

**NHS DORSET CLINICAL COMMISSIONING GROUP**  
**GOVERNING BODY MEETING**  
**ANNUAL REPORT ON CHILDREN'S SAFEGUARDING**

<b>Date of the meeting</b>	20/05/2015
<b>Author</b>	W Thorogood, Designated Nurse Consultant for Safeguarding Children
<b>Sponsoring Clinician</b>	Dr P French, Locality Chair for East Bournemouth
<b>Purpose of Report</b>	To provide an update on Children's Safeguarding within Dorset CCG
<b>Recommendation</b>	The Governing Body is asked to <b>note</b> the report.
<b>Stakeholder Engagement</b>	<ul style="list-style-type: none"> <li>• The Designated Nurse works directly with children and families.</li> <li>• The Designated Nurse is a member of a number of the children's safeguarding board's sub groups and a member of the Boards.</li> <li>• The Designated Nurse has engaged and developed a working relationship with General Practice and Primary Care.</li> <li>• The Designated Nurse is an active member of the Wessex Local Area team safeguarding forum.</li> <li>• Elements of public engagement have being undertaken through the wider pan Dorset, Bournemouth and Poole Children's Safeguarding Boards.</li> <li>• Engagement with communication team in the CCG.</li> </ul>
<b>Previous GB / Committee/s, Dates</b>	N/A

**Monitoring and Assurance Summary**

<b>This report links to the following Strategic Principles</b>	<ul style="list-style-type: none"> <li>• Services designed around people</li> <li>• Preventing ill health and reducing inequalities</li> <li>• Sustainable healthcare services</li> <li>• Care closer to home</li> </ul>		
	<b>Yes</b> [e.g. ✓]	<b>Any action required?</b>	
		<b>Yes</b> Detail in report	<b>No</b>
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓		✓

# 9.10

Financial/Value for Money/Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
<b>I confirm that I have considered the implications of this report on each of the matters above, as indicated</b>	✓		

Initials: WT

## 1. INTRODUCTION

- 1.1 This Annual Safeguarding Children Report covers safeguarding activity over the period of 1 April 2014 to 31 March 2015.
- 1.2 The purpose of this annual report is to ensure that the Dorset Clinical Commissioning Group (CCG) Governing Body is informed of the progress and developments, both locally and nationally on issues related to the safeguarding children's agenda.
- 1.3 There is a requirement for the CCG to receive an annual report on the safeguarding arrangements for all the health services we commission. The annual report supports the Governing Body, meeting their requirement to ensure there is a clear line of accountability from frontline practitioners through the provider to the Chief Officer of the CCG. The quarterly safeguarding reports submitted to the Quality Group also contribute to this line of accountability.
- 1.4 Safeguarding children covers a wide cross section of interaction from all statutory providers and independent contractors who deliver services to children up to the age of 18.
- 1.5 The role of the Designated Nurse Consultant remains an overarching statutory role. It encompasses supporting investigations with an in depth understanding of services delivered and the development of commissioned services to ensure health services offer a robust safe interaction.
- 1.6 Key legislation for children and young people includes the Children Act 1989 and 2004. Sections 11 and 13 of the 2004 Act have been amended through the Health and Social Care Act 2012 to reflect recent NHS reforms. Working Together to Safeguard Children (Revised March 2015) sets out expectations as to how these duties should be fulfilled. Safeguarding Vulnerable People in the Reformed NHS Accountability & Assurance Framework (2013) provides further guidance on accountabilities for safeguarding children in the NHS.

## 2. BACKGROUND

- 2.1 The national focus on safeguarding has remained high over the past year. There have been 13 National Inquiries looking into cases of historical sexual abuse, which are at various stages of reporting.
- 2.2 The 'Saville NHS Inquiry' published in March 2015 found Saville sexually assaulted victims in 28 Hospitals. Reports relating to 13 other NHS organisations are yet to be published. Saville visited Oddstock Hospital Salisbury several times in the 1980s; however the report found no allegation of wrong doing by Saville.

2.3 The Child Sexual Exploitation (CSE) agenda remains fast moving with several reports being published in the last year. These include:

- Independent Inquiry into child sexual exploitation in Rotherham 1997-2013' by Baroness Alexis Jay (Oct 2014);
- Real Voices: Child sexual exploitation in Greater Manchester. An independent report by Ann Coffey MP (Nov 2014);
- The sexual exploitation of children: It couldn't happen here, could it? Ofsted (Nov 2014);
- Tackling Child Exploitation Governments response to Rotherham (March 15).

The local response to CSE is covered in section 7 of this report.

2.4 Most recently in March 2015, the Government published the revised Working Together to Safeguard Children guidance, following a short consultation in January. The CCG responded to the consultation. The revisions include changes to:

1. The referral process of allegations against those who work with children;
2. Notifiable incidents involving the care of a child; and
3. The definition of serious harm for the purposes of serious case reviews.

### **3. CCG SAFEGUARDING ASSURANCE**

3.1 Dorset CCG is compliant with its statutory requirement for safeguarding professionals.

3.2 These roles consist of:

- Chief Officer, who has the responsibility for ensuring that the health contribution to safeguarding and promoting the welfare of children is discharged effectively across the whole local health economy through the CCG's commissioning arrangements,
- Director of Quality is the Board Lead for Safeguarding;
- Designated Nurse Consultant for Safeguarding Children is:
  - \* employed by the CCG and directly accountable to the Governing Body;
  - \* lead for safeguarding children;
  - \* employed in a full time substantive post;
  - \* supports the development and monitoring of the safeguarding children standards for the main contracts;

- \* delivers a range of training including LSCB Fabricated and Induced Injury (FII) training;
  - \* Chairs the Pan Dorset Policy and Procedures Group;
  - \* co-chairs the Safeguarding Children and Young People in Health (SCYPiH) Group;
  - \* Undertakes key audits.
- Deputy Designated Nurse for Safeguarding Children is:
    - \* employed by the CCG to support the role of the designated nurse;
    - \* employed in a full time substantive post;
    - \* lead for domestic abuse, sexual violence and child sexual exploitation;
    - \* provides health leadership for the LSCB's subgroups.
  - Designated Doctor for Safeguarding Children is:
    - \* employed by Dorchester County Hospital Trust (DCHFT) as a Consultant Paediatrician;
    - \* there is a service level agreement between the CCG and DCHFT to provide 2 PA sessions a week for this post;
    - \* chair of the SCPYiH Group.
  - Named GPs for safeguarding children are:
    - \* 1 and 0.5 posts to provide 1 PA session a week each;
    - \* are experienced GPs working across Dorset;
    - \* act as the professional advisor/ supervisors for GPs;
    - \* mediate between GPs and other agencies when there are safeguarding concerns.

## 4. CCG KEY DEVELOPMENTS 2014/15

4.1 The Governing Body is asked to note the following key developments from the past 12 months:

- **Training Audit**

The CCG undertook a Safeguarding training audit in March- May 2014 supported by the Wessex Area Team. This provided a baseline for the level of training compliance within Primary care. The findings showed that compliance varied and highlighted the need for the development of a training framework to support practices with understanding their statutory role.
- **Training Framework**

As a result of the training audit the CCG developed a training framework to ensure that employees and staff working in commissioned services understand the level of training they are required to undertake to fulfil their Safeguarding Children legislative responsibilities. The framework provides guidance on how to access training and aims to engender a culture of

corporate responsibility towards safeguarding which includes safer recruitment measures.

- **One Day GP Safeguarding Level 3 Training**  
Building on the 1 day Level 3 Safeguarding Children Training commissioned by the LSCB in 2013, the Wessex GP educational Trust in conjunction with the Wessex Local Medical Committee have developed regular sessions for GPs ensuring that the requirement for training identified from the training audit can be supported
- **Domestic Homicide Review (DHR) Training**  
In partnership with the Local Medical Committee 6 workshops were held across Dorset to consider the findings and learning from the DHR involving a 16 year old boy who murdered his mother. The training sessions focused on the theme of Adolescent neglect which was a feature of this review, and also of the Dorset SCR S11, where a 16 year old male died following an overdose of medication not prescribed to him. 150 GPs attended these events which were well received and evaluated.
- **Looked After Children's (LAC) Designated Nurse Post**  
1.1 The CCG successfully recruited to this statutory role over the summer. Penny Earney who previously held the post of LAC Nurse for Bournemouth commenced employment in September on a part time basis. The Governing Body now receives more robust information regarding the health outcomes and wellbeing of children who are in the care of the local authorities, in line with its statutory requirement.
- **Serious Case Reviews (SCR)**  
The Dorset Safeguarding Children Board (DSCB) has completed 2 SCRs, S11 and S15. The themes of these were adolescent neglect and GP prescribing (of father medication in S11 and of contraception in S15). Learning from S11 was incorporated into the DHR training mentioned above, and further sessions for Primary Care will be rolled out in the autumn with the learning from S15.

The Bournemouth and Poole Safeguarding Children Board (LSCB) completed 1 SCR Baby J, in 2013 which involved an overlay case where the mother had been drinking alcohol. The learning from this case fed into a Public Health campaign, 'Drinking Heads', warning parents of the dangers of impact of alcohol use on parenting ability. The Drinking Heads campaign was also nominated for the HSJ award in September 2014.

- **LSCB Section 11 Audit**  
The CCG submitted its response to the Safeguarding Boards Section 11 Audit of the 2004 Children Act in June 2014.

Section 11 sets out agencies responsibilities to have in place arrangements which take account of the need to safeguard and promote the welfare of children. It is a role of the LSCBs to monitor agencies compliance with these arrangements. An electronic audit was devised and

was briefly analysed by the Boards and results sent back out to agencies for action.

The CCG was found to be fully compliant with its statutory duties, and identified an area of future development would be to strengthen processes around Domestic Abuse.

- **Domestic Abuse (DA)**

The CCG's Named GP for Adult Safeguarding was identified as the lead for DA within Primary Care. He has been working with the Deputy Designated Nurse for Safeguarding Children and the Lead Nurse for Safeguarding Adults to develop processes for the identification and reporting of DA within practices.

- **Fabricated Induced Illness (FII) Training**

Following an increase in the number of cases being identified in practice and escalated under the FII protocol, the Designated Nurse in partnership with the LSCBs has been providing specialist training sessions on the management of the complexities of this area. This training was well received and has now been included in the LSCB multiagency rolling programme of safeguarding training.

- **Learning Together Training**

The CCG hosted a 3 day SCIE SCR training funded by NHS England in January. The training was attended by the CCG named professionals as well as colleagues from partner agencies. The SCIE model focuses on a systemic understanding of the themes from the case, and then widens the focus to look at the contextual issues in which staff practice. These themes are then presented to the LSCB for consideration and progression.

- **Multiagency Information Sharing Hub (MASH)**

The CCG commissioned the health component of the MASH, which was launched on April 1<sup>st</sup> 2015. The MASH brings together agencies co-located for the first time, to share information and consider risk around cases of child protection and domestic abuse. Staff from the DHUFT safeguarding team will now be tasked with the collection of health information, including primary care, to contribute to a collective risk assessment. The service is situated with Poole Police Station.

- **CCG Named GPs**

The Two CCG Named GPs for Safeguarding Children have continued to assist the designated nurses in supporting the safeguarding agenda within Primary Care. They have supported practices with complex cases where concerns have been raised.

In May 2015 they received British Red Cross training in the assessment of Asylum Seekers. This was put to good use in September 2014, when 144 asylum seekers were temporarily housed in a Bournemouth hotel over a weekend by the Home Office. Dr Peter Blick was able to provide health assessments and screening on behalf of the CCG. Several vulnerable

people with serious health conditions were identified and were able to access treatment.

## 5. SAFEGUARDING ACTIVITY

### Children Subject to a Child Protection Plan

- 5.1 Over the last year we have seen a significant decrease in the number of children subject to a child protection plan across the 3 local authorities. As of the end of March 2015 the number of child protection plans was 433 (see table 1). Numbers appear to have been dropping since October 2014, the analysis of this is not yet available, however across the LAs we have seen an increase in the number of children moving into care (with Poole now matching the national average for the first time), and a significant increase in Child In Need plans. Due to the timing of this report full LAs data analysis is not available and will be reported in the half yearly report in November 2015.
- 5.2 The comparisons of the abuse categories children experience (table 2), remain relevantly consistent across the LAs, apart from Bournemouth where cases of neglect are higher. This may be due to the high density and population however, again the analysis of this is currently unavailable due to the timing of this report.

Table 1 (Number of children subject to a child protection plan as of 31<sup>st</sup> March)

Number of Children Subject to a Plan at end date March 31 <sup>st</sup>	Bournemouth	Poole	Dorset	Total
2015	180	127	126	433
2014	269	195	277	656
2013	258	184	250	692
2012	231	169	322	722
2011	172	98	297	567

Table 2 (Number of children registered under each category)

Category	Bournemouth	Poole	Dorset
Sexual	2	99	9
Emotional	60	23	24
Physical	37	36	37
Neglect	80	59	56

## Safeguarding Training

- 5.3 Safeguarding Children training has remained a key area of focus for CCG monitoring. Changes to the Intercollegiate Competency document in March 2014 saw an increase in the number of health staff requiring safeguarding training. As a result Provider Trusts' have been working on realigning their training needs and we have seen a significant drop in compliance.
- 5.4 To address this, the Named Nurses for Royal Bournemouth and Poole Hospitals', approached the LSCB to support them in developing a stand-alone Level 3 training for their health staff. This was agreed and in January 2015 the first of these was run in RBCH.
- 5.5 Table 3 sets out the position of the providers for Levels 2 and 3 training. Quarter 4 figures are not currently available but will be reported in the half yearly update in November 2015.
- 5.6 A contract query was raised with Dorset County Hospital NHS Foundation Trust in March and the Named Nurse is in the process of putting together a plan to address this.
- 5.7 Changes to the new LSCB multiagency Level 3 training, will now put a pre course requirement on health staff to have completed a Level 2 training prior to accessing the level 3. This may well lead to a dip in some compliance over the next year.

Table 3 (Provider Training figures)

<b>Safeguarding Children training – Level 2</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>
Dorset County Hospital NHS Foundation Trust	47%	49%	54%
Dorset Healthcare University NHS Foundation Trust	90%	90%	89%
Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust	84.6%	83.7%	81.1%
Poole Hospital NHS Foundation Trust	88%	89%	90%
<b>Safeguarding Children Training – Level 3</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>
Dorset County Hospital NHS Foundation Trust	66%	66%	64%
Dorset Healthcare University NHS Foundation Trust	95%	95%	97%
Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust	81.7%	57.6%	43.2%
Poole Hospital NHS Foundation Trust	85%	84.3%	85%

## Serious Investigations/STEIS/Managing Allegations

- 5.8 There have been 8 cases raised on STEIS over the last year. Four of these have or will be reviewed under the SCRs process and the remainder as SIRIs. The designated nurse has supported 2 reviews of complex cases, one involving cross border issues.

- 5.9 Regular meetings have been set up between the Designated Nurse and Risk Team to improve the processes of reporting and reviewing serious cases.

There have been several high level Police investigations, including a Saville related case and a drug related exploitation ring. These have all been supported by the Designated Nurses.

- 5.10 There have been three investigations involving NHS professionals where allegations of safeguarding malpractice have been identified. Two of these involve GPs and one a Consultant. Investigations are managed under the LSCB, LADO procedures and the NHS Wessex Area Team with the support of the designated nurse.

## **6. PROVIDER TRUSTS**

### **ROYAL BOURNEMOUTH AND CHRISTCHURCH HOSPITALS NHS FOUNDATION TRUST**

- 6.1 Supervision has been undertaken by the Designated Nurse to both the Named Midwife and Named Nurse, with coaching and development of their leadership in safeguarding as needed.
- 6.2 A focus for the Named Nurse has been on Safeguarding training activity. Changes to the Intercollegiate Competencies Framework (May 13) as reported under 5.3 and 5.4.
- 6.3 In Quarter two an increase in the Named Nurse role was identified and saw an increase in her hours. This was as a result of an increase in safeguarding training and the impact of awareness raising.
- 6.4 The Named Nurse continues to represent the Trust at the Bournemouth and Poole Safeguarding Children Board.

### **POOLE HOSPITAL NHS FOUNDATION TRUST**

- 6.5 Regular supervision has been undertaken between the Designated Nurse Consultant and Named Nurse and Midwife with a focus on the development of a supervision policy.
- 6.6 Training also continues to be a focus for the Named Nurse. There continues to be a rise in training figures with Level 3 safeguarding training now up to 85%. Good progress has also been made with Level 2 training levels which are now within the target of 90% and Level 1 at 90% (target 95%).
- 6.7 The Trust escalated a case to the Designated Nurse of a 17 year old LAC male with complex issues. He had a delayed stay on a medical ward beyond his physical need due to no appropriate placement being found. A request was put forward to the Dorset Safeguarding Children Board (DSCB) Serious Care Review (SCR), for consideration of a SCR, looking at the multiagency failings of the case. This now been agreed.

## **DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST**

- 6.8 The 'Sleep Safe' Survey report was published in November 2014. The survey was conducted by the Director of Nursing with support from Public Health. The survey looked at the effectiveness of the 'Infant Sleeping Pathway' which promotes babies sleeping in a cot for the first 6 months to reduce the risk of sudden infant death syndrome.(SIDS). The survey received a better than expected response and results indicate that the pathway is having good effect. To further evaluate its effectiveness the audit will be run again next year.
- 6.9 The commissioning for the health component of the Multiagency Safeguarding Hub (MASH) will also see and uplift in staffing of 2 WTE safeguarding advisors, plus admin support. Interviews took place on the 17<sup>th</sup> April 2015 although a limited presence commenced on the 1<sup>st</sup> April 15.

## **DORSET COUNTY HOSPITAL NHS FOUNDATION TRUST**

- 6.10 The Named Nurse has returned to working full time after a period of absence. This has greatly improved communication, offering valuable advice and support to staff.
- 6.11 Dorset County Hospital compliance with Safeguarding children's training was raised as an issue in quarter two. Quarter three training figures showed an increase in level two training, however level three training remains static. This is being raised contractually.

## **SOUTH WEST AMULANCE SERVICE**

- 6.12 There has continued to be good communication in relation to significant events with early sharing of information and recording of calls around safeguarding.
- 6.13 The Safeguarding Lead Nurse continues to develop and expand her safeguarding team with Locality leads in each of the required areas.
- 6.14 The Safeguarding Lead Nurse has accessed regular coaching and supervision sessions from the Designated Nurse, showing a clear insight into safeguarding concerns for adults and children.
- 6.15 She has instigated a programme of improvement including strengthening information sharing practice, as evidence shows that early information ensures a holistic complete assessment. This has been a gap in the past.
- 6.16 The Safeguarding Lead Nurse took up the position of National Safeguarding Chair for all Safeguarding Leads within Ambulance Trusts in 2014 and continues use this to inform her improvement plan

## 7. LSCB ACTIVITY

7.1 Local Safeguarding Children Boards (LSCB) became statutory bodies under the Children Act 2004. Their role under Section 11 of the act is to agree and oversee the effectiveness of agencies working to safeguard and promote the welfare of children.

7.2 The CCGs membership of the LSCBs is set out in table 4 below.

Table 4

Bournemouth and Poole		Dorset	
<b>Executive</b>	Director of Quality Designated Nurse	<b>Executive</b>	Director of Quality Designated Nurse Designated Doctor
<b>Chairs</b>	Designated Nurse	<b>Chairs</b>	Designated Nurse
<b>Quality Assurance</b>	Deputy Designated Nurse	<b>Quality Assurance</b>	Designated Nurse
<b>Managing Allegations</b>	Deputy Director of Quality	<b>Multiagency Audit</b>	Deputy Designated Nurse
<b>E Safety and Anti Bullying</b>	Deputy Designated Nurse (co-opted)	<b>E Safety and Anti Bullying</b>	Deputy Designated Nurse (co-opted)
<b>Early Help</b>	Deputy Designated Nurse	<b>Prevention of Harm</b>	Deputy Designated Nurse
		<b>Domestic Abuse</b>	Deputy Designated Nurse
Pan Dorset			
<b>Policies and Procedures</b>		Designated Nurse Deputy Designated Nurse	
<b>SCR</b>		Designated Nurse Deputy Designated Nurse	
<b>Training and Development</b>		Deputy Designated Nurse	
<b>Child Sexual Exploitation</b>		Deputy Designated Nurse	

7.3 Cliff Turner is the Independent Chair for both the Dorset SCB and Bournemouth and Poole LSCB. Over the last year he has brought together many of the LSCB subgroups.

7.4 The CCG and all Health Trusts are represented on the Executive Boards, and the sub groups are supported by the named and designated health professionals.

7.5 The Bournemouth and Poole LSCB received an evaluation of 'Requires Improvement' following the OFSTED inspection of Bournemouth Borough Council Children's Services in April 2014. The Board's Action Plan seeks to address strengthening the work around Child Sexual Exploitation, partnership working and training.

## **Policy and Procedures**

7.6 In August the LSCBs launch a new electronic version of the Pan Dorset Multiagency Safeguarding Procedures. These allow easier access for practitioners and already the user feedback has been favourable.

7.7 These can be found at:

<http://pandorsetscb.proceduresonline.com/index.htm>

7.8 The Pan Dorset Policy and Procedure group, working with TriX, the website provider, continue to develop and update the safeguarding procedures to ensure practitioners have the tools to safeguard children appropriately. The group have two opportunities a year to upload new or updated policies as part of the TriX hosting agreement.

7.9 The policy and pathway development for FGM is currently under way, and will involve Health providing a counselling service provided by DHUFT and reconstructive surgery, through RBCH.

## **Training**

7.10 Based on the successful one day Level 3 training for GPs, and at the request of other health professionals, the Pan Dorset Strategic Training group have developed a new one day multiagency core Level 3 training. This intensive day is targeted at professionals who work predominately with children and parents and was launched in April 2015. This was developed at the request of the provider trust due to the pressure of releasing staff for the previous 2 day course. Evaluation of the core day will take place later in the year.

7.11 The Designated Nurse Consultant delivered six multiagency sessions of training on Fabricated and Induced Illness (FFI). These have been well evaluated and will continue to be delivered on a twice yearly basis, as part of the rolling programme of safeguarding multiagency training.

7.12 In January 2015 NHS England provided training to the LSCBs, in the form of the SCIE Serious Care Review model. The model focuses on a systemic understanding of the themes from the case and then widens the focus to look at the contextual issues in which staff practice. These themes are then presented to the LSCB for consideration and progression. This three day training was well attended by health and LSCB partners.

7.13 In February 2015, the Designated Nurse supported the DSCB's Safeguarding in Education conference with a presentation on Female Genital Mutilation (FGM). This was well received and evaluated as "exceeding expectations".

## **Child Sexual Exploitation (CSE)**

7.14 The work of the Pan Dorset CSE sub group has produced a new CSE Strategy which sets out the principles of the 4 Ps: Prepare, Prevent, Protect,

and Pursue. The Strategy when signed off by the group will be sent to the Pan Dorset Strategic Sexual Violence Group (a Community Safety Partnership chaired group) to be acknowledged and work streams aligned.

- 7.15 The CSE Group has overseen the fast moving agenda around CSE. The Police have led on developing multiagency Intelligence Sharing meetings where agencies bring together information around complex cases to build the local Problem Profile. Staff from DHUFTs Safeguarding Team, RBCHs Sexual Health team and the CCG Deputy Designated Nurse attends to contribute to the sharing of information.
- 7.16 The Problem Profile has identified a number of hot spots so far, including Verwood, and Weymouth. These involve a number of single predatory individuals, but so far no organised criminal gangs, as have been seen in Rochdale, Rotherham and Oxford, have been identified.
- 7.17 The LSCBs completed a multiagency CSE case audit in June 2014, looking at how well CSE procedures were embedded in practice. The findings identified that practitioners were not aware of the procedure and therefore, not working appropriately to assess risk. The procedures were updated in February 2015 and a new Risk Assessment Tool introduced. The audit will be run again in June 2015.
- 7.18 The CCG have contributed to the funding for a new CSE service, commissioned through the Joint Commissioning Partnership Board. The service has been awarded to Barnardos, and will provide return home interviews for young people who go missing from home or care, and support to those identified as at risk of CSE. The service will commence in July 2015.

### **Serious Case Reviews (SCR)**

- 7.19 The SCR groups for the Boards, have now come together for part of their meetings to share business and national safeguarding drivers. Due to the confidential nature of SCRs it has not been possible to completely combine these two groups.
- 7.20 The Bournemouth and Poole LSCB have commissioned no SCRs in the last year. However, in August 2014 the DSCB commissioned a SCR (S15), concerning a 14 year old girl who suffered significant harm from contact with a known male perpetrator who was living in the family home.
- 7.21 This SCR was completed and presented to the DSCB Executive Board at the end of February 2015. A particular focus for Primary Care was the prescribing of contraception to under 16s, which was a feature of this case. The Designated Nurse, working with public health is taking this forward for the CCG. Publication of this SCR is currently being considered as the subjects of the report are potentially identifiable. The objection has been logged with the national SCR panel and the LSCB await their decision.

- 7.22 Adolescence has been a theme for SCRs in Dorset over the last two years, with the publication in March 2014 of SCR S11, a case regarding a 15-year old male who died from an overdose of his father medication, and the DHR involving a 16 year old who murdered his mother.
- 7.23 Then in March 2015 the DSCB commissioned a further three SCRs all concerning adolescents. They concern:
- a 14 year girl who died by self immolation, (S16)
  - a 16 year old Dorset girl who died from jumping from a monument in Hampshire (S17). This cross border review will involve staff from the Hampshire LSCB, CAMHS team and Education; and
  - a 17 year Dorset boy, where significant multiagency failings resulted in him experiencing prolonged stays on 2 acute hospital wards(S18)
- 7.24 The DSCB SCR Panel made the decision to conduct these reviews using a different model for each case. All three have similar background themes. It has been agreed that the learning from S17 and S18 will feed into the main review for S16 which is being conducted using the SCIE review model.
- 7.25 SCIE have agreed to mentor two local reviewers, who will be trained whilst completing this review. One of the mentees will be the CCGs Deputy Designated Nurse.
- 7.26 The final report is due to be presented to the DSCB Executive Board in December 2015.

## **Safeguarding Children and Young People In Health (SCYPiH)**

- 7.27 SCYPiH is a reporting to, rather than subgroup of the Safeguarding Boards.
- 7.28 It was established by the Designated Professionals to bring together designated and named professionals with lead responsibilities for safeguarding children / Children in Care within their NHS organisation.
- 7.29 These professionals represent NHS Trusts and other Health providers as appropriate Pan-Dorset and are responsible for ensuring that their organisations and their contracted partners are kept informed of all developments, national and local, which relate to safeguarding children.
- 7.30 The group has this year had guest speakers on topics including FGM and Honor Based Violence.
- 7.31 The SYCPIH Annual Report will be submitted to the LSCBs in June 2015.

## **Multiagency Safeguarding Hub (MASH)**

- 7.32 The CCG funding for the Health component of the MASH was agreed at the end of 2014. This will see two Band 7 posts, plus admin, employed by DHUFT sitting within the hub. These posts will be tasked with collecting and sharing

health information from Dorset NHS providers, including Primary Care, around child protection and domestic abuse cases.

- 7.33 Bournemouth Children Social Care will be the only Local Authority (LA) to hold child protection strategy meetings physically within the hub. Both Dorset and Poole will continue to be remote partners, holding their strategy meetings as they currently do, within their local offices, but with health information included.
- 7.34 Although this operating model is not a true MASH, where by all agencies are physically present in one place and share information within a sterile environment; the current agreement is a significant step forward and will improve the assessment of risk and response to families in need.
- 7.35 The MASH which was given a soft launch on 1<sup>st</sup> April and is accommodated within Poole Police Station.
- 7.36 The strategic MASH steering group will monitor the progress and further develop the model.

### **Child Protection – Information Sharing (CP-IS) project**

- 7.37 CP-IS is a national project being rolled out by NHS England and is being led locally by the Safeguarding Children Boards. It focuses on improving the protection of children who have previously been identified as vulnerable by social services when they visit the following NHS unscheduled care settings:
- emergency departments
  - walk-in centres
  - out of hours GPs
  - minor injuries units
  - paediatric wards
  - maternity units
  - ambulance services
- 7.38 CP-IS will provide health professionals with prompt and easy access to key social care information that can help them to assess whether a child is at risk.
- 7.39 CP-IS is due to start nationally on 1<sup>st</sup> April however, six LAs have declared that they cannot meet this deadline and three of these are Dorset, Bournemouth and Poole.
- 7.40 The CCG have worked with the provider trusts to ensure IT systems are able to meet the specification for this function, when the LAs when they are ready.

### **Domestic Abuse (DA)**

- 7.41 The Dorset Safeguarding Children Board (DSCB) reinstated its DA Task and Finish subgroup in 2014, chaired by Dorset County Council's Director of Children Service's Sara Tough. Domestic Abuse had been identified as a

feature of several reviews including a recent DHR. The group has been working on three related areas, those of:

1. Children affected by Domestic Violence/abuse
  2. Peer to Peer relationship violence/abuse
  3. Adolescent Parental Violence
- 7.42 To strengthen the health contribution to the Multiagency Risk Conference (MARAC) process, the Deputy Designated Nurse and Lead Nurse for Adult Safeguarding met for the first time in February 2015 with health providers who have a lead for safeguarding, to scope health's response to DA and identify any gaps.
- 7.43 This will be a key area of development for the forthcoming year.

### **Prevention of Harm**

- 7.44 This DSCB only Task and Finish group has been focusing on two areas identified by the Board as area of concern, those of:
1. Adolescent Multi Risk taking behaviour, including Deliberate Self Harm (DSH)
  2. Toxic Quarter; Parental Mental Health, Substance Misuse, Domestic Abuse and Learning difficulties
- 7.45 There has been considerable focus on DSH within commissioning. It has been identified from a number of reports across children's services that a level of self harming behaviour has considerably increased. The re-commissioning of the CAMHS service and the rewrite of the Emotion Health and Wellbeing Strategy will both need to address this area.

## **8. INSPECTIONS**

- 8.1 In April 2014, Bournemouth Borough Council received an unannounced inspection of its Children's Services by OFSTED. The inspection took place over a 4 week period and unlike previous inspections concentrated exclusively on social care practitioners with the exception of talking with the Looked After Children Nurse team.
- 8.2 The outcome of the inspection was that Children Services 'Required Improvement'. The inspection found no widespread or serious failures however, Ofsted found the authority was not yet delivering good protection and help and care.
- 8.3 The action plan from the inspection has been progressed throughout the year and has seen considerable investment in CSE services and the MASH.
- 8.4 The two other Local Authorities continue to prepare for their OFSTED Inspections.

- 8.5 There have been no CQC Safeguarding Inspections however, the CQC are continuing their general inspections of Primary Care.

## 9. CHILD DEATH OVERVIEW PANEL

- 9.1 The Pan Dorset Child Death Overview Panel (CDOP) undertakes on behalf of the LSCBs the statutory function of reviewing the death of any child normally resident in Dorset. The Panel is responsible for reviewing the death of all children from birth (not including stillbirths) up to but not including the age of 18 years.
- 9.2 The panel is chaired by Dr Vicki Fearne, Public Health Dorset, and has membership from: Designated Paediatric Consultants, Specialist Nurses, CCG, Local Authority and NHS Children's Safeguarding Managers, Dorset Police, South Western Ambulance Service and the Dorset Coronial Service.
- 9.3 The Panel has been well supported during 2014/15. It met on 5 occasions during the year and reviewed a total of 22 deaths

### Cases reviewed

- 58% of child deaths are males
  - 43% of deaths are age 0-27 days
  - 65% of deaths are under 1 year
  - 61% of deaths are expected
  - The leading cause is a perinatal/neonatal event (36%)
  - Other common causes of death are genetic factors (17%), acute medical problem (11%) and sudden unexpected & unexplained deaths (11%)
  - There is no significant variation between the authorities of Dorset, Poole and Bournemouth
  - Whilst there have been no significant changes in the number of deaths since 2009, the most recent years do show a downward trend
  - Fluctuations in the number of child deaths appear to be driven by changes in a combination of:
    - \* Male deaths
    - \* Deaths in 0-27 day olds
    - \* Modifiable deaths
    - \* Causes by perinatal / neonatal deaths
- 9.4 In January 2015, the Panel held a Review & Development Day. Two significant work streams were identified; firstly to review the communication pathways amongst professionals following the death of a child, and secondly, to review the bereavement support and contact with families throughout the process. This will be taken forward during the next year.

## 10. OTHER DEVELOPMENTS

### Strategic Sexual Violence Group

- 10.1 The Strategic Sexual Violence group, chaired by Assistant Chief Commissioning David Lewis is a sub group of the Community Safety Partnership Board (CSP). Its function is to have strategic oversight of the work undertaken to reduce the incidents and impact of sexual violence for both adults and children.
- 10.2 Despite the incidents of violence having decreased nationally, in Dorset the number of serious sexual offences have increased in the last year. The age group with the biggest increase has been the under 18s with an increase in both sexual and domestic Peer to Peer violence. (see Table 5).
- 10.3 The CCG is represented by the Director of Quality and Deputy Designated Nurse; with the Deputy Designated Nurse also attending the operational group which sits below it. This group considers the practice issues including; training needs of the work force, working with schools to raise awareness in young people, and developing pathways for victims among some of its tasks.

Table 5

	Indicator Description	2013 / 14 Whole Year	2014 / 15 Whole Year	Percentage Increase / Decrease	Direction of travel
<b>Pan Dorset</b>	Victim age 17 and under	142	265	<b>86.82%</b>	
<b>Poole</b>		26	52	<b>100%</b>	
<b>Bournemouth</b>		38	89	<b>134.21%</b>	
<b>Dorset</b>		78	142	<b>58.97%</b>	

- 10.4 Sexual violence is a cross cutting theme for other strategic Boards including the LSCBs and Health and Wellbeing Boards. There is currently a piece of work being undertaken to map the governance of the associated groups and Boards to ensure the links between sexual violence, domestic abuse and CSE are coordinated effectively.

### Sexual Assault Referral Centre (SARC)

- 10.5 The re-commissioning of the SARC provider commenced in December 2014 following the decision by SERCO the existing provider, to withdraw due to difficulties in providing the service. NHS England South Central have led the commissioning process.

- 10.6 Incidents of sexual violence towards under 18s have increased over the last year.
- 10.7 One provider was sourced to provide services for both Health Custody service and the SARC. Following a stakeholder day in January the tendering process is underway and due to complete and have the new service ready to take over in August.
- 10.8 As part of this commissioning the paediatric component of health provision for sexual abuse medicals has been increased with PHFT being awarded a funding uplift to provide the substantive contribution of examinations for the service.
- 10.9 The Deputy Designated Nurse has worked with colleagues from the CCG's Review, Design and Delivery Team to coordinate and liaise with NHS England and the Community Safety Partnership Board who are co commissioners.

### **CCG Safeguarding Team**

- 10.10 The CCG Safeguarding Children and Adult lead professionals have continued to meet regularly throughout the year to oversee the safeguarding agenda and develop their work streams. The meeting has been used to coordinate and develop the work of the Named GPs.

### **Wessex Area safeguarding Forum and NHS England Safeguarding Leadership**

- 10.11 The Wessex area Team have supported the CCG safeguarding professionals throughout the last year. They have established quarterly meetings which have provided opportunity for networking across the regional, as well as education session on key national topics such as FGM.
- 10.12 The forum has also been visited by NHS Safeguarding Leads which has ensured a good join up between the national and local agenda.
- 10.13 The National Designated Network met for June 2014 for it's the first Annual conference. The designated nurse supported this event and deputy and 1 of the named GPs were able to attend. From this forum a national leadership programme has been developed which the designated nurse has also been asked to support.
- 10.14 In March 2015 NHS England announced the governance arrangements for safeguarding and agreed that the National Designated Network would become the conduit through which the national work streams would be cascaded.
- 10.15 The CCG Designated Nurse has been elected as the Networks regional lead and the Deputy Designated Nurse has been accepted onto the National NHS working group for CSE.

## **11. CONCLUSION**

- 11.1 This year we have strengthened Safeguarding within the CCG. The national focus on safeguarding has remained high and has set us the challenge to keep pace with it.
- 11.2 The establishment of an NHS England governance pathway to take forward the national safeguarding agenda has provided clarity on the work streams. This requires time over the coming year to embed itself.
- 11.3 The Dorset SCR S15 has challenged practice across agencies on how we safeguard children where those who are seen as protective are collusive, due to generational patterns of interfamilial abuse.
- 11.4 The focus on CSE presents challenges for practitioners to work with young people who do not necessarily see themselves as victims. How we commission services for this group in the future will have to be considered as traditional therapeutic interventions may not work.
- 11.5 The complexity of cases has continued to increase and there have been challenges for practitioners working with partner agencies, as they experience increasing pressure on services.
- 11.6 The decrease in numbers of children subject to plan is of note and will be something to watch over the coming year and to understand whether this is as a result of improved early intervention.

## **12. OBJECTIVES FOR 2015/16**

- 12.1 Over the coming year the safeguarding team will work to further embed excellent safeguarding practice within the CCG and Primary Care.
- 12.2 Working with the Named GPs, we will establish a forum for the safeguarding leads within Primary Care, to ensure there are robust processes in place to support practices.
- 12.3 Along with the CCG Adult Safeguarding Lead Nurse and Provider Trust Leads, we will continue to strengthen health practitioners' response to Domestic Abuse through the Domestic Abuse Health Forum.
- 12.4 We will seek to establish a Health Child Sexual Exploitation Group to ensure the health response to CSE is robust.
- 12.5 We will continue to strengthen the links with the CCG children commissioning team working on the development of the Emotional Health and Wellbeing Strategy, CAMHS redesign and CSE.

## 9.10

- 12.6 We will work with the DSCB to support the review of the current three SCRs and any others identified by either Board throughout the coming year, ensuring learning is shared across the health economy.
- 12.7 We will seek to improve our quality monitoring of safeguarding practice within the Provider Trusts, by reviewing our reporting framework and contract standards.

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