

Safeguarding Children Annual Report

25th March 2011



Bristol Community Health

March 2011

Pamela Young

Named Nurse Safeguarding Children

**If you need further copies of this document please telephone
0117 900 2633**

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1 Purpose

This is the Annual Report for Safeguarding Children of Bristol Community Health from 1st April 2010 – 25th March 2011. The purpose of the report is to provide a report on Bristol Community Health’s safeguarding activities to the Safeguarding Group and provide recommendations for the future. This report will go to the Integrated Governance Group and Bristol Community Health Committee and will be available on the Bristol Community Health website.

2 Background

Bristol Community Health has a statutory responsibility to safeguard and promote the welfare of children and young people in accordance with the Children Act 1989 and the Children Act 2004 and work within the government inter-agency guidelines “Working Together to Safeguard Children” March 2010.

Bristol is currently the 8th largest city in England with an estimated population of 433,100. If the current trend of increasing population continues, Bristol’s population is projected to be 500,300 in the next decade. The increase is mainly due to the numbers of births and net migration which have resulted in more people moving into Bristol than moving out. According to 2007 estimates, 88.1% of the population were described as White British, 4.6% as Asian or Asian British, 2.9% as black or black British, 2.3% as mixed race, 1.4% as Chinese and 0.7% other.

There are approximately 93,800 children (0 – 19 years), Children and young people from minority ethnic groups account for 32% of pupils in primary schools and 28.6% of pupils in secondary schools, which is above the national average. There are 14.7% of pupils from nursery to year 11 that have English as an additional language and 24.7% in early years settings. The proportion of children entitled to free school meals is well above the national average.

Bristol has high areas of deprivation in the south of the city (Knowle West, Hartcliffe and Withywood), Lawrence Hill and surrounding areas in the inner city and Lawrence Weston, Henbury and Lockleaze in the north of the city.

There are approximately 300 children on a child protection plan and 600 children looked after by Bristol city council.

Bristol Community Health, although primarily providing services for adults, has practitioners that regularly see children for treatment (walk in centres, treatment room nurses, physiotherapists, podiatrists, learning difficulties teams and diabetic retinopathy, Dermatology, The Haven (Refugees and Asylum seekers).

Between 1st April 2010 and 28th Feb 2011 the Bristol Walk in Centres had a total of 9,251 children and young people attend with age ranges as below:

Age	Numbers attending City Gate	Number attending South Bristol
0 – 1	61	401
1 – 5	235	1659
5 – 19	690	1949
19 – 26	3138	1118
Total	4124	5127

In addition there are Bristol Community Health staff working in prison services with young people under the age of 18 years, with mothers who have their babies with them plus pregnant women in the prison at Eastwood Park Prison.

Bristol Community Health also employs nurses who work in the children's respite centre in Lawrence Weston.

3 Safeguarding Children Workplan

The named nurse reports to the quarterly Safeguarding Group and reports on the activities within the safeguarding children work plan (Appendix 1).

4 Staffing

Following the retirement of the joint funded PA with the MARAC nurse in February 2011, the PA support is now received from the PA team in South Plaza.

The named nurse will be retiring at the end of March 2011 and the post has been advertised, the Managing Director will cover until the post has been recruited.

The Multi-Agency Risk Assessment Conference (MARAC) Nurse and budget that has been managed by the named nurse during the period of the annual report will move to NHS Bristol on 1st April 2011.

5 New Developments in National and Local Policies Relating to Child Protection and Safeguarding

A change to the Coalition Government has resulted in a further review of safeguarding by Professor Eileen Munro with a report anticipated with possible changes to the Working Together to Safeguard Children document.

The vetting and barring scheme has been reviewed and a new scaled back vetting and barring scheme is in place.

A review of "Working Together to Safeguard Children" (HM Government, March 2010)

6 Bristol Community Health

The Government's policy changes, on how Health Services are provided have resulted in Bristol Community Health's application to become a Social Enterprise. It is anticipated that the Organisation will grow and child safeguarding will need to be considered as services develop.

7 Registration with the Care Quality Commission

Bristol Community Health registration continues with the Care Quality Commission. Updating of the required evidence has been completed during this annual report timeframe.

8 Inspection of Safeguarding and Looked After Children Services (Ofsted)

Following the inspection of safeguarding services in Bristol by her Majesties Inspectors from Ofsted and the Care Quality Commission in April 2010; there was one specific action for Bristol Community Health. This was concerning a flagging and alerting system for the Walk in Centres. It was not possible for this to be in place within the 6 month time frame and interim arrangement has been put in place whilst the children's commissioners are seeking an electronic solution. The interim arrangement consists of Walk in Centre administrative staff checking a paper version of the child protection list and alerting the clinician to the outcome.

9 Safeguarding Standards for Commissioned Services

Safeguarding Children Standards for Commissioned Services are set by NHS Bristol and NHS South Gloucestershire. During 2010–2011 quarterly reports were sent to NHS Bristol Designated Nurse.

Quarter 1 1st April - 30th June 2010

Quarter 2 1st July - 30th September 2010

Quarter 3 1st October - 31st December 2010

Quarter 4 1st January - 31st March 2011

Safeguarding Standards for Commissioned Services				
Standard	Quarter 1	Quarter 2	Quarter 3	Quarter 4
The number of IMR	0	0	1	0
Compliance with action plans from SCR and IMR	Nil Action Plans	Nil Action Plans	Action plan in progress for SCR Baby M	Nil Action Plans
Vacancy figures for named professionals	Nil vacancy	Nil vacancy	Nil vacancy	0.8 WTE (due to retirement)
Vacancy figures for Learning Disability Nurses	0 vacancy	7.5 WTE	2.6 WTE	Not available
Number requiring enhanced School Nursing	N/A	N/A	N/A	N/A
Number requiring enhanced Health Visiting	N/A	N/A	N/A	N/A
Number of requests to attend Case Conferences	2 Belbrook 2 Learning Disabilities 1 Dermatology	1 Belbrook House	0	0
Number Case Conferences attended	2 Belbrook 2 Learning Disabilities 1 Dermatology	1 Belbrook House	0	0

10 Laming Recommendations (2009)

The outstanding recommendations are as follows:

- Links to Bristol Safeguarding Children Board - Clarification is still being sought on how Bristol Community Health will link to the Safeguarding Board.
- Electronic flagging and alert system – discussions are being had by the Children's Commissioner's on electronic system's for flagging and alerting including enabling A & E Departments and Walk in Centre/Urgent Care Centre practitioners to see if children have presented at any of them and the flagging of child protection concerns. In the interim the Walk in Centres administrators check a paper version of the child protection to see if a child has a child protection plan and alert the practitioner of the outcome.

11 Training

Bristol Community Health has a target of 90% for training of staff at the appropriate levels. The table below shows the percentage of staff trained at the appropriate levels. The training requirements are based on the Intercollegiate Document Safeguarding Children Training for Health Staff (2006).

All Bristol Community Health Staff Safeguarding Children Training						
	% staff completed March 2010	% staff competed June 2010	% staff completed Sept 2010	% staff completed Oct 2010	% staff completed Jan 2010	% staff completed March 2011
Level 1	79.4%	78%	81%	82.6%	85.6%	86.2%
Level 2	25.9%	28%	28%	38.7%	52.5%	62.3%
Level 3	4.2%	8%	11%	61.5%	56.5%	54.2%
Level 4	50%	50%	100%	100%	100%	100%

Level 1 - Heading towards the target of 90%. New staff attend the Induction Programme where level 1 is provided. Staff requiring 3 yearly update access the on-line programme at the Core Learning Unit and are reminded of this by email from the training and development service.

Level 2 - There were 20 in house sessions provided (possible 500 places) with 245 practitioners attending. A further 6 sessions were cancelled due to low numbers. There remain 206 staff that requiring level 2 training; all staff requiring training (and their managers) have received emails from the safeguarding team requesting they book a session.

Level 3 - This training is provided by Bristol Safeguarding Children Board or University Hospitals Bristol Training Department. All staff requiring this level of training have received emails asking them to book a session; all but 6 have booked to attend and those have been chased again.

The updated Intercollegiate Document (2010) changes the levels for some staff, a draft training matrix will be considered at the next safeguarding children meeting.

12 Safeguarding Children Policies

- 12.1** Reviewed January 2010. This policy will require further updating due to changes in Working Together to Safeguard Children (2010), the anticipated Eileen Munro review, scaled back Vetting and Barring Scheme and local changes in service delivery.
- 12.2** Did Not Attend (DNA) Policy for Safeguarding Children and Young People due for review following audit of compliance.

13 Serious Case Reviews and Action Plans

There was one Serious Case Review (Baby M). The named nurse has written the report, attended a panel interview at the Bristol Safeguarding Children Board and the report has been accepted; the final report is awaited. There is one action:

- To include a prompt question in the Walk in Centre protocol for giving Emergency Contraception relating to the emotional well being of the patient and whether there are any family support requirements

The Walk in Centres will be required to add this to their local protocol.

14 Belbrook House Children's Respite Home

Following an investigation and review of the service, discussions with Children and Young People's Services managers have concluded and an action plan is in place.

15 Eastwood Park and Leyhill Prisons

The safeguarding children Inspection took place the week beginning January 10th 2011 at Eastwood Park.

There was a positive feedback from Her Majesties Inspector of Prisons (HMIP) debrief following the inspection. Overall the prison received 3 goods and one reasonably good in the four categories – Safety, Respect, Purposeful Activity and Resettlement (Good is the highest mark)

There was good feedback for health on the needs analysis, policies, reception screening, substance misuse services, medications administration, primary care, GPs, Governance Forum and use of System One.

The final report is awaited but in the interim the named nurse and lead nurses for the prison service have met and collated an action plan from prison health standards where there are known improvements to be made.

16 Referrals to Children and Young People Services

A review of the referrals to children and young people's services from the Bristol Walk in Centres is shown below:

Walk in Centre Referrals to Children and Young People Services	2010 - 2011
Category	
Potential Physical	4
Potential Emotional	2
Potential Neglect	4
Potential Sexual abuse	2
Potential Child in Need	7
Information sharing with CYPS has social worker	8
Domestic violence (adults) referrals affecting children	4

There were 7 further referrals to Children and Young People Services:

- 2 from Occupational Therapy – 1 potential emotional abuse, 1 potential sexual abuse
- 2 from the learning disability team potential physical abuse
- 3 from the refugee and asylum seeking service sharing information concerning Female Genital Mutilation

17 Child Protection Supervision with staff

Regular group child protection supervision has been set up and provided for

- The Haven (refugee and asylum seeking service)
- Learning disability teams (therapists and nurses)
- Walk in Centre lead nurses
- Dermatology Service
- Diabetic Retinopathy
- Sickle Cell Nurse

18 Audit

There have been 5 audits completed this year:

1. Walk in Centre quality of Referral to Children & Young People Services, Record Keeping (Appendix 2 attached)
2. Walk in Centre policy of faxing the Health Visitor or School Health Nurse following presentation for treatment or advice (appendix 3 attached).

3. Walk in Centre guidance on checking the child protection list when a child attends and alerting the clinician of the outcome (appendix 4 attached).
4. Across all services, audit of staff awareness of Safeguarding Policy and Bristol Safeguarding Children Board Escalation Policy (Appendix 5 attached).
5. Across services that send appointments to children, audit to show awareness of 'Did Not Attend Policy for Children and to show that services have set up a process to follow up children to ensure their health needs are met. (Appendix 6 attached)

19 Multi- agency Working

The named nurse is an attendee at the Bristol Safeguarding Children Board Performance Sub Group which has devised a quarterly reporting framework for the Safeguarding Board on performance issues of those providing services for children; Bristol Community Health provides a quarterly report to this group on safeguarding children training percentage.

The named nurse was a panel member concerning a review of a child protection decision (not to place a young person on a child protection plan) which invoked the Bristol Safeguarding Board Escalation Policy.

The named nurse has provided workshops which form part of the University Hospitals Bristol Level 3 training (enabling Bristol Community Health practitioner's places on this training).

20 Summary

Bristol Community Health remain primarily adult focused services which have significant parts of the workforce working with parents and are in a good position to observe and share information where there are concerns for children's wellbeing and safety but there is a need to continue raising the awareness of 'thinking family'.

There are a number of staff who treat or assess children, such as the walk in centres, the Haven, Learning Difficulty Teams, Physiotherapists and Dermatology which receive child protection supervision. The Prison services await the report following the child protection inspection and will continue to need additional support to review the action plan.

There are action plans in place following recent audits, the Serious Case Review and review of Belbrook service which will continue to build on safeguarding work.

Whilst the percentages of staff training has increased with level 1 closing on its target, level 2 training remains a concern and greater efforts will need to be made to achieve the target and compliancy with the Care Quality Commission. The updated Intercollegiate document on training for health workers will require implementing and the safeguarding group will need to address the analysis of changes in training levels for staff.

The Safeguarding Children Work Plan will incorporate outstanding items of the Safeguarding Standards for Commissioned Services, the Laming Recommendations and any other action plans. This plan will form the framework for the successor to the named nurse to ensure that the well being and safeguarding of children remains a priority as Bristol Community Health moves towards becoming a Social Enterprise.

21 References

Safeguarding Children Policy (2010)

Safeguarding Children Did Not Attend Policy (2009)

Working Together to Safeguard Children (2010)

Bristol City Council Children and Young People Services Information Management Services

Safeguarding Children Standards for Bristol and South Gloucestershire

Pam Young
March 2011

Appendix 1 - Bristol Community Health Child Protection Children Work Plan 2010/11

No	CP Work Area	Named Individuals		Evidence to Demonstrate Outcome	Compliance	Start Date	Date to Achieve by	Progress to date/comments
		Lead	Support					
1. OUTCOME – BRISTOL COMMUNITY HEALTH STAFF ARE AWARE OF THEIR SAFEGUARDING RESPONSIBILITIES								
1.1	Review Safeguarding Children Policy <ul style="list-style-type: none"> • Flow chart to show process of management of allegation of abuse against staff • Include Prison Services • Include staff working in BANES e.g. diabetic retinopathy screening • Include information sharing where there are concerns about parents • Include new referral form for Bristol CYPS • Change contact 	PY	SF/WO	<ul style="list-style-type: none"> • Policy reviewed by January 2011, on BCH website and cascaded to staff 	Safeguarding Children's Standards for Commissioned Services	January 2011	January 2011	Information with policy for successor to implement

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No	CP Work Area	Named Individuals		Evidence to Demonstrate Outcome	Compliance	Start Date	Date to Achieve by	Progress to date/comments
		Lead	Support					
	information <ul style="list-style-type: none"> • Check links 							
1.2	Review of DNA Safeguarding Children Policy <ul style="list-style-type: none"> • Include choose and book • Make referral to CYPS clearer 	PY	SF/WO	<ul style="list-style-type: none"> • Policy reviewed by November 2011, on BCH website and cascaded to staff 	Serious case review child A	October 2011	November 2011	Information with policy for successor to implement
1.3	Provide updates via BCH publications	PY	SF/WO	<ul style="list-style-type: none"> • BCH Publications 		April 2010	Ongoing	Successor to write article of introduction
1.4	Government response to Laming recommendations <ul style="list-style-type: none"> • Clarification of link to Safeguarding Children Board • Electronic flagging system • Electronic information sharing system • Protected budget for staffing and training 	PY BSCB	SF	Action plans completed and audited for compliance	Laming recommendations	April 2010	Ongoing	<ul style="list-style-type: none"> • Link to safeguarding board not yet clarified • Electronic flagging system not in place. Care Plus preferred option but needs agreement from all trusts with identification of who is going to input information and keep up to date. In the

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No	CP Work Area	Named Individuals		Evidence to Demonstrate Outcome	Compliance	Start Date	Date to Achieve by	Progress to date/comments
		Lead	Support					
		PY BSCB	SF					<p>interim paper system in place at the Walk in Centres. CYPS sending by secure email weekly the list of children on a child protection plan for admin to check and alert practitioner</p> <ul style="list-style-type: none"> • Electronic sharing system not in place. Is this feasible? • No protected budget for safeguarding
1.5	Serious Case Review Baby M							<p>Report completed and input given to BSCB SCR Panel. Action plan in place for WIC. Overall action plan awaited when SCR is published.</p>

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No	CP Work Area	Named Individuals		Evidence to Demonstrate Outcome	Compliance	Start Date	Date to Achieve by	Progress to date/comments
		Lead	Support					
1.6	Belbrook Children's Respite Home	Jan Davis		Memorandum of Agreement in place clearly identifying CYPS and BCH responsibilities		April 2010	Jan 2011	Management and day to day running is CYPS responsibility with support from Bristol Community Health
1.7	HMP Eastwood Park/Leyhill	PY	JK	<ul style="list-style-type: none"> • Staff aware of BCH safeguarding policies and training requirements • Compliance with Standards required by Commissioners (South Glos) 		April 2010	March 2011	Safeguarding Inspection has taken place Jan 2011 Interim feedback good. Meeting Feb with Janet Mountford Lead Nurse to look at Prison safeguarding standards and outcome of inspection Training Level 1 75% Remainder book to attend induction Level 2 10% 18 staff attended the 2 X Level 2 training sessions in Feb 2011. The remainder are

No	CP Work Area	Named Individuals		Evidence to Demonstrate Outcome	Compliance	Start Date	Date to Achieve by	Progress to date/comments
		Lead	Support					
								booked to attend in March Level 3 There are 4 staff identified to train at level 4, they are booked to attend Jan – March 2011
2. OUTCOME – BRISTOL COMMUNITY HEALTH CAN PROVIDE AUDITED EVIDENCE THAT COMPLIANCE WITH SAFEGUARDING CHILDREN STANDARDS AND LEGISLATION WITH REGULAR MONITORING AND ESCALATION WHERE NEEDED								
2.1	Audit Programme <ul style="list-style-type: none"> Safeguarding children quality of referral to CYPS, record keeping and documentation. To demonstrate that the current guidance of the walk in centre sending a fax to the health visitor or school nurse is being followed That telephone discussions concerning 	PY	SF WO Audit dept Other Agency	Audit outcomes		June 09		<ul style="list-style-type: none"> Audit completed, and shared with WIC leads. Audit completed of WIC fax communication with health visitors and school health nurses and report shared with WIC leads. Not yet completed

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No	CP Work Area	Named Individuals		Evidence to Demonstrate Outcome	Compliance	Start Date	Date to Achieve by	Progress to date/comments
		Lead	Support					
	<p>safeguarding children are documented in the records</p> <ul style="list-style-type: none"> • Staff awareness of the Safeguarding Children Policy, BSCB Escalation Policy and Information Sharing Guidance • Demonstrate that the organisation meets the safeguarding children standards for recruitment • There is evidence that children and young people are consulted in service development 							<ul style="list-style-type: none"> • Covered in Level 2 training not audited • HR leading on this • No evidence of this but could work in with new South Bristol Hospital

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No	CP Work Area	Named Individuals		Evidence to Demonstrate Outcome	Compliance	Start Date	Date to Achieve by	Progress to date/comments
		Lead	Support					
	<ul style="list-style-type: none"> There are leaflets and posters explaining confidentiality NICE Guidance When to suspect Maltreatment 							<ul style="list-style-type: none"> No audit of this yet No audit yet completed but NICE Guidance, included in level 2 training
2.2	<p>Recruitment and selection safeguarding standards for children</p> <ul style="list-style-type: none"> Senior managers aware of safeguarding role in recruitment Agreement of reviewed Recruitment Policy Include Prison Service staff 	HR	PY	Compliance with C2 Compliance with B SCB Safer Recruitment and Selection Policy		August 09	Ongoing	HR has updated the Recruitment Policy to meet compliance with C2. Awaiting feedback from JCNC
2.3	Provide quarterly report to Integrated	PY		Quarterly report to Integrated		Quarterly	Quarterly	Quarterly Report and presentation at

No	CP Work Area	Named Individuals		Evidence to Demonstrate Outcome	Compliance	Start Date	Date to Achieve by	Progress to date/comments
		Lead	Support					
	Governance			Governance meetings				Integrated Governance Next due March 2011
2.4	Equality impact assessment on Safeguarding Children Policies	PY	SF Equalities Dept	Completed equality impact assessments		August 2010	Sept 2010	Completed and sent to Equalities Team
3. OUTCOME – ALL RELEVANT STAFF, BOARD MEMBERS AND SERVICE PROVIDERS RECEIVE REGULAR TRAINING AND UPDATES ON SAFEGUARDING AND THE LESSONS FROM SERIOUS CASE REVIEWS								
3.1	Training Ensuring workforce is trained at appropriate level to the role and responsibilities Regular slots at Induction Programme for Level 1 Planned Level 2 sessions Up to end of March 2011 UHB Level 3 provide workshops	PY	Training Dept	Quarterly reporting by Training Dept of percentage of staff trained at levels 1-4. Target is 90% for all levels.		July 2009	Ongoing	<ul style="list-style-type: none"> • Level 1 84.4% • Level 2 47.2% • Level 3 56.5% • Level 4 100% Training plan in place to increase percentages Induction Dates for 2011 to fill UHB dates for 2011 To fill Level 2 training from April 2011 to provide Level 3 to negotiate with NH Bristol and book staff on.

No	CP Work Area	Named Individuals		Evidence to Demonstrate Outcome	Compliance	Start Date	Date to Achieve by	Progress to date/comments
		Lead	Support					
4. OUTCOME – BRISTOL COMMUNITY HEALTH DELIVERS IMPROVED MULTI-AGENCY AND INTEGRATED WORKING								
4.1	BSCB Performance Sub Group	BSCB Group	PY	Quarterly meetings and performance framework for quarterly reporting	Working Together to Safeguard Children	September 2009	Ongoing	Performance register and performance score card for completion of quarterly reporting for training %
4.2	e-safety group	PY		Quarterly meetings (children and young people's services led) to raise awareness, educate and promote child safety on all forms of electronic information systems		April 09	Quarterly	Meetings on hold due to BSCB co-ordinator post frozen
4.3	UHB Training	PY		Provide workshops to UHB Safeguarding children training (Bristol Community Health Staff are then able to access this training)		Ongoing		Workshops requiring input June, July, Sept, Oct & Dec 2011
4.4	Child Abuse Investigation Team (CAIT) meeting	PY		Quarterly meetings to share information and troubleshoot difficulties		April 09	Ongoing	Unable to attend next meeting,
4.5	Management of the MARAC (multi-agency risk	PY	SF	Provide day to day management and 1:1 supervision to the		April 09	April 2011	Managed transition of MARAC Nurse and admin post to

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No	CP Work Area	Named Individuals		Evidence to Demonstrate Outcome	Compliance	Start Date	Date to Achieve by	Progress to date/comments
		Lead	Support					
	assessment conference) nurse & administration funding for domestic abuse prevention to transfer to NHS Bristol (public health) by April 2011			MARAC nurse and PA and manage transfer of funding by April 2011				NHS Bristol end of March 2011
4.6	Reports <ul style="list-style-type: none"> • Provide annual Safeguarding Children Report • Provide annual safeguarding report to South Glos Commissioners for HMP Eastwood Park and Leyhill 	PY	WO	Annual report completed and presented to Safeguarding Children Group		April 08	July 11	<ul style="list-style-type: none"> • Annual report in draft format • Separate annual report to South Glos for 2011
5. OUTCOME – BRISTOL COMMUNITY HEALTH COMPLIANCE WITH ACTION PLANS								
5.1	CQC/Ofsted - response to visit and action plan: "BCH to ensure that there is improved awareness and	PY	SF Walk in centre	Compliance with action plan within six months		May 2010	Nov 2010	Interim arrangement to be put in place as electronic flagging system will not be available within the

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No	CP Work Area	Named Individuals		Evidence to Demonstrate Outcome	Compliance	Start Date	Date to Achieve by	Progress to date/comments
		Lead	Support					
	consistency in usage across health communities of safeguarding flagging and alert systems already in place. To review the safeguarding alert systems within minor injuries units and Walk in Centres where the electronic system is not available to ensure alert systems used are known to staff and are robust".							<p>6 month period</p> <ul style="list-style-type: none"> • Interim arrangement for Children and Young People Services to email the list of children on a child protection plan and administrator to check this at the Walk in Centres and alert clinical staff with the outcome. • Initial difficulties setting this up, WIC managers assure me this is now in place • Actions identified to progress electronic flagging system through Careplus. The Commissioners will be taking

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No	CP Work Area	Named Individuals		Evidence to Demonstrate Outcome	Compliance	Start Date	Date to Achieve by	Progress to date/comments
		Lead	Support					
								this forward.
6.SAFEGUARDING CHILDREN STANDARDS/CQC COMPLIANCE								
6.1	Performance Indicators for Safeguarding Bristol South Gloucestershire	PY	SF	Quarterly reports to Designated Nurse safeguarding Children Bristol South Glos	Timely reports to Designated Nurses		Quarterly	Quarter (3) Sent to Des nurse South Glos and NHS Bristol
6.2	CQC Compliance to Outcome 7	PY		Outcome 7 Framework updated			6 monthly	Outcome 7 Framework updated November 2010
6.3	SHA Declaration Audit To complete audit to demonstrate that services have DNA policy process in place	PY		Declaration completed and sent to Designated Nurse		March 2011	Annually	Audit completed
		PY		Audit completed			March 2011	

Underpinning Evidence:

Healthcare Commission Audit 2009
 Working Together to Safeguard Children 2006
 Laming Report 2009
 Standard C2
 Bristol Safeguarding Children Board
 Every Child Matters
 Ofsted Report May 2010

Key	
SF	Susan Field, Chair, Managing Director BCH
PY	Pamela Young, Named Nurse Child Protection
WO	Wanda Owen, Named Doctor Child Protection
CG	Clive Gage, Training Department
ME	Mathew Edwards, Integrated Governance Representative
MW	Michelle whittle
FB	Frank Burge Walk in Centre leads
IP	Isobel Pandya, Treatment Room Representative
John Wood	Lay Member
JD	Jan Davis
JK	Janice Kirk
Jo Bond	PA to Child Protection Team

Appendix 2 - Safeguarding Children Audit

Introduction/Background

The purpose of the audit is to ensure compliance with recommendations from:

- The Safeguarding Children Standards for Commissioned Services
- Bristol Serious Case Review Baby Z
- The Laming Enquiry on Baby Peter.

Aim

To determine whether practitioners at Bristol Walk in Centres are providing record keeping and documentation concerning safeguarding children that meets the standards required.

Objectives

- To examine the recording of information and documentation
- To identify and share areas for improvement
- To identify and share areas of good practice

Standard 1

Senior managers must regularly review all points of referral where concerns about a child's safety are received to ensure they are sound in terms of the quality of risk assessments, decision making, onward referrals and multi-agency working. (Point 6 of the Action Plan from The Protection of Children in England, HM Gov 2009, response to Baby P and Safeguarding Children: Standards for Commissioned Services 2009)

Standard 2

All referrals to children's social care should be explicit to the nature of the referral and of the concerns raised and should express those concerns in relation to the child. Where the referral is under Section 17 (child in need) or Section 47(child protection) this must be stated (Bristol Serious Case Review Baby Z)

Standard 3

There is an annual audit of children's records to demonstrate the child's voice has been heard (Safeguarding Children: Standards for Commissioned Services 2009)

Method

There were 26 referrals made by the Walk in Centres to Children and Young People's Services (CYPS) between April 2009 and Sept 2009 and evidence for the audit was taken from either the Children and Young People Services referral form or the clinician's records where appropriate.

Outcome

This is the first safeguarding children audit to establish evidence that the record keeping and documentation at the Walk in Centres meet the required standards as identified above. The target is 100% for all questions within the standards.

There were no referral forms for five of the referrals to CYPS. It was documented in the records of three that the information was shared by telephone and that the practitioner was advised by CYPS that a written referral was not required. It is not clear why the remaining two did not have a CYPS referral form.

In addition there was one referral form that had one part of the form missing. The answers to question 2 on a further form was unreadable due to poor copy quality.

The fact that there was no referral form for five of the cases, part of a form missing and one question unreadable, inevitably lowers the percentages, the answers for the missing forms have been included as a 'no' or the audit. This should be taken into consideration when reading the outcome of this audit.

These anomalies been identified in the framework below where they relate to the questions.

Standard 1 Senior managers must regularly review all points of referral where concerns about a child safety are received to ensure they are sound in terms of the quality of risk assessments, decision making, onward referrals and multi-agency working (Point 6 of the Action Plan from The Protection of Children in England, HM Gov 2009 response to Baby P, and Safeguarding Children: Standards for Commissioned Services 2009)

Standard	Question	Yes	%	No	%	Not Applicable	Note
	Information taken from the referral form						
1	1. The referrer has documented on the referral form to children and young people's services (CYPS):						
	(a) The date of referral	21	81%	5	19%		5 forms missing
	(b) The time of the referral	15	58%	11	42%		
	Information taken from the referral form						
	2. The referrer has documented on the referral form to CYPS:						
1	(a) Whether the family have been informed of the referral	15	58%	11	42%		5 forms missing
	(b) The main carer/young person consents to the referral	12	46%	14	54%	13 (50%)	Plus poor quality of copy on one form leaving question 2 unreadable
	(c) If there has been no consent received that the reason for this has been stated.	4	15%	9	35%		
1	Information taken from the referral form						
	3. The referrer's involvement with the child/family is documented on the referral form to CYPS	19	73%	7	27%		5 forms missing plus part of one form

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Standard	Question	Yes	%	No	%	Not Applicable	Note
	Information taken from the referral form						
1	4. The reason for referral is documented on CYPS referral form with information written under the heading of:						
	a) The child/ren	20	77%	6	23%		5 forms missing plus part of one form
	b) The parents/carers and parenting capacity	18	69%	8	31%		
	c) The wider family and environment	14	54%	12	46%		
1	Information taken from the referral form						
	5. The referrer has stated on CYPS referral form what response is required from social care	18	72%	8	32%		5 forms missing plus part of one form
	Information taken from the referral form or the records						
1	6. There is evidence of multi-agency working where a referral has been made and is either documented on the CYPS referral form or within the records that:						All visits to the Walk-in Centre are routinely shared with the school nurse or health visitor by fax. This is not specifically documented in the records but a copy of the fax report retained. There is a separate audit taking place for this process
	(a) Health visitor or school health nurse informed	1	4%	25	96%		
	(b) GP informed	2	8%	24	92%		

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Standard	Question	Yes	%	No	%	Not Applicable	Note
	Information taken from the referral form or the records						
1	7. The referral to CYPS is made within the timeframe stipulated in the Bristol Community Health Safeguarding Children Policy and there is evidence in either the CYPS referral form or the records:	7	27%	19	73%		5 forms missing plus part of one form
	(a) The referrer has telephoned CYPS the same day	21	81%	5	19%		
	(b) The referrer has sent the written referral within 48 hours						
Question 8 & 9 under Standard 2 & 3							
	Information taken from the referral form						
1	10. The referral form is:						
	(a) Signed	20	77%	6	23%		5 forms missing plus part of one form.
	(b) Dated	20	77%	6	23%		
	Information taken from the referral form or the records						
1	11. Where a referral is made under sexual health for under 16's there is reference in the records or referral form to:						
	a. Richard Guidelines	2	8%	7	27%	17 (65%)	
	b. Fraser competence	5	20%	4	15%	17 (65%)	

Standard 2 All referrals to children’s social care should be explicit to the nature of the referral and of the concerns raised and should express those concerns in relation to the child. Where the referral is under Section 17 (child in need) or Section 47(child protection) this must be stated (Bristol Serious Case Review Baby Z)

Standard	Question	Yes	%	No	%	Not Applicable	Note
2	Information taken from the referral form 8. The referrer has stated the referral status as either ‘child in need’ or ‘child protection’			26	100%		This is not a question on the referral form. The referral form is under review

Standard 3 There is an annual audit of children’s records to demonstrate the child’s voice has been heard (Safeguarding Children: Standards for Commissioned Services 2009)

Standard	Question	Yes	%	No	%	Not Applicable	Note
3	Information taken from the referral form or the records 9. There is evidence of the ‘child’s voice’ within the records or CYPS referral form	20	77%	6	23%	4 (15%)	Three children under 3 years of age. One adult referral due to domestic violence

Standard 1

Senior managers must regularly review all points of referral where concerns about a child's safety are received to ensure they are sound in terms of the quality of risk assessments, decision making, onward referrals and multi-agency working (Point 6 of the Action Plan from The Protection of Children in England, HM Gov 2009 response to Baby P, and Safeguarding Children: Standards for Commissioned Services 2009)

The standard is for all referrals to be telephoned to CYPS the same day and followed up with written confirmation within 24 hours using the appropriate CYPS Referral form.

Question 1

- a) The date of referral was completed on 21/26 CYPS referral forms, however five forms were missing from the audit
- b) The time of the referral was complete on 15/26 CYPS referral forms although five forms missing from the audit therefore six of the available referral forms did not have the time completed on the form.

Question 2

- a) The family were informed of the referral in 15/26 cases, (five forms missing plus one unreadable) therefore five available forms did not have this documented.
- b) The main carer or young person consent status was recorded in 12/26 (five forms missing plus one unreadable) therefore eight of the available forms did not have the consent status documented.
- c) Some referrers have completed this question relating it to 2a or 2b making it difficult to distinguished between the two questions.

Question 3

The referrer's involvement with the child/family has been documented on 19/26 forms (five forms missing plus part of one form missing) therefore all available forms had this documented.

Question 4

- a) Information is documented on the referral form under the heading 'the children' on 20/26 forms (five forms missing plus part of one form missing) therefore all available forms had documented this information.
- b) Information is documented on the form under the heading 'parents/carers/parenting capacity' on 18/26 forms (five forms missing plus part of one form missing) therefore two of the available forms did not have this information documented or a reason why this was not documented.
- c) Information is documented on the form under the heading 'the wider family and environment' on 14/26 forms (five forms missing plus part of one form missing) therefore six of the available forms did not have this documented or a reason why this was not documented.

Question 5

- a) The referrer has stated on 18/26 of the referral form what response is required from social care (five forms missing plus part of one form missing) therefore two of the available forms did not have this completed.

Question 6

- a) It is documented that the health visitor or school health nurse has been informed of the referral on 1/26 (five forms missing plus part of one form missing) therefore not documented on 19/26 available forms or records
- b) GP informed 2/26 (five forms missing plus part of one form missing) therefore not documented on 18/26 available forms or records.

This could be misrepresentation as all visits to Walk-in Centres are routinely shared by fax with the school health nurse or health visitor who in turn forward this information to the GP. A separate audit for this is being completed to demonstrate this compliance. It is not documented on the child's records that the fax has been sent but a copy of the fax report is kept for audit purposes.

Question 7

- a) 7/26 telephoned CYPS the same day (five forms missing plus part of one form missing) therefore it is not documented in either the form or records of 14 referrals. The timeframe stipulated in the Bristol Community Health Safeguarding Children Policy is to telephone CYPS the same day.
- b) 21/26 have sent the written referral within 48 hours (five forms missing) therefore all available have been sent within the stipulated timeframe.

Question 8 & 9 are included in Standard 2 & 3 below

Question 10

- a) There is evidence that 20/26 referral forms were signed (five forms missing plus part of one form missing) therefore all available forms were signed.
- b) There is evidence that 20/26 referral forms were dated (five forms missing plus part of one form missing) therefore all available forms were dated.

Question 11

Best practice for under 16's where sexual health consultations or referrals are made is to refer to the 'Bichard' and 'Fraser' guidelines. Where a referral is made under sexual health for under 16's there is reference in the records or referral form to:

- a) Bichard guidelines, this was not applicable in 17/26 cases. Therefore of the nine applicable, 2/9 made reference, 7/9 did not make reference to the Bichard guidelines.
- b) Fraser guidelines, this was not applicable in 17/26 cases. Therefore of the nine applicable, 6/9 made reference, 3/9 did not make reference to Fraser guidelines.

Standard 2

All referrals to children's social care should be explicit to the nature of the referral and of the concerns raised and should express those concerns in relation to the child. Where

the referral is under Section 17 (child in need) or Section 47(child protection) this must be stated (Bristol Serious Case Review Baby Z)

Question 8

No practitioner that stated on the available forms whether the referral was 'child in need' or 'child protection'. This is a standard relating to a serious case review, yet it is not a question that is asked on the current CYPS referral form. The referral form is currently being reviewed and through consultation this question has now been included on the draft referral form.

Standard 3

There is an annual audit of children's records to demonstrate the child's voice has been heard (Safeguarding Children: Standards for Commissioned Services 2009)

Question 9

There is evidence of the child's voice in 20/26 referral forms or records. Of the six not recorded three were aged under 3 years, one was an adult referral due to domestic violence affecting the child, therefore two records could have documented the child's voice.

Recommendations

The audit demonstrated the importance of all of the documentation being available for audit purposes. With five forms not available, part of one form missing and question 2 of one form unreadable, this has inevitably distorted the outcome of the audit.

There is evidence of good practice:

Question 1a - the completion date of the form was on all available forms

Question 3 - the referrers involvement with the family was documented on all available forms.

Question 4a - information was documented on the form under the heading 'the children' on all available forms.

Question 7b - the written referral was sent within the timeframe for all forms available.

Questions 10a and b - all available forms were signed and dated.

Standard 3

Question 9 - there is good evidence of the child's voice being documented in all but two records.

Areas to improved practice:

Question 1b -the time of completing the referral form was missing on six forms.

Question 4b - two forms did not have information under the heading parent/carers/ parenting capacity.

Question 4c - six forms did not have information under the heading the wider family and environment.

Question 5a - two forms did not have the response required from CYPS.

Question 7a - 13 records did not document that they had telephoning CYPS the same day

Question 11a - seven referrals concerning under 16's sexual health consultation did not document referring to Bichard guidelines.

Question 11b - four referrals concerning under 16's sexual health consultations did not document referring to Fraser guidelines.

Areas to improve audit process

- To ensure that all documentation is available for audit purpose
- To provide clearer questions on audit to prevent uncertainty in the answer (question 2c)
- Question 8 highlighted the need to consult with CYPS to make changes to the referral form and this consultation has taken place.
- Question 6 will be subject to a separate planned audit (in process).

Action Plan

Audit Action Plan		
	Date	Date achieved
<ul style="list-style-type: none"> • To feedback to the Walk in Centre staff the outcome of the audit and share good practice and areas for improvement • Share the new CYPS Referral form with staff 	January 2011	
<ul style="list-style-type: none"> • Follow up audit to demonstrate continued good practice and improvements where it has been identified 	December 2011	

Pamela Young
 Named Nurse Safeguarding Children
 November 2010

Appendix 3



Bristol Community Health

Clinical Audit Report

by

Named Nurse Safeguarding Children

Communication Audit between the Bristol Walk in Centres
and Health Visitors and School Health Nurses

January 2011

Report by Pam Young
Named Nurse Safeguarding Children
January 2011

Introduction/Background

Following serious case reviews where children had died or been seriously injured through abuse or neglect it was identified that children were often taken to different emergency departments or centres to evade recognition of abuse. Bristol Health Trusts adopted good practice guidelines of informing the health visitor or school health nurse of every child's presentation at emergency treatment centres, which now includes the Bristol Community Health Walk in Centres.

Aim

The aim of this audit is to demonstrate Bristol Community Health's part in the Bristol wide communication audit, that the Walk in Centres meet the standard of sending a fax to either the health visitor (pre school children) or school health nurse (school age children) of the child's visit within 24 hours. The communications standard is that the health visitors and school health nurses forward the fax information to the GP. This part of the audit is completed by the Designated Nurse for NHS Bristol.

Objectives

The audit is being completed in conjunction with University Hospitals Bristol (UHB) and North Bristol NHS Trust (NBT). The names of the children attending the Walk in Centres or accident and emergency department on 29th September will be sent to the respective named nurses for safeguarding children of the Trusts. The named nurses will check with the health visitor or school health nurse to confirm that the fax was received and the date the fax was received

Standards

Criterion	Target	Exceptions
The fax was sent by the Walk in Centre	100%	None
The fax was received by the appropriate health visitor or school health nurse	100%	None
The fax was received within 24 hours	100%	None

Method

All children attending Emergency Departments and Walk in Centres on Friday 24th September 2010 were included in the audit.

Bristol Community Health's named nurse for safeguarding children wrote to the health visitors and school health nurses with the names, addresses and date of birth of the children attending the walk in centre and asked for them to verify:

1. That the fax was received
2. The date the fax was received.

Attendance at Walk in Centre 24th September Fax Audit					
Child's Name	Child's DOB	GP	School	HV or SN name	Date Fax received by HV or SN

Findings

Six children attended the Bristol South Walk in Centre on Friday 24th September and nil children attended the City Gate Walk in Centre

All faxes were received by the health visitor or school health nurse as appropriate.

Three of the faxes were received within the 24 hour time period.

Three of the faxes were received outside of the 24 hour period but on the next working day (Monday for the health visitors and school health nurses)

Criterion	Target	Exceptions	Compliance
The fax was sent by the Walk in Centre	100%	None	100%
The fax was received by the appropriate Health Visitor or School Health Nurse	100%	None	100%
The fax was received within 24 hours	100%	None	50%

Observations

This was a small sample which none the less demonstrated good practice that all faxes were sent by the Walk in Centre and received by the appropriate health practitioner.

Although three of the faxes were sent outside of the recommended 24 hour time frame they would not have been viewed by the practitioners until their next working day which was the Monday. The three faxes received outside of the time frame were received on the Monday 27th September 2010.

This shows that some staff are following the 24hour guide and some are not. As this audit was carried out on a Friday, the fact that the fax was not sent/received until the Monday may not be of consequence. However, it could demonstrate that some staff are not following the standard and policy recommendation.

Recommendations

The named nurse to feedback to the walk in centre lead nurses to remind the staff of the standard of sending the fax within 24 hours of the child attending.

Learning Points

As this was a small sample size, the recommendation should be for a larger sample size to be used when next audited and to use several day of the week.

References

Bristol Community Health's Safeguarding Children Policy (2010)

Action Plan

Action Plan from Communication Audit			
Recommendation	Action	By who	By when
Feedback to the Walk in Centre reminding of 24 hour recommendation of faxing to the health visitor or school health nurse	Named nurse to feedback to lead nurses at the Walk in Centres for them to cascade to staff as appropriate.	Pam Young Michelle Whittle Frank Burge	March 2011
Larger sample size to include several days of the week	Named nurse to feed back to named and designated nurse representatives of Bristol Health Trusts	Pam Young	March 2011

Appendix 4

Clinical Audit Report

Audit of the process for checking The Child Protection List at Bristol Community Health Walk in Centres

March 2011



Bristol Community Health

**Pamela Young
Named Nurse Safeguarding Children
March 2011**

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1 Introduction/background

Following a Safeguarding Children Inspection in 2010 there was a recommendation to ensure that a safeguarding alert system was in place at the Walk in Centres. It was agreed that an interim arrangement a paper process would be put in place whilst the Children's Commissioners sought an electronic system across health communities.

2 Aim

To demonstrate compliance with the guidance for checking the Child Protection Plan List each time a child (0 – 18years) attends Bristol Community Health Walk in Centres and alerting the clinician of the outcome of the check.

3 Objectives

With the use of audit questions and seeing the paper and IT systems to check the process is in place with administrative/clinical staff

4 Standard

- The list is sent weekly to a secure email at the WIC where the lead nurse prints off the list and gives to the administrator.
- The list is dated
- The list is kept in a locked place over night
- The list is kept where the public cannot see the list during working hours
- The list is accessed by WIC staff whose role it is to pass on the information to clinicians
- That staff are aware of the nature of the sensitivity of the contents of the list and are aware of confidentiality responsibilities
- The list is checked by the administrator and the outcome documented for the practitioner to see
- The list is disposed of safely

5 Methods

The audit took place at South Bristol Walk in Centre. There was an initial discussion with the lead nurse concerning how often the list is sent by Children and Young People Services and printed out. A further discussion took place with the administrator working that day who also demonstrated the process to show how the list is checked and how the information of the outcome is input on to the IT system for the clinician to be aware of the outcome

6 Findings

Question 1 There seems to be a misunderstanding over the intervals which the child protection list is sent to the lead nurses at the WIC by Children and Young People Services who thought it was being sent two weekly. When the process was set up it was arranged for the list to

be sent weekly. Having re-checked with Children and Young People Services, they advise that the list is being sent weekly.

Question 2 The list was dated

Question 3 The list was not current and dated 20/01/2011 which is 4 weeks out of date

Question 4 The list was kept in a covered file so that it could not be seen by members of the public or those who should not have access.

Question 5 The list is kept overnight in a locked safe and taken out at the beginning of the day

Question 6 The list is shredded when the current list is available

Question 7 32 children attended the WIC on 28th February 2011. The list was checked for each child and information entered onto the screen so that the practitioner was able to see the outcome of the check.

7 Observations

The administrator was very clear of her role to check the available list and update the IT system to inform the clinician of the outcome of the check. All of the children had been checked for the previous day. The administrator was sure of her responsibilities of ensuring the list was out of sight of the public, was kept locked at night and of safe disposal of the list when out of date. On asking the administrator about confidentiality there was good awareness of this with reference made to training received.

There seemed to be a misunderstanding of how often the list was sent by Children and Young People Services but on checking with them they have advised it was being sent weekly. The date of the list being used was 20th January; the audit date of 28th February shows the list was not current. Using an old list will not show all children who have a child protection plan and will not give the clinician a full picture which may put some children at risk.

8 Recommendations

- The Walk in Centre lead nurses check for updated lists weekly and if the list has not been sent they contact the Children and Young People Services contact and ask for the list to be expedited.
- The lead nurses print off the list for the administrative staff on a weekly basis for checking.
- The audit is repeated using both City Gate and South Bristol Walk in centres in one year

9 Learning Points

When a new process is put in place there will often be a need to see how it works in practice and smooth out any difficulties. The audit show the process can be an

Audit of the process for checking The Child Protection List at Bristol Community Health Walk in Centres

effective way of alerting the clinician to safeguarding concerns but highlights the need for the information to be up to date.

10 References

Care Quality Commission/ Ofsted Report (May 2010)

Audit completed by:

Name Pamela Young Signature

Title NN Safeguarding Children

Date 28/02/2011

Appendices - Audit Questions

South Bristol Walk in Centre (WIC) Audit to demonstrate checking of the Child Protection list

Date of Audit 1st March 2011

Question	Answer	Comments
1. Is the list being sent weekly?	No	The WIC lead nurse thought it had been changed to 2 weekly
2. Does the child protection list indicate the date that the list was provided	Yes	The date was written at the top of the list
3. Is the list current for the week of the audit	No	The list was dated 20/1/11 (audit date 28/02/11)
4. Is the list kept where the public cannot see it during working hours?	Yes	The list is kept in a covered file
5. Is the list kept locked overnight?	Yes	The list is locked in safe overnight
6. Disposal of the old lists	Yes	The list shredded when updated list is available
7. For children attending 28 th February 2011 The child protection list has been checked and the clinician is aware of the outcome?	Yes	32 children seen and checked

Appendix 5



Bristol Community Health

Safeguarding Children

Clinical Audit Report

Staff awareness of Safeguarding Children Policy and Escalation Policy

Audit Lead Pamela Young

Report by Pamela Young

February 2011

1 Introduction/Background

To safeguarding children and meet the needs of children who require child protection services it is imperative that staff are aware of the correct policies and procedures to follow in the event of having a concern about a child or young person.

2 Aim

The aim of this audit is to demonstrate that:

- Staff are aware of the Bristol Community Health Safeguarding Children Policy so that they can follow the set down procedures and seek advice when appropriate if there are concerns about children and young people.
- Staff are aware of information sharing guidance
- Staff are aware of the Escalation Guidance which is contained in the safeguarding children policy. This is Bristol Safeguarding Children Board Guidance that came in to place following a serious case review. On investigation it was found that practitioners could have challenged the decisions made by children and young people services. The policy gives a framework for challenge.

3 Objectives

To demonstrate that Bristol Community Health Services are aware of the Safeguarding Children Policy, Information Sharing document Guidance for Practitioners and Managers' and the Escalation Guidance.

4 Standards

NHS Bristol Safeguarding Children Standards 2010

5 Method

Quarterly reporting spreadsheet sent out to leads of Bristol Community Health Provider Services. There are three questions on the reporting framework relating to this audit:

- Are your staff aware of and do they know how to access the Safeguarding Children Policy?
- Are your staff aware of and do they know how to access the document Information Sharing: Guidance for practitioners and managers?
- Are your staff aware of the Bristol Safeguarding Children Board Escalation Guidelines for use where there are disputes between Bristol Community Health and Bristol Children and Young People's Services (contained in Bristol Community Health's Safeguarding Children Policy)?

6 Findings

The questions on the spreadsheet were sent to 36 services, 33 responded; this is a 91% response rate.

One attachment could not be opened as it was sent in a different programme therefore the findings are based on the 32 responses 88% response rate.

Quarterly spreadsheet questions		
Question	Response Yes	Response No
1. Are your staff aware of and do they know how to access the Safeguarding Children Policy?	32	0
2. Are your staff aware of and do they know how to access the document Information Sharing: Guidance for practitioners and managers?	31	1
3. Are your staff aware of the Bristol Safeguarding Children Board Escalation Guidelines for use where there are disputes between Bristol Community Health and Bristol Children and Young People's Services (contained in Bristol Community Health's Safeguarding Children Policy)?	24	8

7 Observations

There was a good response to the audit 33/36 (91%) response, 32/36 (88%) used.

Question 1 -100% of leads reported that staff are aware of the Safeguarding Children Policy.

How to access the Safeguarding Children Policy is covered in Level 1 & Level 2 training. The Policy is available on the Bristol Community Health Safeguarding Children Web Page.

Question 2 - 96% of the leads reported that staff are aware of how to access the Information Sharing Document.

This is covered on Level 1 & 2 training and is available on the Bristol Community Health Safeguarding Children Web Page.

Question 3 - 75% of the leads reported that staff are aware of the Bristol Safeguarding Children Board Escalation Guidelines.

Audit of the process for checking The Child Protection List at Bristol Community Health Walk in Centres

This is covered on the Level 2 training. There are currently 47.2% of staff trained at level 2 who require this level of training. As the level 2 training percentages increase, the staff awareness of the Escalation Guidelines should improve.

Of the 8 services who were not aware of the Escalation Guidelines 3 of them work directly with children (see appendix 1).

8 Recommendations

To inform the 1 service who was not aware of the information guidance. This has taken place.

To inform the 8 services who were not aware of the Escalation Guidelines what they are and how to access them (they are included in the Safeguarding Children Policy). This has taken place.

The audit should be widened and sent to individual members of staff in addition to the team leads.

9 References

The Bristol community Health Safeguarding Children Policy (2010)

NHS Bristol Safeguarding Children Standards (2010)

Appendix 1 - Service Sent The Questions On The Spreadsheet

Belbrook Children's Respite Centre
Community Nurse for Older People x 2
Community Matrons NW
Community Matron South Continence Service
Disabled Adults Resource Team
Dermatology Service
Diabetic Retinopathy
District Nurses x 2
Eastwood Park Prison
Health Assessment and Review Team
Heart Failure Service
HMP Bristol
Infection control
Intermediate Care & Rapid Response
Learning Difficulties Team
Link Workers
MEWAG
Palliative Care
Physiotherapy & OT
Podiatry
Respiratory Nurse Specialists
TB Service
The Haven
Treatment Rooms x 4
Walk in Centres x 2
Wound Care Team
Unable to open from 1 Team

Appendix 6



Bristol Community Health

Safeguarding Children

Clinical Audit Report

Staff awareness of Safeguarding Children Policy and Escalation Policy

Audit Lead Pamela Young

Report by Pamela Young

February 2011

1 Introduction/Background

To safeguarding children and meet the needs of children who require child protection services it is imperative that staff are aware of the correct policies and procedures to follow in the event of having a concern about a child or young person.

2 Aim

The aim of this audit is to demonstrate that:

- Staff are aware of the Bristol Community Health Safeguarding Children Policy so that they can follow the set down procedures and seek advice when appropriate if there are concerns about children and young people.
- Staff are aware of information sharing guidance
- Staff are aware of the Escalation Guidance which is contained in the safeguarding children policy. This is Bristol Safeguarding Children Board Guidance that came in to place following a serious case review. On investigation it was found that practitioners could have challenged the decisions made by children and young people services. The policy gives a framework for challenge.

3 Objectives

To demonstrate that Bristol Community Health Services are aware of the Safeguarding Children Policy, Information Sharing document Guidance for Practitioners and Managers' and the Escalation Guidance.

4 Standards

NHS Bristol Safeguarding Children Standards 2010

5 Method

Quarterly reporting spreadsheet sent out to leads of Bristol Community Health Provider Services. There are three questions on the reporting framework relating to this audit:

- Are your staff aware of and do they know how to access the Safeguarding Children Policy?
- Are your staff aware of and do they know how to access the document Information Sharing: Guidance for practitioners and managers?
- Are your staff aware of the Bristol Safeguarding Children Board Escalation Guidelines for use where there are disputes between Bristol Community Health and Bristol Children and Young People's Services (contained in Bristol Community Health's Safeguarding Children Policy)?

6 Findings

The questions on the spreadsheet were sent to 36 services, 33 responded; this is a 91% response rate.

One attachment could not be opened as it was sent in a different programme therefore the findings are based on the 32 responses 88% response rate.

Quarterly spreadsheet questions		
Question	Response Yes	Response No
1. Are your staff aware of and do they know how to access the Safeguarding Children Policy?	32	0
2. Are your staff aware of and do they know how to access the document Information Sharing: Guidance for practitioners and managers?	31	1
3. Are your staff aware of the Bristol Safeguarding Children Board Escalation Guidelines for use where there are disputes between Bristol Community Health and Bristol Children and Young People's Services (contained in Bristol Community Health's Safeguarding Children Policy)?	24	8

7 Observations

There was a good response to the audit 33/36 (91%) response, 32/36 (88%) used.

Question 1 -100% of leads reported that staff are aware of the Safeguarding Children Policy.

How to access the Safeguarding Children Policy is covered in Level 1 & Level 2 training. The Policy is available on the Bristol Community Health Safeguarding Children Web Page.

Question 2 - 96% of the leads reported that staff are aware of how to access the Information Sharing Document.

This is covered on Level 1 & 2 training and is available on the Bristol Community Health Safeguarding Children Web Page.

Question 3 - 75% of the leads reported that staff are aware of the Bristol Safeguarding Children Board Escalation Guidelines.

Audit of the process for checking The Child Protection List at Bristol Community Health Walk in Centres

This is covered on the Level 2 training. There are currently 47.2% of staff trained at level 2 who require this level of training. As the level 2 training percentages increase, the staff awareness of the Escalation Guidelines should improve.

Of the 8 services who were not aware of the Escalation Guidelines 3 of them work directly with children (see appendix 1).

8 Recommendations

To inform the 1 service who was not aware of the information guidance. This has taken place.

To inform the 8 services who were not aware of the Escalation Guidelines what they are and how to access them (they are included in the Safeguarding Children Policy). This has taken place.

The audit should be widened and sent to individual members of staff in addition to the team leads.

9 References

The Bristol community Health Safeguarding Children Policy (2010)

NHS Bristol Safeguarding Children Standards (2010)

Appendix 1 -Service sent the questions on the spreadsheet

Belbrook Children's Respite Centre
Community Nurse for Older People x 2
Community Matrons NW
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District Nurses x 2
Eastwood Park Prison
Health Assessment and Review Team
Heart Failure Service
HMP Bristol
Infection control
Intermediate Care & Rapid Response
Learning Difficulties Team
Link Workers
MEWAG
Palliative Care
Physiotherapy & OT
Podiatry
Respiratory Nurse Specialists
TB Service
The Haven
Treatment Rooms x 4
Walk in Centres x 2
Wound Care Team
Unable to open from 1 Team