SAFEGUARDING ANNUAL REPORT

2017-2018

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JULY 2018

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Executive Summary

1. Northampton General Hospital NHS Trust is committed to ensuring safeguarding is part of its core business and recognises that safeguarding children, young people and adults at risk is a shared responsibility with the need for effective joint working between partner agencies and professionals. This annual report outlines how the safeguarding service is performing and promoting best practice. The report provides an update on safeguarding progress during 2017/18 and identifies safeguarding key issues, risks and priorities for 2018/19.

2. The Safeguarding Assurance Group (SAG) is responsible for disseminating and monitoring information from Northamptonshire Safeguarding Adult Board (NSAB) and Safeguarding Children's Board (NSCB). In turn as a partner agency, the Trust provides challenge and scrutiny to both Boards as this is an essential part of working together to keep children, young people and adults at risk safe.

3. The Safeguarding Operational Group (SOG) is responsible for disseminating information from the SAG to operational leads across the Trust ensuring that safeguarding is embedded into practice.

4. The Trust completed a Section 11 audit at the beginning of the year which was approved by the NSCB

5. The Named Nurse for Safeguarding Adults has been an active participant in the enhanced observation and care collaborative as lead by NHS Improvement.

6. There are three safeguarding 'active' risks on the Trust risk register which relate to: general governance processes related to adult and children safeguarding processes external to the Trust, unauthorised Deprivation of Liberty Safeguards (DoLS) applications and safeguarding training compliance.

7. Safeguarding training meets the national standards as identified in the Intercollegiate Guidance 2014 (children) and Bournemouth Competencies 2015 (adults).

8. There has not been any Safeguarding Adult Reviews (SARs) or Serious Case Reviews (SCRs) completed within this reporting period. There are three ongoing SCR's. NGH have completed Individual Management Reports (IMR's) as requested to two of these reviews.

9. There is a statutory duty for the Trust to comply with Domestic Homicide Reviews (DHR's). There have been four DHR's commissioned in Northamptonshire during the reporting period. The Trust has contributed to one review, which currently has been

completed but not published. All requests for information to potential DHRs have been completed in a timely manner.

10. The Mental Capacity Act (MCA) Policy and the Safeguarding Children's Policy were both updated in 2017/18 in line with existing guidance and legislation.

11. The safeguarding team have raised the profile of Prevent across the organisation and is now included at the corporate induction.

12. Deprivation of Liberty Safeguards (DoLS) applications in the Trust increased in 2017/18. There have been 303 DoLS applications in the Trust during the reporting period against 289 in 2016/17.

13. 2017-18 has seen a continuation of the strengthening and improvement of the arrangements in place within the Trust to safeguard out most vulnerable patients and continue to develop and embed a culture that puts safeguarding at the centre of care delivery.

1.0 Introduction

1.1 This annual report reflects the arrangements to safeguard and promote the welfare of children, young people and adults at risk within Northampton General Hospital NHS Trust for the period of April 2017 to March 2018. In doing so, the Trust discharges part of its responsibility for Board-level assurance, scrutiny and challenge of safeguarding practice within the Trust, in line with the statutory requirements of section 11 Children Act (2004), Working Together to Safeguard Children (2014), the Mental Capacity Act 2005 and the Care Act 2014.

1.2 In addition to the requirements of the Children Act 2004, the Trust, as a registered provider with the Care Quality Commission (CQC), must have regard for the Regulations as established under the Health and Social Care Act (2008). In relation to Safeguarding, including but not limited to, Regulation 13 and Regulation 17, relating to protecting service users from abuse and good governance, respectively.

1.3 This report presents the integrated safeguarding portfolio and is arranged sequentially under safeguarding adults, Safeguarding children and safeguards within maternity services.

2.0 National

2.1 Safeguarding is a complex area of practice. The potential patient group is wide ranging from people able to self-care to those who are experiencing a short term illness or a long term disability. Abuse can happen in any context and takes many forms, some of which may not be obvious. Therefore it is essential that the Trust

continues to promote the importance of safeguarding for our patients and community.

2.2   Sexual exploitation, modern slavery, gangs and Prevent have been priority work streams highlighted either by central government or by national publication. The safeguarding team have revised their training programmes to highlight these themes for frontline staff.

3.0   Local Context

3.1   Northampton General Hospital is a key partner agency for safeguarding within the county. This is achieved by:
- Membership of Northamptonshire Safeguarding Adults Board (NSAB) and Northamptonshire Safeguarding Children's Board (NSCB) and sub-groups of both Boards
- Multi-agency audit and multi-agency training with the NSAB and NSCB
- Active contribution to Safeguarding Adult Reviews (SAR's) and Serious Case Reviews (SCR's)
- Active contribution to Domestic Homicide Reviews (DHR's) with the associated Community Safety Partnership
- Active participation at complex safeguarding meetings
- Attendance and dissemination of information at the Multi-Agency Risk Assessment Conference (MARAC) when appropriate
- Attendance to support the Prevent agenda and the Channel panel in Northamptonshire
- Close liaison and dissemination of information with the Multi Agency Safeguarding Hub (MASH)

4.0   Safeguarding Governance

4.1   **Named Safeguarding Roles**

4.2   Northampton General Hospital is accountable for ensuring that its own safeguarding structure and processes meet the required statutory requirements of the Children's Act 2004, the Care Act 2014 and other statutory and national guidance. The safeguarding roles, duties and responsibilities of all organisations in the National Health Service (NHS) including the Trust, are laid out in the NHS England 'Accountability and Assurance Framework' which was published in 2015**.**

4.3   The Trust is highly committed to safeguarding with a strong culture of safeguarding vulnerable individuals of any age that have contact with services – either as patients, visitors or staff. Therefore robust governance processes are in place to ensure that services delivered are keeping people of all ages safe.

4.4 The Trust is statutorily required to maintain certain posts and roles within the organisation in relation to safeguarding. These have been fulfilled and enhanced throughout 2017/18.

4.5 The Director of Nursing is the executive lead for safeguarding and represents the Trust at the Northamptonshire Safeguarding Adult Board (NSAB) and Northamptonshire Safeguarding Children's Board (NSCB). The executive lead also acts as Named Senior Officer for allegations made against staff.

4.6 The Head of Safeguarding and Dementia provides strategic direction for both adult and children's safeguarding and supports the Director of Nursing in the executive role. The role of Named Senior Manager for allegations against staff is fulfilled by the Head of Safeguarding and Dementia, who also attends both safeguarding boards.

4.7 The Named Professionals provide the organisation with operational advice, support and input. The professionals are committed to supporting the workforce in understanding safeguarding, embedding it into 'everyday business' and improving outcomes.

4.8 The aims of the service are to:
- To provide visible and professional safeguarding leadership for all aspects of safeguarding adults, children and young people to ensure that day to day advice, support and expertise is available to all staff in hospital. This includes the responsibility of the implementation, maintenance and development of effective and efficient systems for the detection, prevention, surveillance, investigation and control of harm and abuse
- Facilitate safeguarding training sessions across the hospital to ensure that learning, skills set and knowledge of staff is provided as per statutory and mandatory training requirements. This includes all matter of communication across the hospital to ensure that the local needs and risks of children, young people and adults are understood and dealt with to a degree by the frontline staff using lessons learnt from national and local case reviews, best practice and research. Ethical concerns, legislative processes and reporting processes are part of this training as per hospital staff's roles and responsibilities.
- Contribute to the development of appropriate systems including audit, governance policies and procedures to ensure safe practice in relation to the delivery of an effective safeguarding service across the hospital
- Provide guidance and advice to the Human Resources Department in staff investigations including disciplinary, related to vulnerable adults, children and young adults.
- Work in partnership with key internal and external stakeholders to deliver a comprehensive, cohesive, safe and effective safeguarding service for the hospital. This includes engagement with at risk patients, relatives and advocates in order to gain feedback in order to ensure services and service improvements are patient centred and enhance equality and parity of esteem.

4.9   The expected outcomes of the service are to:
- Facilitate the development of a confident, informed workforce in relation to their role and responsibility to children, young people and adult welfare and safeguarding matters
- Improved outcomes for children, young people and adults
- A reduction in risk to children, young people, adults, visitors and staff

4.10   The Named Professional Team comprises of:
- 1.0 WTE Named Nurse (Children)
- WTE Named Midwife (Children and Vulnerable Women)
- WTE Named Nurse (Adults)
- 2.0 PA/week Named Doctor (Children)
- 1.0 PA/week Named Doctor (Adults)

4.11   The Named Nurses are each individually supported by a 1.0 WTE safeguarding practitioner, who provide advice, support and training to all staff within the Trust about the management of safeguarding and vulnerability issues. Safeguarding administrators are assigned to each Named Nurse are essential to providing general assistance and support to the teams on a daily basis, including handling sensitive, emotive and confidential information.

5.0   Safeguarding Assurance Group (SAG)

5.1   The SAG has been in place since 2015 following the appointment of the current Director of Nursing, Midwifery and Patient Services, who is also the Executive Lead for Safeguarding. The frequency of meetings was reviewed following the introduction of the Safeguarding Operational Group (SOG) and is now held on a quarterly basis with consistent attendance from internal and external senior staff members.

6.0   Safeguarding Operational Group (SOG)

6.1   The SOG was established in August 2017 to underpin the SAG. This ensures that the appropriate challenge and scrutiny is concentrated at the SAG. The SOG meets on a monthly basis and is responsible for providing assurance that the safeguarding of unborn, children, young people and adults at risk agenda are effectively implemented within the Trust.   The membership mainly consists of ward matrons and sisters.

7.0   Disclosure and Barring Service (DBS)

7.1   Disclosure and Barring Service (DBS) regulations are in place for the Trust. All new employees and volunteers are checked as part of the employment/volunteer

process. Safer recruitment processes are followed and the safeguarding team work closely with Human Resources when concerns are raised.

8.0   Safeguarding Incidents

8.1   Safeguarding incidents in the Trust are monitored by the safeguarding team and via the SOG. Alerts for safeguarding incidents are generated via Datix. Some incidents are managed at ward level by the Ward Sister and some are more complex. The Head of Safeguarding and Dementia and the Named Nurses are involved in providing safeguarding expertise. The incidents are analysed to detect trends and themes and to improve safeguarding within the Trust. The Head of Safeguarding and Dementia is a member of the Trust's Review of Harm Group, which meets on a weekly basis.

9.0   Quality Schedule

9.1   The Clinical Commissioning Groups (CCG) Quality Schedule (2017/18) has been completed for both safeguarding adults and children. All key performance indicators were successfully completed apart from safeguarding training (Level 3 safeguarding children) compliance which has not consistently reached the trajectory at 85 per cent. This area continues to be a priority for the safeguarding team and the appropriate divisions.

9.2   Business meetings take place with the Governance Team, the Deputy Director of Nursing, Midwifery and Patient Services and the CCGs to ensure that there are agreed strategies in place to meet key performance indicators (KPIs). The 2017/18 KPIs remain unchanged for the coming year.

10.0   Care Quality Commission

10.1   The Care Quality Commission (CQC) visited and inspected the Trust in July 2017 and rated safeguarding as good. The inspection team found that there were effective processes in place to ensure that adults and children in vulnerable circumstances were safeguarded from abuse. Staff in all areas were aware of the processes to identify and respond to patient risk and there were systems in place to monitor and manage risks to patient safety**.**

10.2   The 'Chit Chat' group was set up by the maternity safeguarding team in 2016 to facilitate antenatal education, parenting advice and peer support for women with additional needs, including learning disabilities or anxiety. This was highlighted as outstanding practice.

10.3   Monitoring compliance with safeguarding adults level two and safeguarding children level two and three training was emphasised as areas of improvement. The safeguarding training strategy has been revised in light of this recommendation and

a training analysis has been completed regarding level three safeguarding children to ensure that staff have the right skills and competencies.

11.0   Partnership Working

11.1   The Trust is committed to working with partners to improve outcomes for adults at risk, young people and children.   Part of that commitment takes the form of attendance at, and active participation in, the NSAB and NSCB.

11.2   The table below highlights the attendance of the safeguarding team at the external Northamptonshire Safeguarding Boards and subgroups *(relevant subgroups in italics).*   Commitment to these subgroups is substantial, not only in terms of attendance, but also with active participation and contribution to work streams:

Meeting	Frequency	Role
Northamptonshire Safeguarding Adults Board	Quarterly	Director of Nursing/Head of Safeguarding and Dementia
Learning and Development Committee	Quarterly	Named Nurse for Safeguarding Adults/ Named Midwife
Quality Assurance Sub Group	Quarterly	Named Nurse for Safeguarding Adults
Safeguarding Adults Review Subgroup (SAR)	Quarterly	Head of Safeguarding and Dementia
Named and Designated Nurses Meeting	Monthly	Named Nurse for Safeguarding Adults
Northamptonshire Safeguarding Children Board	Quarterly	Director of Nursing / Head of Safeguarding and Dementia
Child Death Overview Panel	Monthly	Named Doctor (Chair)
Child Sexual Exploitation Sub Group	Monthly	Named Nurse for Safeguarding Children
Child Sexual Exploitation Forum	Monthly	Safeguarding Nurse Advisor
Quality Sub-Group	Bi-monthly	Named Nurse for Safeguarding Children
Multi-Agency Safeguarding Development and Innovation Group (MASDIG)	Bi-monthly	Named Nurse for Safeguarding Children
Honour Based Abuse	Bi-monthly	Named Midwife
Serious Case Review Subgroup	Quarterly	Head of Safeguarding and Dementia
Named and Designated Nurses Meeting	Bi-monthly	Named Nurse Children and Named Midwife
Safeguarding Health Strategic Forum	Quarterly	Director of Nursing/ Head of Safeguarding and Dementia

11.3   There has not been any Safeguarding Adult Reviews (SARs) or Serious Case Reviews (SCRs) completed within this reporting period. There are three ongoing SCR's. NGH have completed Individual Management Reports (IMR's as requested to two of these reviews. These reviews take place after an adult or a child dies or is seriously injured, and abuse or neglect is thought to be involved. The reviews look at lessons that can help prevent similar incidents from happening in the future.

11.4   Domestic Homicide Reviews (DHRs) were established on a statutory basis under Section 9 of the Domestic Violence, Crime and Victim Act 2004. There has been no DHR's in which the Trust contributed to during 2017/18. All requests for information to potential DHRs have been completed within the requested time frame.
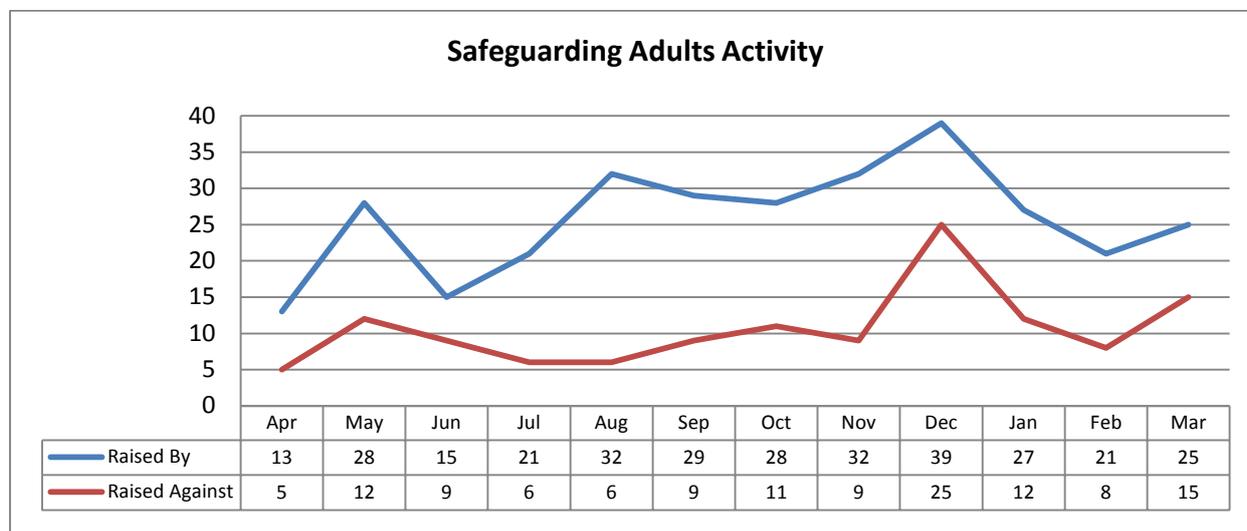
Safeguarding Adults

12.0   National Context

12.1   The Safeguarding Adults Collection (SAC) Annual Report 2016-17 published by NHS Digital in November 2017 presents information about adults at risk for whom safeguarding enquiries were opened during the reporting period 1 April 2016 to 31 March 2017. A safeguarding concern is where a local authority is notified about a risk of abuse, follows up the notification with information gathering, and if appropriate, instigates an investigation (enquiry) under the local safeguarding procedures. The report highlighted:
- There were 109,145 individuals that were the subject of a safeguarding enquiry under Section 42 of the care Act that started within the year. This is an increase of 6 per cent on 2015-16.
- Of these individuals at risk, 60 per cent were female and 63 per cent were aged 65 or over
- 364,605 concerns of abuse were raised during 2016-17, equating to an average of just under 1,000 per day. During the same period 151,160 formal safeguarding enquiries commenced.
- The most common type of risk in Section 42 enquiries that ended in the year was most frequently the home of the adult at risk (44 per cent of enquiries).

13.0   Activity

13.1   There were 310 Safeguarding Adults referrals made by Trust staff during the reporting period. The referral rates to the Local authority remained constant for investigation; with a slight variation noted in 2017/18 when there was a decrease of 1.7% in referrals.

13.2   The majority of referrals were generated by the emergency and urgent care departments. These areas are often where initial assessments are undertaken prior to admission to the Trust in-patient wards.

13.3 The chart below shows the number of safeguarding referrals that were made against and by the Trust for 2017-18. There were 81 safeguarding referrals raised against the Trust which saw an increase of 13.5% in comparison to 2016/17.

Safeguarding Adults Activity

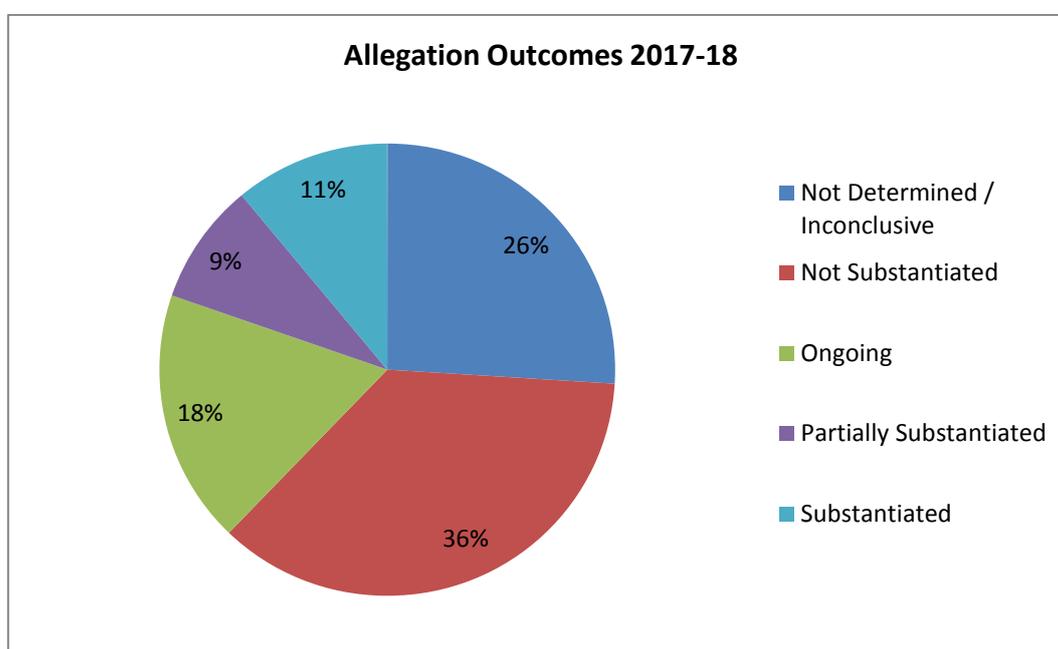|	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Raised By	13	28	15	21	32	29	28	32	39	27	21	25
Raised Against	5	12	9	6	6	9	11	9	25	12	8	15

13.4 The chart below highlights the themes of referrals made by the Trust during this reporting period. Neglect/or act of omission has been the highest level of safeguarding adult concern in terms of both referrals made by the Trust or against the Trust.

Safeguarding Referral Themes 2017-18

0.2% 2.7%
3.2%
24.1%
50.0%
4.8%
1.6%
12.1%
0.2% 1.1%

- Discriminatory
- Domestic Abuse
- Financial & Material
- Neglect or Act of Omission
- Physical Abuse
- Psychological
- Self Neglect
- Sexual Abuse
- Sexual Exploitation
- Grand Total

13.5   Safeguarding Adults investigations run on a 28 day timeline by the Local Authority. The Trust has contributed and completed within this timeframe for the majority of investigations. The chart below illustrates the percentage outcomes of 81 safeguarding referral concerns raised against the Trust.

13.6   The number of referrals can be broken further down into:
- 14 Substantiated
- 11 Partially substantiated
- 46 Not substantiated
- 33 Not determined / Inconclusive
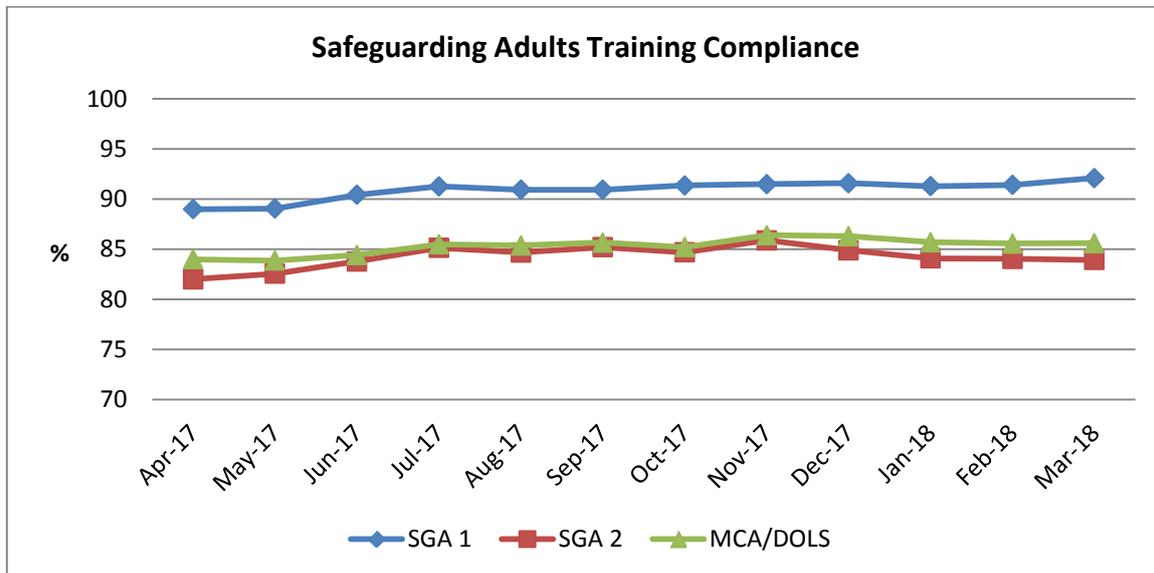- 23 Ongoing

Allegation Outcomes 2017-18

13.7   The themes of the allegations raised against the Trust predominantly refer to discharge arrangements in terms of timeliness, completeness of arrangements (i.e. home care package) and communication with carers and families prior to discharge.

13.8   The outcome of safeguarding investigations have been was shared with staff members via ward / department meetings to review and instigate processes/clinical practice to prevent similar incidents from occuring. For example, the clinical, discharge and pharmacy teams have come together to review processes to ensure that pateints are not being discharged from hospital without medication.

14.0   Training

14.1   The safeguarding teams are committed to training and education which are fundamental to develop staff confidence and skills in relation to safeguarding. The

chart below highlights the safeguarding adult training compliance over the year of 2017-18.

Safeguarding Adults Training Compliance

14.2 Level 1 safeguarding adult and MCA/DoLS training has maintained above the trajectory of 85% compliance for all staff. However Level 2 safeguarding adult training have not reached this trajectory during Quarter four. In order to maintain compliance the Named Nurse reviewed the training data for each division and highlighted non-compliance of specific staff. This information was then forwarded to Divisional Leads regarding training dates and booking arrangements.

14.3 The safeguarding team will continue to provide training for all staff groups, which will include bespoke sessions to specific wards/departments. Additional sessions have been offered to staff in relation to domestic violence and mental health. The safeguarding team also ensure that managers and staff are made aware of external learning opportunities via the NSAB or NHS England.

The feedback from the training delivered has been highly positive. This has included:
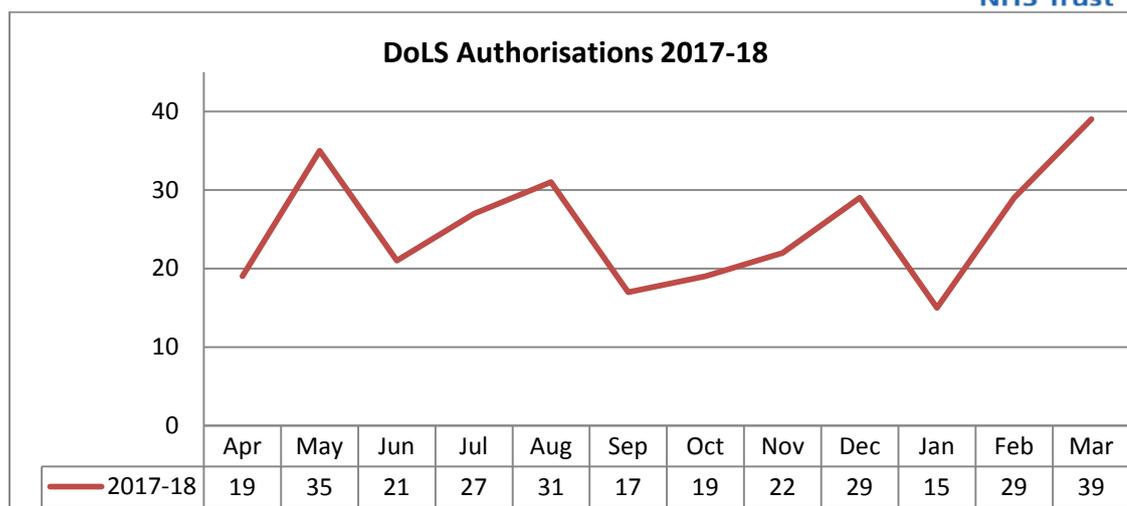
Learnt how to put MCA into practice

Feel I am now confident in raising safeguarding concerns

The domestic abuse learning was very informative and interesting

Enjoyed the session on Prevent and WRAP

15.0   Mental Capacity Act

15.1   The Mental Capacity Act (MCA) which was published in 2007 protects and empowers individuals who are unable to make all or some decisions for themselves. The MCA applies to everyone working in health and social care providing support, care or treatment to people aged 16 and over who live in England and Wales. The Mental Capacity Act policy was reviewed during the reporting period and has been re-launched across the organisation.

15.2   The safeguarding team has undertaken quarterly audits regarding the compliance and application of the MCA in practice, which have been presented to the Safeguarding Assurance Group (SAG). The audit also forms part of the Trust quality schedule, which reports to the CCG.

15.3   The audit results over this reporting period have demonstrated a compliance rate of 98-100% regarding staff undertaking MCA assessments regarding care and treatment decisions.

15.4   Practical application of the MCA was identified as a specific training need as part of the feedback of the audits. Bespoke / master classes training were devised and made available to staff across the Trust.

15.6   The Head of Safeguarding and Dementia and the Named Nurse are part of the consent group and currently contributing to the revision of the consent policy to ensure that the Trust is legally compliant with MCA.

15.7   The Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form was revised in February 2018. The safeguarding team carries out spot check audits to ensure that MCA assessments are carried out in relation to this process.

16.0   Deprivation of Liberty Safeguards

16.1   The Trust as a Managing Authority authorised 303 urgent authorisations during this period within the Deprivation of Liberty Safeguards (DoLS) legal framework. The Trust has seen an increase of 1.4% in requests for urgent authorisations in this reporting period.

DoLS Authorisations 2017-18

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017-18	19	35	21	27	31	17	19	22	29	15	29	39

16.2   Northamptonshire County Council as the Supervisory body implemented an electronic reporting system for all applications in December 2017. The safeguarding team cascaded this information to all staff and bespoke sessions were undertaken to ensure that this system is currently working well.

16.3   The Trust continues to apply for Best Interest Assessments from the County Council under the legislative framework but there have been no assessments completed in this period, due to capacity issues associated with the Supreme Court ruling. This is captured on the risk register held by the Head of Nursing, Midwifery and Patient Services.

16.4   The Government made their final response to the Law Commission review of the DoLS legislation in March 2018. Forty two out of forty seven recommendations have been accepted. If these recommendations are approved this would introduce wider responsibilities of the Trust for DoLS applications which would have training implications across the Trust generally.

17.0   Court of Protection

17.1   The Trust made one application to the Court of Protection in this period. The application was made on behalf of a patient who required urgent maternity treatment and was deemed not to have capacity. The application was granted and maternity treatment and delivery was undertaken.

18.0   Prevent

18.1   Prevent forms part of the Counter Terrorism and Security Act, 2015 and is concerned with preventing children and vulnerable adults becoming radicalised into terrorism. NHS Trusts are required to train staff to have knowledge of Prevent and radicalisation and to spot the vulnerabilities that may lead to a person becoming radicalised.

18.2 The purpose of Prevent is for staff to identify and report concerns where they believe young people or adults may be vulnerable to radicalisation or exploiting others for the purposes of radicalisation. The Named Nurse for Safeguarding Adults is the Prevent lead for the Trust.

18.3 The Named Nurse will make referrals where appropriate and attend the Local Authority Channel panel. This multi-agency panel discusses the risk posed by vulnerable people who are referred for multi-agency support. There have been no referrals from the Trust to the Channel panel in 2017/18.

18.4 The Trust has historically submitted a quarterly return to the CCG via the Designated Nurse for Safeguarding Adults. The data submitted monitors the key elements of the prevent duties and responsibilities which include:
- Identification of Prevent leads – strategic and operational
- Delivery of training
- The levels of referrals made via the Channel process
- Representation and engagement with local and regional Prevent leads

18.5 From Quarter Three, all NHS Trusts and Foundations Trusts have submitted the same Prevent data to both the CCG and to NHS England due to Prevent becoming a national priority. The safeguarding team work closely with the information business informatics team to ensure that this information is submitted in timely way.

18.6 All staff are required to receive basic awareness Prevent training and the Trust have achieved 90% compliance. Training is delivered on Trust induction.

18.7 The Workshop to Raise Awareness of Prevent (WRAP) training is required for specific staff groups and the Trust undertook a training needs analysis in October 2017 to increase compliance. An improvement plan was implemented successfully and compliance in March 2018 was 88%.

19.0 Modern Slavery

19.1 Despite slavery being banned in the majority of countries for over a hundred and fifty years, modern slavery takes many forms. Forced labour, people trafficking, debt bondage and child marriage are all forms of modern day slavery that affects the world's most vulnerable people. It is estimated that there are over 13,000 people in modern slavery in the United Kingdom.

19.2 Modern slavery is incorporated within the Safeguarding Children and Adult mandatory training from levels 1 -3, which applies to all staff employed by the Trust.

20.0   NHS Improvement Enhanced Observation and Care Collaborative

20.1   Enhanced care is the current term for one to one nursing care, also known as special observation or specialising, for critically ill or vulnerable patients in hospital. In recent years this has become more prevalent, particularly for frail elderly people with complex needs including dementia or delirium, and tends to rely heavily on temporary staffing.

20.2   The Named Nurse alongside other colleagues from the Trust has joined the NHS Improvement programme to deliver an improved experience for such patients and their families whilst also seeking to measure, monitor and reduce the cost of enhanced care whenever possible. The structured change management programme will be in place by September 2018

21.0   Achievements in 2017/18
- A review of training has been completed in relation to safeguarding adults, the Mental Capacity Act and the DoLS. Supplementary, targeted training sessions has been provided to wards/departments to support the existing programme of training. additional training was undertaken regarding the DoLS electronic application process
- Safeguarding adult training day available to staff has been extended to include domestic abuse and mental health.
- The Mental Capacity Act policy and associated documentation has been reviewed and re-launched across the Trust.
- The safeguarding adult's intranet page was reviewed and updated to provide an easy reference point for Trust staff
-
- The Named Doctor for Safeguarding Adults commenced in post in February 2018
- The safeguarding training strategy has been revised
- The safeguarding adult's team have supported Prevent/Wrap training across the Trust to attain 88% compliance and WRAP training is now delivered at induction to all new starters.
- Introduced a centralised system for the collation of Mental Health Act papers across the Trust.
- Work with the Local Authority to launch a protocol for responding to concerns about persons in a position of trust.
- Continue liaison and planning with key stakeholders internally to review the transition pathway for all children transitioning to adult services.

22.0   Priorities for 2018/19
- Continued attendance at the NSAB and multi-agency partnership meetings to enable the Trust to meet statutory responsibilities and engage with wider partnerships and services.

- The Named Nurse will continue to contribute to the Trust's enhanced observation and care collaborative which is nationally led by NHS Improvement
- Ensure safeguarding training compliance to be achieved as per quality schedule.
- Review the Safeguarding Vulnerable Adults Policy to ensure that this is legally compliant and in keeping with locally agreed safeguarding procedures
- Work with other Trust colleagues to agree, ratify and launch the new consent policy to ensure that mental capacity assessments are completed when appropriate
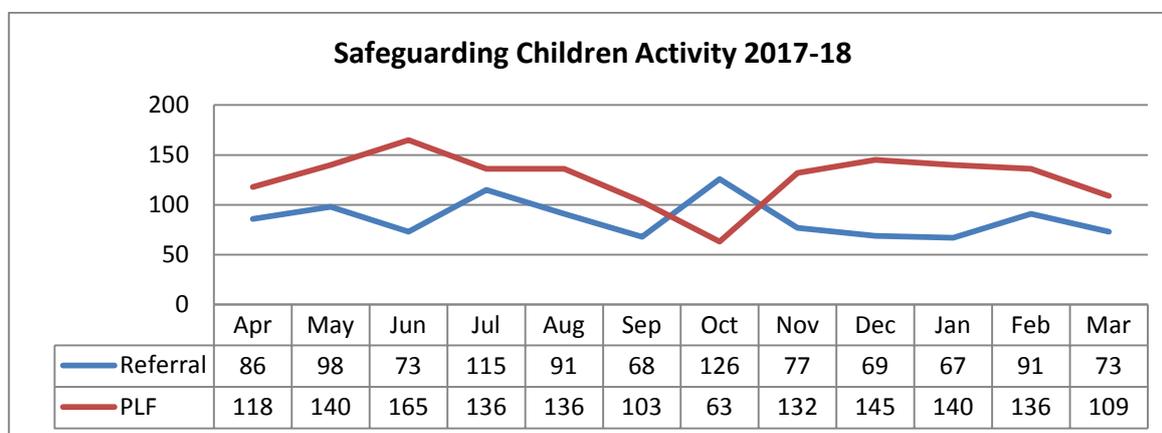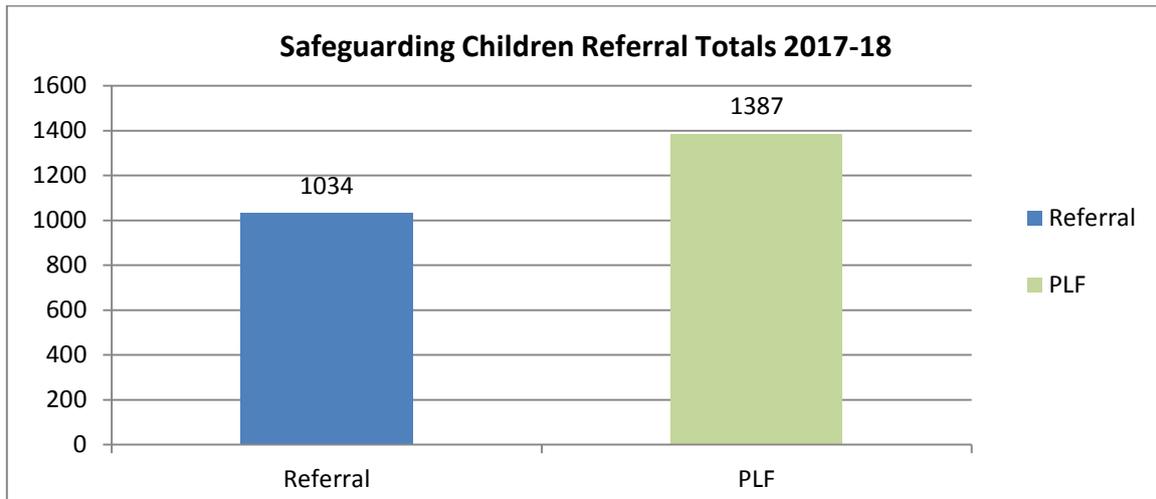
23.0   Safeguarding Children

23.1   The Safeguarding Children's team are committed to safeguarding and promoting the health and wellbeing of all unborn babies, and those babies, children and young people attending the Emergency Department (ED), as outpatient's or, those admitted to the Paediatric wards, Emergency Assessment Unit, or any adult wards where 16 year olds and over have requested this. The Trust also have a 'duty of care' toward 'unseen' children whose parents have been admitted, or, have attended ED where there may be safeguarding concerns, for example, presenting with alcohol and drug misuse, suicidal ideation or in a mental health crisis.
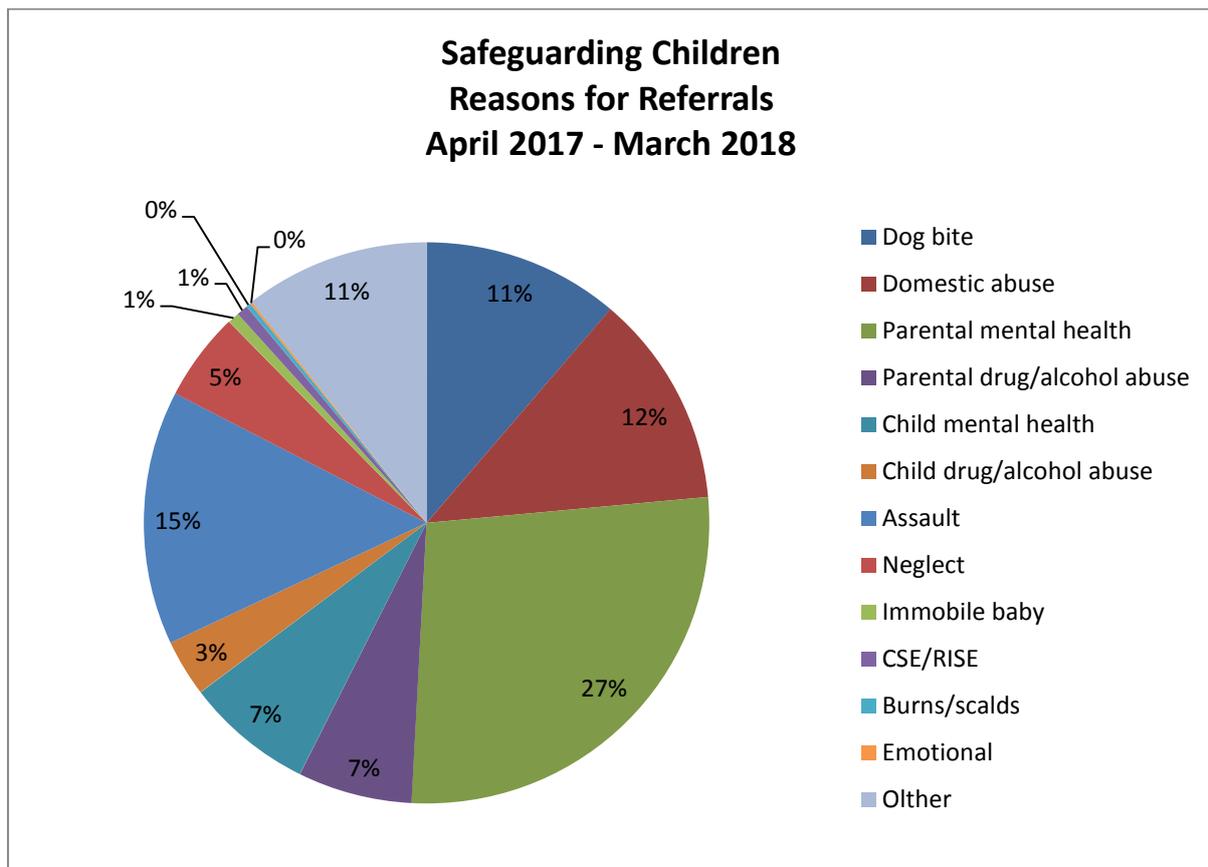
24.0   Activity

24.1   There has been a total of 1,034 Multi-Agency Safeguarding Hub (MASH) referrals during 2017/18 which is comparable with the previous year (983). 1,373 paediatric liaison forms (PLF's) have been completed as opposed to 1,523 the previous year.

24.2   The chart below highlights the safeguarding activity across the reporting period. The trajectories are comparable, demonstrating good practice in terms of liaising with and notifying health colleagues, for example, health visitors, school nurses and GP's to emerging themes to emerging safeguarding concerns, and/or child protection procedures initiated by the Trust. This liaison was highlighted as good practice within the Laming Recommendations in 2003. There was a reduction in MASH referrals and increase in PLF's noted in June 2017 and then the reverse/opposite statistics in October 2017. There is no rationale however for these presentations.

Safeguarding Children Activity 2017-18

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Referral	86	98	73	115	91	68	126	77	69	67	91	73
PLF	118	140	165	136	136	103	63	132	145	140	136	109

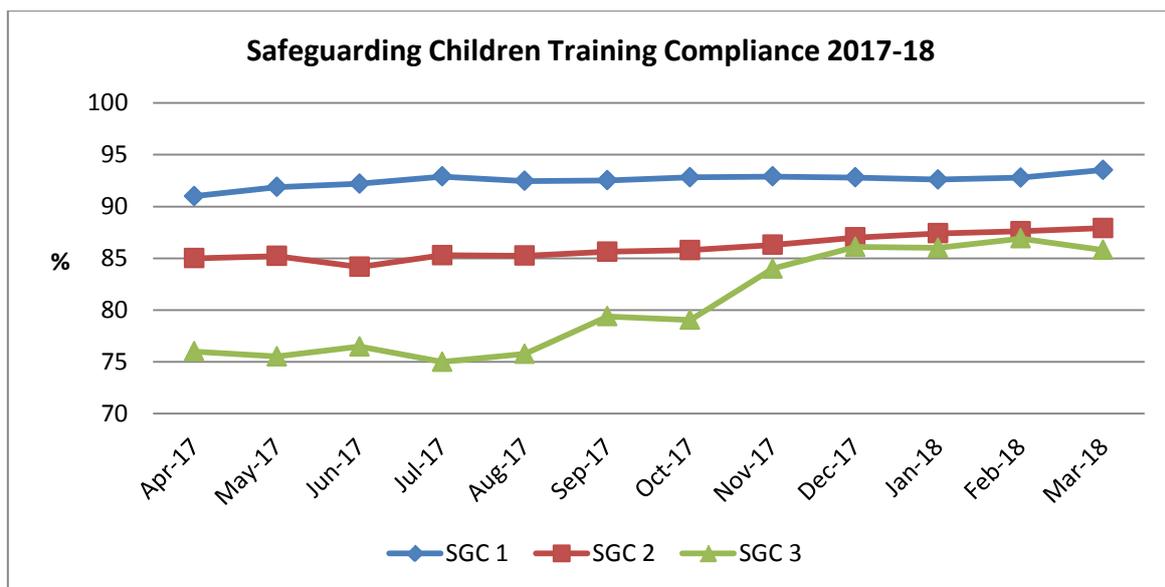**Safeguarding Children Referral Totals 2017-18**

24.3 The pie chart below presents the primary reason for MASH referrals by the Trust. Referrals are recorded by 'primary reason'. However there will often be multiple concerns or reasons for statutory intervention.

**Safeguarding Children
Reasons for Referrals
April 2017 - March 2018**

- Dog bite
- Domestic abuse
- Parental mental health
- Parental drug/alcohol abuse
- Child mental health
- Child drug/alcohol abuse
- Assault
- Neglect
- Immobile baby
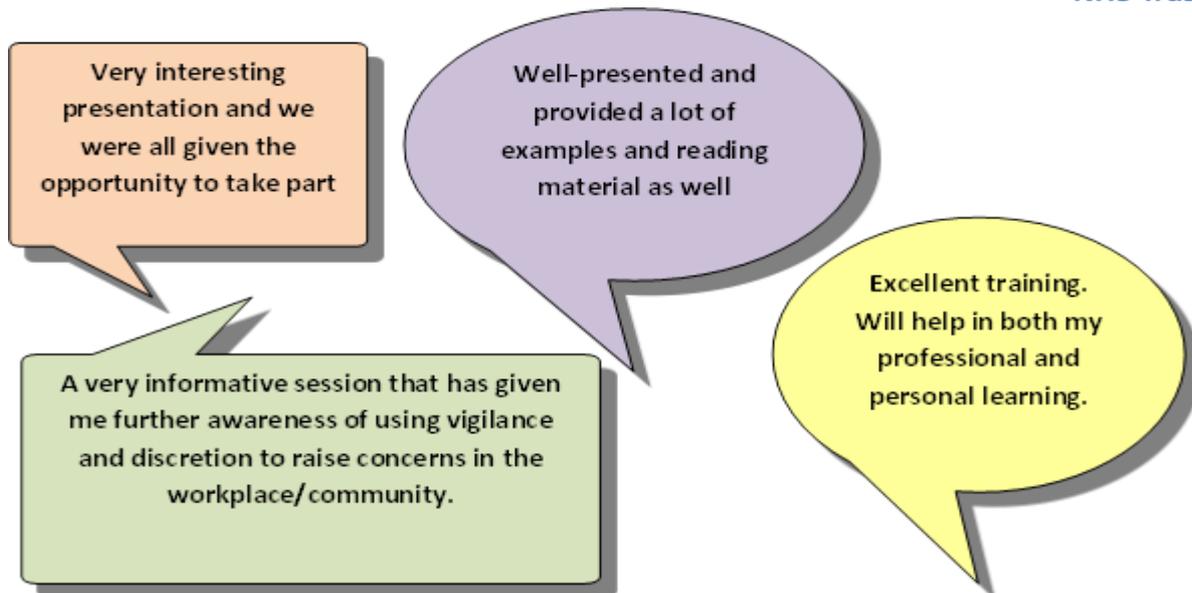- CSE/RISE
- Burns/scalds
- Emotional
- Olther

25.0 **Safeguarding Children Training**

25.1 Considerable focus has been given to safeguarding training within the clinical divisions, particularly at Level 3, resulting in an increase in training compliance. Level 3 safeguarding training within the Trust was reviewed in terms of a training analysis for all staff grades and disciplines to ensure the correct level of training is offered to staff according to their roles and responsibilities.

25.2 The children's safeguarding team has facilitated 'bespoke sessions' to the ED and Urgent Care teams in Level 3 Safeguarding Children Training in addition to the scheduled training. External trainers were used to enhance compliance on a quarterly basis. These efforts have resulted in all levels of safeguarding children training attaining 85% or above compliance since December 2017 as illustrated in the chart below. Every effort has and will continue to be made to ensure this is maintained.

Safeguarding Children Training Compliance 2017-18

25.3 The feedback from the training delivered has been highly positive. This has included:

26.0 Early Help Referrals

26.1 Early help is vital in offering children support which will increase their outcomes. The Early Help Assessment (EHA) is a way to help identify needs of children and families and make a plan to meet them. The EHA is a shared tool used by all agencies in Northamptonshire and ensures a co-ordinated response.

26.2 There has been an increased awareness through safeguarding training and supervision as to the early help process for staff within the Trust. The total number of MASH referrals that were stepped down to early help by MASH from April 2017 to March 2018 was 219.

27.0 Paediatric Liaison Nurse

27.1 The paediatric liaison nurse provides the vital link and channel between the Trust and community staff, such as GP's, health visitors and school nurses. Pertinent and timely information on children aged 0-19 years (and beyond if the child/young person has a disability or is a looked after child) and their families is shared with the professionals in the community for continuity of care and to safeguard and promote the welfare of children and young people.

27.2 The paediatric liaison nurse commenced on maternity leave in February 2018 for a year. This has led to some challenges for the safeguarding children's team as safeguarding operational issues are prioritised.

28.0 Designated Officer (LADO)

28.1 The Designated Officer (formerly known as the Local Authority Designated Officer or LADO) at Northamptonshire County Council is informed by the Trust of all cases

in which it is alleged that a person who works with children has behaved in a way that has harmed, or may have harmed a child or behaved in a way that indicated they may pose a risk to children. In the reporting period the Trust has made one referral to the Designated Officer, which pertains to a professional external to the Trust.

29.0   Section 11 Audit

29.1   Local Safeguarding Children's Boards have a statutory duty to assess how well and to what level their partners are fulfilling their obligations to safeguard and promote the welfare of children under s11 of the Children Act 2004.

29.2   The Executive Lead and Head of Safeguarding met with the scrutiny panel of the NSCB at the beginning of the year to discuss their findings from their s11 audit. This provided an opportunity not only for the Trust to showcase their safeguarding activities but to provide feedback about the Board and children's services in the county.

30.0   Serious Case Reviews

30.1   There are currently two Serious Case Reviews (SCR's) which have been ongoing during the reporting period which are pertinent to the Trust. One review focusses on a home educated child and the visibility of the child and other children in the household to professionals. The other SCR relates to the death of a two year old child within the county.

30.2   The Trust is actively participating with both SCR's in terms of panel members and Individual Management Report (IMR) reports.

31.0   Child Protection Information System (CP-IS)

31.1   Following direction from NHS England the Trust has implemented the use of CP-IS using the summary care record. Both the ED and PAU are now able to access the system. Data relating to children (including unborn children) with a child protection plan or with looked after status is securely transferred to and stored on CP-IS on the NHS Spine and is presented as a Flag indicating the patient is a vulnerable child.

31.2   By sharing data across regional boundaries CP-IS helps health care professionals build up a picture of a child's visits to unscheduled care settings supporting early help detection and intervention in cases of potential or actual abuse.

32.0   Young Healthwatch

32.1   In October 2017 four Young Healthwatch volunteers visited paediatric services at the Trust to give feedback to the hospital about areas from the perspective of

young people. Feedback gained was extremely positive and has been published on their website. Actions included from the visit have been addressed via the Paediatric Governance Meeting.

33.0   Achievements in 2017/2018

- The safeguarding children's team provide safeguarding supervision either on a 1:1 or peer group basis for the Diabetic Special Nurses, Community Paediatric Nurses, Audiologists, Eye Casualty and Children's Physiotherapy team. The supervision has been well received by all staff and practitioner's confidence in discharging their safeguarding responsibilities have been enhanced.

- The 'Abduction of a Baby or Child Policy' was initiated and ratified in collaboration with Midwifery, Womens and Children and Practice Development teams. Table top exercises and drills were successfully completed to ensure the policy was fit for purpose.

- Following the Care Quality Commission (CQC) inspection last year the safeguarding team are aspiring towards 'outstanding.'   As a result the Named Nurse for safeguarding Children undertook a peer review at St Richards Hospital in West Sussex to establish who had been recently rated outstanding by CQC.

- There has been prolific audit activity both internally, and externally in the form of multi-agency case audits to ensure that safeguarding activity within the Trust reflects good practice. Audit has included: dog bites, parental details of children who attend ED, 'unseen children,' looked after children and the 'toxic trio.' The Named Nurse is working towards the national publication of the dog bite audit which has received positive feedback and has been identified as potential learning for other Trusts.

- All levels of Safeguarding Training have been reviewed and Lesson Plans written in keeping with the Intercollegiate Document 2014. Training has also been informed by the dissemination of Lessons Learned through local Serious Case Reviews.

- A revision of the safeguarding strategy was undertaken with a training needs analysis for level 3 safeguarding training to ensure the appropriate level of training is undertaken to ensure capability in discharging safeguarding responsibilities according to roles.

- All levels of safeguarding children training have attained 85 or above compliance since December 2017

- The safeguarding children's team have supported Prevent/Wrap training across the Trust to attain 93% compliance.

- Implementation of CP-IS successfully negotiated and implemented in ED and PAU

- Safeguarding children resource packs were produced by the team and distributed to ED, urgent care, PAU, and the paediatric wards to support staff discharging their safeguarding responsibilities

- 'Think Family' posters were produced by children at the hospital and displayed across the hospital to promote that safeguarding is everybody's business.

- Young Healthwatch visited the paediatric services in the Trust and provided positive feedback from a young person's perspective.

- Section 11 Audit was successfully completed and approved by the NSCB.

34.0 Priorities for 2018/2019
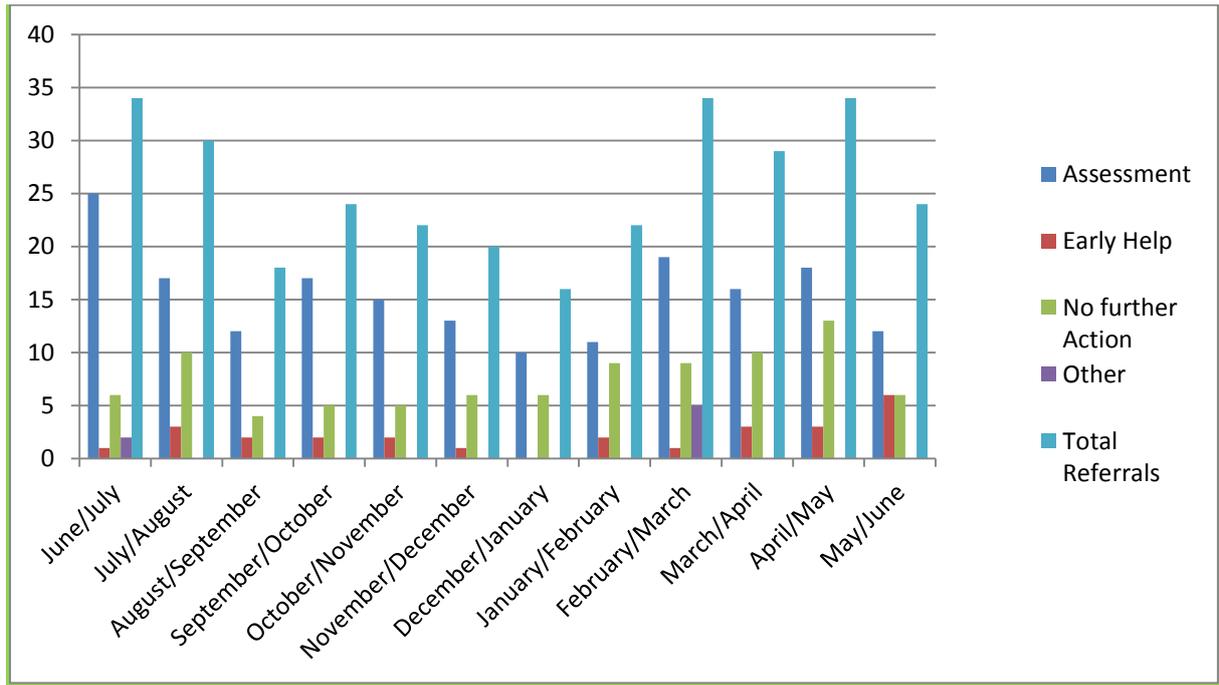
The priorities for the forthcoming year are to:

- Support the integration of the newly appointed safeguarding children's administrator into the team

- Revise all levels of safeguarding children's training to update according to national and local changes in policy, use of accurate statistics whilst incorporating lessons learnt from local SCR's and thematic reviews

- Continue liaison and planning with key stakeholders internally to review the transition pathway for all children transitioning to adult services

- Consider implications of Working Together 2018 including multi-agency partnership and practice locally

- Continued attendance at the NSCB and multi-agency partnership meetings to enable the Trust to meet statutory responsibilities and engage with wider partnerships and services

- Arrange a Safeguarding Children Peer Review with Named Professionals from Milton Keynes or other neighbouring hospitals to benchmark safeguarding practice.

- Safeguarding training compliance to be achieved as per quality schedule.

- Establish a central point of access for Court reports for child protection issues in conjunction with the newly established Court Service in children's social care

- Pursue goal as to attaining an 'outstanding' CQC rating for safeguarding

35.0 Safeguarding Within Maternity Services

35.1 The Named Midwife for Safeguarding is supported in her role by two Band 6 Safeguarding Midwives, one 0.6WTE and the other 0.4WTE. The maternity safeguarding team supports both hospital and community based staff, and ensures that safeguarding is embedded into practice.

35.2 The Central Midwifery Team has three full time and two part-time midwives in post. The Midwives in this team are responsible for caring for families that have social care involvement and aim to provide continuity of care for these families and to work as part of a multi-agency team that includes social workers and other health professionals. Within this team there is a full time teenage pregnancy midwife and a part-time midwife who cares for parents who have a learning disability or difficulty.

35.3 The maternity safeguarding team provides supervision to each team member on a monthly basis or where an individual case requires more frequent focus. The team will also attend for discharge planning meetings or conferences in the more complicated midwifery cases, and provide support to escalate cases that are not following the correct care pathway.

35.4 The Named Midwife for Safeguarding is responsible for escalating cases where appropriate with social care to ensure adequate plans are in place for the safe discharge of new-born babies. Where an unborn baby is placed on a child protection or child in need plan, the Central Team midwives will attend all relevant meetings. This ensures that robust plans are put in place in the form of a pre-birth plan. These plans are then communicated to hospital staff so they are aware of concerns and plans. This ensures all staff caring for both mum and baby are aware of the discharge plan. This either will be for mum and baby to be discharged together or in some cases for the local authority to go to court to obtain an interim care order and the baby to be placed into foster care. The team will continue to support the parents postnatally regardless of the outcome.
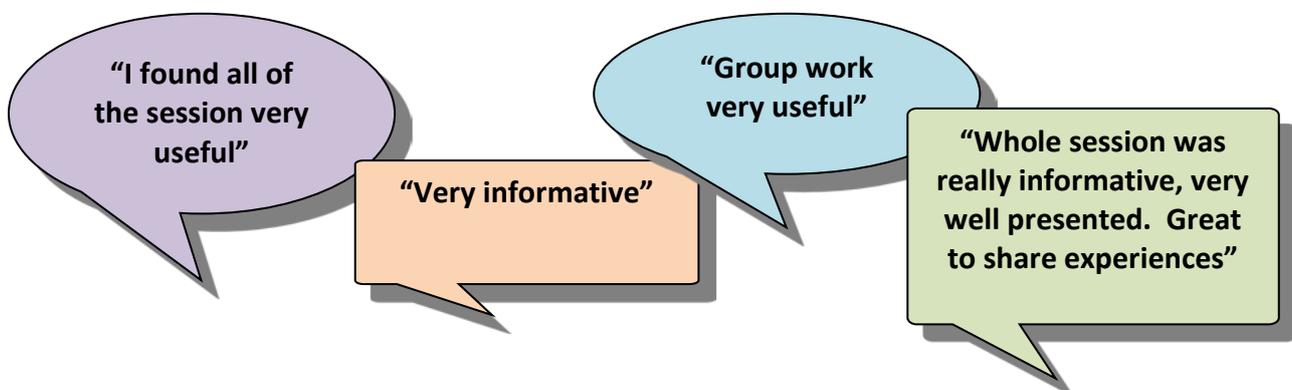
36.0 Maternity Activity

36.1 The total number of referrals made to the MASH during 2017/18 was 239. The outcome of those referrals can be seen in the chart below:

36.2   The number of referrals made continues to fluctuate in line with the birth rate. The outcome of each referral made is recorded and where appropriate, escalated to ensure the correct plans are in place for each family. The reason for referral is taken as the primary reason. However the majority of the cases will have a number of complicating factors. The highest number of referrals continues to be for families already known to social care meaning that the family will have children who are already on a Child Protection Plan.

37.0   Training

37.1   The current training figures for Obstetrics and Gynaecology is 84.99%. During the year a number of bespoke internal training events have been organised, with a range of internal and external speakers. Staff are also able to attend NSCB training. This is either face to face or e-learning and covers a wide variety of topics.

"I found all of the session very useful"

"Very informative"

"Group work very useful"

"Whole session was really informative, very well presented. Great to share experiences"

38.0   Female Genital Mutilation (FGM)

38.1   Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act (2003). It is a form of child abuse and violence against women. FGM comprises of all procedures involving partial or total removal of the external female genitalia for non-medical reasons.

38.2   Section 5B of the 2003 Act introduces a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report 'known' or potential risk of FGM in under 18s to the Police. The duty came into force on 31st October 2015. During the reporting duty the Trust did not refer any children to the Police under this framework. However statistical information is gathered regarding women who have had FGM and present to the Trust. There were 54 women receiving maternity services during the reporting period who had FGM as a child in their own country. This is compared to 40 to last year's reporting period Out of these women; the majority of ladies were from Somalia. Other countries cited were Sudan, Djibouti, Tanzania, Kenya, Yemen, Ethiopia and Liberia.

38.3   The Female Genital Mutilation Risk Information System (FGM-RIS) is a national information technology system that supports the early intervention and ongoing safeguarding of girls, under the age of 18, who are potentially at risk of FGM.

38.4   This system was launched by the Department of Health and NHS England in July 2014 which enables recording the potential risk of FGM on a girl's health record. This is particular pertinent to maternity services as the most likely point for identifying that a girl is potentially at risk of FGM is when she is born to a mother with FGM

38.5   Following discussion with NHS England, FGM-RIS will be launched within the Trust in April 2018.

39.0   Domestic Abuse

39.1   An Independent Domestic Violence Advisor (IDVA) has now been in post since October 2016, which was created in partnership with Northamptonshire Sunflower Centre. The project is based around the Safe Lives research (2016) "A Cry for Health' recognises that four out of five people experiencing domestic abuse do not report to the police. However, many seek help for the medical consequences of their abuse. This statistic highlights how important it is for health providers to be part of the long-term solution to tackle domestic abuse.

39.2 Whilst the project was originally developed for patients, it has also been used by staff members who feel safe to meet at work to obtain advice and support. Statistics provided by Safe Lives indicate that nationally 51,355 NHS staff members are likely to have experienced domestic abuse in the past 12 months. The Trust has a domestic abuse support policy for staff in place.

39.3 The project places an IDVA part-time in the hospital to offer a range of services including:

- Training which focusses on ensuring staff at the hospital can identify signs of domestic abuse, feel comfortable asking the question and are clear on where to signpost them for help
- Putting policies in place which provide clear processes on domestic abuse giving provision for both patients and staff
- Triage, advice, signposting and support for both patients and staff.

39.4 Since 2017, the safeguarding midwives have received domestic abuse notifications from Northamptonshire Police. These notifications alert the midwifery service of any domestic incidents that the police attend where a pregnant woman is either the victim or the perpetrator. The information is used to flag the risk of domestic abuse to hospital staff or community midwives in order for them to offer relevant support. During the reporting period the team have received 183 notifications.

39.5 In terms of domestic homicide reviews (DHR's), the Trust has contributed to one out of four reviews. This has been completed and submitted to the Home Office for final approval.

40.0 Achievements during 2017/18

- The safeguarding training strategy has been revised.
- The training analysis for level 3 safeguarding children has been completed
- The introduction of domestic abuse notifications from Northamptonshire Police to share domestic abuse incidents which involve a pregnant woman
- The safeguarding workflow tool had been introduced on the clinical system MEDWAY which highlights relevant updates and plans on the system
- Baby Basics, a local charity that provide Moses baskets filled with baby essentials have worked with the team and the fire service to offer free home safety checks to all families.
- The safeguarding team have attended train the trainer sessions in relation to Gangs and Modern Slavery and this will be embedded into Level 3 safeguarding training.

41.0   Priorities for 2018/19

- A countywide bid has been put forward from health providers and commissioners to NHS England which has been approved to provide a perinatal mental health team, which includes a small amount of funding for a midwife with an focus on perinatal mental health across the Local Maternity System.

- Safeguarding training compliance to be achieved as per quality schedule.

- Establish a central point of access for Court reports for unborn children in conjunction with the newly established Court Service in children's social care.

- Continued attendance at the NSCB and multi-agency partnership meetings to enable the Trust to meet statutory responsibilities and engage with wider partnerships and services.

- Introduce FGM-RIS in April to ensure that girls at risk of FGM are flagged on the NHS spine as part of NHS England early implementation sites.

- Ensure that the FGM data that midwives collect for the national data set is more consistent.

- Implementation of CP-IS will in August 2018. This will enable staff to identify if there are child protection plans in place in or out of the county.

- Ensure that the hospital IDVA is firmly embedded within the Trust.

- Provide awareness of modern day slavery, human trafficking and gangs to equip staff with the skills to recognise concerns and react responsively.

42.0   References and Further Reading

- Bournemouth Competencies (2015) *National Competency Framework for Safeguarding Adults* Bournemouth: National Centre or Post-Qualifying Social Work and Professional Practice
- Brandon (2011
- Care Act (2014)
- Children's Act (2004)
- Counter Terrorism and Security Act (2015)
- Deprivation of Liberty Safeguards (2009)
- Domestic Violence, Crime and Victims Act (2004)
- Female Genital Mutilation Act (2003)
- Health and Social Care Act 2008
- Laming (2003)
- Mental Capacity Act (2005)
- NHS England (2015) 'Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework' HMSO: Department of Health
- Northamptonshire Safeguarding Adult Board Procedures
- Northamptonshire Safeguarding Children Board Procedures
- Safeguarding Children and Young People Intercollegiate Guidance (2014) HMSO: Department of Health
- Supreme Court (2014) http://www.supremecourt.uk/decidedcases/docs/UKSC_2012_0068_Judgment.pdf
- Working Together to Safeguard Children and Young People Intercollegiate Guidance (2014)