

UNIVERSITY HOSPITAL BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 26 SEPTEMBER 2013

Title:	SAFEGUARDING CHILDREN AND VULNERABLE ADULTS ANNUAL REPORT 2012-13
Responsible Director:	Kay Fawcett Executive Chief Nurse
Contact:	Sue Crossfield, Lead Nurse Safeguarding ext 14516

Purpose:	To present the annual report on safeguarding children and vulnerable adults to the Board of Directors
Confidentiality Level & Reason:	None
Medium Term Plan Ref:	Strategic Aim 1: Always put the needs and care of patients first
Key Issues Summary:	The annual report for 2012-13 on safeguarding children and vulnerable adults
Recommendations:	The Board of Directors is requested to receive the annual report

Signed: Kay Fawcett	Date: 20 September 2013
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THURSDAY 26 SEPTEMBER 2013

SAFEGUARDING CHILDREN AND VULNERABLE ADULTS ANNUAL REPORT 2012-13

PRESENTED BY THE EXECUTIVE CHIEF NURSE

1. Introduction

This is the annual report on safeguarding children and young people and safeguarding vulnerable adults for 2012-13.

The framework for safeguarding adults at risk is based on guidance arising from HSC 2000/007 'No Secrets' on developing interagency policy and procedures for safeguarding vulnerable adults.

An adult at risk is defined as any person:

- Who is aged 18 years and over
- Who is or may be in need of community care services because of frailty, learning or physical or sensory disability or mental health issues, and
- Who is or may be unable to take care of him or herself, or take steps to protect him or herself from significant harm or exploitation.

The legislation on safeguarding children and young people applies to those up to 18 years of age. Within the Trust, children and young people are seen and treated on an outpatient basis. The Trust has in place a robust risk assessment process for any child being referred for treatment within the outpatient setting. (Appendix 1)

By exception, patients less than 16 years of age may be treated as inpatients after consultation with Birmingham Children's Hospital and in line with Trust policy and associated procedures on clinical management and safeguarding.

June 2012 brought a change in personnel of the Lead Nurse Safeguarding Adults within the Trust. As an interim arrangement until a Named Nurse was appointed, UHB worked closely with BCHC to ensure the paediatric service was maintained and monitored.

2. Governance Arrangements

2.1 Training

Safeguarding children training at basic awareness level is delivered at

mandatory Trust Induction. Thereafter, safeguarding children training is delivered at level 2 to staff working in clinical areas where children and young people are seen on an irregular basis. A three yearly refresher is required for those receiving safeguarding children training level 2. Training was delivered to the relevant staff by trainers from Birmingham Community Healthcare Trust; bespoke training sessions when required. This was an interim arrangement until the Named Nurse Safeguarding Children was appointed in the Trust, to commence in July 2013. Training is based on the competencies set out in the 2010 inter-collegiate document and records are maintained.

Training requirements for clinical staff in sexual health services have been identified in collaboration with the designated nurse. Bespoke level 3 training has been developed which will include more detailed training on the Common Assessment Framework and on safeguarding in relation to trafficking.

Safeguarding vulnerable adults training at basic awareness level is delivered at mandatory Trust Induction. Thereafter, face to face safeguarding adults training is delivered at the equivalent of level 2, recognition and referral and includes the Mental Capacity Act and Deprivation of Liberty Safeguards. Table 1 shows the number of staff trained during the year All junior doctors (FY1 and FY2) receive training at the Medical School, University of Birmingham.

Staff Group	Numbers trained
Level One	
All staff	1202
Level Two	
Registered Practitioners	327
Unregistered Practitioners	31
Medical Staff	55
Other inc military, admin + clerical	25
Total Level Two	438
Prevent	194

Table 1

2.2 Safe Recruitment

Safe recruitment of staff is a key objective in the protection of vulnerable groups of patients. All staff are vetted through the processes of the Disclosure and Barring Service (DBS). Staff employed in areas where children and young people are seen on an irregular basis are checked via the Recruitment Unit, to include checking under the Protection of Children Act Regulations (PoCA.)

2.3 Policy and Procedures

Trust policy and associated procedural documents on safeguarding children are based on the policy and procedures from the Birmingham Safeguarding Children Board and in line with 'Every Child Matters' and the associated working document 'Working Together to Safeguard Children' 2013.

Trust policy and procedural documents are in place and are based on the Birmingham Safeguarding Adults Board policy procedures and good practice guide. The WM Midlands Safeguarding Policy has been reviewed and is reflected in the BSAB and UHB policies and procedures. Following regional discussion around "Self Neglect" it has been agreed by BSAB that Self Neglect is not considered a safeguarding concern but should be approached via a Care Management route through referral to Social Services.

Changes to the policies include changes in the terminology of "Vulnerable Adult" and "Perpetrator" to "Adult at Risk" and "Person Causing Harm" respectively.

2.4 Safeguarding Structure

The Executive Chief Nurse is the Board Lead for safeguarding children and young people. The designated doctor and designated nurse are within the arrangements for the Birmingham Clinical Commissioning Groups (CCG). The named nurse is a member of the Health Advisory Group (safeguarding children) which meets two monthly. The Trust is represented on Birmingham Safeguarding Children Board (BSCB) Health Forum by the Executive Chief Nurse and at the Operational Sub Group by the Named Nurse.

The Executive Chief Nurse is the Board lead for safeguarding vulnerable adults. The Chief Nurse is represented on Birmingham Safeguarding Adults Board (BSAB) by the Lead Nurse Safeguarding. A sub committee structure is in place covering training, policy and procedures, serious cases and MCA/DoLS. The Lead Nurse Safeguarding Adults represents the Trust at the Operational, Serious Case Review and MCA Health Groups. A quarterly Trust activity report is submitted at the Operations sub group.

The Trust Safeguarding Group meets bi monthly and is chaired by the Executive Chief Nurse. The group provides progress reports to the Care Quality Group.

2.5 Serious Case Reviews

Serious case reviews are commissioned by Birmingham Safeguarding Children Board (BSCB) following the death or serious injury to a child where abuse or neglect are known or suspected to be a factor. The reviews are undertaken in accordance with chapter 8 of 'Working

Together to Safeguard Children' revised in 2013. The individual management review (IMR) procedure has been developed and strengthened by BSCB during the year in line with an approved format from Ofsted which currently inspects serious case reviews. During the year, there were no IMR requests.

Birmingham Safeguarding Adult Board completed the investigation of a case which, because it did not meet the full criteria, was down graded from a serious case review to a special case review, but has followed the same procedure for that of a serious case review. The patient's final hospital admission was at QEHB and UHB have submitted as action plan. There were three requests for information for Domestic Homicide Reviews.

3. Safeguarding Case Work

There were no new requests for IMRs for serious case reviews for safeguarding children and young people. There was conclusion of the Serious Case Review, Case 25 and as part of the city wide action plan UHB's action was to implement a "think adult, think child" culture within the Emergency Department. As a result of this, through increased child protection awareness there has been a month on month increase in the number of referrals to Children's Services.

Safeguarding at UHB April 2012 – March 2013

There has been a significant increase in referrals and close working relationships between the Lead Nurse Safeguarding and Senior Practitioners in Social Services has ensured that cases are discussed and monitored to ensure appropriateness of Multi Agency Safeguarding Referrals. Evidence of this is demonstrated in the reduction of safeguarding alerts against the increase of advice calls.

	2011-2012	2012-2013
Total Referrals(adults)	173	254
Multi agency safeguarding alerts	123	60
Deprivation of Liberty Safeguards	7	12
IMCA referrals	12	4
Referrals to Children's Services		53

UHB accounted for 32.4% of all Health referrals across the city and 8.3% of all agency referrals

4. **Specific Reviews**

4.1 Review of discharges from UHB to the Kenrick Centre

During the summer 2011 the Kenrick Centre raised some concerns about a number of patients who were discharged from UHB wards to the Kenrick Centre. Thirteen of the cases were reported to the CQC by the Centre. The Executive Chief Nurse requested a case note review of twenty cases. As a result of the audit, processes have been put in place to review any exceptions to the discharge/transfer procedure. Identification of these cases are investigated at Divisional level and reported at the Discharge Quality Group.

5. **Strategic Plan Going Forward**

The Birmingham Safeguarding Children Board has published its three year strategy plan for safeguarding children, 2012-2015 (Appendix 2).

As a result of significant changes in the Health and Social Care economy, both adults and children safeguarding processes at UHB continue to be monitored and reviewed. To date this has resulted in a review of policy, procedure and processes; and a revision of training and education for all staff.

Updates on changes to date to policies, procedures, processes will be provided in the Executive Chief Nurse's quarterly Care Quality Group.

6. **Recommendation**

The Board of Directors is requested to **receive** the annual report.

Kay Fawcett
Executive Chief Nurse
12 September 2013

Children/young people under 16 years of age attending QEHB

Confirmation details of child/young person under 16 years of age attending QEHB.

- Please complete the following proforma for every child/young person under the age of 16 years of age.
- Completed proforma to be forwarded, in advance of the appointment, to staff identified in section 8

1	Attending:	Nuclear Medicine QEHB		Birmingham PET Centre						
		Out Patients Department: Area and Consultant								
2	Patient initials		DOB		Age					
3	Source of Referral	ROH <small>(distance)</small>		BCH		Other <small>(state source)</small>				
	*NB For patients from ROH (illness) or BCH in-patients please supply additional action plan									
4	Clinical Risk Assessment: Low Risk	Yes		No		RiskCategory if No	Mod		High	
	*NB For patients of moderate and high risk please supply additional action plan									
5	Appointment date:		Time:		Approx. duration of visit					
6	Parents/guardian informed verbally/in writing* of procedure and of QEHBs response to <16s becoming ill whilst on site *delete as applicable	Yes		Reason if No	Parents/Guardians have right to consent	Yes				
No						No+				
					Is the child subject of a Child Protection Plan	Yes+				
						No				
7	Appropriately competent/trained staff rostered on duty	Yes		No		Action If No				
8	Completed proforma to be circulated to: <ul style="list-style-type: none"> • Lead nurse Safeguarding adults at QEHB (Sue Crossfield) • Resuscitation team staff – (Fiona Walsh, Carol Downing, Tracey Clatworthy) • Chief clinical technologist – Nuclear Medicine (Martin Toy)* • PET Centre Manager – (Annette Kai)* • Outpatients Department Matron* *as appropriate + Social Worker involvement required									



Birmingham Safeguarding Children Board Executive Summary - 3 Year Strategic Plan 2012-15 & Business Plan 2012-13

Our vision

"Every child in every part of the City should achieve their potential. We will provide early help and support to those children and families who need it and, working together, will ensure that every child has the belief, aspiration and support to be their best" and "children and young people are safe"

Our Purpose

We co-ordinate and lead the safeguarding system through

- aiming high for the children of the city
- using evidence and strong performance management
- focussing on practice improvement
- providing frameworks, developing policy and setting standards
- challenging each other and holding the whole system to account
- engaging with staff, children, young people and families, communities and organisations
- learning from each other, research, serious incidents, good practice
- developing our staff on a multi-agency basis
- contributing to the understanding of need in the city, the decisions about resources, and the commissioning of services
- reporting on what we know and do

We are greater than the sum of our parts and use our collective power, resources, capacity and energy to get the best for our children.

How we do things in Birmingham

In Birmingham, when working together to safeguard children, we expect all our staff to

- Always remember the child is the focus of our work
- Do the simple things better
- Never do nothing
- Talk a common language
- Do things WITH children and families, not TO or FOR them
- Always remember to act as we would want to for our own child
- Hold conversations and resolve problems
- Talk to each other rather than just pass things on
- Be risk sensible but not risk defensive
- Use what we know works
- Know what difference we are making
- Think about what we do, why and how
- Listen, learn and grow our skills

We expect all partners to ensure that we:

- Support strong schools, settings, families and communities
- Involve everyone who has a part to play – a whole city approach

- Target resources to make the biggest impact on our priorities
- Improve assessment and intervention
- Use recognised methods, models and tools to improve outcomes

Our 6 Strategic Priorities

Our Six Priorities for 2012 - 2015

- Our services support families to nurture children well – and in three years time we will be confident that the children subject to a child protection plan or looked after are the right children with the right plan, and that we will be supporting more families to care for their children at home
- We intervene in the right way at the right time when children are suffering harm – and in three years time we will have significantly increased the numbers of families accessing early help services
- We learn from what we do – and in three years time we can demonstrate outstanding practice in safeguarding children and young people
- We change what we do in the light of what we know – and in three years time our strategic and business plans will be based on detailed evidence of need, practice and performance

- We know vulnerable children and young people feel safe – and in three years time children and young people being supported through a CIN plan or subject to a child protection plan tell us they feel safe and supported by us
- We have made it easier for practitioners to work more effectively together – and in three years time we will have significantly enhanced partnership working through our integrated service arrangements

Our business plan 2012 - 2013

The 4 objectives that support us to deliver our six priorities are:

1. We lead the system and set the direction
2. We focus on our most vulnerable children and families as well as on those families and communities that need more support
3. We know what is happening and can tell the story
4. We grow our skills, and develop our practice

Our 3 key performance obsessions

1. Children receiving early help
2. Children subject to a safeguarding plan
3. Children who are looked after