments	
3.5 School Health Nursing Service	
3.6 Consultant Community Paediatricians	
3.7 Hospital Social Work Team.	
4. Trust Governance and Risk Management .....	Page 10
5. Challenges and Key Objectives for 2009/10 .....	Page 11
References .....	Page 11
Appendix One.....	Page 13

## **1. Introduction:**

This annual report relates to the period 1<sup>st</sup> April 2008 to 31<sup>st</sup> March 2009. It will address the following areas:

- Current management arrangements for Safeguarding Children.
- Trust activities and achievements 2008-09
- Governance and Risk Management
- Challenges and Action Plan for 2009-10

## **2. Current management arrangements for Safeguarding Children across the Trust:**

The Trust has a clearly defined statutory responsibility to Safeguard Children (Children Act 2004), and well established pathways of accountability remain in place. The Trust Board continues to hold ultimate accountability for ensuring safeguarding responsibilities are met, supported by the Safeguarding Children Steering Group.

This reporting period has seen significant changes both in the senior safeguarding personnel within the Trust, and in planned changes to the structure of community children's services in Bristol, this will continue to impact on Safeguarding into the next reporting period.

The Safeguarding Children Steering Group had been chaired for a number of years by Lindsey Scott as Chief Nurse and Executive Lead for Children and Young People until she left the Trust at the beginning of this reporting period, to uptake a new role. Sarah Windfeld as Head of Midwifery/Named Midwife took over the role as interim Chair, until the new Chief Nurse is appointed later in the year. Pat Fields as Interim Chief Nurse assumed the responsibility as Executive Lead for Safeguarding within the Trust. Unfortunately the Head of Nursing for the Children's Hospital who also plays a significant role in safeguarding activity has also been absent. Hazel Moon was appointed to cover this role towards the end of this reporting period

The Safeguarding Children Steering Group maintains, through its membership, strong links to Safeguarding Vulnerable Adults, Domestic Abuse and Children and Young Peoples Service. The group's terms of reference and membership have also been reviewed, to reinforce the trust wide responsibility for safeguarding. The group continues to report to the Trust Board annually and to the Clinical Risk Assurance Committee, and meets quarterly.

Safeguarding arrangements within the Children's Hospital have been significantly strengthened in this reporting period with the introduction of a new Child Protection Operational Group whose membership consisting of senior managerial and clinical staff. The group has responsibility for overseeing safeguarding activity in the area in which the majority of children and young people are cared for. The group reports directly to the Safeguarding Children Steering Group.

Link Professionals meetings continue to be held quarterly at both St Michael's and the Children's hospital, with representatives from key areas across the Trust. This is a means of disseminating changes in practice locally and nationally, and to discuss current cases and problems.

The result of the contestability process finalised in this reporting period will see the transfer of all Community Child Health services, including the School Health Nurses and the Consultant Community Paediatricians and Child and Adolescent Mental Health service, to North Bristol Trust from April 2009. A service level agreement has been negotiated with North Bristol Trust to ensure that the current Trust system for Safeguarding, including the out of hours on call cover, will remain unchanged. However there is a risk that the loss of the informal level of support and expertise provided by these experienced practitioners may have an impact on the culture and awareness of safeguarding within the Trust. This will need to be monitored and any appropriate actions taken in the next reporting period.

The Trust continues to have a well established team of Named Professionals in post, who support the Trust in implementing national and local guidance, providing training, supervision and monitoring of staff and processes, and advising the Trust Board. However the transfer of all Children's Community Services to North Bristol Trust at the end of this reporting period will also result in the loss of the current well respected and experienced Named Doctor for Child Protection, Maria Bredow, who has played a vital role in raising the profile of safeguarding across the Trust, especially amongst the medical staff, over the last four years.

The Named Professionals continue to be supported by the School Health Nurse Child Protection Supervisor who, additional funding secured, now has the wider remit of supporting the Named Nurse in providing advice, support and supervision to all staff. Following the transfer of the School Health Nursing service to North Bristol Trust in April 2009, the Supervisor role will remain with UHB and will assume the additional role of supporting the Named Midwife in providing Child Protection Supervision within the Midwifery Service.

The Named Professionals continue to work collaboratively with the Named and Designated Child Protection Professionals across Bristol, North Somerset and South Gloucestershire, through the Child Protection Health Advisory Group which meets quarterly. The Trust continues to support the work of the Bristol Safeguarding Children Board, although with different personnel, as previously detailed, and the Named Professionals continue to be on the Quality and Training Sub Groups. The Named Midwife, who is also the Trust Domestic Violence Lead, continues to play an active part within the Bristol Domestic Violence Strategy.

### **3. Key Activities and Achievements.**

#### ***3.1 Named Professionals Activity / Trust Safeguarding Children Steering Group/ Child Protection Operational Group:***

The Safeguarding Children Steering Group, through the Clinical Assurance Framework continues to monitor Trust child protection activity, audits and clinical risk activities. Some key activity includes:

- The Child Death Review process, as outlined in chapter seven of Working Together to Safeguard Children, is now fully established and led by Dr James Fraser as Designated Doctor for Child Deaths. The outcomes from this work will be reported separately with both local and national implications.
- The Multi Agency Risk Assessment Conferences (MARAC) to discuss high risk victims of Domestic Violence and their children is now fully established.

During this reporting period the Child Protection Team attended ten MARAC conferences, which discussed a total of 231 cases involving 393 children.

- Additional funding is being sought from Bristol Public Health to provide a dedicated MARAC nurse with administrative support to develop the process further including promoting staff awareness and encouraging referrals from health into the Conferences.
- An audit of staff knowledge and awareness of the policy for Children Who Did Not Attend Outpatient appointments,(a previous Serious Case Review recommendation)in the Women's and Children's Division and is now being promoted across the Trust.
- The ratification of a new Policy to protect children from people who potentially pose a risk (previously known as schedule One Offenders) for Trust wide use.
- A Child Abduction Policy for the Children's Hospital has also be finalised and is due to be introduced following staff training and a dry run exercise in the next reporting period.
- An audit of the Child Protection Safeguarding Children Communication and Chronology paperwork was completed, as a result of which amendments have been made to the documentation.
- The Named Professionals continue to contribute to a high number of Serious Case Reviews both locally and regionally. University Hospitals Bristol accepts children with serious injuries from the South West region and Wales and has therefore been involved in a much higher number of Serious Case Reviews than average.
- A voice of the child audit was completed as a recommendation from a serious Case Review which has highlighted staff documentation of the wishes/ behaviours of the child as an area of weakness which will need to be addressed in the next reporting period.
- This reporting period has also seen an Ofsted review of fifty recent Serious Case Reviews, many of which were judged to be inadequate including two Bristol reviews to which the Trust had previously submitted reports. In response to the report the Bristol Safeguarding Children Board organised specific training for Named Professionals who are likely to be required to write a report in future. All three of the Trust's Named Professionals are due to complete the training in the next reporting period.
- Serious Case Review action plans are incorporated into the Assurance framework and reviewed regularly primarily by the new Child Protection Operational Group.
- The Child protection team are providing advice, support and supervision to a steadily increasing number of staff from across the whole of the Trust.

### ***3.2 Mandatory Child Protection Training:***

The promotion and delivery of child protection training remains a key priority for the Trust, the need for all Health professionals, especially front line staff, to have an appropriate level of child protection training has been reinforced by all the recently published Safeguarding Reports. Providing evidence of compliance with child protection training for all staff groups is likely to be an essential requirement for all Trusts in the next reporting period

In this reporting period staff responsible for delivering Trust child protection training, including the Named Professionals, the Paediatric Training Facilitator and a representative from the Childs Hospital Social Work Team; have reviewed and amended the content of all child protection training delivered, with reference to the

Inter collegiate Document "Safeguarding Children and Young People: Roles and Competencies for Health Care Staff". This has resulted in the development of a second Level 2 road show, specifically designed to meet the needs of staff that work predominantly with children, which will be introduced in the next year. A written update leaflet has also been introduced to provide an Annual update for certain staff groups.

The Child Protection Mandatory Training Matrix has been updated and expanded to include a wider staff group from adult services, to promote an increased awareness of adult factors such as mental health and domestic violence issues as potential safeguarding risks.

Within this reporting period the following training has been delivered:

- Level 1 training, continues to be incorporated into the Vulnerable Group training as part of the Induction programme for all new starters
- Level 2 x 21 update road shows delivered ( attended by 323 staff)  
Level 2 on- line Training is now available. This was completed by 13 staff.
- Level 3 x 6 delivered (whole day, what to do if you are worried about a child) (attended by 278 staff)
- Level 4 x 3 delivered (whole study day, Case Conferences and producing legal statements) (attended by 54 staff) One study day was cancelled due to insufficient staff booked to attend.
- Domestic Violence study day x 3 delivered (attended by 32 staff) this incorporates a safeguarding children element.

A further 90 Trust staff also attended Multi- Agency Training provided by the Bristol Safeguarding Children Board.

Overall compliance with mandatory child protection training has increased from the previous year.

- Level 2 - 65.5% compared to 56.3% in the previous year.
- Level 3 - 62.2% compared to 58% in the previous year.
- Level 4 - 40.6% compared to 32% in the previous year.

Although there continues to be a steady improvement in compliance as detailed by Appendix One, the rate of improvement is too slow and is limited in part by the capacity of the current Trust Safeguarding team. This will be presented as an area of concern to the Trust Board early in the next reporting period

There also remains a consistently high Did Not Attend Rate for every course, possibly a reflection of difficulties being experienced by managers to be able to release staff from clinical duties. This will continue to be addressed in the next reporting period.

### **3.3 Women's Service:**

Safeguarding the unborn baby has remained a priority within Maternity Service, through the work of the Named Midwife, the Maternity Child Protection Group and the Domestic Violence Group. The Named Midwife continues to work closely with the

Bristol Domestic Violence Forum. In the next reporting period the Named Midwife will be assisted by the Child Protection Supervisor.

Concerns remain that pre birth assessments for very vulnerable women, are being completed a very late stage by some locality Children and Young Peoples Service bases. Also some communication difficulties remain, with the transfer of important safeguarding information, from some regional offices, resulting in difficulties at the time of delivery. The named Midwife will continue to address these areas in the next reporting period.

The Drugs Liaison Midwives have received 86 referrals in this reporting period, a slight increase from previous years, approximately a third of these are also referred to Children and Young Peoples Service. The Drugs Liaison Midwives successfully implemented the Bristol Safeguarding Children Board Escalation Policy (September 2008) to assist them in the management of one very complicated case.

The teenage pregnancy midwife has now fully established this service and is seeing an increasing number of patients.

### **3.4 Emergency Departments:**

The Trust Emergency Departments remain committed and actively engaged in Safeguarding Children, demonstrated through year on year increases in the number of referrals to the Children and Young Peoples Service.

In August 2008 a weekly multi agency meeting, involving senior emergency department staff, CAMHS and the hospital social work team, was established involving both the adult and children's emergency departments with the aim of improving safeguarding outcomes for children. All referrals are reviewed, learning points shared with practitioners and outstanding actions highlighted as an additional safeguard.

The meetings have resulted in an improved quality and number of referrals from both department as well as a more robust system of follow up of outstanding actions.

- The Adult Emergency Department made 225 referrals compared to 137 for the same period last year, a very significant increase.
- The Children's Emergency Department made 609 referrals compared to approximately 500 for the same period last year, again a significant increase.

A process for sharing information about identified adult risk factors into the child's health notes and the Primary Health Care teams, identified as a recommendation of a previous Serious Case Review, is also being developed. This new process has resulted in an increased workload primarily in the adult department; a bid submitted for additional funding to address this, was however unsuccessful. This will continue to be considered in the next reporting period.

Child Protection training for staff in the Emergency Departments as frontline line staff is a key priority and additional Level 2 training, tailored specifically to the area, has been provided for all the departments in this reporting period. Compliance with all levels of training is steadily improving.

### **3.5 School Health Nursing Service:**

In the Bristol area there are approximately 92,000 children (2001 census / Catcher in the Rye 2006), of which approximately 73,000 are over the age of 5 years and may be receiving a School Health Nurse Service.

The figures from the Bristol Safeguarding Children Board fluctuate from month to month, but at the end of this reporting period Bristol Safeguarding Children Board report there were 343 children subject to a Child Protection Plan, (152 of who were school age children). An increase on last years March figure of 268. Emotional abuse and neglect continuing to represent the most frequent category for registration

The School Health Nursing Service continues to incorporate changes in legislation and local needs into current practice. Female Genital Mutilation continues to be a specific area of risk. The majority of School Health Nurses have now completed the Common Assessment Framework training.

This is the last year that School Health Nurses, who provide a vital and proactive role in safeguarding children with a high quality and invaluable service, will be included in this report as the team will transfer to North Bristol Trust in April 2009. It is hoped the development of the Bristol wide School Health Nurse service will continue to incorporate the proven safeguarding strengths of the current service.

### **3.6 Consultant Community Paediatricians:**

This reporting period is believed to have seen a further increase in the number of Child Protection work undertaken, reflected in an increase in Strategy discussions involving Health, Social Care and Police.

However accurate date of the Consultant Community Paediatrician child protection activity, including numbers of strategy discussions and child protection medicals completed is unavailable for this reporting period. Attendance at Child Protection Case conferences by doctors remains an area of concern, with a continuing low rate again this year.

This is also the last year that Consultant Community Paediatricians will be included in the Trust's annual report. They have played a vital role in the Trust safeguarding activity for many years, providing a source of expertise as well as promoting a culture and awareness of safeguarding in all aspects of Trust activity. The Consultant Community Paediatricians will transfer to North Bristol Trust in April 2009, it is hoped the current expert level service will continue.

The Named Doctor has been actively involved in organising a regional Safeguarding conference on the subject of Domestic Violence and Forced Marriages attended primarily by Safeguarding professionals.

### **3.7 Hospital Social Work Team (Children and Young Peoples Service):**

The Hospital Social work team continues to play a vital part in the Trust safeguarding activities, working very effectively with the Child Protection Named Professionals, Community Paediatricians and hospital staff.

They are actively involved in the Trust Safeguarding Children Group, the newly formed Operational Group and the link professionals meetings. They also play an

active part in the planning and delivery of child protection training, and are involved in the formation of Trust policies and procedures in relation to safeguarding children.

Child Protection referrals to the Hospital Social Work team are also showing a year on year increase in line with increased child protection activity across the Trust. There were 1390 referrals made by Trust staff in this reporting period, compared to 1114 last year. This can be seen as a positive reflection of increasing staff awareness of safeguarding children issues and of the quality of the working relationship between the agencies within the hospital environment.

#### **4. Trust Wide Governance and Risk Management.**

The Statutory Requirements are stated on page 4 and the management and accountability arrangements are explained in Section 2 (Page 4)

Core Standard 2 from the Healthcare Commission relates to child protection. The steering group continues to monitor the assurance framework quarterly as previously discussed, including evidence of compliance and the action plan to address any gaps in assurance.

The Trust has declared compliance with the requirements for Core Standard 2 for 2008/09. The key outstanding areas of risk, as in the previous reporting period, are compliance with mandatory child protection training and the existence of multiple sets of notes.

An additional Category B report, in relation to the risks posed by multiple sets of notes, was requested by the Trust board, before compliance was declared. This highlighted the Trust's inability to comply with one of the original Lord Laming recommendations, namely that in a given location health practitioners work from a single set of notes, although actions have been taken to mitigate the risks as far as possible.

The Trust has also declared compliance with the Strategic Health Authority Review of the National Service Framework for Children and Young People (2004) Standard 5, relating to safeguarding and promoting the welfare of children.

The majority of the clinical incidents in this reporting period were again as a result of lack of staff knowledge and awareness of child protection risks and communication factors, for example leading to delayed or no referrals being made. This reinforces the need for all Trust staff to attend the appropriate level of mandatory child protection training.

Maternity Services continue to raise concern about the risks posed to babies as a result of delayed pre-birth assessments with certain locality Children and Young Peoples Services. The issue remain a priority for the Named Midwife.

#### **5. Challenges and Key Objectives for 2009/10:**

The Trust Safeguarding Children Steering Group will continue to review its action plan quarterly and to monitor performance, including audit. This is recorded in the Trust Assurance Framework against Core Standard 2 and links to the risk register. The full action plan is detailed within the Clinical Assurance Framework and will

continue to develop and expand as the year progresses, and is accessible via the Trust intranet.

Key Objectives for the Trust will include:

- To improve compliance with mandatory child protection training for all staff, especially front line staff (predicated target for compliance between 90 -100%)
- Ensuring robust systems are in place for the governance and monitoring of safeguarding systems, and quality of practice.
- Ensure child protection is fully embedded in all aspects of Trust activity, with clear lines of accountability.
- The need to develop systems to provide effective child protection supervision for staff, ensuring appropriate knowledge and capacity.
- Actions to address the continuing risks posed by multiple sets of notes for children.
- To continue promote a Trust wide culture and awareness of child protection as everyone's responsibility, including the recognition of adult risk factors as a safeguarding risk.
- To continue to promote inter agency working and information systems, including Information Technology developments locally and nationally.

In the forthcoming year the publication of many important drivers for safeguarding arrangements, both nationally and locally, is expected. This will include the Second Lord Laming National review of Safeguarding arrangements, the Government's action plan in response, the findings of the Health Care Commission review of Safeguarding in the National Health Service and the updating of the 2006 Working Together to Safeguard Children.

It is likely there will be a far greater scrutiny of all Trusts which have declared compliance with Core Standard Two, including the possible requirement for Trusts to provide robust evidence of safe systems of practice as well as a cross checking of evidence from other sources.

Future recommendations may also see the introduction of National Key performance indicators for safeguarding as a requirement for registration and rating from the Health Care Commission.

The Safeguarding Children Steering Group will review these new safeguarding drivers, evaluating the implications for the Trust and implementing any necessary changes in practice, reporting directly to the Trust Board in what may be a very challenging year.

#### **References:**

*Children Act 1989.* London. HMSO

*Children Act 2004.* London HMSO

*Every Child Matters.* 2004. London. The Stationary Office.

*National Service Framework for Children and Young People, Hospital Standards,* 2003. Department of Health and Department of Education and Skills.

*National Service Framework for Children and Young People*, Department of Health and Department for Educational and Skills, 2004.

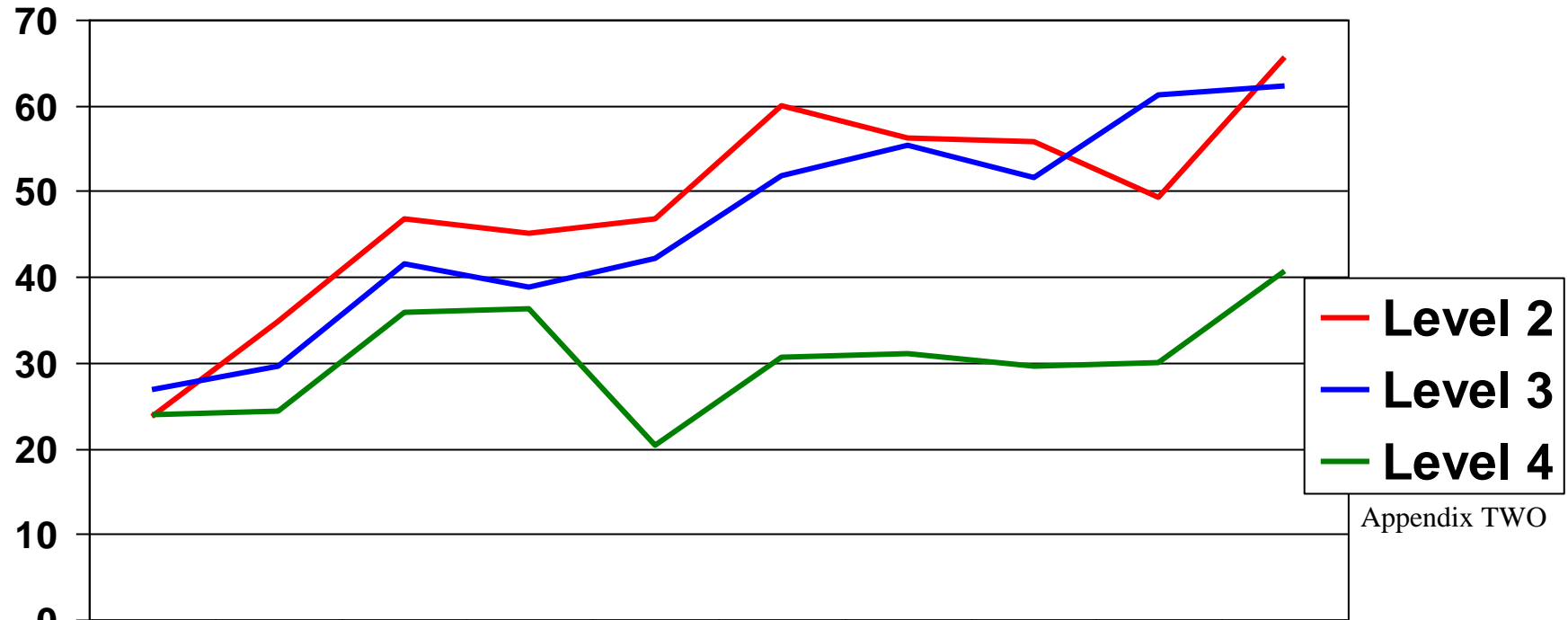
*The Victoria Climbié Inquiry, Report of an Inquiry by Lord Laming* 2003.

*Working Together to Safeguard Children, A guide to inter-agency working to Safeguard and promote the welfare of children.* London. HM Government, 2006.

*Safeguarding Children and Young People: Roles and Competencies for Health Care Staff*, 2006, Intercollegiate documents supported by the Department of Health.

*Catcher in the Rye*, 2005. *Assessment of Needs, Services and Views of Children and Young People in Bristol.*

Appendix One



Appendix TWO

	Oct- Dec	Jan- Mar	Apr- Jun	Jul- Sep	Oct- Dec	Jan- Mar	Apr- Jun	Jul - Sep	Oct- Dec	Jan- Mar
<b>Level 2</b>	23.7	34.7	46.8	45.1	46.7	60	56.2	55.7	49.2	65.5
<b>Level 3</b>	26.9	29.5	41.5	38.8	42.2	51.8	55.4	51.5	61.3	62.2
<b>Level 4</b>	23.8	24.4	35.9	36.2	20.4	30.6	31	29.6	29.9	40.6