

Meeting Title	Board of Directors		
Date	11.07.19	Agenda item	Bo.19.7.45

SAFEGUARDING CHILDREN ANNUAL REPORT 2018-2019

Presented by	Karen Dawber, Chief Nurse		
Author	Vicky Cotter & Jemma Tesseyman, Named Nurses Safeguarding Children		
Lead Director	Karen Dawber, Chief Nurse		
Purpose of the paper	This paper is the Annual Safeguarding Children Report		
Key control	Yes		
Action required	To note		
Previously discussed at/ informed by	Details of any consultation		
Previously approved at:	Committee/Group	Date	
	Quality Committee	26.06.19	

Key Options, Issues and Risks

This Annual report provides information regarding activity within children's safeguarding in Bradford Teaching Hospitals NHS Foundation Trust between April 2018 and March 2019.

1. The Safeguarding Children's Team are at full capacity for staffing, following a period of change in 2018. This has allowed for the full range of services to be consistently provided including training, support, supervision, compliance, audit and increased visibility in clinical areas.
2. All levels of safeguarding children training are above the Trust requirement (85%). This demonstrates an overall commitment from staff and managers to drive this improvement and ensure we have a workforce skilled in recognising and responding to signs of child abuse.
3. In October 2018, Bradford Children's Social Care (CSC) received an inadequate rating from Ofsted. The safeguarding children team have been involved in the increased multiagency working groups to assist the Local Authority in improving children's services provision. This includes strategic and operational support through the Children Services Improvement Board, and Children's Service Programme Board.
4. In February 2019, the CQC undertook a review of health services for Children Looked After and Safeguarding in Bradford. This district wide review highlighted a number of improvements for Bradford Teaching Hospitals NHS Foundation Trust, particularly within maternity services and the emergency department. An action plan is in place to address each of the recommendations.
5. The outstanding area of risk within the Trust for safeguarding children effectively is AED staff not adequately identifying patients flagged for safeguarding purposes. A risk assessment has been jointly completed by Named Professionals and the Associate Director of Nursing for Urgent Care and this is now on the AED departmental risk register. To mitigate this risk, the Safeguarding Children Team screen all attendances for children and take appropriate action as required for those actions not taken at the time of attendance.

Analysis

The statutory requirements for the Trust are governed by Section 11 of the Children Act, which places a duty on the Trust to ensure that the functions and any services contracted out to others are carried out with the purpose to safeguard and promote the welfare of children. The Trust complies with this

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requirement by way of submitting an ongoing Section 11 declaration.

The Trust also submits a self-declaration to the Clinical Commissioning Groups (CCGs) on an annual basis; the Trust declared full compliance with all commissioning standards in July 2018 except the “Voice of the Child”. Since this declaration, the Trust safeguarding team have participated in a cross health voice of the child audit that concluded in February 2019, which provide evidence the Trust is now compliant in all areas. The self-declaration, report and Section 11 returns all provide good quality supporting evidence of the Trust’s effective arrangements for safeguarding and promoting the welfare of children.

Key Achievements:

1. Compliance for all levels of safeguarding children training are above the Trust requirement of 85% for the first time since training became mandatory in 2014. The Safeguarding Children’s Team continuously scrutinise these figures to address any shortfall by signposting staff to training opportunities, and liaise with staff managers where necessary.
2. Governance and partnership arrangements remain strong, with consistent representation on Bradford Safeguarding Children Board (BSCB), sub-groups, and other partnership work streams that have followed from the Ofsted inadequate rating of Children’s services within the local authority.
3. The Team have been awarded a West Yorkshire Police Chief Officer Commendation for the work in developing a standard operating procedure (SOP) for Young people under 18 attending for termination of pregnancy at Lilac clinic. This was developed and agreed in partnership with West Yorkshire Police, and has been shared within the Yorkshire and Humber Safeguarding network as exemplar practice, as well as through the policing networks nationwide. This work has also been nominated for a West Yorkshire Police Adams McGill award for protecting vulnerable victims.
4. The development of the annual safeguarding children work plan and audit strategy.
5. The Team have contributed to Bradford Safeguarding Children’s Board (BSCB) and subgroups, as well as hosting events as part of the Bradford District safeguarding week in June 2019. The subjects the Trust cover are based on strategic themes.
6. Following the Children’s Service inadequate Ofsted rating, the team have invested a considerable amount of time supporting the Ofsted improvement work, including:-
 - The membership of the Children’s Improvement Board and Children’s Partnership Improvement Group (now renamed to Children Services Programme Board) sub group.
 - Increased frequency of partnership meetings.
 - Direct involvement in the development of additional supportive documents for the assessment of risk for children (continuum of need and child exploitation protocol).
 - Supporting Trust staff in the developing social care processes.
7. BTHFT was involved in the CQC Bradford District Children Looked After and Safeguarding review

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in February 2019. Although there were several identified areas for improvement, as stated above, positive feedback was reported on a number of developed systems, which include:-

- Female genital mutilation (FGM)
- The Lilac SOP
- Awareness of the cultural diversity of our patients and the use of interpreters
- The value of the additional resource of Safeguarding Children Specialist Nurses in AED (part of the Safeguarding Children Team) including the screening of all child attendances
- CP-IS and FGM-IS, both national alerting systems linked to the NHS spine, are now in place in the Trust
- Robust abduction policies being in place
- Effective partnership working across the district, particularly identifying the regular health and social care meetings, which were instigated by BTHFT to allow for collaboration and discussion on complex cases
- Effective use of audit at BTHFT, and involvement in cross health audits
- Identified that BTHFT recognise the importance of training to empower staff to identify those in need of protection
- Leaders of BTHFT have a good understanding of the demography and complexity of our service user, which enables the level 3 Safeguarding Children Training to be tailored to include local issues that may impact on the children of Bradford

8. As reported in the November update to the Quality Committee, the recognition that adult areas of the Trust do not always recognise that patients until the age of 18 years are children led to the development of a plan of additional adult ward targeted training. This additional training is drawing to a close with a large percentage of staff receiving this. This additional learning is reflected in the contacts the safeguarding children team are having from staff in these clinical areas.

9. The Trust Named Doctor along with Named and Designated Doctors within the regional peer group published a paper in the journal Child Abuse Review in February 2019, entitled "What are we saying and what is understood? The readability and language of child protection medical reports".

Recommendation

The Board of Directors are asked to note the following:

1. The main area of risk remains with AED and the missed safeguarding flags and alerts by clinical staff. As part of the safeguarding team, Safeguarding Children Specialist Nurse Practitioners screen all child attendances and take appropriate action where missed flags and alerts are found. This is audited, and feedback to staff via training and one to one support is provided. This has

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been risk assessed and is on the departmental risk register for AED.

- As part of the CQC review, a number of recommendations were made to improve safeguarding practice in BTHFT:-
 - The need for a restraint policy to support staff to safely restrain children who pose a risk to themselves and others when in distress.
 - Ensuring AED Paediatric triage is utilised 24 hours a day. Additional staffing has been approved by the board in March 2019 which will provide the paediatric staff in AED to enable use of the paediatric triage consistently.
 - Development in maternity to ensure midwives are sharing information with community health teams, contribute to the child protection process and improve the quality of referrals made to social care. Also the development of screening and routine enquiry of women presenting with mental health or substance misuse issues.
 - Improvement in the recording of level 3 safeguarding children training, to record the exact topic undertaken by each individual, to ensure staff at this level cover a variety of relevant subjects.
 - Staff safeguarding supervision needs to be consistently utilised.
- The Safeguarding Children and Young People: Roles and Competences for Healthcare Staff Intercollegiate Document (2019) details increased expectation for training at all levels. This will impact on the required time for safeguarding children mandatory training for each member of staff. The safeguarding children team are in discussion with the Education Department about how this guidance can be met within the Trust.

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients			g			
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers					g	
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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this paper?			
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Risk Implications (see section 5 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Resource implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal/regulatory implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diversity and Inclusion implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Performance Implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Regulation, Legislation and Compliance relevance
NHS Improvement: (please tick those that are relevant) <input type="checkbox"/> Risk Assessment Framework <input checked="" type="checkbox"/> Quality Governance Framework <input type="checkbox"/> Code of Governance <input type="checkbox"/> Annual Reporting Manual
Care Quality Commission Domain: Safe
Care Quality Commission Fundamental Standard: Safeguarding from abuse
NHS Improvement Effective Use of Resources: People
Other (please state):

Relevance to other Board of Director's Committee: (please select all that apply)					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Safeguarding Children Annual Report 2018-2019

1 PURPOSE/ AIM

This Annual report provides information regarding activity within children's safeguarding in Bradford Teaching Hospitals NHS Foundation Trust between April 2018 and March 2019.

2 BACKGROUND/CONTEXT

The Trust safeguarding children statutory requirements are regulated in a number of ways to ensure that the functions and any services contracted out to others are carried out with the purpose to safeguard and promote the welfare of children. These regulations are set out by:

- Children Act 1989, 2003.
- Working Together to Safeguarding Children.
- Accountable to Bradford Safeguarding Children Board (via Section 11 of the Children Act).
- Accountable to and the Clinical Commissioning Groups for safeguarding contracts and activity.
- SAFE domain as part of Bradford Teaching Hospitals NHS Foundation Trust overall inspection process, to provide assurance that safeguarding policy and procedures are deeply embedded into the Trusts operating practice.
- Joint Target Area Inspection (JTAI) - The joint inspection process for safeguarding children services carried out by:
 - Ofsted - for children's social care.
 - Care Quality Commission for Health.
 - HMI constabulary for Police.
 - HMI probation for Probation Services.

Safeguarding children within Bradford Teaching Hospitals NHS Foundation Trust remains a high priority. The Trust has seen a continuing increase in safeguarding children's activity throughout the past year within all areas.

The on-going challenges for the team are to ensure that children up to 18 years of age are recognised and treated as children when managed in adult areas. Also the consideration of the "hidden" child behind adult patients (who are parents and carers) who attend the organisation with safeguarding concerns such as drug and alcohol, mental health and domestic abuse concerns.

The Emergency Department (ED) remains the clinical area who undertake the most assessments of the safeguarding of child patients and the impact of the adult patient behaviour on the children in their care. Therefore this is the clinical area at the greatest risk of missing the opportunity to safeguarding children. Due to this, two full time Safeguarding Children Specialist Nurse

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Practitioners (formerly known as Paediatric Liaison Nurses) support the AED staff in specialist advice, training, supervision, audit and the screening all child attendances.

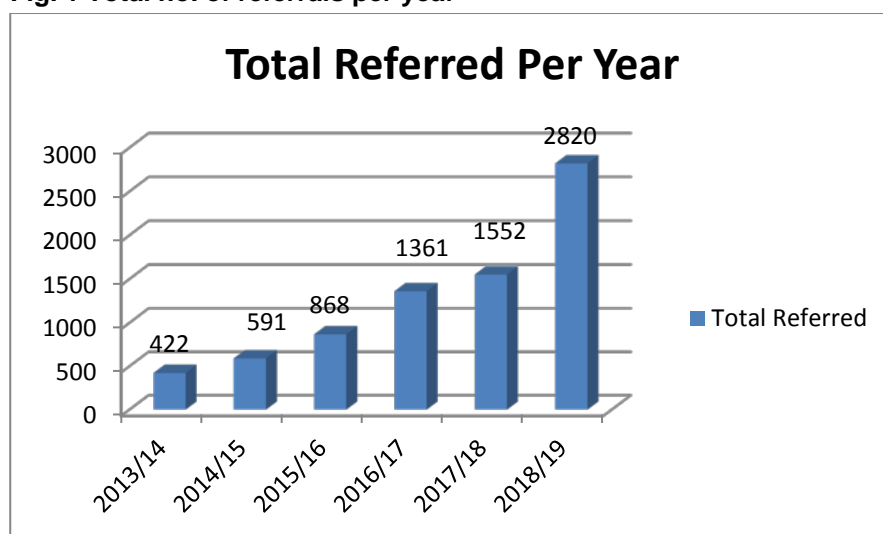
Safeguarding children within Bradford Teaching Hospitals NHS Foundation Trust remains a high priority. The team staffing has significantly changed in the past six months and is now back to full strength and continues to provide support, training, service improvement and development, including audit, to both adult and paediatric clinical staff, non-clinical staff Trust wide, as well as strengthening links with local partner agencies. An update on the achievements over the last 6 months is set out below, making specific reference to the Trust's strategic objectives.

2.1 To provide outstanding care

2.1.1 Safeguarding Children Activity

For the year 2018/2019 the safeguarding children team can demonstrate an increase in referrals compared to previous years. This is partly due to how referrals are now recorded. In previous years only referrals for new cases were recorded, whereas for the majority of this reporting period, each separate referral for previously known cases were recorded. This is indicated in the rise in the referral rate as demonstrated in figure 1.

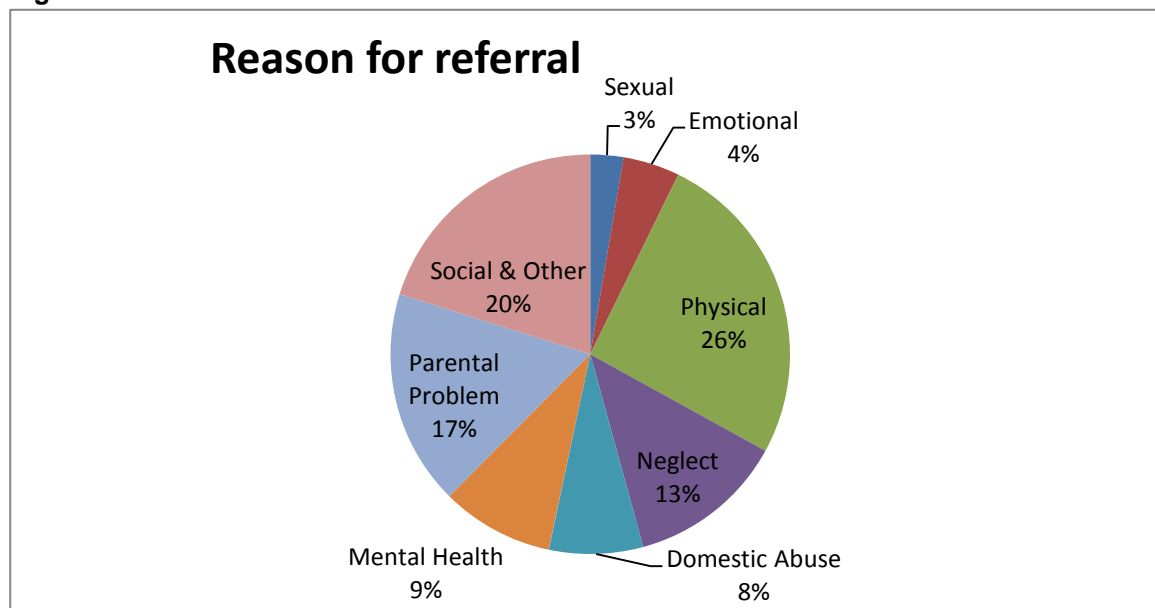
Fig. 1 Total no. of referrals per year



Physical abuse and concerns of parental behaviour remain the highest category for referral, with sexual and social being the least number of referrals.

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Fig. 2 Reason for referral



2.1.2 Child protection medical activity 2018/2019

A total of 448 child protection medicals were carried out in 2018, mostly by paediatric consultants but a small number by middle grade doctors. This number is relatively static over the last 3 years; however, prior to 2015 the numbers were much lower at around 300 per year. Compared to our regional neighbours, this is a very high number of medicals, but reflects the population and challenges of the Bradford area. (See Appendix 1 for details)

Most referrals come from Children's Social Care but around a quarter come from staff in our Emergency Department directly. 30% of medicals are performed out of hours and this contributes significantly to on-call work for paediatric consultants.

Over three quarters of all medicals were for physical abuse, with only 10% requested due to concerns about neglect, despite neglect being the highest category of child protection plans in Bradford. Paediatricians continue to provide a holistic assessment and are well placed to identify unmet health and developmental needs, including specifically dental neglect. The proportion of those referred who were actually felt to be suffering from abuse or neglect has risen, with less accidental injuries. Regular bi-monthly peer review sessions are held for paediatricians to share cases.

Mountain Healthcare, the private provider which runs with SARC (Sexual Assault referral Centre) is now commissioned to carry out all sexual abuse medicals for Bradford.

2.1.3 Accident and Emergency Department activity (AED)

The Safeguarding Children Specialist Nurse Practitioners (AED), formerly known as Paediatric Liaison Nurses, are a part of the safeguarding children team. The name was changed as a recommendation from Audit Yorkshire AED Domestic Abuse audit in 2018, due to confusion with

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the psychiatric liaison nurses and the paediatric liaison nurses both being referred to as PLN's in AED. There are two whole time equivalent Safeguarding Children Specialist Nurse Practitioners in this role, working closely within the multi-disciplinary team in AED to promote standards of safeguarding practice. They also facilitate prompt two-way information sharing with community health colleagues, Children's Social Care and other agencies involved with children and families. The AED team are expected to make direct referrals to the Safeguarding Children Specialist Practitioner's for any AED attendances where there is a cause for concern for child patients, or for the children of adult patients, once immediate safeguarding procedures have already been followed.

Every child's record following an attendance to AED is reviewed to ensure that safeguarding has been considered and that all safeguarding actions are complete. This screening process allows the Safeguarding Children Specialist Nurse Practitioners to identify any missed opportunities to safeguard a child who attends AED and to provide assurance to the Trust that all children are appropriately safeguarded.

The total number of referrals from AED staff to the Safeguarding Children Specialist Nurse Practitioner's during 2018/19 was 2463 cases, however during the same period 1108 cases were missed by AED staff and identified through screening. This accounts for approximately 31% of total safeguarding cases being missed by AED staff. It has not been possible to draw comparisons with the previous year as the data collection for 2017/18 was incomplete due to the introduction of EPR.

For further details please see Appendix 2.

2.1.4 Safeguarding the unborn activity 2018/2019

Midwives are the primary health professionals likely to be working with and supporting women and their families throughout pregnancy, therefore they are ideally placed to recognise the need for additional safeguarding support. However, other health professionals including maternity support workers, obstetricians and their team and, where applicable, specialist key workers may also be directly engaged in providing support. By signposting and referral to the many initiatives and agencies available during pregnancy, many families who utilise these services fall below the threshold for assessment and intervention by Children's Social Care (CSC). A joint working Safeguarding Families Document facilitates information sharing and care planning for families who have a heightened level of need during the antenatal, intrapartum and or postnatal period. It enables all professionals to keep contemporaneous records which are shared with all professionals involved in safeguarding the family.

In the year from April 2018 to March 2019, the maternity services supported 597 women/families with a heightened level of need leading to potential safeguarding and/or child protection issues. This represents 11.1% of the total births for the year and an increase of 0.7% on the 578 women identified in 2017 – 2018. Of these women who had safeguarding families documents completed, CSC were involved with 61.6% of cases.

For further details please see Appendix 3.

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2.1.5 Work plan and Audit strategy

The safeguarding children team have a robust work plan and audit strategy that is regularly reviewed and updated in line with highlighted and emerging risks and themes, thus providing assurance to the Trust and enhancing children's care and safety. The work plan includes appropriate areas for development, and is informed by Trust and district activity and also local and national learning from serious case reviews and inspections.

The audit strategy provides further evidence of focus on learning and improvement within the Trust, and the results of all audits are routinely shared with the Bradford Health Safeguarding Children Group. All audits are presented at the Safeguarding Children Steering Group, which in turn reports to the Integrated Safeguarding sub-group through the governance of the Quality Committee.

2.1.6 CP-IS and FGM-IS

During this reporting period, the Trust has successfully embedded both CP-IS and FGM-IS. The Child Protection - Information System (CP-IS) is a national system that connects Children's Social Care (CSC) IT systems with those used by the NHS. CP-IS gives health professionals the ability to see whether a child is:

- Subject to a child protection plan (CPP).
- A pre-birth CPP.
- Child Looked After (CLA).

The information held on CP-IS is informed by all participating local authorities in England. When a child attends for unscheduled care at the Trust and a CP-IS check is completed, the local authority are notified of where, when and how often a child in their care has made an unscheduled visit to the NHS through emergency departments, minor injury units and other unscheduled paediatric and maternity settings.

The Female Genital Mutilation – Information System (FGM-IS) is a national safeguarding system to share information, which:

- Enables a medical professional to record when a girl under 18 years has a family history of FGM.
- Shares that information with other professionals who treat her as she grows up.
- Prompts the clinicians to consider if they need to take safeguarding/other action.

Both CP-IS and FGM-IS went live in Maternity on 1st October 2018, and AED and the Children's Clinical Decisions unit on 15th December 2018.

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2.2 To deliver our financial plan and key performance targets

As part of the CP-IS implementation plan, NHS England provided acceleration funds to Trusts that went live with CP-IS before 15th December 2018. The Trust benefitted from this funding with an amount of £3000 per clinical area, totalling £9000.

The Safeguarding Team staffing is within budget with no additional costs in staffing being incurred.

Key performance targets of the Safeguarding Team and Safeguarding Trust activity is managed by the Safeguarding Children Steering group. There are no highlighted areas of concern. The team KPIs are:-

- Trust safeguarding training levels.
- Team quarterly supervision.
- Attendance at BSCB meetings.
- Asking the domestic abuse question in maternity.
- Mental Health enquiry in maternity.

2.3 To be in the top 20% of NHS employers

2.3.1 Supervision

Safeguarding supervision is nationally recognised as essential for good practice and enabling staff to feel supported and valued. The Trust's specific supervision policy and procedures have recently been reviewed and updated (July 2018) to reflect the development work the Trust has adapted in relation to "Signs of Safety", the model that Bradford District Metropolitan Council has adopted as the model for working with children, families and professionals to protect children.

There are a number of formally trained safeguarding supervisors (medical, nursing and allied health professional) who are available to support staff throughout the organisation, both on a regular basis and during ad hoc sessions. For Consultant Paediatricians, a regular "Peer Review" programme is offered for case review, as recommended by the Royal College of Paediatrics and Child Health. The safeguarding team provide monthly AED supervision, which is open for all staff to attend and also triannual supervision sessions for supervisors.

Members of the Trust Safeguarding Children Team co-coordinate and co-deliver annual district wide safeguarding supervision training for health staff. Any member of Trust staff that has an interest in supervision is encouraged to attend this training with an expectation they will provide staff supervision with support.

2.4 To be a continually learning organisation

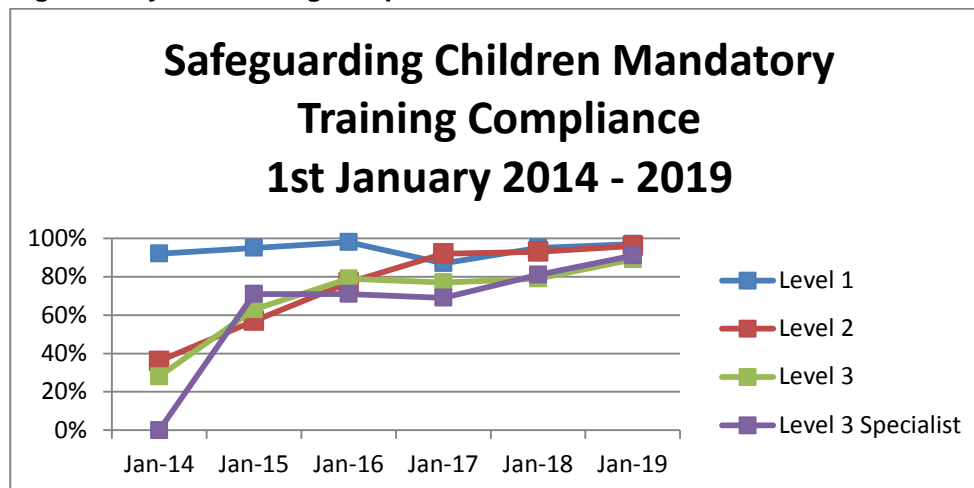
2.4.1 Training

Safeguarding children training compliance is now a key performance indicator and monitored through the Safeguarding Children's Steering Group for assurance.

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The current figures are all above the Trust required level of 85%. The graph below demonstrates how training compliance has improved over the 5 years from when it became mandatory.

Fig 2. Five years training compliance

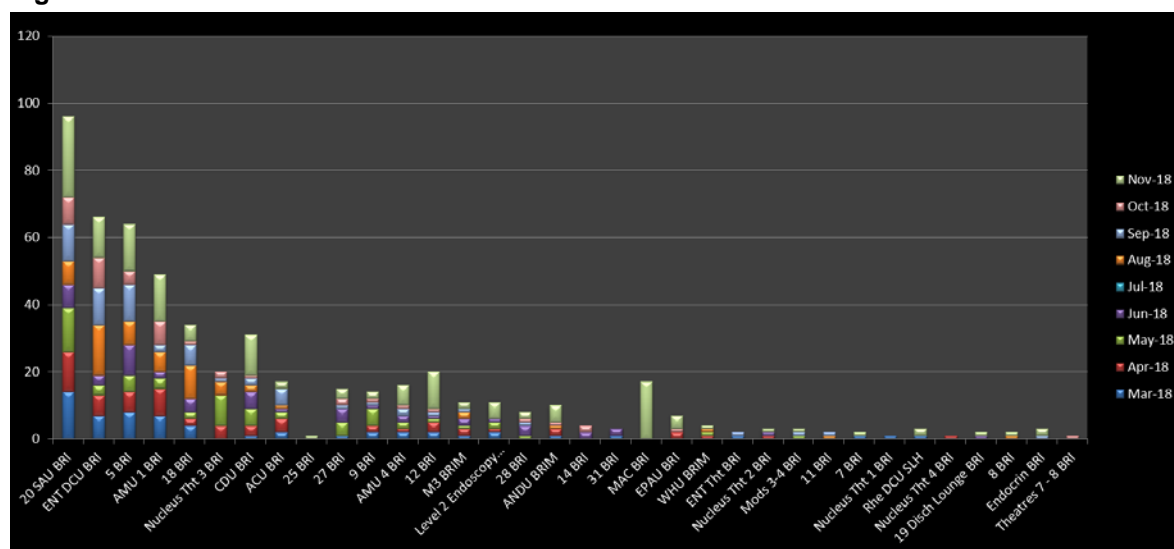


Training at all levels (except level 4) is available in house via eLearning or face to face with bespoke training available for any staff group.

Alongside the training available for level 2 staff (those who predominantly work with adults) via the corporate induction, core training and level 2 programme, it has been identified that as children are offered a choice of admission (both acutely and elective) to an adult or a children's ward at the age of 14 years, additional training would be beneficial.

Figure 2 below identifies the adult clinical areas with the highest occupancy of children. This additional bespoke training for clinical staff has been implemented in the areas identified on this graph. The training includes key safeguarding actions, such as recognising the adolescent as a child and safe discharge to a person with parental responsibility. The clinical requirements for a child nursed in adult areas are also addressed.

Fig 2: Children admissions to adult wards March – November 2018



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The training provided for all level 3 staff who predominantly work directly with children, a varied programme is formulated to include monthly sessions with speakers from partner agencies where possible. Opportunities for staff to access multiagency BSCB training is also circulated regularly. Members of the Trust Safeguarding Children Team also deliver training on behalf of the BSCB for the multiagency district wide audience.

Following the publication of the revised Intercollegiate document Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff in January 2019, Named professionals have reviewed the guidance and plan to work alongside the Education Department in implementing the recommendations. This workstream will continue throughout 2019.

2.5 To collaborate effectively with local and regional partners

2.5.1 Multiagency working

Working Together (WT) to Safeguarding Children (2018) set out the new arrangements for all district safeguarding children activity. The district is no longer required to have a safeguarding board as this is not a statutory requirement. However Bradford Safeguarding Children Board (BSCB) has decided to continue as a board in the short term, until considerations for different ways of working are considered. The Trust remains committed to shared safeguarding work with the BSCB through representation on all subgroups. However, the clinical commissioning groups (CCG's), police and the local authority (LA) are the key stakeholders as identified in WT.

Following the Ofsted inspection of Bradford Children's Social Care (CSC), in which they received a rating of inadequate, the safeguarding children team have undertaken a risk assessment to identify any potential adverse impact on the Trust. This assessment identified the only area of potential risk related to the issue of consent, and action had already been taken to mitigate this potential risk. There has been an increased demand on the Trust Safeguarding resource; however it is important that the Trust is committed to supporting the partnership response to implementing the LA improvement plan to develop services that will safeguard Bradford children more effectively.

2.5.2 Serious Case Reviews (SCR)

The safeguarding children team are currently involved in one local SCR on behalf of the Trust which was completed in December 2018. A decision has been made not to publish this SCR due to the identifiable nature of the case. Lessons to be learned will be disseminated to feed back in to practice. One further out of area SCR, in which the team has been involved, is awaiting publication with no date set as yet due to criminal proceedings.

3	PROPOSAL
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All Safeguarding children activity in the Trust is monitored through the Safeguarding Children Steering group, which in turn reports to the Integrated Safeguarding Sub-committee. The overall governance is held by the Quality Committee.

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1. To implement the work plan and audit strategy which have been revised 2019 with consideration given for areas for development in to 2020
2. To continue to monitor and maintain training compliance across all levels through the safeguarding children steering group
3. To continue to support the LA and the BSCB in the development of children's services in Bradford to ensure children are effectively safeguarded
4. To work with the Education Department in addressing the current training provision and the suggested levels in the intercollegiate document 2019

All of the development work in the safeguarding children's team is agreed and governed by the Safeguarding Children Steering group, which in turn reports to the Integrated Safeguarding sub-committee. Thus ensuring activities are across the whole Trust and collaborating effectively with local and regional partners.

4 BENCHMARKING IMPLICATIONS

There is no model hospital data relevant to this paper

5 RISK ASSESSMENT

The safeguarding children team complete risk assessments as and when required for the areas of concern. Within the reporting period, three risk assessments have been completed:

1. Impact of the inadequate Ofsted rating on staff and services Bradford Teaching Hospitals NHS Foundation Trust.
2. Text message discharges. This automated text system allowed parents to discharge from consultant care without the knowledge of the consultant. This was identified as a safeguarding risk. This option for discharge has now been removed for all children.
3. Staff not identifying patients flagged for safeguarding purposes was risk assessed jointly with AED senior staff. The risk assessment indicated that this risk needs to be managed through AED risk register.

6 RECOMMENDATIONS

1. The main area of risk remains with AED and the missed safeguarding flags and alerts by clinical staff. As part of the safeguarding team, Safeguarding Children Specialist Nurse Practitioners in AED screen all child attendances and take appropriate action where missed flags and alerts are found. This is audited, and feedback to staff via training and one to one support is provided. This has been risk assessed and is on the departmental risk register for AED.
2. As part of the CQC review, a number of recommendations were made to improve safeguarding practice in BTHFT:-
 - The need for a restraint policy to support staff to safely restrain children who pose a risk to themselves and others when in distress.

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- Ensuring AED Paediatric triage is utilised 24 hours a day. Additional staffing has been approved by the board in March 2019 which will provide the paediatric staff in AED to enable this.
 - Development in maternity to ensure midwives are sharing information with community health teams, contribute to the child protection process and improve the quality of referrals made to social care. Also the development of screening and routine enquiry of women presenting with mental health or substance misuse issues.
 - Improvement in the recording of level 3 safeguarding children training, to record the exact topic undertaken by each individual, to ensure staff at this level cover a variety of relevant subjects.
 - Staff safeguarding supervision needs to be consistently utilised.
3. The Safeguarding Children and Young People: Roles and Competences for Healthcare Staff Intercollegiate Document (2019) details increased expectation for training at all levels. This will impact on the required time for safeguarding children mandatory training for each member of staff. The safeguarding children team are in discussion with the Education Department about how this guidance can be met within the Trust.

7	Appendices
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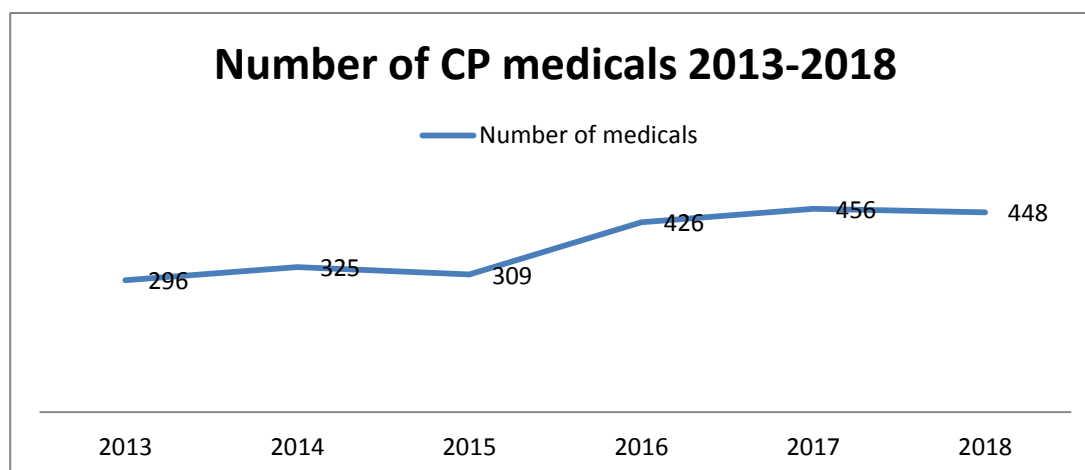
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Appendix One – Child protection medical activity 2018

Number of Child Protection Medicals

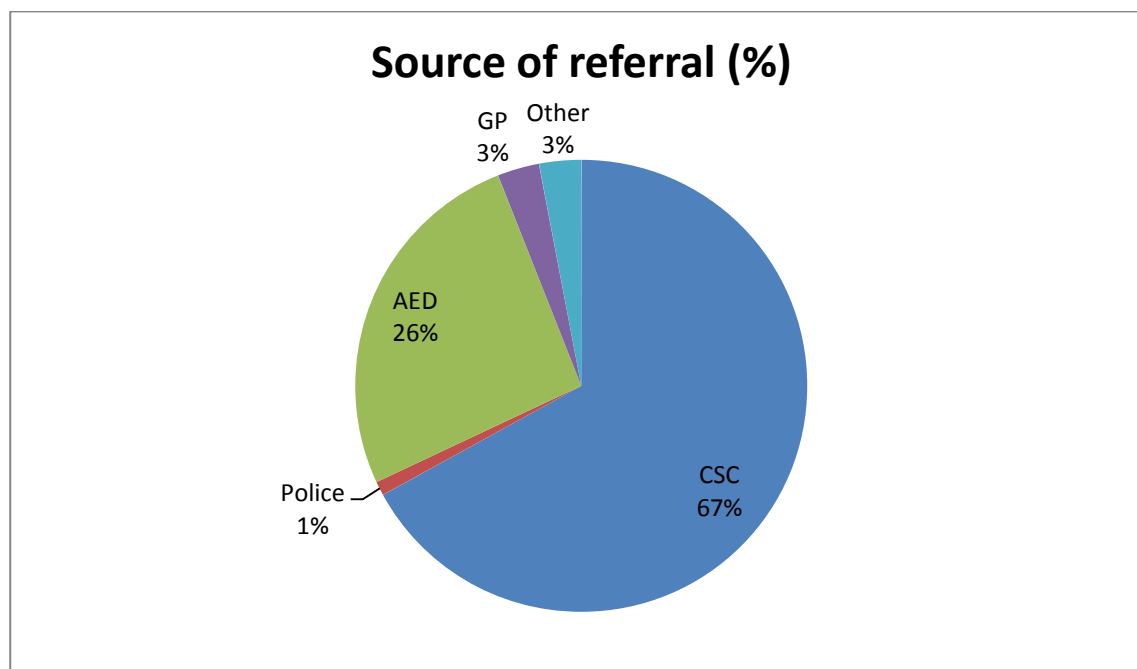
The total number of medicals performed for physical abuse or neglect remains very high at 448 for the year. This number has been relatively static over the past 2-3 years but prior to that was around 300pa.

Fig. 1 Year on year CP medicals undertaken



Source of referral

Fig. 2 – Source of referral (%)



As for previous years, most referrals for medicals are received from Children's Social Care, however, around a quarter are from our own Emergency Department Staff. This reflects the training they receive in spotting the signs of abuse and alerting the paediatric team.

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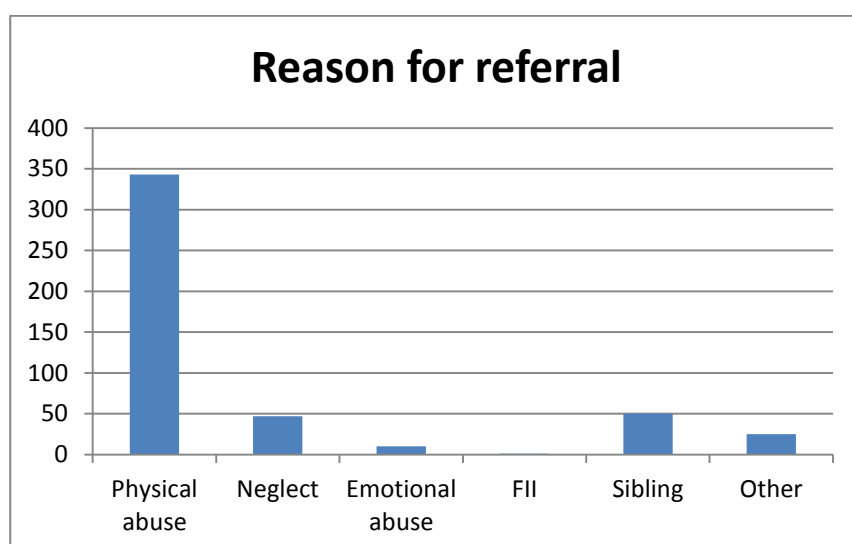
Timing of medical

Approximately 70% of medicals were performed within normal daytime hours, however 30% were carried out in evenings/overnight or weekends. This is inevitable given the reactive nature of safeguarding and we continue to provide a 24/7 service where required. Consultants are called for advice or to review child protection cases relatively frequently by the ED staff in the middle of the night and this contributes to on-call pressures, since these assessments take a significant amount of time.

Reason for referral

As expected, the majority of referrals were for physical abuse - over three quarters of all medicals. Around 10% of medicals were requested due to concerns about neglect and this is static compared with last year. Overall, however, this is a surprisingly low number given that of all children on Child Protection Plans in Bradford, neglect is by far the highest category.

Fig. 3 Reason for referral



Outcome of medical

This year's data reveals that a higher number of children seen were felt to have suffered from abuse – approximately 27% compared with 19% in 2017. Similarly the proportion felt to be suffering from neglect was higher – 14% this year compared with 10% last year. In line with this, the number of injuries where the mechanism was felt to be accidental or not abuse has fallen. A consistent number of cases had an uncertain opinion, with balanced views and evidence given.

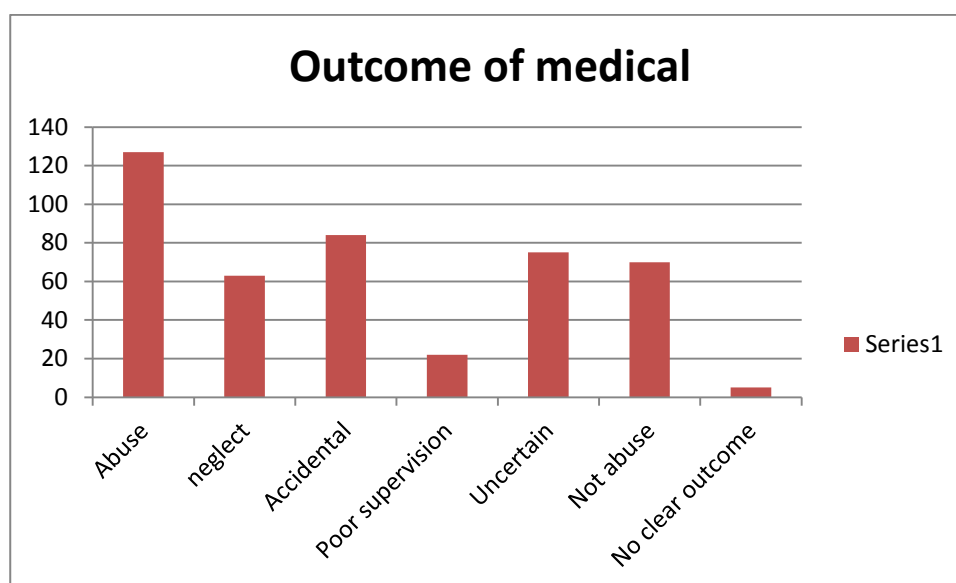
The Named and Designated Doctors for Safeguarding Children (Dr Sims and Dr Skelton) collect data on all child protection medicals in a comprehensive database, for the purposes of providing statistics for reports such as this and for audit/research work. In the process of inputting data for all 448 medicals, they have an opportunity to identify themes for good practice and areas for improvement or development. In addition, they carry out a more formal dip sample of child protection reports on an annual basis and score these using a local tool. Information gleaned in these two ways about report writing is then fed back to the paediatric team through clinical governance and peer review.

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Bi-monthly safeguarding peer review sessions are held for consultants and middle grades carrying out child protection medicals. CDC, community, neonatal and ED consultants are also invited as they often carry complex cases that need discussion but do not necessarily involve looking at photographs of children's injuries. Whilst it is not possible to look at all 448 cases in peer review, it does provide an opportunity to explore complex or unusual cases, learn from each other, quality control and provide emotional support.

Importantly we continue to identify unmet health needs in these children, including, speech delay, mental health problems, failure to thrive, developmental delay/learning difficulties. 10% of all children seen had evidence of dental neglect and we work closely with our local Consultant in Paediatric Dentistry to ensure that these vulnerable children do get seen.

Fig. 4 CP medical outcome



Sexual Abuse medicals & FGM

In 2018, Mountain Healthcare, the private provider for SARC (Sexual Assault referral Centre) services took over the service for historical sexual assault in addition to the acute service they were already running. Prior to this, Dr Skelton and Dr Sims had seen all Bradford children with historical abuse in the Children's Outpatients at St Luke's Hospital.

It is fair to say there are a number of concerns about this transition and the service provided by Mountain, and the Named and Designated Doctors continue to work with multi-agency partners and commissioners in an attempt to address these.

Currently, there is a lack of clarity around follow-up STI screening for children under 13 years of age after assault and also a lack of commissioning for an FGM service for children.

Other safeguarding activity

Paediatric consultants continue to provide health advice to strategy discussions, case conferences, child in need meetings and in court.

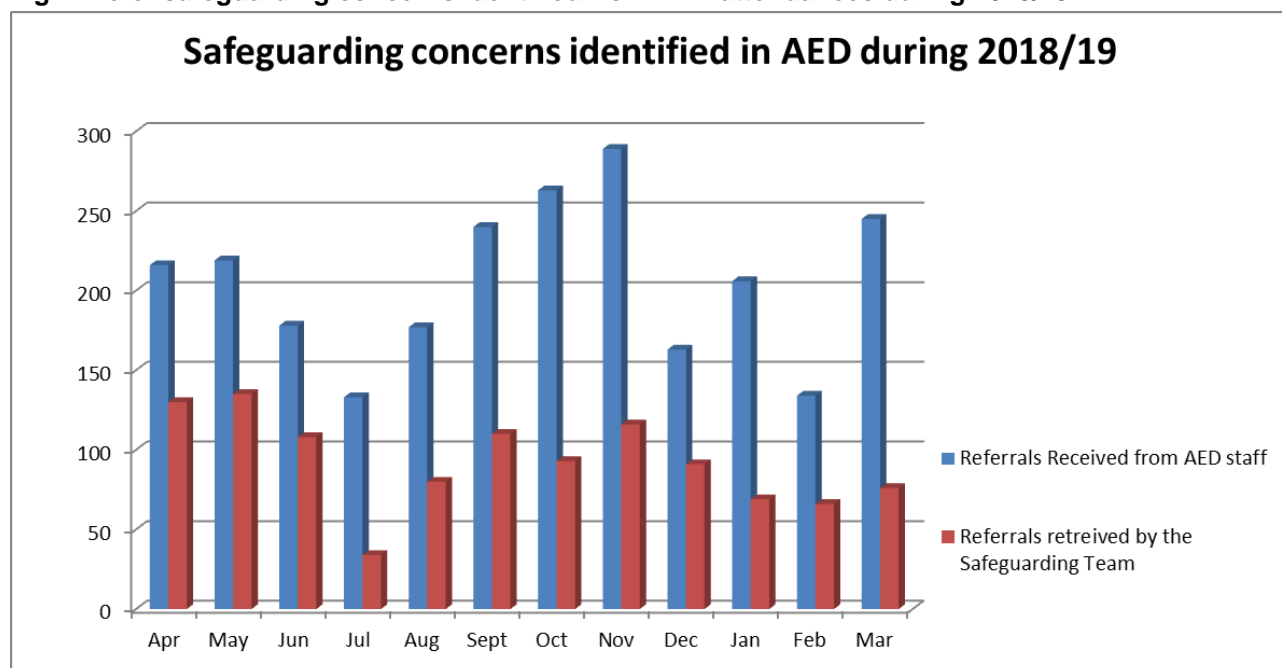
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Appendix Two - Accident and Emergency Department activity (AED)

Referrals and activity

The total number of safeguarding cases relating to a child attending AED during 2018/19 was **3571**, of these **2463** cases were identified by AED staff with the remaining **1108** cases identified by the Safeguarding Children Specialist Nurse Practitioner's. The graph below illustrates the number of direct referrals by AED staff and those safeguarding concerns identified through the robust screening service provided by the Safeguarding Children Specialist Nurse Practitioners in AED.

Fig. 1 No of safeguarding concerns identified from AED attendances during 2018/19



Screening of child attendances

To provide assurance that all safeguarding concerns are identified the Safeguarding Children Specialist Nurse Practitioner's screen all records for children under the age of 18 who present in AED. Any missed safeguarding actions are captured and completed by the Safeguarding Children Specialist Nurse Practitioner's with feedback provided to AED staff via additional training and education, supervision and direct discussions to improve staff knowledge and understanding around safeguarding issues. During 2018/19 1108 cases were identified by the Safeguarding Children Specialist Nurse Practitioner's this is 31% of the safeguarding cases coming through AED.

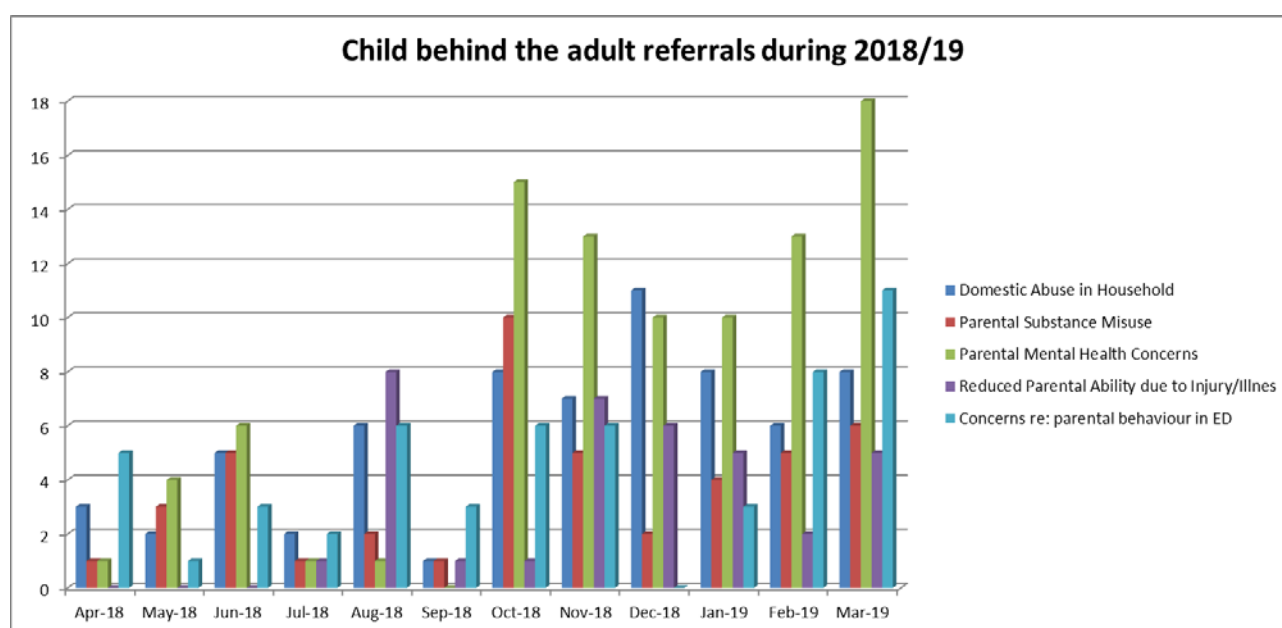
Child behind the adult

The Safeguarding Children Specialist Nurse Practitioner's alongside AED staff also recognise the vulnerabilities of children living in a household where there are concerns about the adults residing in the home. The term used to identify this group is "the child behind the adult". The team are

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notified of these adult attendances by AED staff via the notification process and by the adult safeguarding team when they identify children living within the household. The graph below illustrates the number of referrals received along with a breakdown of the risk factor types. It is noted that not all “child behind the adult” cases will be identified as there is a reliance upon staff making the appropriate referral. To encourage staff to consider these children as ‘at risk’, the Safeguarding Children Specialist Nurse Practitioner’s incorporate “child behind the adult” education into the regular bespoke training delivered in AED, provide practical support for clinical staff in AED and have increased their presence in the department to support and prompt staff to be child focused.

Fig. 2 Referrals from child behind the adult attendances



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Appendix Three – Safeguarding the unborn activity

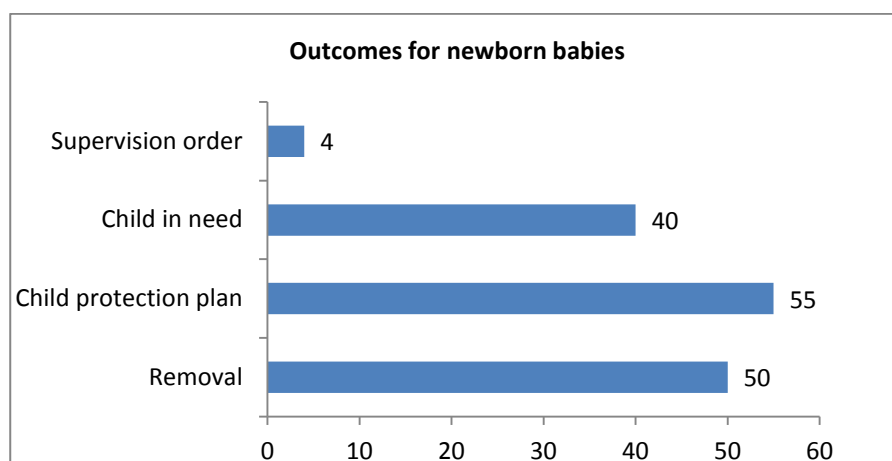
In the year from April 2018 to March 2019 the maternity services supported 597 women with a heightened level of need leading to potential safeguarding and /or child protection issues. This represents 11.1% of the total births for the year and an increase of 0.7% from last year. The majority of women were managed with safeguarding support from universal services, BetterStart Bradford, mental health services, children's centres, Family Nurse Partnership, NSPCC, and domestic abuse services. A "Safeguarding Families" document was available for each woman and a plan of care and an outcome for the pregnancy documented.

From these 597 women with a heightened level of need, 178 referrals were made to Children's Social Care (CSC) for unborn and new-born babies by maternity staff. This equates to a new referral to CSC for 30% of the vulnerable families, with a further 14% referred to CSC by other agencies. A further 122 unborn babies were already known to CSC as there was a social worker engaged with the family. Therefore CSC was involved with 61.6% of the safeguarding in maternity services caseload in the reporting period.

Following the Ofsted inspection of CSC in October 2018, there has been an increase in requests for midwives to attend initial child protection case conferences (ICPCC) with 55 from October to March. Previous comparable date isn't available.

In the 12 month reporting period, on discharge from hospital following birth, there was a plan for 50 babies to go home with mother or parents subject to a child protection plan, 40 babies went home with their mother subject to a child in need plan, four went home with parents subject to a supervision order and 50 babies were removed from their parents, with the majority being removed to foster care following court proceedings to acquire an Interim Care Order (ICO).

Fig.1 Birth outcomes.



In recognition of the increase in safeguarding and child protection concerns identified within maternity services, the Head of Midwifery and the management team have created a whole time equivalent substantive safeguarding support post which will be advertised in the new financial year. This is in addition to 37.5 hours Named Midwife post.

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Adoption paperwork completed

Requests from maternity services from the local authority for maternal and infant birth information prior to adoption are reduced by twelve to 41 in the current period. There was only one request from another local authority opposed to seven in the previous reporting period.

Domestic abuse

MARAC (Multi Agency Risk Assessment) is the group that discuss all the high risk cases of domestic abuse. The Trust continued to contribute to the MARAC process. The Named Midwife and representative for the Safeguarding Adults team alternate to attend the bi-monthly meetings on behalf of Bradford Teaching Hospitals NHS Foundation Trust and provide information on pregnant women and ED attendances that may have a relevance to a violent incident. The Information is shared between all agencies at this meeting to help safeguard victims and their children.