

uclh

Child Safeguarding Annual Report

2016/17

Authors

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Report Aim

The report is to:

- Provide assurance that UCLH has processes in place to meet its commitments under section 11 of the Children Act 2004
- Assess the continuing work of the Child Safeguarding Committee and the child safeguarding team
- Identify key objectives for the coming year.

1 Safeguarding strategy

This is unchanged and all staff members within the Trust are required to work in accordance with the UCLH Safeguarding Children Policy with the underpinning values that:

- Every child matters and the welfare of children is paramount
- All UCLH staff share the responsibility to safeguard children and promote their wellbeing.
- Staff are enabled to meet this requirement by receiving training in child safeguarding at the appropriate level and frequency and the delivery of child safeguarding supervision to key staff members who hold cases.

2 Executive Summary

Summary of key achievements

- 1 **CQC Inspection of UCLH:** there were no actions for child safeguarding
- 2 **DBS rechecks:** a lead has been appointed and rechecks have commenced
- 3 **Maternity supervision:** Following training of the lead safeguarding team last year group supervision for case holding midwives has been introduced successfully
- 4 **Security on T11/T12:** Following on from an incident when a 9 month old baby (suspected non-accidental injury) was removed from T11 south by her parents security arrangements have been reviewed for inpatient areas for children and young people. Access and egress is now by swipe card only.
- 5 **Chaperones:** Trust-wide guidance is completed and approved and is being piloted in children's outpatients.

Summary of key risks

- **Training:** Level 3 training compliance has improved in year but is still well below the trust target of 95%
- **Electronic flagging:** The risk to the system of duplicated hospital numbers remains.

3.0 UCLH Child Safeguarding Commitments

3.1 Lines of Accountability

Lines of accountability are unchanged (see diagram 1). Annual reporting to the Trust Board and biannual reporting to the Quality and Safety Committee continues. Quarterly reporting to Clinical Quality Review Group has been introduced. The executive board lead and named professionals meet monthly to monitor action plans and training compliance and to plan for external inspections and scrutiny. The Child Safeguarding Committee continues to meet quarterly to monitor the effectiveness of policies and procedures across the Trust, ensure action plans are achieved and share good practice. Each area of the Trust has a dedicated child safeguarding lead who report in to the committee. (appendix 1)

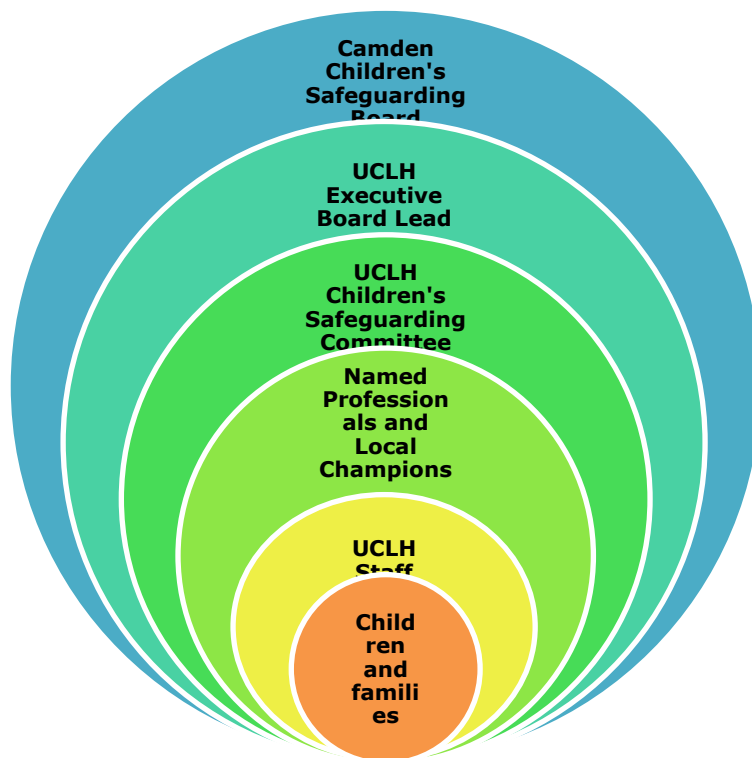


Diagram 1: UCLH Children's Safeguarding Organisational Chart

3.2 Safe recruitment

Staff checking arrangements continue in line with NHS employment check standards and best practice.

This includes face to face identity checks with staff, utilising identity checking software to ensure authenticity of documents. A photograph is also taken which is then used for their security pass to ensure that the person seen at the identity check is the person who starts in post.

External bi-annual and monthly in-house audit of these procedures show high levels of compliance. The audit results are monitored by the Trust's Workforce Policy Management Group.

Details of the process for employment checks for agency workers and contractor staff are included in Appendix 2.

Processes are in place to manage allegations against staff including joint working with Camden Safeguarding Board via the Local Authority Designated Officer (LADO)

In line with recommendations following the independent report into Jimmy Savile, DBS rechecking has commenced. Targets for this year are 550 staff and will focus on paediatric staff and others in key areas whose previous checks were pre-2009.

3.3 Policies and Procedures

There have been no changes to the UCLH Child Safeguarding Policy and Child Death Procedures but both are due for review at the end of the year.

3.4 Training

Level and frequency of training remains unchanged (see table 1).

Minimum Level and frequency of Child Safeguarding training	Staff groups
Level 1 once	All non-clinical, non-front facing staff
Level 1 three yearly	All front facing non-clinical staff,
Level 2 three yearly	All clinical staff
Level 3 three yearly	All nurses and consultants plus junior doctors who discharge children in A&E, Obstetrics, Neonatology, Paediatrics Paediatric Dentistry and Orthodontists, AHP's working in paediatric or neonatal areas, Paediatric surgeons and anaesthetists

Table 1: Training level and frequency required by UCLH staff

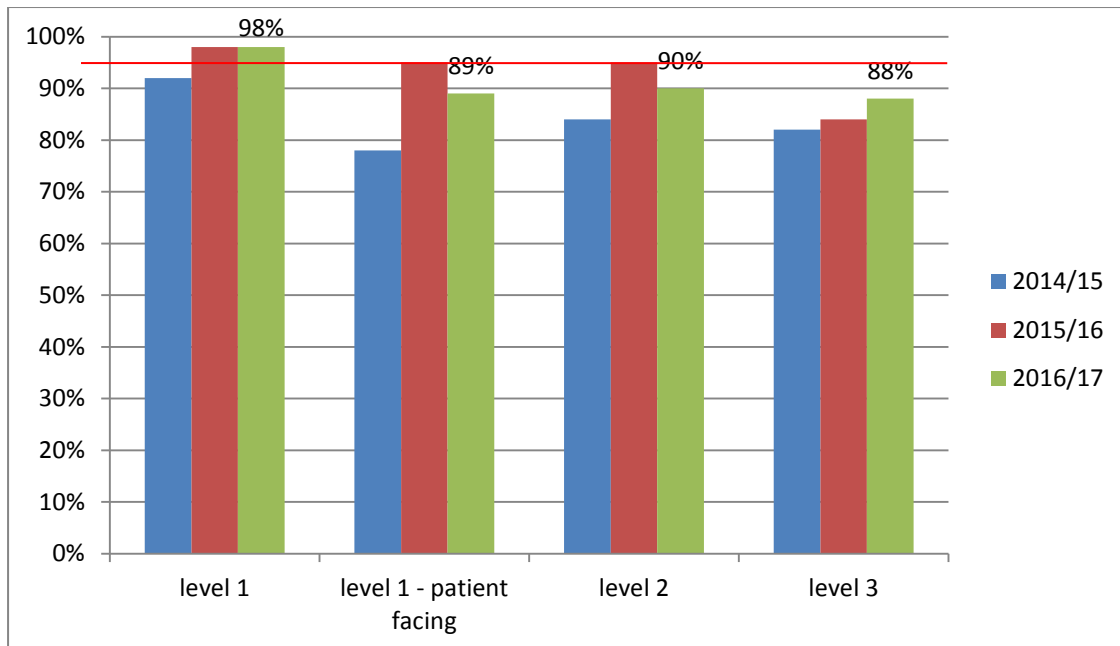


Figure 1 Compliance (%) against child safeguarding training requirements for all staff at UCLH NHS Trust at end of April

Achieving and maintaining 95% compliance for child safeguarding training remains challenging. Disappointingly, level 1 patient facing and level 2 training have fallen below this requirement over the year and whilst level 3 compliance continues to improve this has still only reached 88%. Changes to appraisals this year will require staff to have credible reasons for any deficit in their mandatory training in order to be deemed satisfactory. It is envisaged that this will help address the shortfall.

At the end of April there were 94 staff members non-compliant with level 3 training. Only three members of staff had no record of any level of child safeguarding training all three joined the Trust during March 2017. Of the 94 37 have now trained and 18 have training booked. The remaining 39 have been sent reminders and it is being confirmed that they are still working at the Trust.

	Breakdown of level 3 non-compliance end April 2017	No. of staff 2015	No. of staff 2016	No. of staff 2017
a	Total number of staff who are not compliant with level 3 safeguarding training	185	127	94
b	Number of staff who we have no record of ever completing level 3 safeguarding training	91	97	58
c	Number of staff who we have no record of ever completing level 2 or level 3 safeguarding training	30	4	3

d	Number of staff who have been non-compliant with level 3 for > 1 year AND staff who we have no record of ever completing level 2 or level 3 safeguarding training	13	0	0
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Table 2: Level 3 non-compliance

Division	Completed	Not Completed (includes booked and not booked)	Total	%
Cancer Services	10	3	13	77%
Clinical Support	5	3	8	63%
Eastman Dental Hospital	22	2	24	92%
Emergency Services	74	27	101	73%
Gastrointestinal	5	1	6	83%
Imaging	1	2	3	33%
Infection	1	1	2	50%
Medical Specialties	3	0	3	100%
Paediatrics Division	187	19	206	90%
Pathology	1	0	1	100%
Queens Square	3	2	5	60%
Research and Development	3	0	3	100%
RNTNE Hospital	25	3	28	89%
Theatres and Anaesthetics	1	0	1	100%
Women's Health	318	31	349	91%
Workforce	2	0	2	100%
Grand Total	661	94	755	88%

Table 3 Breakdown of level 3 non-compliance by division March 17

Additional training

Key members of the safeguarding team have received additional training on modern slavery; domestic abuse including honour based violence and forced marriage and child sexual abuse.

3.5 Inter-Agency Working

Following major changes to Camden's hospital social work provision last year which reduced the team in size and relocated it off site there have been further modifications. There is now no allocated social work team for the hospital but instead this work is covered by a "Brief Intervention Team" which carries out initial assessments before allocating the cases to appropriate services.

This team have strived to maintain attendance at emergency department and maternity safeguarding meetings. As reported last year, these changes have led to an increase in the number of social workers involved with UCLH pre-birth caseload. In order to address this and to improve the skills of social

workers new to pre-birth assessment, joint training has been developed and introduced by the Brief Intervention Team manager and UCLH safeguarding midwife. The success of this training will be monitored via the safeguarding maternity MDT.

Individual staff members continue to represent UCLH on Camden Safeguarding Board and its sub groups.

4 External Review

4.1 CQC inspection

Last year's report was written before formal feedback had been received from the CQC inspection of UCLH which had taken place in March. There were no formal recommendations for UCLH with regard to child safeguarding, which was rated as good. However there were a few issues raised which have been addressed with the following actions:

- We have developed a credit card sized contact card for all staff to address the lack of consistency in wards for the signposting staff to safeguarding contact details
- Better documentation of safeguarding supervision for midwives who hold cases to address the perception that there is a lack of formal supervision. We will further strengthen this by developing a new policy and by regularly auditing the outcome.
- There is now a Trust Chaperone Policy

In October 2016 UCLH were peripherally involved in an inspection of the City of London the focus of which was services provided for looked after children and child safeguarding. UCLH provide maternity services to CoL. Recommendations following this inspection have been developed into an action plan which is in progress. These include improving communication between UCLH and GPs, enhancing screening for domestic violence and child sexual exploitation and monitoring the quality of referrals to social care.

4.2 Ofsted Joint Area Inspection

The anticipated joint inspection of Camden has yet to take place.

4.3 NCL Metrics

Quarterly submissions of child safeguarding processes and activity continue

5 Child Safeguarding Activity

5.1 Referrals to social care/family centres

Referrals to social care have been within expected parameters.

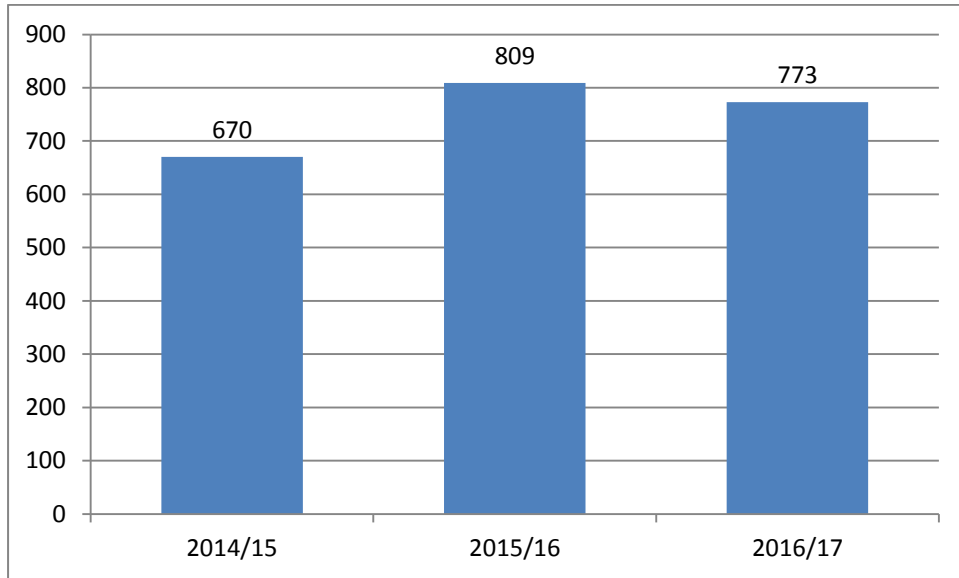


Figure 2: Annual referral rate

Maternity services and the emergency department remain the key locations generating referrals.

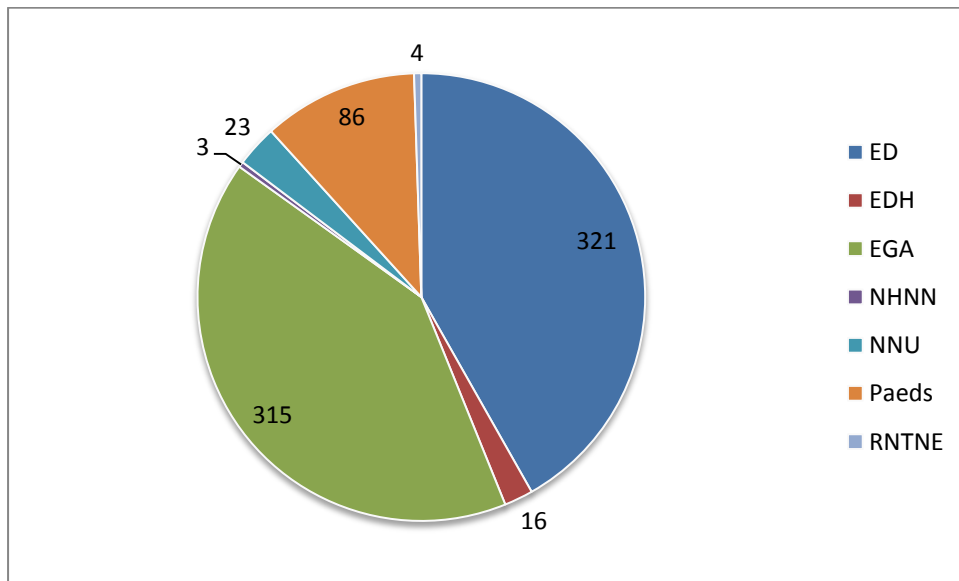


Figure 3 Number of referrals to social care by department

Midwives and nurses continue to be the main referrers.

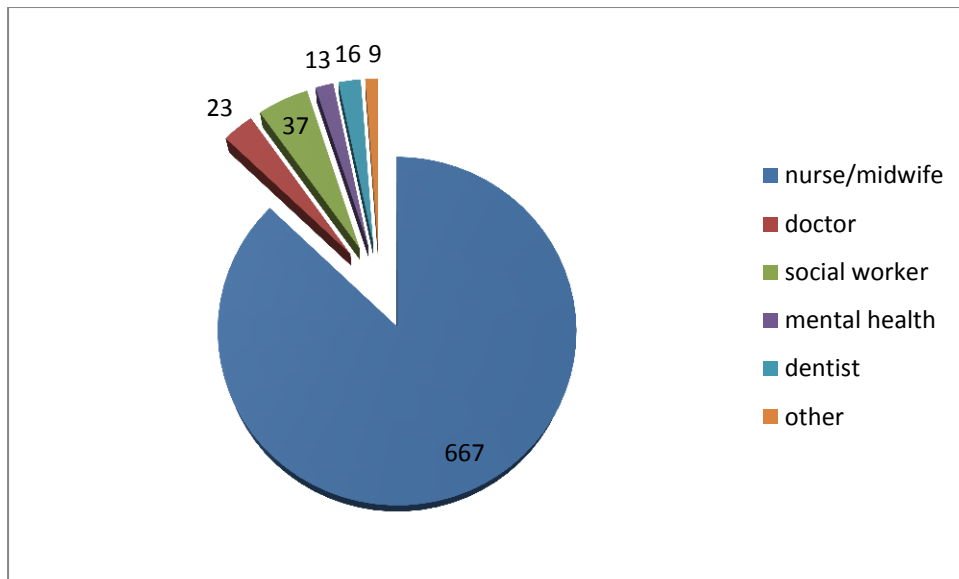


Figure 4 Number of referrals by staff group

There appeared to be a significant increase in referrals between 2014/15 and 2015/16 which was because of the way data was captured. The number and source of referrals is now recorded accurately.

For the third year there are more referrals arising from adult attendances than child (436 adults and 347 children)

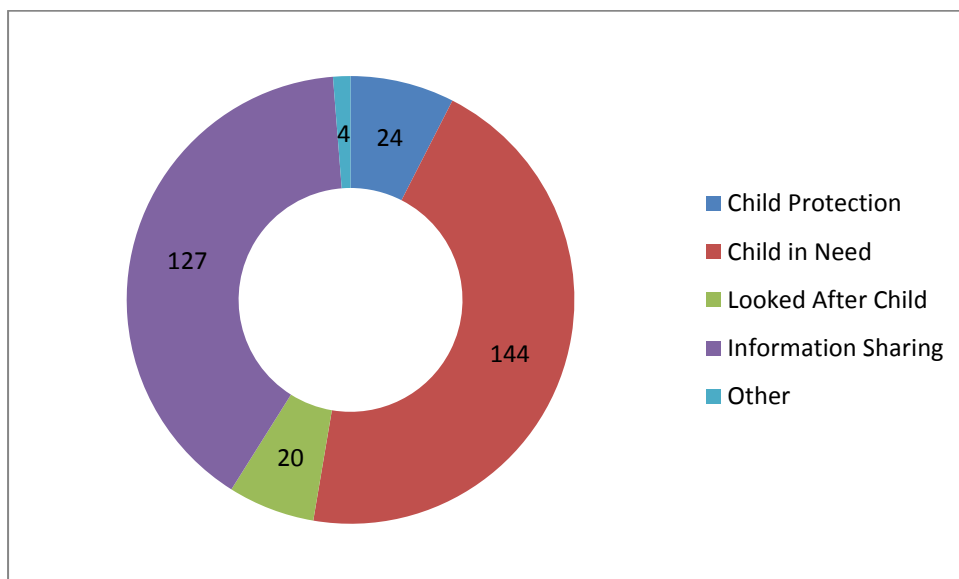


Figure 5: Number of referrals by category from child attendances

Referrals for children and adults continue to be for varied and complex reasons with a significant number again linked to issues of substance misuse, domestic abuse and mental ill health. (see figures 6 & 7)

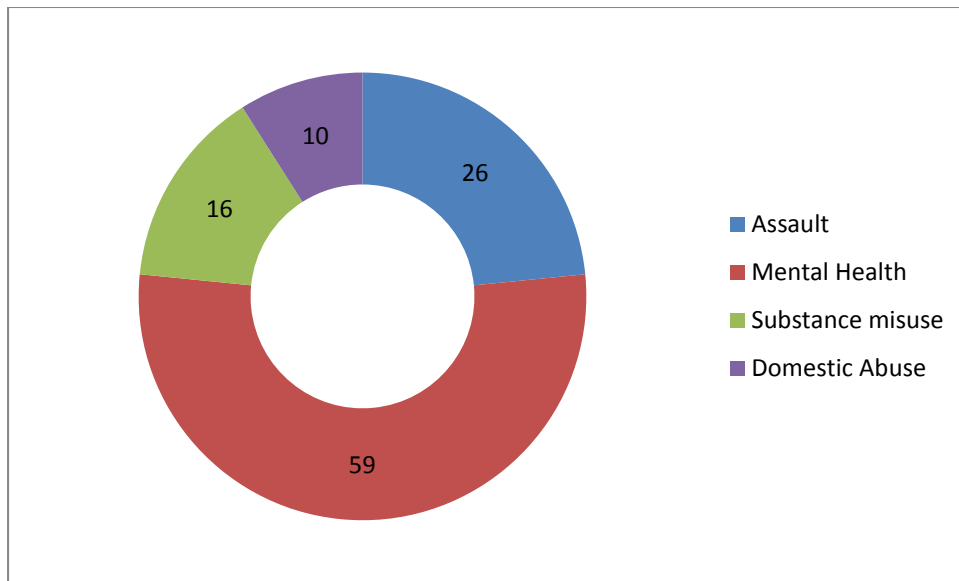


Figure 6: Breakdown of child referrals

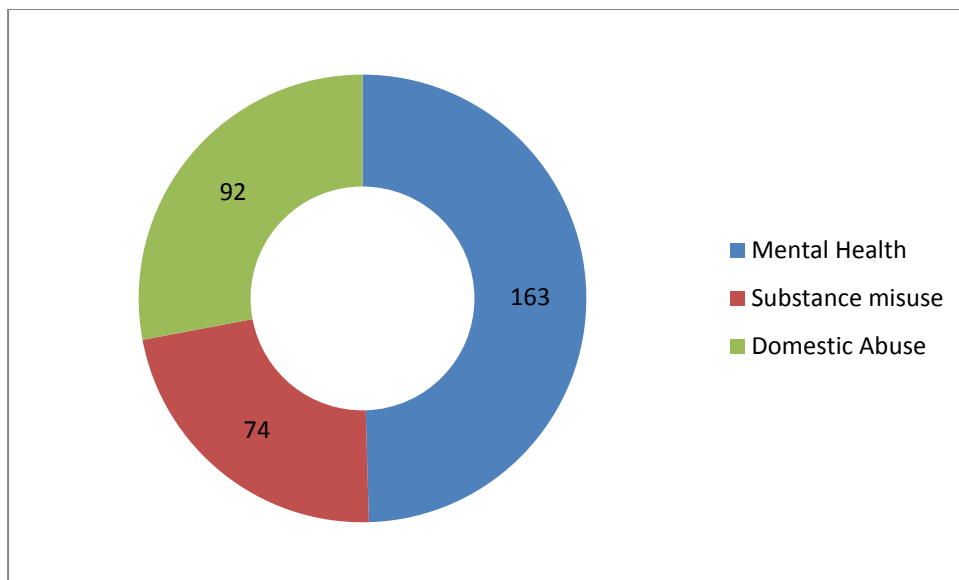


Figure 7: Breakdown of adult referrals

Poverty including lack of recourse to public funds, immigration status and housing issues continue to add increased complexity particularly within the maternity caseload.

5.2 Child Death

There were 46 expected/explained child deaths at UCLH from 1st April 2016 – 31st March 2017. Of these 31 were within the neonatal service, 13 within paediatric oncology/haematology services and two general paediatric deaths. There were no unexplained or unexpected child deaths. All deaths were reported to the appropriate Child Death Overview Panel.

5.3 Serious Case and Individual Management Review

Serious case reviews in progress at time of last reporting.

The review of two cases of infants suffering non-fatal but significant brain injuries in the community whose action plans were nearing completion. Outstanding actions were to re-audit the screening of domestic violence within the maternity service and to share information from acute adult mental health assessments with ULCH electronically. These audits have now been completed and the action plans closed.

Two other cases had recently gone forward to the panel and decision made to carry out serious case review. Both are child deaths from significant head injuries in the community. These reviews are completed but not yet published. There are no specific actions for UCLH but we are part of a multi-agency group looking at how fathers-to-be could be better included in the antenatal period.

Learning from these reviews is being shared in meetings and via training.

New cases

One new review has commenced this year following the death of a teenager in Islington. UCLH have had minor involvement with the child and have submitted a chronology of attendance.

6 Review of Safeguarding Priorities for 2016/2017

1. **Level 3 training:** *To ensure that level 3 compliance is $\geq 95\%$ by March 2017*
This has not been achieved and will remain as a key priority for this year
2. **Chaperones:** *To implement chaperone guidance within children and young people's outpatient department*
Guidance is currently being piloted with parents before full roll out
3. **Ofsted Inspection:** *to ensure key personnel remain alert to plans and timeframe*
As the inspection did not take place in 2016 staff will remain on alert
4. **DBS re-checks:** *to work with HR to plan the 3 year programme of rechecks so that key staff are prioritised*
A staff member has been appointed and has commenced the 1st year of the re-checking programme
5. **In house supervision;** *group supervision sessions to be developed within the community midwife team*
This is now up and running within maternity and is being audited in quarter 1 of 2017

6. CQC Inspection: to action any recommendations

There were no actions from the UCLH inspection.

Actions from the City of London inspection are in progress

7. Implement CP-IS: This is a national IT solution to identify children on a Child Protection plans presenting to an acute setting.

There are an increasing number of local boroughs who have uploaded their information onto the NHS spine and paediatric nurses within the Emergency Department who triage children are piloting the system

8. Security on T11 and T12: Following on from an incident when a 9 month old baby (suspected non-accidental injury) was removed from T11s by her parents we must review our security arrangements for our inpatient areas for children and young people.

Changes have been made on T11 and T12 so that access and egress to all doors is only possible via staff swipe cards.

9. Patients who repeatedly rearrange appointments: Refine process to identify families that serially cancel/re-arrange appointments (we already have a system in place for patients who DNA appointments but this does not pick up patients who repeatedly cancel appointments well in advance and rearrange)

A possible process for running reports has been developed and will now be tested

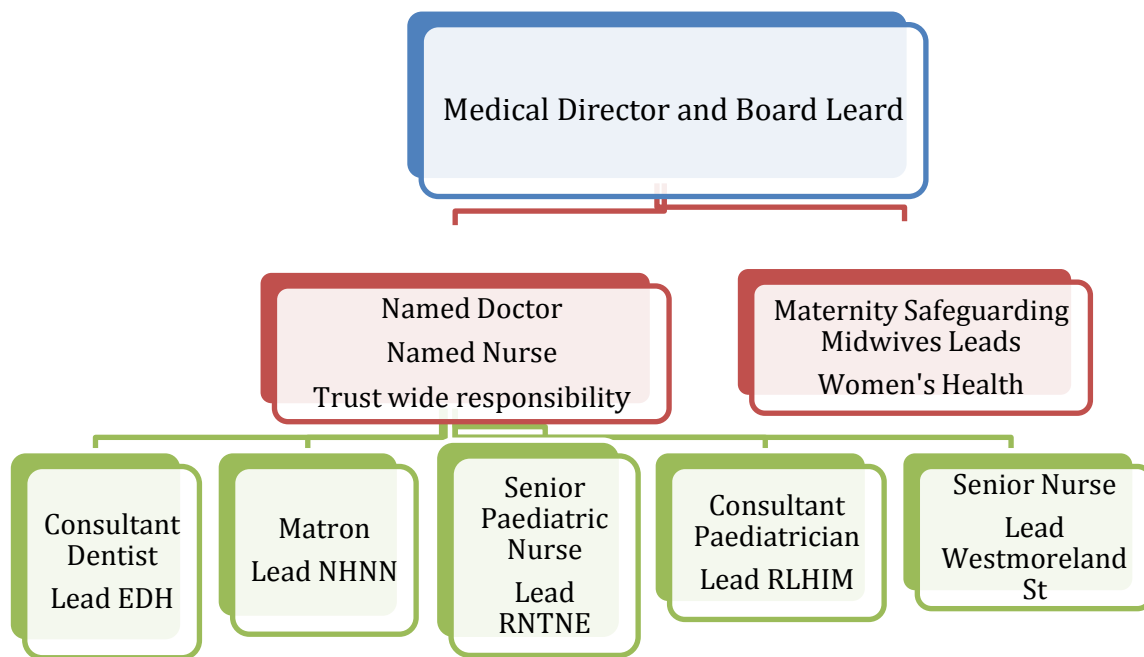
10. Review capacity of safeguarding team to deliver level 3 training in context of workload

Trust /safeguarding roles have been reviewed and will be strengthened in 2017

7 Safeguarding Priorities for 2017/2018

- Embed use of CP-IS in the emergency department
- All training to meet 95% target
- DBS rechecks to continue 3-year programme
- To enhance and embed maternity safeguarding structure to address increase in work load
- Ongoing preparedness for Ofsted and CQC inspections
- Medium to long term succession planning for safeguarding team as a whole
- Complete actions from CQC inspections and SCR reviews
- Patients who repeatedly rearrange appointments to test process for running reports and if successful use data to inform next action`

Appendix 1 Child Safeguarding Leads



Appendix 2 Employment Checks for Agency Workers and Contractor Staff

Agency workers

At UCLH, we have an outsourced managed bank service provided by *Bank Partners* who manage all of our temporary staffing requirements including the booking of agency workers, when approved, on our behalf. Only recognised framework agency providers are used at UCLH; the frameworks require that pre-employment checks are carried out in accordance with the standards set out by *NHS Employers (NHSE)* for all agency workers.

Agency workers, supplied via framework agencies, undergo equivalent pre-employment checks to our own staff and bank workers, including DBS checks before they commence work. In addition, agency workers are subject, according to the framework terms and conditions, to annual DBS checks.

Agency workers should all be booked via the bank on our behalf. This ensures that an *Agency Worker Placement Checklist (AWPC)* is in place before the shift is worked confirming that all checks and training are in place. Direct bookings of unknown agency workers are rare and, should they occur, would be escalated to the Head of Resourcing and the senior manager in that area and we would retrospectively seek an AWPC for the worker in question.

We undertake the following regular audits which are carried out at the bank offices by our team and involve the review of physical files and documentation:

- Review of a random sample of substantive and non-substantive files, and
- Review of a random sample of agency worker placement checklists to confirm that a) these were in place prior to the first worked shift and b) that they were fully completed.

Compliance assurance is on-going; the systems used by Bank Partners prevent workers from being booked for shifts if their checks e.g. professional registration, are expired or if they have previously been barred from working at UCLH through a formal process.

Contractor staff

There are approximately 700 staff employed by *Interserve Facilities Management (IFM)* to work at UCLH; these individuals include those employed directly by *IFM* and by third party contractors engaged to supply staff to UCLH. Processes for their pre-employment checks have been strengthened in the last year:

- *IFM* have brought the files of their existing workforce up to date in respect of DBS, identity and right to work checks;
- Implementation of a new *IFM* employment checks policy which is in line with *NHSE* requirements;
- UCLH have agreed a schedule of audits with *IFM* for on-going assurance.

- Members of the *IFM* team have been trained by UCLHs' Head of Resourcing in the *NHSE* employment check standards, and
- Agency Worker Placement Checklists are now in place for all third-party/contractor workers placed at UCLH via *IFM* to confirm that all pre-employment checks have been carried out. No new agency workers can be placed at UCLH unless an AWPC has been provided for them. This process is assured by audits carried out by UCLH and *IFM*.

We are planning that an independent audit will be carried out by *KPMG* on behalf of UCLH this year to provide additional, independent assurance.

Contact details
Address
Address
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Tel No
Email address
Web address

Additional details if required



We are committed to
delivering top-quality patient
care, excellent education
and world class research

Safety
Kindness
Teamwork
Improving