

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

Date of the meeting	19/03/2014
Author	W Thorogood, Designated Nurse Consultant for Children
Sponsoring Board Member	T Goodson, Chief Officer
Purpose of Report	To provide an update on child safeguarding
Recommendation	The Governing Body are asked to Note the report.
Stakeholder Engagement	Summarise engagement with members, clinicians, staff, patients & public.
Previous GB / Committee/s, Dates	N/A

Monitoring and Assurance Summary

This report links to the following Assurance Domains	<ul style="list-style-type: none"> • Quality • Engagement • Outcomes • Governance • Partnership-Working • Leadership 		
I confirm that I have considered the implications of this report on each of the matters below, as indicated:	Yes [e.g. ✓]	Any action required?	
		Yes Detail in report	No
All three Domains of Quality (Safety, Quality, Patient Experience)	√		√
Board Assurance Framework / Risk Register	√		√
Budgetary Impact	√		√
Legal / Regulatory	√		√
People / Staff	√		√
Financial / Value for Money / Sustainability	√		√
Information Management & Technology	√		√
Equality Impact Assessment	√		√
Freedom of Information	√		√

Initials : WT

1. INTRODUCTION

1.1 This report summarises the safeguarding activity of the CCG since September 2013 including work led by the Local Safeguarding Children Boards (LSCB).

1.2 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. 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.

The Designated Nurse has been involved in a peer review as part of an independent panel for SWAST. This process is to offer evaluation of performance. The lead peer was from London Ambulance Trust and the aim was to explore the quality of the work and offer some bench marking in relation to safeguarding practice. The review offered some very positive challenge and recognised some good practice that can be shared wider within that field. The full report is awaited.

1.3 The designated nurse consultant spent the day with Moya Sutton, the Safeguarding lead for NHS England to look at supporting some national work streams, with a particular interest in the Drinking Heads campaign.

1.4 As a past trainer for the Safeguarding leadership course the designated nurse consultant is currently involved in the re-development of this course nationally.

2. ROYAL BOURNEMOUTH AND CHRISTCHURCH HOSPITALS NHS FOUNDATION TRUST

Supervision is regularly undertaken by the Designated Nurse to both the named Midwife/and Named nurse with coaching and development of their leadership in safeguarding as needed. Supervision is also offered to the lead safeguarding specialist midwife by the deputy designated nurse.

2.1 Current work streams supported by the Named Nurse for the trust involve the development of a pathway for children presenting at Emergency Departments, who are in the United Kingdom as part of a placement with Language schools. This has been raised from concerns on their presentation, including concerns of poor supervision, misuse of alcohol, self-harm and risk taking behaviours. In order to map private fostering placements this requires information shared with them as they are the corporate parent. This will highlight families who are hosting children but not offering the right support and supervision. This will also inform the work generated by this group of children

2.2 The Named Nurse continues to support the work of the LSCB attending the main boards and several sub groups.

- 2.3 The Trust fully supports the Drinking Heads campaign, by having the message on the screen loop supported by poster messages.
- 2.4 Audit information is to be set for the next year which will form part of the section 11 audit by the LSCB.

3. POOLE HOSPITAL NHS FOUNDATION TRUST

- 3.1 The ongoing development of Safeguarding children within the Trust has seen a key focus on improving safeguarding training levels, developing the induction process and increasing ownership of the safeguarding messages within the trust.
- 3.2 Regular supervision is undertaken between the Designated Nurse Consultant and Named Nurse with a focus on the development of a supervision policy. The Named Midwife and Specialist Midwife receive supervision from the Deputy Designated Nurse.
- 3.3 A case of fabricated illness has been led by the Trust. Positive observation included ownership and identification of the case which has led to care proceeding and providing a positive outcome for the child. This showed good adherence to policy and ownership of concerns.
- 3.4 The work and support offered to the Named Nurse to ensure the Trust will be compliant with the section 11 of the Children's Act (2004) remains ongoing. Clear lines of governance are being developed and safeguarding training has been delivered to board members. The Named Nurse is now part of the nursing and quality meeting, which helps reinforce the importance of the role and the post holder continues to be proactive in driving change and ownership.
- 3.5 An audit looking at children who do not attend appointments will be revisited and is due for completion by April 2014

4. DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST

- 4.1 A date to spend the day with the team is still required. This has been agreed and will be supported by the Interim Director of Nursing. Integration of the Named Nurse role still requires developing to incorporate the wider arena of safeguarding. There remains a lower than expected representation of this provider at LSCB meetings. This has been formally challenged as this is seen as a key part of the Safeguarding Children.
- 4.2 Due to the recent change in the Director of Nursing, support continues to be offered by the Designated Nurses, to help develop the Trust's safeguarding advisors team, and support offered for cases of concerns, in the form of peer support/reflective practice.
- 4.3 Dorset HealthCare has formally raised a case for consideration by the Bournemouth and Poole Serious Case Review panel, which relates to a child

who was abducted. More information was requested by the panel and will be reconsidered at the next meeting.

- 4.4 Audit information is to be set for the next year which will form part of the section 11 audit by the LSCB.

5. DORSET COUNTY HOSPITAL NHS FOUNDATION TRUST

- 5.1 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 various work streams, including the development of one day level 3 training
- 5.2 The Designated Doctor for Dorset, Dr Doherty has recently led on a review of a case that was considered to be fabricated illness. She has offered an independent view which will help in the decision to ensure the children are safeguarded.
- 5.3 The Named Nurse has improved the training figures in these last few months also with the induction of a level one leaflet for all staff.
- 5.4 The Named Nurse is going to lead the development of one day training for medical staff working closely with the other named leads.
- 5.5 The Trust agreed Safeguarding Audit Plan November 2013 – November 2014 which will include the following:
1. Management of paediatric non-attendance and Management of non-attendance at clinics other than paediatrics
 2. Adult in-patient medical records – “think child” now incorporated into the admission proformas
 3. Paediatric medical records with emphasis on social history recording and documentation of discharge plans when safeguarding concerns have been identified.
 4. Maternity safeguarding audit
 5. Emergency department safeguarding audit
 6. Child deaths audit via the lead for child death

6. LSCB ACTIVITY

- 6.1 The New independent chair for Dorset LSCB and Bournemouth and Poole LSCB has led 2 development days. He is currently still completing his induction, but leading on numerous changes including the stream lining of several sub groups.

- 6.2 The Designated Nurse Consultant has been requested to deliver training on fabricated induced illness. Three dates have been set and the current policy is under review.
- 6.3 The early help model from the Munroe review and new Working Together (2013) are currently being developed in both Dorset and Bournemouth and Poole. Social Services continues to closely monitor this to see if this will affect front line delivery in health services, one major change is to the implementation of the development of a MASH (Multi Agency Sharing Hub) with the aim for this to go live on April 7th. Various routes are being explored as to how health services can support this vital function. It will require a change in current working practice for all health professionals who deal directly with making referrals. There is a requirement to fully understand how much resource this will require and to map the need and how health services can best support this change in practice.
- 6.4 Referrals for child protection remain stable across Dorset, Bournemouth and Poole.
- 6.5 Work with the private fostering team to develop a pathway for host family health assessment have been developed and piloted in the Bournemouth area with a view to sharing pan Dorset. This was highlighted as a risk, resulting in children being placed without the right risk assessments being completed. This work stream will be handed over to the Designated Nurse for Looked After Children once appointed.
- 6.6 Changes within the court procedures have not resulted in an increase in requests for court reports from front line practitioners. This will continue to be monitored as the process becomes embedded.
- 6.7 A new Serious Case Review has been requested by Somerset LSCB after a baby died in the mother's bed. The death has been recorded as a cot death, however there were also concerns raised, relating to substance misuse in the household and the house being in a neglected state, and some cross border concerns. This has not been agreed yet and the decision for final sign off will be made by the independent chair for the LSCB Dorset
- 6.8 The Designated Nurse has spent time with the Designated Nurse in Somerset to develop improved cross border working, which appears to be one of the main issues in this case when the people live in Dorset but have a GP in a neighbouring county.
- 6.9 Teenage neglect is a focus of a current work stream after the death of three teenagers, the cases have links with children being missing from education and risk taking behaviours
- 6.10 Changes are being made to the way the safeguarding week is arranged by the LSCB, instead of one week a year the intention is to link with national events such as "child safety week" /accident prevention with strong links and ownership from all providers /public health with a drip feed effect over the

year. The Communications team in the CCG is supporting this to ensure the CCG will be aware of forthcoming events.

7. INSPECTIONS

- 7.1 The peer review for SWAST has been concluded awaiting the full report

8. OUTSTANDING ISSUES

- 8.1 An audit of children currently registered on a child protection plan has been requested to ensure progress of the plans. Recent escalation of a few cases suggests plans and thresholds vary across Dorset including when cases meet the thresholds for child protection investigations. This will be explored at the next policy and procedures group to ensure the thresholds are consistent across Dorset.
- 8.2 The continued development of the MASH to ensure Health will have input to all initial section 47 enquiries. A section 47 enquiry is to be the first point of contact a child or family will have who may be in need for services and is a requirement set out in Working Together. This will mainly impact on how safeguarding teams deliver practise. Dorset Healthcare Trust is fully engaged in the planning of the MASH. This is currently embedded within the current safeguarding contract but not being utilised by social care, although the new MASH will enforce a change in practice.
- 8.3 There is a minimum requirement in Working Together 2013 for local arrangements for Looked after Children (LAC). The requirements are to ensure governance and monitoring is in place for children who are placed in care to ensure all health needs are met. The CCG has approved the recruitment of a Designated Nurse for Looked After Children and recruitment is commencing.
- 8.4 Two GP Safeguarding Leads for children are now in post for the CCG and are building strong links with the health community and the adult safeguarding team

9. POSITIVE COMPARISON OF PRACTICE IN DORSET

- 9.1 Direct work on the child's pathway in health is underway. This involves scrutinising case files as part of a joint Audit led by the local Authority. There have been no concerns identified to date; the full results will be presented to both safeguarding boards.
- 9.2 A Named Nurse and Doctor are in place in each Trust.
- 9.3 Designated Consultant and Designated Nurse are in post.
- 9.4 A case audit in relation to the child deaths in Dorset 2013 reported that the number of deaths was slightly lower than expected based on previous years but the proportion of unexpected deaths was as anticipated.

- 9.5 A rapid response was appropriately initiated for all unexpected child deaths and inadvertently initiated for one child receiving palliative care but it was quickly discontinued in that case.
- 9.6 All cases meeting the criteria for referral to the coroner were referred.
- 9.7 All cases requiring a post mortem examination had this undertaken by a paediatric pathologist.
- 9.8 The welfare of surviving children was considered in all cases.
- 9.9 Children's services were involved in planning for surviving siblings in all cases where safeguarding concerns were identified.
- 9.10 Rapid response training organised for two dates in November 2013 was well received with positive evaluation.
- 9.11 The Designated Nurse Consultant has developed a training package with the Local Medical Committee. It is combined with adult training as a 'lunch and learn tool kit' to be used within all practices for administrative and practice nurse staff at level one. This aims to offer ownership and consistency to all practices across Dorset, and uptake so far has been very positive. This is in line with the current review of the training strategy for Primary Care.

10. SERIOUS INVESTIGATIONS

- 10.1 One report is outstanding from Dorset Healthcare which relates to a child who was injured by parents with learning difficulties, this is currently classed as a "stop the clock" due to the external investigation, which was led by social care. Initial assurance has been received from the Trust that no concerns for practice have yet been identified.
- 10.2 Six training sessions for GP' and practices nurses are being rolled out over the next two months to ensure the key messages from the Domestic Homicide Review are disseminated as widely as possible

11. CONCLUSION

- 11.1 Safeguarding activity continues to be as expected in Dorset. Key areas for priority are:
 - The arrangements for looked after children remains an outstanding risk. However the mitigating risk is that the designated consultant nurse has responded to several key work streams, and the additional post for a designated looked after nurse has been agreed and due to go out for advert within next month.
 - Dorset Healthcare Safeguarding team is being closely monitored by the new line manager and changes to organisational management structure .

- The New chair of the LSCB is changing the way the board functions and works with partners offering good challenge and streamlining some sub groups that are pan Dorset.
- The new lead GP's have been appointed, resulting in two sessions a week for both children and adults, with one GP undertaking a dual role for safeguarding.

Author's Name and Title: Wendy Thorogood, Designated Nurse
Consultant for Safeguarding Children

Telephone Number: 01305 361051/07824835669