

TRUST BOARD

Date of Meeting: 08/02/2011		Enclosure: 8
		Agenda Item No: 10.1
Title of Report: Safeguarding Exception Report, Quarter 2 & 3		
Aims: To report on all aspects of Safeguarding to the Trust Board and provide assurance of progress.		
Summary: The Quarter 2 & 3 report brings together all aspects of Safeguarding and provides assurance to the Trust Board that important issues are being addressed.		
Specific implications for consideration (Financial/Workforce/Risk/Legal/Race Equality etc):		
Financial	Litigation	
Workforce	Training	
Other	Reputation	
Recommendations: The Trust Board is asked to note the report.		
Document previously approved by: Directly to the Trust Board.		
Prepared by: Chris Platton, Acting Director of Nursing, Quality & Governance		Presented by: Chris Platton, Acting Director of Nursing, Quality & Governance

**TRUST BOARD
SAFEGUARDING EXCEPTION
REPORT
FEBRUARY 2011**

INTRODUCTION

This report contains information pertaining to all aspects of Safeguarding within the Trust relating to safeguarding children, adults and patients with learning disabilities for quarter 2 & 3.

The report reflects progress with regard to all aspects of safeguarding and highlights that this is a priority for the Trust.

EXCEPTION REPORT

Safeguarding Children

- **Training**

The Training Matrix for Safeguarding Children is a robust system to identify the training needs of each individual member of staff depending on the department they are employed in and the degree of training necessary. This is updated monthly and can clearly identify all areas of non-compliance of departments and staff. Departmental Managers of Groups 3 and 4 (i.e. those working with children, young people or parents on a regular basis) are notified of individual staffs training needs in relation to essential safeguarding training. 90% of Acute Trust staff are currently trained to CQC level requirements.

Medical staff and General Theatres (CIC) and the anaesthetic departments on both sites remain areas of concern which will continue to be focussed on.

The Trust will continue to ensure that all areas have a robust plan to ensure compliance with the level of safeguarding training required (Appendix 1).

The safeguarding team have amended the training programme to deliver training within the workplace to ward and departments.

- **CRB Checks**

The Trust has reviewed CRB checks on all employees who started to work for the Trust prior to 2002. This work is complete. The Trust was already compliant with legislation, but felt it was good practice to review all key

members of staff. The Trust has a robust recruitment policy and procedure to ensure all newly employed staff are checked prior to commencement of post under the vetting and barring regulations in compliance with their expected contact with infants, children and young people.

- **Trust Security Systems for Maternity and Special Care Baby Unit (CIC/WCH)**

The Baby Tagging X-Tag System is now fully operation in both Maternity and Special Care Baby Units across the Trust. The system ensures the safeguarding of all babies and neonatal patients nursed in these acute areas.

The X-Tag System also prevents maternal mother and baby mixed identity, but is not a substitute for the patient identification band system which is used as per Trust policy.

- **Risk Assessment**

The Safeguarding Children's team have reviewed and updated risks in three main areas:

1. To identify any outstanding issues in relation to resources and training requirements within the Acute Trust.
2. Safeguarding issues relating to the unborn babies and children out of hours service provided by the Acute Trust.
3. Highlighting of patients notes of pregnant mothers with previous child protection plans or existing safeguarding agreements in relation to personal circumstances (ie domestic violence) or previous live births.

- **Serious Case Reviews**

The Acting Director of Nursing is informed by the Local Safeguarding Children's Board of any declared serious case reviews which are undertaken involving patients known to our service.

Actions from individual Serious Case Reviews will be incorporated into the Trust's safeguarding children work plan. The work plan is monitored through the safeguarding steering group and reported to Governance Committee and Trust Board.

- **Cumbria Steering Group**

The Cumbria steering group has been established now for twelve months and focuses on issues that require action as a health economy.

Safeguarding Adults

• Training

Safeguarding Adults Level 1 training continues to be delivered across the Trust on a monthly basis using the Adult Social Care package to standardise the content for multi-agency training. All newly appointed staff receive an introduction to safeguarding adults as part of the Trust's induction programme.

With regard to DOLS (Deprivation of Liberty Safeguards) training, the Training and Development Lead/Adult Social Worker has agreed to deliver more training which will be focussed on Band 6 nurses. The training is being led by and monitored by the Mental Capacity Act 2005 Sub Group and the Cumbria Adult Safeguarding Board.

• Referrals

Following discussions with the Cumbria Safeguarding Adult Board, it was agreed that the Trust can record all referrals made to social services on the data base. The data that was agreed by the board that will be collected is:

- Hospital Number
- Ward
- Date of Admission
- Date of Referral
- Name of person referring and receiving referrals at Social Services
- Reason for referral

• Cumbria Safeguarding Group

This group meets bi monthly and the Trust representative on this group is the Deputy Director of Nursing (WCH).

The group provides feedback on the referral system, serious case reviews and multiagency training.

There are also a number of sub groups to which the Trust has representation through the Deputy Director of Nursing and the Nursing Policy Practice and Development Co coordinator which include:

- Serious Case Review Sub Group,
- Mental Capacity Act 2005 Sub Group,
- Policies and Procedures Sub Group,
- Workforce Development Sub Group,
- Locality meetings Sub Group,
- Performance and Quality Assurance Sub Group,
- Information Strategy Sub Group.

Learning Disabilities

- **Training**

Learning Disabilities training is delivered by the Cumbria Partnership Trust. Information is cascaded through the teams by the Senior Nursing staff. Learning Disabilities protocol training commenced November 2009 and this is now in place across the Trust.

- **Audit**

All matrons, sisters/charge nurses and admission areas have a copy of the patient passport for any learning disability admissions. The Deputy Director of Nursing (WCH) reviews all patients with learning disability who are admitted across the Trust and utilises an audit tool for data collection. This is to ensure the Trust monitors and improves our current procedures. Both sites are utilising the patient passport. Patients, who do not come into hospital with their passport, are being reported to the Learning Disabilities Community Nurse, who will then contact their General Practitioner.

CONCLUSION

The report brings together all aspects of Safeguarding and provides assurance to the Trust Board that important issues are being addressed. The report highlights considerable progress in Safeguarding.

RECOMMENDATION

The Trust Board is asked to note the report.

Chris Platton

ACTING DIRECTOR OF NURSING, QUALITY & GOVERNANCE

APPENDIX 1

SAFEGUARDING CHILDREN WORKPLAN
January 2011

(ND=Named Doctor DD=Designated Doctor DoN = Director of Nursing HN = Head of Nursing OPA= Outpatients appointment lead)
(NN=Named Nurse DN=Designated Nurse NM = Named Midwife ETM = Education & Training Manager LN = Lead Nurse)

	Recommendation	Comments	Action Required to Confirm	Action By	Date	Progress/ Compliance
1	<p>All staff to have Safeguarding training and updates. Level of training required is agreed in compliance with designated working environment.</p> <p>Interim Target 80% of staff.</p> <p>Training Completions (as at 31/12/2010) 90% of all Trust staff are trained to Basic level</p> <p>Basic - 89% complete (Group 1) Level 1 - 27% complete (Group 2) Level 2 - 42% complete (Group 3) Level 3 - 79% complete (Group 4)</p>	<p>Training log held with NN. Log sent to Steering Group monthly.</p> <p>Presented to Governance Committee quarterly.</p> <p>88% compliant to Level 1.</p> <p>NN to monitor and maintain up to date training logs and provide 3/12 reports.</p> <p>NN will compile letter to all Group 3/4 staff informing them of available training</p> <p>Objective of all training is to ensure staff have the confidence to identify and proactively engage with safe-guarding issues.</p> <p>Identify standard percentage required and agreed by Steering Group to be compliant.</p>	<p>CP training to continue as part of all staff mandatory training.</p> <p>DoN to write to Medical Director re lack of response from Medical Staff to training</p>	<p>NN</p> <p>DoN</p>	<p>July 2010 updated December 2011</p>	<p>Agreed</p> <p>Identify standard percentage required and agreed by Steering Group to be compliant.</p> <p>Complete (requires monitoring)</p>

	Recommendation	Comments	Action Required to Confirm	Action By	Date	Progress/ Compliance
2	All training will be evaluated to ensure that it is effective and of a high standard.	Feedback from training and speciality Audits. 3/12 reports provided by NN (Bar Charts)	ETM to present at Core Group in May to feed back re evaluation results	ETM	May 2010 Dec 2010	3/12 reports to be provided by NN (Bar Charts) – next meeting
3	All staff who work with children, young people and unborn should receive initial training and continuing professional development to understand normal child development and potential signs abuse/neglect	Monitor by Steering Group. Education and Training of staff much improved. Safeguarding training is part of Induction and mandatory H&S update. Training matrix identifies levels of training for specific areas. Identify standard percentage required and agreed by Steering Group to be compliant.	Investment in training continues. Managers to be aware that Safeguarding training is mandatory. Clinical area will be audited and results fed back to manager and Steering Group. Clarification required re meaning of “normal child development”	Paediatric leads in A/E NN	March 2011 July 2010	ONGOING Training to be delivered in A/E Departments
4	All referrals to Children’s Services Social Care should state concerns and professional opinions in relation to safeguarding children, young people and unborn.		All referrals will be shared with Safeguarding Team – Present Audit results to Steering Group.	NN	March 2010 Reviewed January 2011	COMPLETE Needs ongoing audit Audit reviewed January 2011
5	Multi-Agency involvement/attendance at case conferences, discussions	Aim to attend whenever possible	Monitoring by NN / NM and present to Steering Group.	NN NM	March 2010	COMPLETE
6	Involvement Paediatricians and/or ND/DD/NM/NN at strategy discussions/meetings.	Adequate notice required to organise attendance.	Letter to manager of Child/Family Services.	NN	March 2010	COMPLETE

	Recommendation	Comments	Action Required to Confirm	Action By	Date	Progress/ Compliance
7	ND invited to Child Protection case conferences if paediatric assessment requested/planned for all physical injuries, meetings supported by acute paediatric nurse who is knowledgeable of safeguarding concerns in relation to individual case.	DD invited routinely. ND sends report if notified with sufficient notice. It would be more appropriate if ND attended (Acute Trust).	Steering Group to agree timescales.	NM Any Nurse	March 2010	This is a health economy issues. Raised by the DoN at the Cumbria steering group and the named staff will review.
8	Any child with Child Protection Plan should have active monitoring of medical condition (GP supported by Lead GP/ND/DD).	No formal arrangement in place. Responsibility of GP's	PCT to specify in contract arrangements. HN & NN to attend Cumbria Network Steering Group (DoN to forward dates) To be put on agenda for next Network Meeting.	DoN	October 2010	Ongoing (waiting for feedback)

	Recommendation	Comments	Action Required to Confirm	Action By	Date	Progress/ Compliance
9	Hospital medical reports to be copied to ND/DD or Safeguarding Lead where there are child protection concerns or where there are Child Protection Plans. This will be compliant with the policy for information governance for the Trust.	Copies of Acute Trust reports copied when children seen at request of Police / Social Care. NN/NM (Acute) receives edited report of all children, young people & unborn with Child Protection concerns. Records not routinely copied where children have plan unless fresh concerns. Knowledge of Child Protection Plan requires access to Case Conference reports (stored separately – existence flagged in notes with red divider icon now on PAS to alert staff to SG plans).	Steering Group to action Expansion of role of ND to enable supervision of Acute Trust episodes of care. Requires extension to clinical work rather than mainly training / administration. DoN to clarify with ND re completion	ND/DD	March 2010	COMPLETE
10	Ensure that where other agencies refer children for assessment and child known to have Child Safeguarding Plan the Paediatrician should obtain all relevant information and liaise with Social Worker/invite to appointment.	Social Worker or Police contacts Paediatrician by telephone but needs to be formalised. (No documented policy or guideline).	Network Steering Group to action. DD to discuss at Network Steering Group.	DoN	March 2010	Raised at Cumbria group and named staff will review.
11	Paediatricians reporting after referrals should mention all concerns, differentiate facts from parental explanations/assumptions, include professional opinions.	Reports compliant, especially where child presented for medical examination.	Audit has been introduced – results by Dec 2010.	DD	Dec 2010	Complete

	Recommendation	Comments	Action Required to Confirm	Action By	Date	Progress/ Compliance
12	Acute Trust appointment system should reflect needs of the child in prioritising appointments. Referrer and Social Worker should be notified of all appointments and those missed.	Need to introduce a system. Will require training and education of staff & time.	Steering Group to discuss with Admin Manager. To clarify with ND if this is for all children or only children with plan NN & HN to discuss further with outpatient appointment lead	DoN NN / HN	July 2010	Ongoing work to be finalised January 2011
13	a) All children who have a missed OPD appointment should be followed up b) All women who miss antenatal appointments are followed up appropriately	Need a formalised system. Ad hoc at present, dependent on individual staff. No formalised system NM's will liaise with NHSLA Mat Assess Lead Both added to draft policy	HN to liaise with outpatient appointment lead Will be addressed by NHSLA Mat Standards 4.2	DoN/HN NM	Jan 2010 March 2010	COMPLETE

	Recommendation	Comments	Action Required to Confirm	Action By	Date	Progress/ Compliance
14	<p>Ensure all communications from any professional regarding child awaiting an appointment are included in the child's record (Health Record).</p> <p>All pregnant women where there are Safeguarding issues should have current, up to date information recorded in their hospital records</p>	<p>Needs standardising Dependant on individual Secretary. Parental compliance. Health record not always available Steering Group to monitor.</p> <p>Green divider in the mother's notes highlights CP concerns. Red divider only in babies notes if CP Plan in place. Purple divider highlighted medical concerns re baby and letters re concerns to be filed behind the purple folder.</p>	<p>Addressed via Secretarial Mgr. DoN to take to Cumbria Network Steering Group re child's health records being brought to appointments etc</p> <p>LN to look at system for collating all letters of concern re the unborn child</p>	<p>NN NM</p> <p>LN</p>	<p>March 2010</p> <p>December 2010</p>	<p>Ongoing – Cumbria group aware and further discussion required</p> <p>COMPLETE M TO AUDIT</p>
15	<p>All doctors requiring further information/clarification should contact original referrer.</p>	<p>Usually followed but needs formalised. Added to draft policy</p>	<p>Monitoring required.</p>	<p>NN</p>	<p>March 2010</p>	<p>Feedback required from NN</p>

	Recommendation	Comments	Action Required to Confirm	Action By	Date	Progress/ Compliance
16	Where concerns about child safeguarding during clinic assessment, child should not leave until concerns resolved/agreed plan for their protection in place.	Can be difficult in practice where concerns are not definite. Child should be admitted to ward for investigation if there is a fear of significant harm Added to draft policy	Audit A&E Audit OPD Audit re time spent following up non attenders DoN to write to MD to ensure consultants with concerns obtain support from Paed Cons on call Action findings OPD Manager to monitor and link with NN	NN DoN	March 2010 Jan 2010	Audit of A & E. Complete Complete
17	Any suspicious/extensive marks or bruising on a child should be documented on body map by any health professional or examining doctors.	Only occurs where deliberate harm suspected. Requires change in practice. All suspicious/extensive bruising to be documented in medical notes. Added to draft policy	DD to discuss at next network group. Change practice and introduce a policy. Next meeting for discussion and appropriate action	NN	March 2010	Added to draft policy which is currently being updated
18	a) Trust has risk assessed approach to all aspects Safeguarding Children. b) Review all points of referral where concerns about child's or unborn's safety are concerned, for risk assessment, decision-making, onward referrals and multiagency working.	Discuss and agree with Safeguarding Network. Changes in risk incorporated in the work plan.	Audits required NM reviewed Risk Assessment – feedback from NM's	NN/HN NM's	Feb 2010 July 2010	COMPLETE Feedback required from NM's

	Recommendation	Comments	Action Required to Confirm	Action By	Date	Progress/ Compliance
19	Staff in A&E need system to know if child recently seen at other A&E.	Discuss at Safeguarding Network. No system in place until Contact Point commences. Computer systems not compliant.	Discuss at Steering Group. Standardise agenda item Write to Medical director NHS Cumbria re collating all info re attendances at Cumbrian minor injuries units – feedback in July	DN DoN	TBC July 2010	Raised at Cumbria group by DoN and NN will decide on sharing information.
20	Staff in A&E to have mechanism to know whether a child has Child Protection Plan or Safeguarding agreement.	NCUHT do not have copy of list of children with Plans. Information available on request from duty Social Worker. PAS at CIC complete for children with plans. To clarify PAS alerts at WCH Meeting held with Social Services and Health November 2009. It was felt A&E needed to have access to a system to check whether a child has a Plan or not but it is a resources issue	Contact point will indicate contact with Social Care but not existence of Plan. HN to discuss cross-over of alerts from PAS to Symphony A&E to inform NM of any pregnant lady attending A&E (to be included in policy).	NN	March 2010	January 2011 NN to review systems

	Recommendation	Comments	Action Required to Confirm	Action By	Date	Progress/ Compliance
21	All staff in A&E trained to recognise child abuse/neglect and are confident to ensure concerns are acknowledged and actioned upon.	Medical / Nursing staff in North Acute have regular training and updates. (This is already mandatory) Present at Steering Group HN audit returned 92% with good comments re knowledge. A&E to inform NM of any pregnant lady attending A&E (to be included in policy)	NN to monitor and report to Steering Group. HN to do another audit in August 2010- Steering Group meeting. Member of staff on each shift with Safeguarding training.	HN/NN	Immediate	Monitor Re Audit February 2011
22	A&E have someone available at all times who has up to date information on children with Child Protection Plans and what action should be taken to protect the child.	North Acute Staff can access duty Social Worker and trained to level 1 or above on each shift. NN is aware when Social Services are contacted out of hours	NN to monitor and present at steering group. HN to repeat audit in August 2010	NN	Complete when training is complete	Complete
23	Core Group meetings, reviews and casework decisions include all health professionals involved with the child. Records should include written reports from those who cannot make the meetings.	All requested to attend but compliance not good due to other work commitments, short notice etc. Baby P SCR more specifically recommends attendance of ND / DD at case conferences. Midwives are involved at Core Groups	Discuss at Steering Group. To clarify with ND. Discuss with child and family service lead.	NN/DD	October 2010	Cumbria Steering Group are reviewing.
24	Formal procedures exist for managing conflict of opinions between professionals.	Independent referrals can be made. Escalate to Senior Clinician. Presented to Steering Group	Highlight the issues in training Audit Updated in draft policy	NN	Feb 2010	COMPLETE

	Recommendation	Comments	Action Required to Confirm	Action By	Date	Progress/ Compliance
25	Sufficient Multi-Agency training to have shared language and understanding of local referral procedures, assessment, information sharing and decision-making. A named Child Protection Lead in each setting should receive this training.	Discuss at Safeguarding Network Group. Raised at LSCB 20-25 multi-agency sessions plan for the next year (need clarification of content of training)	LSCB should review Multi-Agency training. New trainer 21 December 2009.		March 2010	COMPLETE
26	Protected budget for staffing/training and Safeguarding Services.	Budget actioned within Family Services and Education/Training.				COMPLETE
27	Review provision of Designated and Named professionals and succession plan.	Designated Doctor not currently employed by the Trust	HN and DoN to review	DoN	Feb 2010	COMPLETE
28	Ensure that the Trust complies with employment legislation with regard to CRB checks and vetting and barring.	All employees since 2007 have had CRB checks. A review is required for staff employed before this date.	The Trust complies with new starters since 2007. A review of high risk areas has been completed and there will be ongoing checks conducted on all employees.	Director of HR and Employment Bureau	March 2010	COMPLETE