

NHS Dorset Clinical Commissioning Group
Governing Body Meeting
Safeguarding Children Annual Report

Date of the meeting	18/09/13
Author	W Thorogood, Designated Nurse Consultant for Children
Sponsoring GB member	S Rastrick, Director of Quality
Purpose of report	To inform the Governing Body of the scope of Child Safeguarding.
Recommendation	The Governing Body is asked to Note the report.
Resource implications	Budgeted
Link to strategic principles	<ul style="list-style-type: none"> • Services designed around children • Preventing ill health and inequalities • Helping children live a healthy life • Ensure commissioned services fulfil legal responsibility for safeguarding children
Risk assurance Impact on high level risks	This report contains sensitive information pertaining to direct cases and services to children. Summaries of key risks linked to documents owned by the LSCB
Privacy impact assessment	PIA has been completed and being sent to Information Governance
Outcome of equality impact assessment process	None
Actions to address impact	None
Legal implications	None
Freedom of information	Unrestricted
Public and patient engagement	Service users have been involved in the development of the public health campaign which will highlight the risks of drinking while in charge of children. Direct work with three families involving concerns raised.
Reason for inclusion in Part 2	N/A
Previous Committees/Governing Body	This is the first time this report has been presented.

1. Introduction

- 1.1 This report summarises the safeguarding activity of the CCG since April 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 a service 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 offers a robust safe interaction.
- 1.3 The Designated Nurse has requested to shadow Named Nurses from each provider organisation. This will triangulate safeguarding activity offering peer review and guidance to ensure safe practice.

2. Royal Bournemouth Hospital

- 2.1 In order to benchmark the provider organisations readiness for CQC/Ofsted inspection the Designated Nurse spent a full day viewing the wards, out patients department, Genital-urinary Medicine (GUM) and x-ray department. The review randomly cross checked patients and staff member's key views and general impression of care delivered. A full report is being compiled. Key observations are:
 - Staff were all friendly and helpful, speaking passionately in relation to Safeguarding children. The overall impression was that they all had a degree of ownership, being able to offer positive examples of good practice. There was confidence that if the Named Nurse was not available for any reason that the safeguarding agenda would continue. Delegation of responsibilities was well spread across the work force with ownership for training and supervision divided across the trust;
 - Governance reports, training and supervision of staff records were all available for evaluation. There was no area of concern highlighted, with good evidence of recording identified. The records reviewed were selected at random;
 - Staff reported they felt valued and listened to. All staff reported they would feel able to escalate concerns;
 - The GUM clinic offered a good example of services including patient experience, with a wish to develop the service to offer initial contraception. Currently they are unable to offer this service. It is considered this would greatly benefit the patient journey and support the high teenage pregnancy agenda. Advice has been offered to support development and revisiting a past bid for the contract.

3. Poole Hospital

- 3.1 On-going support is being offered to Poole Hospital. Experience of Ofsted and CCQ inspections suggests there would be elements of concern with this provider. Key amongst them are training and staff support. Key staff report that they do not feel supported by Directors and the prospect of changes caused by the proposed merger is having a detrimental effect on staff morale.
- 3.2 Positive observations included ownership and identification of safeguarding cases, positive interaction by Designated and Named staff. There was also an example of positive feedback via the comment box from parents on the standard of care they received after the death of their child. Good care was provided to the children on the ward with well-structured care plans. There was a good level of interaction between staff, children and parents observed in a children friendly environment in the out patients area.
- 3.3 The Designated Nurse Consultant is working with the Trust Named Nurse in developing a work plan re outstanding concerns regarding the late return of the audit of compliance with section 11 of the Children's Act (2004).

4. Dorset HealthCare University Foundation Trust

- 4.1 The Safeguarding Team is fully staffed. A date to spend the day with the team is to be set. Integration of the Named Nurse needs to be developed into the wider arena of safeguarding. There has been 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 Working relations and information sharing are seen to have improved since the recent change of leadership and an acting head of safeguarding for adults and children has been appointed.

5. Dorset County Hospital NHS Foundation Trust

- 5.1 The Named nurse has been off work for some months, which is impacting on the safeguarding work in the Trust.
- 5.2 The Designated Doctor for Dorset Dr Doherty is based at the hospital and close working arrangements continue with her.
- 5.3 There is a current investigation via Local Area Designated Officer (LADO) which has led to the suspension of a member of staff. The professional body for this staff member have also been notified. Swift action was taken to investigate this concern. The investigation is currently ongoing.

6. LSCB Activity

- 6.1 The independent chairs for Dorset LSCB and Bournemouth and Poole LSCB have requested to step down. The posts are to be advertised and the hope is that one chair will take on both roles for Dorset and Bournemouth and Poole.
- 6.2 There is a high level of fabricated induced illness being reported. The LSCB have been asked to consider commissioning training as there have been identified variation in care pathways across Health and Social care providers.
- 6.3 Changes are being made within the safeguarding structures and how services are being delivered in line with the new early help model from the Munroe review and new Working Together (2013). Social services are closely monitoring this to see if this will affect front line delivery. Named nurses have been asked to use the escalation policy if they feel practice or delivery of services is being adversely effected. If the new way of working is fully implemented locally this should improve access to services.
- 6.4 Referrals for child protection referrals remain stable across Dorset Bournemouth and Poole.
- 6.5 One child protection case identified a forced marriage; this is the first identified case in the locality. The Designated Nurse supported this process, and was able to provide ad hoc training and supervision to the staff involved. This has resulted in a positive outcome for the child. A robust plan is in place to support this child If the situation changes.
- 6.6 Changes with the court procedures have resulted in front line staff having to produce their own reports from 1 July 2013. The staff can be contacted by families directly. In the past this would have been the role of social care to collate the reports. This could result in staff having to attend court to present their evidence. Additional training will have to be considered by providers to ensure all reports submitted are fit for purpose this is yet to be agreed.
- 6.7 A new Serious Case Review has been requested by Dorset relating to a baby who was known to social care and health. A Child Protection plan was in place that stated mother was not able to care for the child alone, however she did. Mother was intoxicated and dropped the baby, the father returned home to find, mother and baby at the bottom of the stairs resulting in late presentation to hospital the baby sustained a fractured skull. Baby is alive and well and in the sole care of father.
- 6.8 Two other child deaths are currently being investigated via the child death process. These are not being considered under serious case review but via the Child Death Overview panel.

- 6.9 Safeguarding Children have a 'Drinking Heads' campaign that will be warning about mixing alcohol with parenting as a direct result of last year's serious care review and audits. This hard-hitting campaign from local health partners is alerting parents to the dangers of drinking alcohol while looking after young children. While rare in Dorset, there have been cases of children coming to harm while being under the care of adults who have had too much alcohol to drink.
- 6.10 Dorset Safeguarding Children Board, NHS Dorset Clinical Commissioning Group (CCG) and Public Health Dorset are joining forces to highlight these potential dangers to parents.
- 6.11 As part of the campaign, posters will be displayed at selected sites in Weymouth, Poole and Bournemouth with radio advertising running in parallel. An advertisement will also run in Primary Times magazine - 50,000 copies of which will be distributed to parents through primary schools across Dorset.

7. Inspections

- 7.1 The Designated Nurse has supported an Ofsted enquiry at an Independent School. This follows a complaint from Somerset Local Authority to Ofsted after a parent raised concerns that her child had been given medication that he had not been prescribed. This school is for children with complex needs; physical and medical. The initial review found the practices were historic. The school is under new management and evidence is in place that reflects a change in culture, practice, reporting and prescribing. The Main concern of the investigation relates to historic prescribing of sedatives. This is not found to be current practice, although the investigation is still open.

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 would suggest plans and thresholds vary across Dorset that identify 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 pan Dorset to ensure a consistent approach. This audit will require agreement of the LSCB and will be due for completion in December 2013.
- 8.2 Health does not 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. Work is on-going with the development of the Multi Agency Safeguarding Hub (MASH). This will mainly impact on how safeguarding teams deliver practise. Dorset Healthcare Trust are 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 Review Design and Delivery team are reviewing this requirement and will make recommendations.
- 8.4 There is currently no Named GP Safeguarding Lead in place for the CCG. This risk is mitigated as every GP practice does have a lead for safeguarding and are supported via Named and Designated Nurses. Training levels are good, additional support has been secured to review training and dissemination of adult serious case reviews.

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 lead by the local Authority. There have been no concerns identified to date; the full results will be presented to both safeguarding boards.
- 9.2 Named nurse and doctor are in place in each Trust.
- 9.3 Designated Consultant and Designated Nurse are in post.

10. Serious Investigations

- 10.1 The risk team are leading a root cause analysis investigation, which will explore the late presentation and early death of a mother with advanced undiagnosed cancer who was being cared for at home by her children and died with 48 hours of admission to acute hospital.
- 10.2 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 received from the Trust that no concerns for practice have yet been identified.

11. Conclusion

- 11.1 The Drinking Heads campaign will go live over the next two weeks.
- 11.2 Safeguarding activity continues to be a high, in Dorset key areas for priority are:
- The arrangements for looked after children remains an outstanding risk. This is currently covered by having a link nurse/s in every area to ensure the health needs for children who are in care receive care plans and services;
 - Dorset County Hospital Named nurse absence. The risk continues to be mitigated by designated bank staff, and additional supervision has been offered;

9.7

- Dorset Healthcare Safeguarding team is being closely monitored by the new line manager. Improvements are being seen with the new arrangements.

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