

# **SAFEGUARDING ANNUAL REPORT**

**2019-2020**

**TRACY KEATS, HEAD OF SAFEGUARDING AND DEMENTIA**  
**LORRAINE HUNT, NAMED NURSE FOR SAFEGUARDING ADULTS**  
**SUE McCRAE-SAMUEL, NAMED NURSE FOR SAFEGUARDING CHILDREN**  
**RHEO SMITH, NAMED MIDWIFE**  
**JULY 2020**

## CONTENTS

- EXECUTIVE SUMMARY
- INTRODUCTION
- NATIONAL
- LOCAL CONTEXT
  
- SAFEGUARDING GOVERNANCE
  - NAMED NURSES ROLES
  - SAFEGUARDING ASSURANCE GROUP
  
- DISCLOSURE AND BARRING SERVICE (DBS)
- SAFEGUARDING CONCERNS
- QUALITY SCHEDULE
- CARE QUALITY COMMISSION
- PARTNERSHIP WORKING
  
- SAFEGUARDING ADULTS
  - NATIONAL CONTEXT
  - ACTIVITY
  - SAFEGUARDING ADULT REVIEWS
  - TRAINING
  - ALLEGATIONS MADE ABOUT STAFF
  - SAFEGUARDING ADULT REVIEWS
  - MENTAL CAPACITY ACT
  - DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS)
  - COURT OF PROTECTION
  - PREVENT
  - MODERN SLAVERY
  - SAFEGUARDING ADULTS ACHIEVEMENTS
  - SAFEGUARDING ADULTS PRIORITIES 2020/21
  
- SAFEGUARDING CHILDREN
  - ACTIVITY
  - TRAINING
  - EARLY HELP REFERRALS
  - PAEDIATRIC LIAISON NURSE
  - DESIGNATED OFFICER
  - CHILD SAFEGUARDING PRACTICE REVIEWS
  - CHILD PROTECTION INFORMATION SYSTEM (CP-IS)
  - SAFEGUARDING CHILDREN ACHIEVEMENTS
  - SAFEGUARDING CHILDREN PRIORITIES 2020/21
  
- SAFEGUARDING MATERNITY
  - ACTIVITY
  - TRAINING
  - FEMALE GENITAL MUTILATION
  - DOMESTIC ABUSE
  - SAFEGUARDING MATERNITY ACHIEVEMENTS
  - SAFEGUARDING MATERNITY PRIORITIES 2020/21
  
- COVID-19
- REFERENCES AND FURTHER READING

## 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 priorities during 2019/20 and identifies safeguarding key issues, risks and priorities for 2020/21.
2. The Safeguarding Assurance Group (SAG) is a strategic meeting responsible for disseminating and monitoring information from Northamptonshire Safeguarding Adult's Board (NSAB) and Northamptonshire Safeguarding Children's Partnership (NSCP). In turn as a partner agency, the Trust provides challenge and scrutiny to both the NSAB and the NSCP via the Clinical Commissioning Group (CCG) as one of the statutory partners, as this is an essential part of working together to keep children, young people and adults at risk safe.
3. There are three safeguarding 'active' risks on the Trust risk register which relate to: general governance processes in line with adult and children safeguarding external to the Trust, unauthorised Deprivation of Liberty Safeguards (DoLS) applications and safeguarding training compliance.
4. Safeguarding training meets the national standards as identified in the revised children's and adult's Intercollegiate Guidance.
5. There has been two Safeguarding Adult Reviews (SARs) and three Safeguarding Children Practice Reviews (SCPR's) published within this reporting period. NGH have completed Individual Management Reports (IMR's) to all reviews apart from one which was focussed in the north of the county. All requests for information or to become panel members have been responded to in a timely manner.
6. There is a statutory duty for the Trust to comply with Domestic Homicide Reviews (DHR's). There has been one DHR published during the reporting period. There are three reviews awaiting final ratification from the Home Office. The Trust contributed to the published review. All requests for information to potential DHRs have been completed in a timely manner.
7. The 'was not brought', 'approved visitors', 'children's safeguarding supervision' and 'missing patients' policies have been revised during the reporting period.
8. Deprivation of Liberty Safeguards (DoLS) applications in the Trust increased in 2019/20. There have been 560 DoLS applications in the Trust during the reporting period against 455 in 2019/20.
9. 2019-20 has been a challenging time for the safeguarding team. The maternity safeguarding team in particular has had to concentrate on working with Northamptonshire children's services to ensure that the appropriate level of intervention/support was obtained for women and their families.

## **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 2019 to March 2020. The report concentrates on the key safeguarding activity and risks within the organisation. 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 (2018), the Mental Capacity Act 2005 and the Care Act 2014.
- 1.2 In addition to the requirements of the Children's 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 robust governance, respectively.
- 1.3 The Accountability and Assurance Framework (NHS England 2019) sets out the safeguarding roles, duties and responsibilities for all NHS organisations and this report reflects the integrated safeguarding portfolio. The report is arranged sequentially under safeguarding adults, safeguarding children and safeguarding 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 Child exploitation/sexual exploitation, modern slavery, gangs and Prevent have continued to be 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 and this has included a range of external speakers.

## **3.0 Local Context**

- 3.1 Northampton General Hospital is a key partner agency for safeguarding within the county. This is achieved by:
- A strong robust safeguarding team across the whole organisation including maternity, paediatrics and adults. This is further complimented by the Mental Health and Mental Capacity Lead Practitioner, the Dementia Liaison Nurse and the Learning Disability Liaison Nurse as part of the wider team covering key vulnerable groups.
  - Membership of Northamptonshire Safeguarding Adults Board (NSAB) and sub-groups of both the NSAB and the Northamptonshire Safeguarding Children's Partnership (NSCP)
  - Membership of the Northamptonshire Strategic Health Safeguarding Forum

- Participation of the multi-agency audits from both the NSAB and NSCP and ensuring that internal audits are in place to respond to national and local trends
- Active contribution to Safeguarding Adult Reviews (SAR's) and Safeguarding Children Practice Reviews (SCPR's)
- Active contribution to Domestic Homicide Reviews (DHR's) with the associated Community Safety Partnership
- Active participation at complex safeguarding meetings and arranging discharge planning meetings with multi-agency participation
- Attendance and dissemination of information at the Multi-Agency Risk Assessment Conference (MARAC) when appropriate
- Dissemination of domestic abuse notifications from the police regarding pregnant women
- Attendance to support the Prevent agenda and the Channel panel in Northamptonshire
- Close liaison and dissemination of information with and from the children's Multi Agency Safeguarding Hub (MASH)
- Paediatric Liaison Nurse in post who scrutinises the Emergency Department (ED) lists on a daily basis and shares information between hospitals and community services which enables children and their families to receive appropriate care and support post discharge.

#### **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' (2019).
- 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 2019/20.
- 4.5 The Director of Nursing, Midwifery and Patient Services is the executive lead for safeguarding and represents the Trust externally at the NSAB and the bi-annual NSCP meetings. 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 adult, children's and maternity 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 the NSAB Delivery Board.

- 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 safeguarding service are to:
- To provide visible and professional safeguarding leadership for all aspects of safeguarding adults, children and young people and midwifery to ensure that day to day advice, support and expertise is available to all staff in the 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
  - To provide challenge and scrutiny of safeguarding practice including the interface with statutory agencies
  - 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
  - Safe discharge from hospital
- 4.10 The Named Professional Team comprises of:
- 1.0 Full Time Named Nurse (Children)
  - 1.0 Full Time Named Midwife (Children and Vulnerable Women)
  - 1.0 Full Time Named Nurse (Adults)
  - 2.0 sessions a week Named Doctor (Children)
  - 1.0 sessions a 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. A full-time paediatric liaison nurse is also in post. Two safeguarding administrators provide 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 and is chaired by the Director of Nursing, Midwifery and Patient Services. Highlights from this meeting are cascaded to senior managers via the Clinical Quality Effectiveness Group (CQEG) on a quarterly basis.

## **6.0 Safeguarding Dashboards**

- 6.1 Following the discontinuation of the Safeguarding Operational Group in March 2019, divisional safeguarding dashboards have been introduced to ensure that safeguarding and learning from safeguarding incidents are embedded into the organisation.

## **7.0 Safeguarding Strategy 2019-2022**

- 7.1 The safeguarding strategy was approved by the Safeguarding Assurance group (SAG) in October 2019. The safeguarding strategy sets out the strategic approach to ensure safe and effective services for safeguarding adults and children are in place for the next three years. The main objectives are to encourage continuous improvement in compliance with national and local policies, developing and implementing systems for quality monitoring that are robust, auditable and effective and raising the awareness of safeguarding making it 'everyone's business.'

## **8.0 Disclosure and Barring Service (DBS)**

- 8.1 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.

## **9.0 Safeguarding Concerns**

- 9.1 Safeguarding concerns in the Trust are monitored by the safeguarding team. Some concerns are managed at ward level by the ward sister/department head and some are more complex which require reporting externally as per national legislation and local policy and procedures. The safeguarding team are involved in providing safeguarding expertise and concerns are analysed to detect trends and themes and to improve safeguarding. The Head of Safeguarding and Dementia is a member of the Trust's Review of Harm Group, which meets on a weekly basis.

## **10.0 Quality Schedule**

- 10.1 The Clinical Commissioning Groups (CCG) Quality Schedule (2019/20) has been completed for both safeguarding adults and children. All key performance indicators were successfully completed and successful quality visits undertaken.
- 10.2 Business meetings take place with the Governance Team, the Deputy Director of Nursing, Midwifery and Patient Services and the CCG to ensure that there are agreed strategies in place to meet key performance indicators (KPIs). The 2020/2021 KPIs have been revised in consultation with the health providers across the county.

## **11.0 Care Quality Commission**

- 11.1 The Care Quality Commission (CQC) visited and inspected the Trust in July 2019 and rated as requires improvement. The inspection team found that staff understood how to protect patients from abuse and services work well with other agencies to do this. However not all staff had training on how to recognise and report abuse. This was particularly highlighted for medical staffing.

## **12.0 Partnership Working**

- 12.1 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 NSCP.
- 12.2 The table below highlights the attendance of the safeguarding team at the external NSAB and NSCP and subgroups. 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 Delivery Board	Quarterly	Director of Nursing/Head of Safeguarding and Dementia
Learning and Development Committee (NSAB)	Quarterly	Named Nurse for Safeguarding Adults
Quality Assurance Sub Group (NSAB)	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's Partnership (NSCP)	Bi-annually	Director of Nursing / Head of Safeguarding and Dementia
Child Death Overview Panel	Monthly	Named Doctor (Chair) Named Midwife



Child Sexual Exploitation Sub Group	Monthly	Named Nurse for Safeguarding Children
Learning and Development Committee	Quarterly	Named Midwife
Quality Sub-Group (NSCP)	Bi-monthly	Named Nurse for Safeguarding Children
Multi-Agency Safeguarding Development and Innovation Group (MASDIG)	Bi-monthly	Named Nurse for Safeguarding Children
Learning Review Subgroup	Quarterly	Head of Safeguarding and Dementia
Named and Designated Nurses Meeting	Monthly	Named Nurse Children and Named Midwife
Safeguarding Health Strategic Forum	Quarterly	Director of Nursing/ Head of Safeguarding and Dementia

12.3 There has been two SAR's completed within this reporting period. There also has been three SCPR's. NGH have completed Individual Management Reports (IMR's) as requested to all 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.

12.4 Domestic Homicide Reviews (DHRs) were established on a statutory basis under Section 9 of the Domestic Violence, Crime and Victim Act 2004. The Trust has contributed to one review, which was published in the reporting period. There are three reviews awaiting final ratification from the Home Office.

### **Safeguarding Adults**

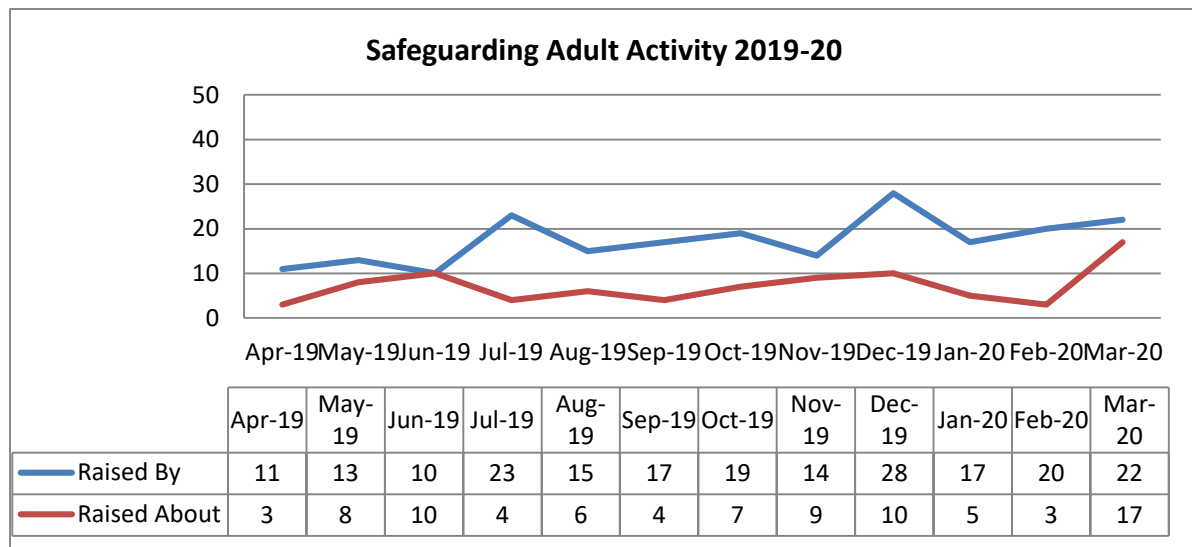
#### **13.0 National Context**

13.1 The Safeguarding Adults Collection (SAC) Annual Report 2018-19 published by NHS Digital in November 2019 presents information about adults at risk for whom safeguarding enquiries were opened during the reporting period 1 April 2018 to 31 March 2019. 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:

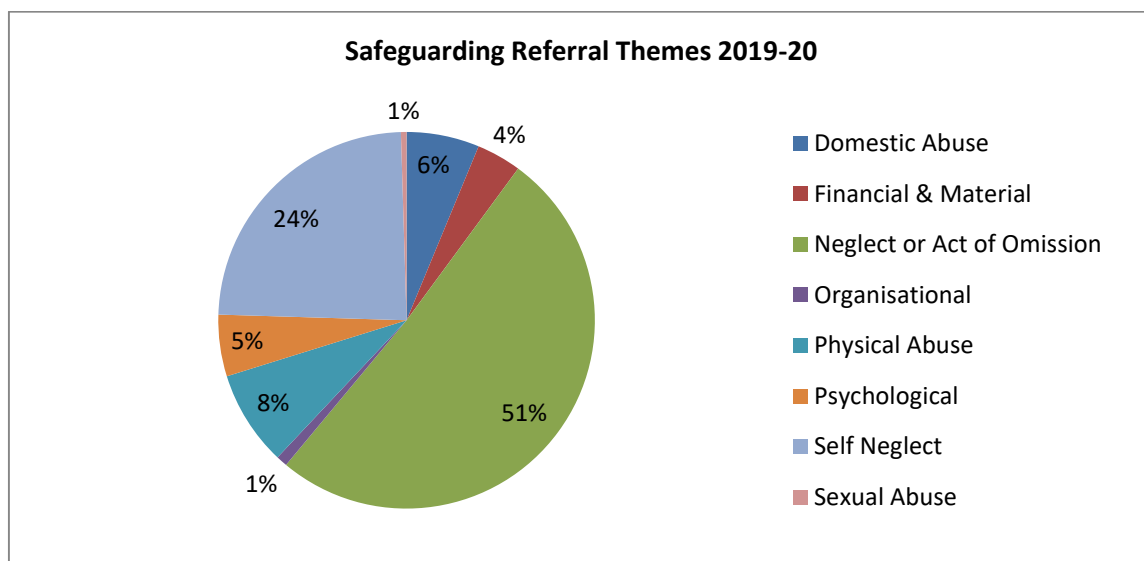
- There were 415,050 concerns of abuse raised during 2018-19 which is an increase of 5.2% on the previous year
- There were 143,390 individuals that were the subject of a safeguarding enquiry under Section 42 of the Care Act that started within the year. This is an increase of 8.7% per cent on 2017-18.
- Older people are much more likely to be the subject of a Section 42 enquiry; one in 43 adults aged 85 and above compared to one in 862 adults aged 18-64
- The most common type of risk in Section 42 enquiries that concluded in the year was neglect and acts of omission which accounted for 31.4% of risks
- The most common location of the risk was the person's own home (44.8%).

## 14.0 NGH Activity

- 14.1 There were 209 Safeguarding Adults referrals made by Trust staff during the reporting period which is a decrease compared to the same reporting period for 2018/2019 (283).
- 14.2 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.
- 14.3 The chart below shows the number of safeguarding referrals that were made about and by the Trust for 2019-20. There were 86 safeguarding referrals raised about the Trust which saw a decrease of 26.5% in comparison to 2018-19.



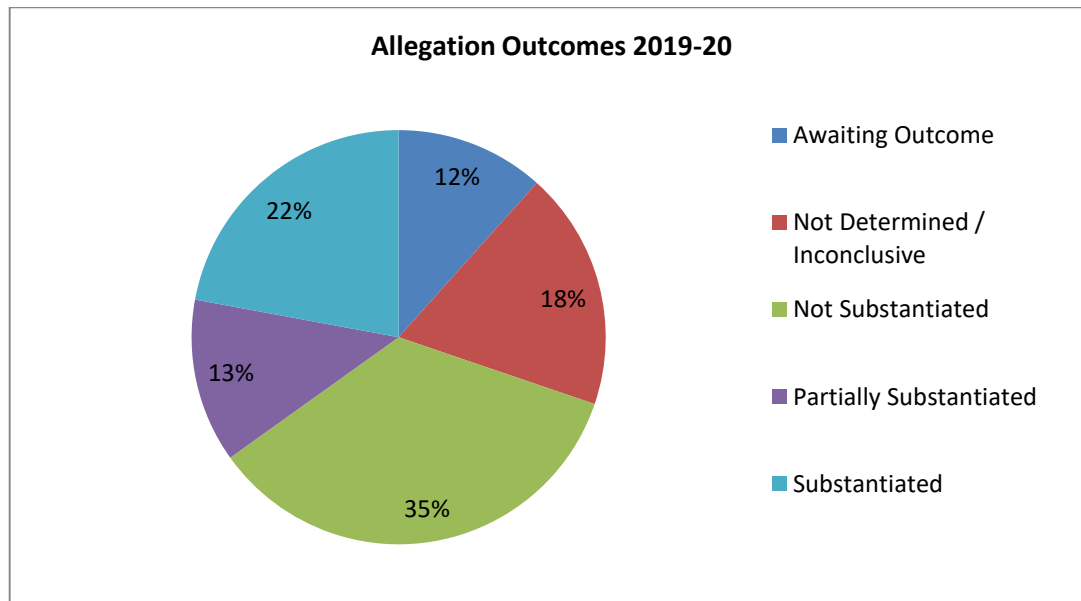
- 14.4 The chart overleaf highlights the themes of referrals made by the Trust during this reporting period. Neglect/or act of omission has been the highest level of safeguarding adult concern in terms of both referrals made by the Trust or about the Trust.



14.5 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.

14.6 The outcome of the investigations are as follows and illustrated in the chart overleaf:

- 19 Substantiated
- 11 Partially substantiated
- 30 Not substantiated
- 16 Not determined / Inconclusive
- 10 Awaiting Outcome



14.7 The themes of the allegations raised about 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.

14.8 The outcome of safeguarding investigations have been shared with staff members via ward / department meetings to review and instigate processes/clinical practice to prevent similar incidents from occurring.

## 15.0 Allegations Against Staff

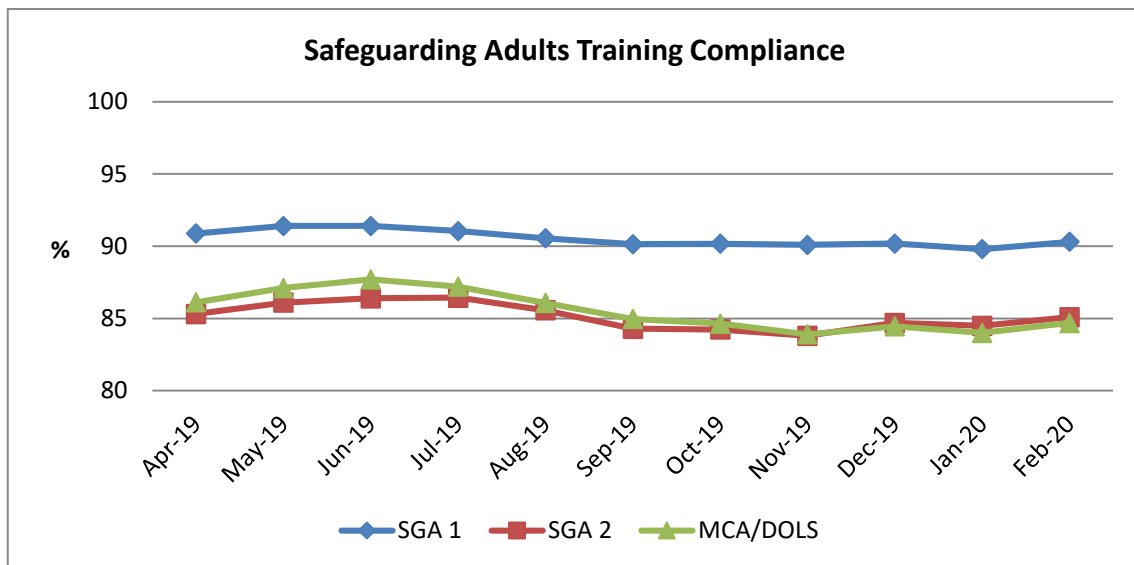
15.1 As part of the overarching safeguarding legislative framework, the Trust has a statutory responsibility with regards to managing allegations against staff and there is a policy in place to support this. During 2019/20 there were 28 allegations made against staff which were investigated accordingly with outcomes of no further action, supportive frameworks or disciplinary measures such as dismissal.

## 16.0 Safeguarding Adult Reviews (SAR's)

- 16.1 During the reporting period there were two SAR's published. The Trust contributed to both reviews as the Trust had contact with both individuals. Recommendations from the reviews are monitored on a quarterly basis at the Safeguarding Assurance Group.

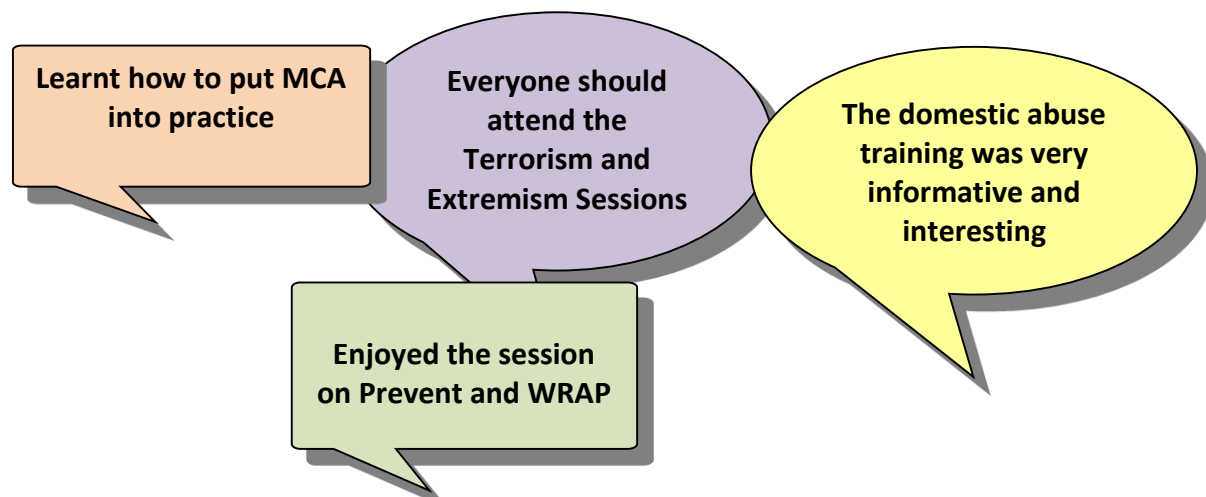
## 17.0 Training

- 17.1 The safeguarding teams are committed to training and education which are fundamental to develop staff confidence and skills in relation to safeguarding. The chart overleaf highlights the safeguarding adult training compliance over the year of 2019-20.



- 17.2 Safeguarding adult level 1 training has continued to remain above the expected compliance level. However safeguarding adult level 2 and MCA/DoLS dipped marginally just under compliance for four months during the reporting period.
- 17.3 The safeguarding team will continue to provide training for all staff groups. However, in light of Covid-19, an alternative safeguarding training offer will need to be in place rather than an over reliance on face to face training.

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

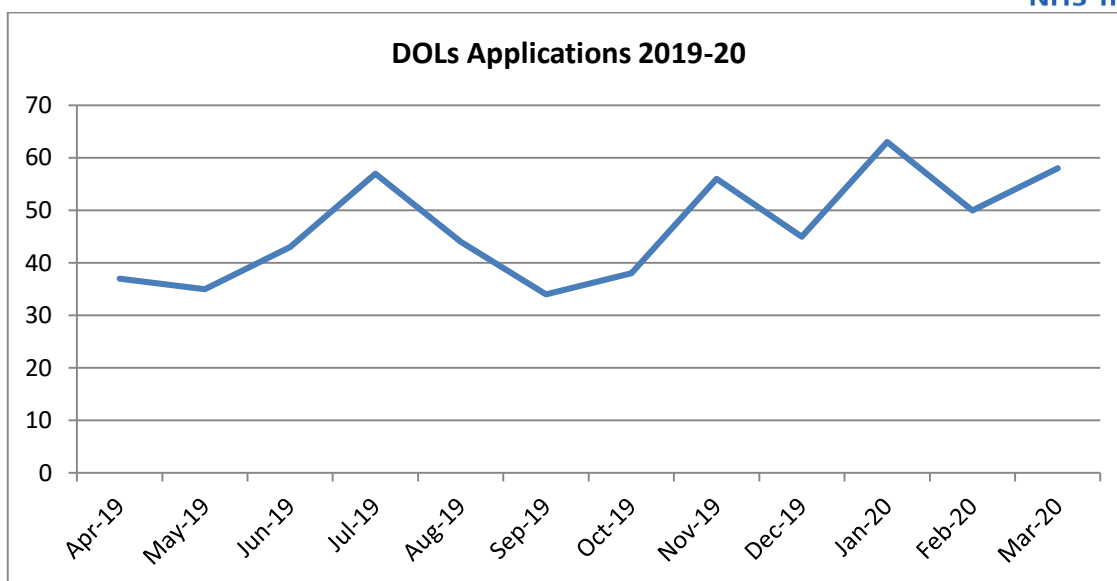


## **18.0 Mental Capacity Act**

- 18.1 The Mental Capacity Act (MCA) came into force in October 2007. The MCA provides a legal framework for assessing capacity and making decisions about the care and treatment of adults who lack capacity. This could be due to a mental health condition, a severe learning disability, a brain injury, a stroke or unconsciousness, etc. The MCA 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.
- 18.2 The safeguarding team has undertaken quarterly audits regarding the compliance and application of the MCA in practice, which have been presented to the SAG. The audit also forms part of the Trust quality schedule, which reports to the CCG.
- 18.3 The audit results over this reporting period have demonstrated that professionals had a good understanding of the decision specific nature of assessments and often utilised the support of the specialist Learning Disability or Dementia Liaison nurses which aided the process. However, the consistent application of the principles of the Mental Capacity Act when making assessments was not always clear in the cases audited. Also record keeping and information sharing in relation to assessments and best interest's decisions was variable.
- 18.4 An Independent Mental Capacity Advocate (IMCA) supports people when they are assessed to lack capacity to make a best interest decision and they do not have family or friends appropriate to consult about the decision. During the reporting period the Trust made 19 referrals for an IMCA compared to 16 in 2018/19.

## **19.0 Deprivation of Liberty Safeguards (DoLS)**

- 19.1 The Deprivation of Liberty Safeguards (DoLS) was introduced in 2009. They are part of the Mental Capacity Act 2005. They are used to protect the rights of people who lack the ability (mental capacity) to make certain decisions for themselves. The DoLS are set firmly within the empowering ethos of the MCA. They encourage all health and social care providers to put liberty and autonomy at the heart of care planning, to avoid wherever possible the need to deprive people of their liberty.
- 19.2 Deprivation of Liberty Safeguards (DoLS) applications in the Trust increased in 2019/20. There were 560 DoLS applications in the Trust during the reporting period against 455 in 2019/20.



- 19.3 The Trust continues to request Best Interest Assessments from the County Council under the legislative framework. However only three assessments have been carried out in the reporting period due to capacity issues associated with the Supreme Court ruling and there are over 3,500 outstanding Best Interest Assessments outstanding for the county. This concern is captured on the risk register within Patient and Nursing Services.
- 19.4 The Mental Capacity (Amendment Bill) Act 2019 received Royal Assent on 16<sup>th</sup> May 2019. The Liberty Protection Safeguards (LPS) will replace the current DoLS and was due to come into force on 1<sup>st</sup> October 2020. However due to Covid-19 this has been suspended. No further implementation date has been announced by the central government.
- 19.5 The safeguarding team will continue to attend both the countywide and health LPS steering groups to ensure there is consistent implementation across the county.

## 20.0 Court of Protection

- 20.1 The Trust made one application to the Court of Protection in this reporting period. The application related to a patient with mental health problems that require ongoing medical treatment. The Court agreed with the proposal that the patient could be treated under the scope of the Mental Health Act.

## 21.0 Prevent

- 21.1 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.

- 21.2 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.
- 21.3 The Named Nurse will make referrals where appropriate and attends the Local Authority Channel panel. This multi-agency panel discusses the risk posed by vulnerable people who are referred for multi-agency support.
- 21.4 All NHS Trusts and Foundations Trust are required to submit Prevent data to NHS England and NHS Improvement. This is submitted on a quarterly basis.
- 21.5 All staff are required to receive basic awareness Prevent training and the Trust has achieved 90% compliance and this training is delivered on Trust induction. Level 3 training (Workshop to Raise Awareness of Prevent – WRAP) is above compliance trajectory at 92%

## **22.0 Modern Slavery**

- 22.1 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.
- 22.2 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. Also the Trust's procurement department makes an annual statement in terms of systems and processes that are in place across the commissioning cycle.
- 22.3 The safeguarding team raise concerns and referrals with either the National Helpline or the National Referral Mechanism when appropriate. In light of Covid-19 and worldwide lockdowns this has created a significant reduction in opportunities to travel across borders.

## **23.0 Achievements in 2018/19**

- Revision of the quarterly Mental Capacity audit to ensure that wards receive individual feedback
- Appointment of a Mental Health and Mental Capacity Lead Practitioner to work alongside the Named Nurse and the Dementia and Learning Disability Liaison Nurses
- Completion of the NSAB Safeguarding Assurance Framework with limited remedial actions
- Contribution to the safeguarding strategy
- Named Nurse shortlisted in the 'safety' category at the Trust's best possible care awards

## **24.0 Priorities for 2020/21**

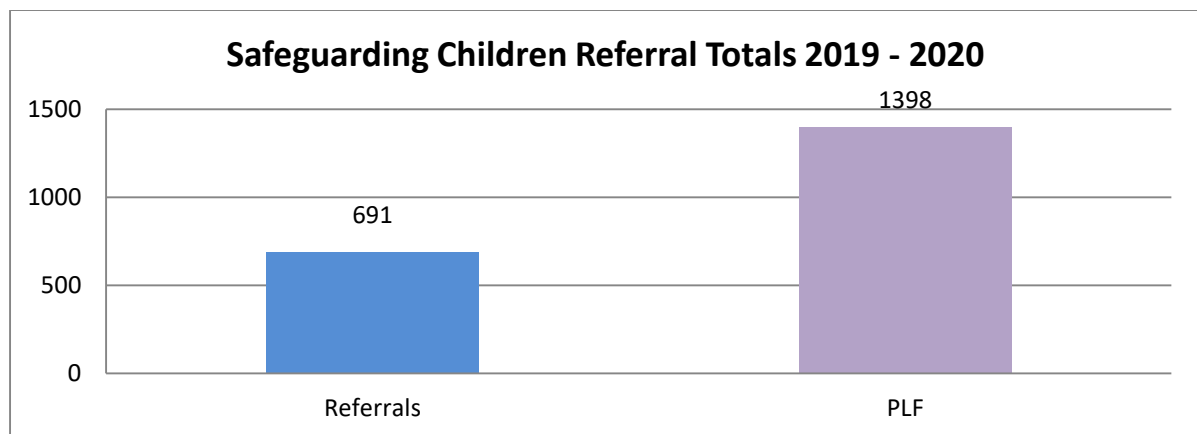
- Appointment and induction of Named Nurse for Safeguarding Adults following the retirement of the previous post holder
- Attendance at the Countywide and Health LPS meetings to ensure that a robust and a consistent approach is in place to introduce and embed the new legislation within the Trust
- Introduction of a wider safeguarding training offer for Trust staff other than face to face training in light of Covid-19
- Introduction of Level Three safeguarding training in light of the recommendations from the intercollegiate training guidance for adult safeguarding
- Review MCA file audit which will be carried out on a quarterly basis to inform areas of learning across the Trust
- Review current safeguarding data management processes to produce more meaningful information and inform learning

## 25.0 Safeguarding Children

- 25.1 The Safeguarding Children's team are committed to safeguarding and promoting the health and wellbeing of all children and young people attending the Emergency Department (ED), as outpatient's or, those admitted to the paediatric wards, the Paediatric Assessment Unit (PAU), 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.

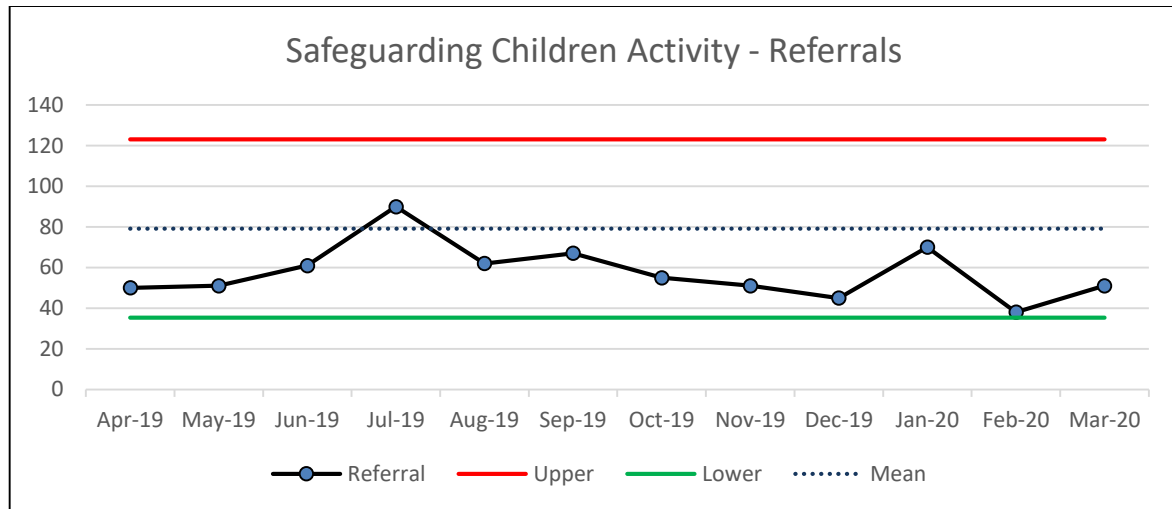
## 26.0 Activity

- 26.1 There have been a total of 691 Multi-Agency Safeguarding Hub (MASH) referrals during 2019/2020 which is significant decrease than the previous year (956). This is partially attributed to the Covid-19 pandemic which saw a drastic reduction in the attendances and admissions of children and young people.

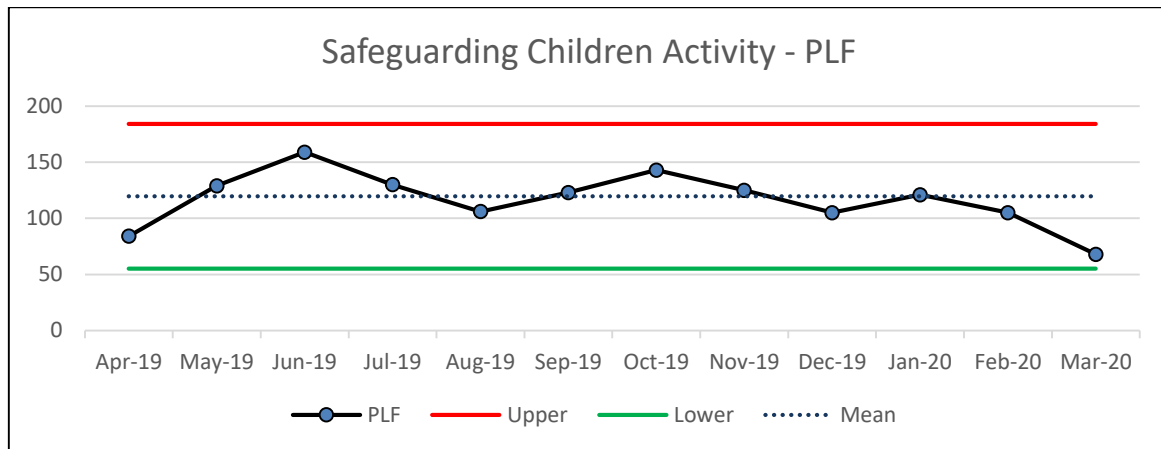




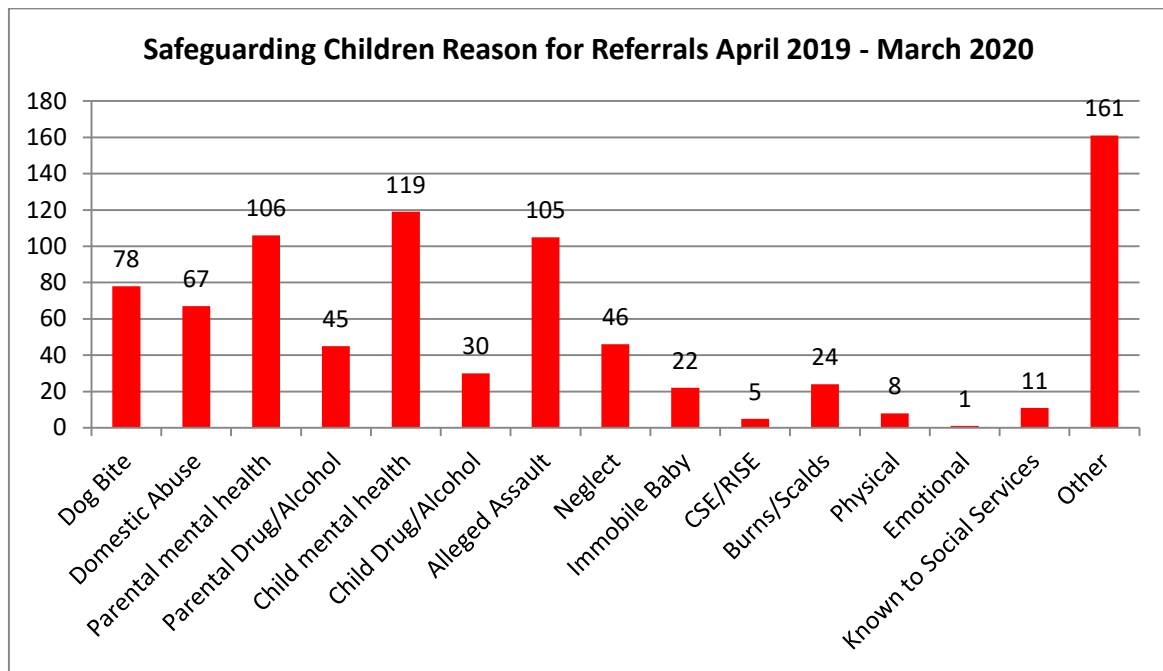
26.2 The charts below present the safeguarding activity across the reporting period.



26.3 There was 1398 paediatric liaison forms (PLF's) completed which highlights only a minimal decrease compared to last year when 1421 were raised. This evidences good practice in terms of timely information and liaison with external health colleagues such as GP's, health visitors and school nurses. This liaison work was highlighted as good practice within Laming recommendations in 2003 and Working Together (2018) in terms of the ethos of collaborative partnership working.



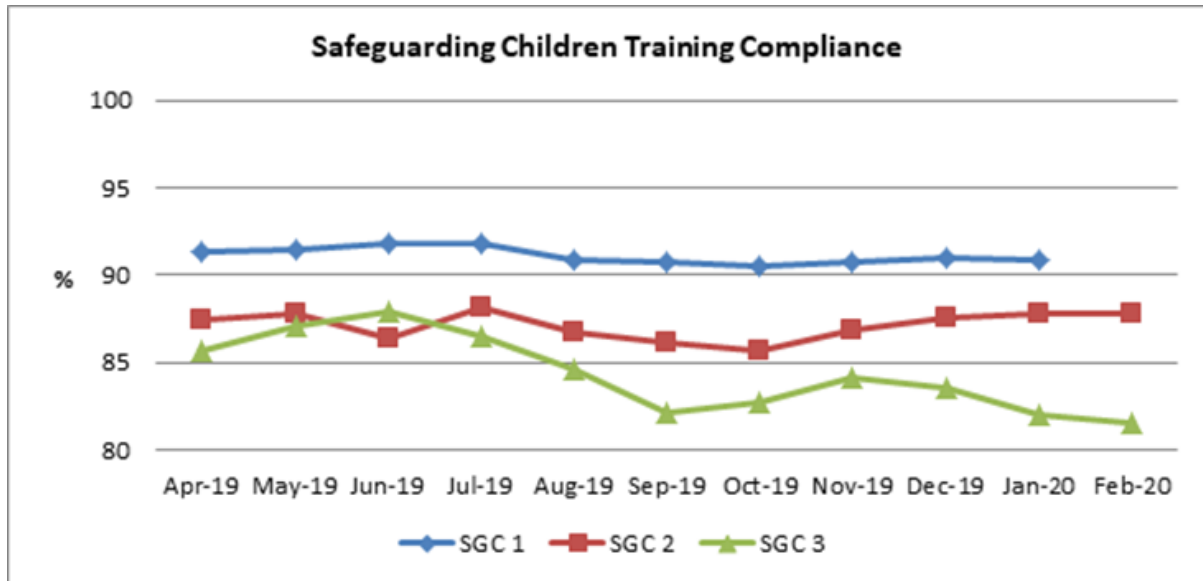
26.4 The bar chart overleaf presents the primary reason for MASH referrals by the Trust. Referrals are recorded by 'primary reason'. However, there will often be multiple concerns or reasons for statutory intervention.



- 26.5 Referrals for 'unseen children' equate to 22.17% of all MASH referrals made in the reporting period due to domestic abuse, parental mental health, parental drug and/or alcohol misuse.
- 26.6 Alleged assaults equate to 15.4% of all MASH referrals and is an escalating concern due to increasing county lines and gang activity reported within the county. However this is difficult to evidence due to non-identification of the perpetrators by their victims where known, resulting in a no further action outcome of the safeguarding referral. The ED will encourage referrals to CIRV by way of supporting victims of assaults where gang related assaults are suspected.
- 26.7 There were 22 MASH referrals were completed for bruising/injury/non-accidental injury to non-mobile babies which compares to half the figure last year.
- 26.8 Dog bites equate to 11% of ED presentations and with the introduction of lockdown in March 2019 increased the risk to children and young people due to prolonged periods of time in the household rather than being in a school environment.

## 27.0 Safeguarding Children Training

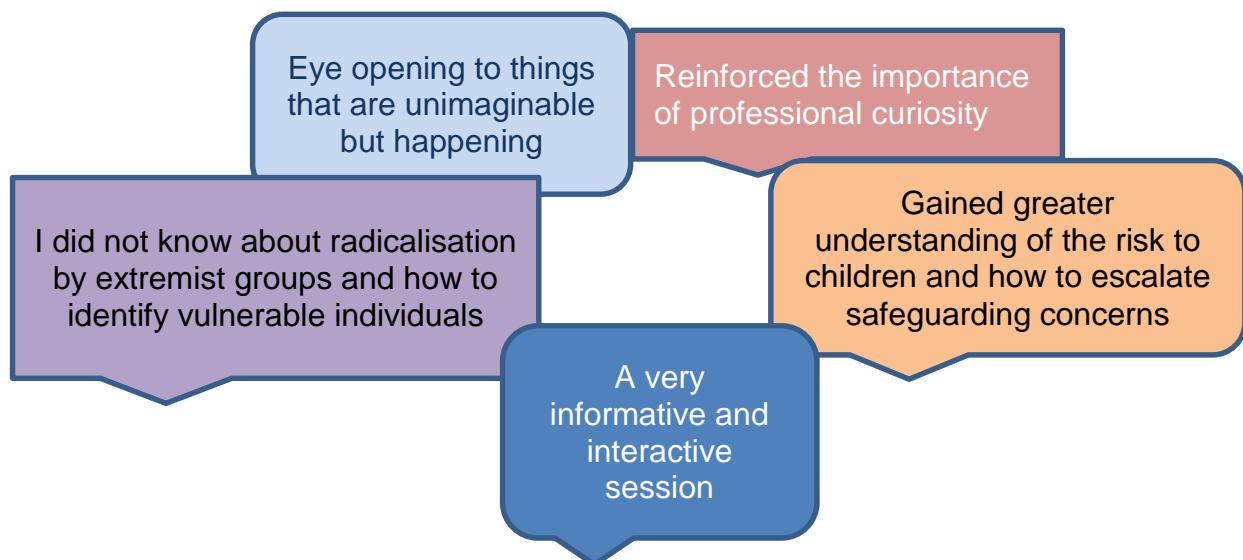
- 27.1 Considerable focus has been given to safeguarding training within the clinical divisions, particularly at Level 3 during the last year. Winter pressures saw a reduction in training attendance and staff compliance reduced as a result as evidenced in the graph presented below:



27.2 Level 1 and Level 2 safeguarding children training remained above the trajectory of 85% throughout the reporting period facilitated by e-learning, work books and face to face training.

27.3 The safeguarding children's team has offered 'bespoke' sessions to teams/departments to enhance training compliance. In addition, external speakers have been invited to deliver alternative Level 3 training as an opportunity for frontline staff in domestic abuse, online safety and child sexual exploitation (CSE)

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



## **28.0 Early Help Referrals**

- 28.1 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 to inform a co-ordinated response.
- 28.2 There has been an increased awareness through safeguarding training and supervision as to the early help process for staff within the Trust.
- 28.3 Through PLF's external health colleagues have been requested to consider completing EHA with families on their caseloads whom have attended the hospital.

## **29.0 Paediatric Liaison Nurse (PLN)**

- 29.1 The Paediatric Liaison Nurse (PLN) is the vital link between the Trust and community health services and social care colleagues ensuring pertinent and timely information about children aged 0-19 years (and beyond, for example, children with disabilities, looked after children) are shared and exchanged with the professionals in the community to enhance continuity of care and inform safeguarding and promoting the welfare of children and young people.
- 29.2 The role of the PLN ensures that the ED child attendance lists are scrutinised on a daily basis to ensure MASH referrals and PLF's are raised appropriately to other professionals involved in the child's care.
- 29.3 The role of the PLN ensures that the ED lists are scrutinised on a daily basis to ensure MASH referrals and Paediatric Liaison forms are raised as appropriate to escalate safeguarding concerns and share information in a timely manner to enhance continuity of care, wellbeing and safeguarding. The role includes scrutinising the ED lists on a daily basis and carrying out internal audits such as presentations of babies under twelve weeks to the department.

## **30.0 Safeguarding Nurse Advisor (SNA)**

- 30.1 The Safeguarding Nurse Advisor (SNA) commenced with the Trust on 1<sup>st</sup> April 2019. The role and responsibilities of the SNA ensures frontline staff in ED, urgent care, paediatric and adult wards receive support on a daily basis to ensure safeguarding is prioritised to babies, children and young people.

## **31.0 Designated Officer (LADO)**

- 31.1 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. There have been three LADO enquiries received from the Designated Officer during the reporting period.

### **32.0 Child Safeguarding Practice Reviews (formerly Serious Case reviews)**

- 32.1 There has been three child safeguarding practice reviews completed during the reporting period
- 32.2 The Trust has actively participated with all reviews in terms of panel members and Individual Management Report (IMR) reports.

### **33.0 Child Protection Information System (CP-IS)**

- 33.1 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 to all frontline practitioners.
- 33.2 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. It also enables information as to ED/PAU attendance to children's services and health colleagues in the community accessing this system.

### **34.0 Achievements in 2019/2020**

- Successful recruitment to the safeguarding children's administrator
- Successful induction of the safeguarding children's advisor and the paediatric liaison nurse
- Relocation of the children's safeguarding team to co-locate with the wider safeguarding team
- 2018/2019 dog bite audit invited to be presented at the paediatric and child health conference in Liverpool (sadly cancelled due to the pandemic)
- Audit activity both internally and externally has been completed in the form of multi-agency case audits to ensure that safeguarding activity within the Trust reflects good practice. Internal audits have included: babies presenting to ED, children and young people leaving ED prior to being seen, quality of MASH referral forms, parental details of minors attending ED, alleged assaults, prevalence of children to ED due to self-harm by ligature
- Contribution to the safeguarding strategy
- Paediatric safeguarding quality visit by the CCG with positive feedback
- Ongoing pre-arranged, ad hoc safeguarding supervision to paediatric wards, teams and departments.

### **35.0 Priorities for 2020/2021**

- Introduction of a wider safeguarding training offer for Trust staff other than face to face training in light of Covid-19
- Support the ongoing induction of the newly appointed safeguarding children's team administrator
- Safeguarding training compliance to be maintained as per the CCG quality schedule
- Revise all levels of safeguarding children's training to update according to national and local changes in policy, and lessons learnt from recent CSPR's and thematic reviews.

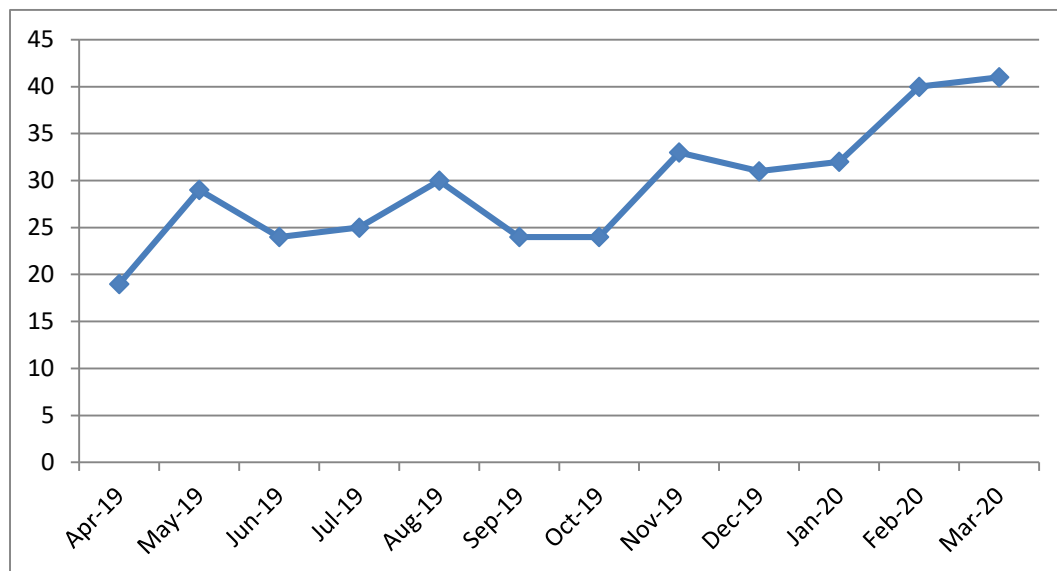
### **36.0 Safeguarding Within Maternity Services**

- 36.1 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.
- 36.2 The central midwifery team has three full time and two part-time midwives in post. An additional full time midwife became part of the team as a response to the Covid-19 pandemic. The midwives support women who have currently children's services involvement, or cases which are being escalated by the Named Midwife when children's services have determined that the case is closed. The midwives provide continuity of care for vulnerable women and families across Northampton, Daventry and Towcester. The team work alongside a multitude of professionals, such as social workers, police and other health sectors to support the women and their families.
- 36.3 The maternity safeguarding team provides safeguarding supervision to each central team member team on a monthly basis or where an individual case requires more frequent focus. A safeguarding supervision plan has been devised and this is documented within the woman's records and recorded on the maternity safeguarding team database. The Named Midwife also provides bespoke training sessions on themes and concerns that have become apparent in the midwifery/child protection cases. Further training such as substance misuse understanding has been facilitated.
- 36.4 The central team represent the Trust at safeguarding meetings, such as strategy discussions, child protection conferences, core meetings and child in need meetings. The central team will feedback to the maternity safeguarding team when issues arise, such as drift in adhering to the agreed Northamptonshire Safeguarding Children Partnership (NSCP) pre-birth pathway.
- 36.5 The Named Midwife for Safeguarding commenced in post in July 2019 with the main objective to develop a working relationship with Northamptonshire children's services as a number of maternity safeguarding cases had identified the absence of pre-birth assessments and the cases being held at a lower safeguarding threshold, such as children in need. A service manager at children's services has been allocated as the single point of contact for the maternity safeguarding team. Midwives are still encouraged to raise their concerns with the allocated social worker, in accordance with the NSCP escalation procedure. When issues/concerns are not resolved through liaison with the social worker and team manager, concerns are then shared with the service manager, who explores these further.

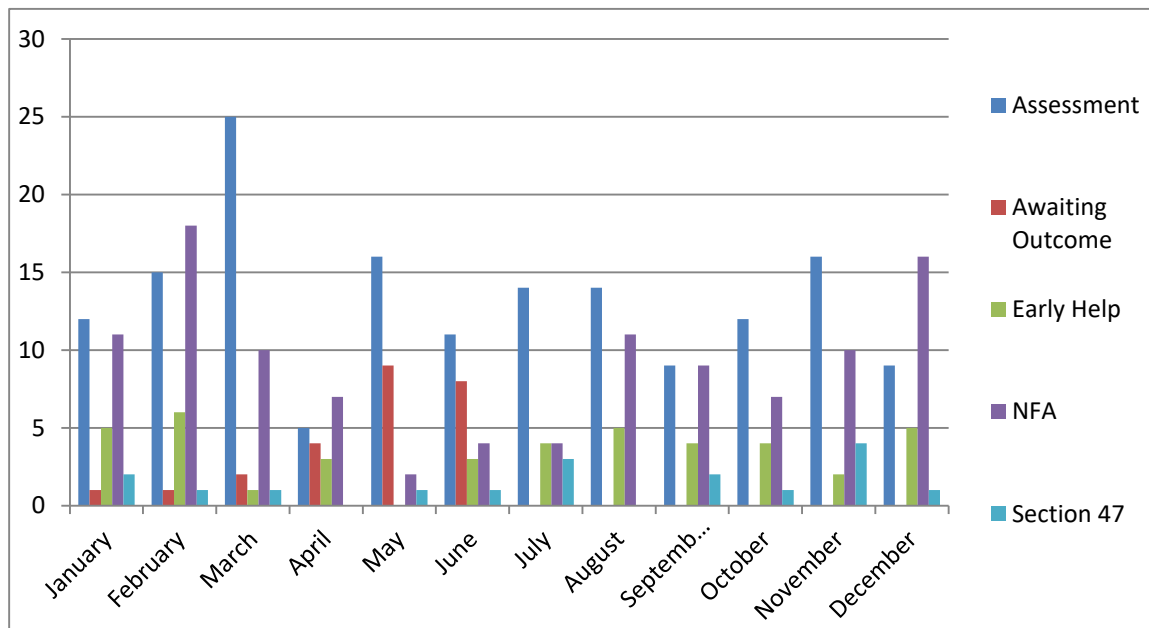
- 36.6 During the period between November 2019 and March 2020, 258 cases were shared by the Named Midwife with the service manager. These cases were often only discussed once or on several occasions. Themes identified at this meeting were inappropriate threshold levels, drift in cases, transient workforce and 'risky' male partners. To mitigate these risks, the Trust's risk register was increased to critical in October 2019.
- 36.7 In addition the maternity safeguarding team systematically reviews all bookings for women who have current or previous children's services involvement or has a learning disability. From September 2019, 113 women have been identified as having current or previous children's services involvement and 8 women have been identified as having a learning disability. By reviewing the records, a multi-agency safeguarding referral (MASH) is often required and this is then discussed and completed by the allocated midwife. This process has been educational for midwives and most importantly, relevant safeguarding referrals have been generated and shared with the local authority.

### 37.0 Maternity Activity

- 37.1 The total number of referrals made to the MASH during 2019/20 was 353, which is a 34% increase from 2018/19 (264). On average during 2019/2020, the number of referrals made to social care each month has increased which is displayed in the chart below:

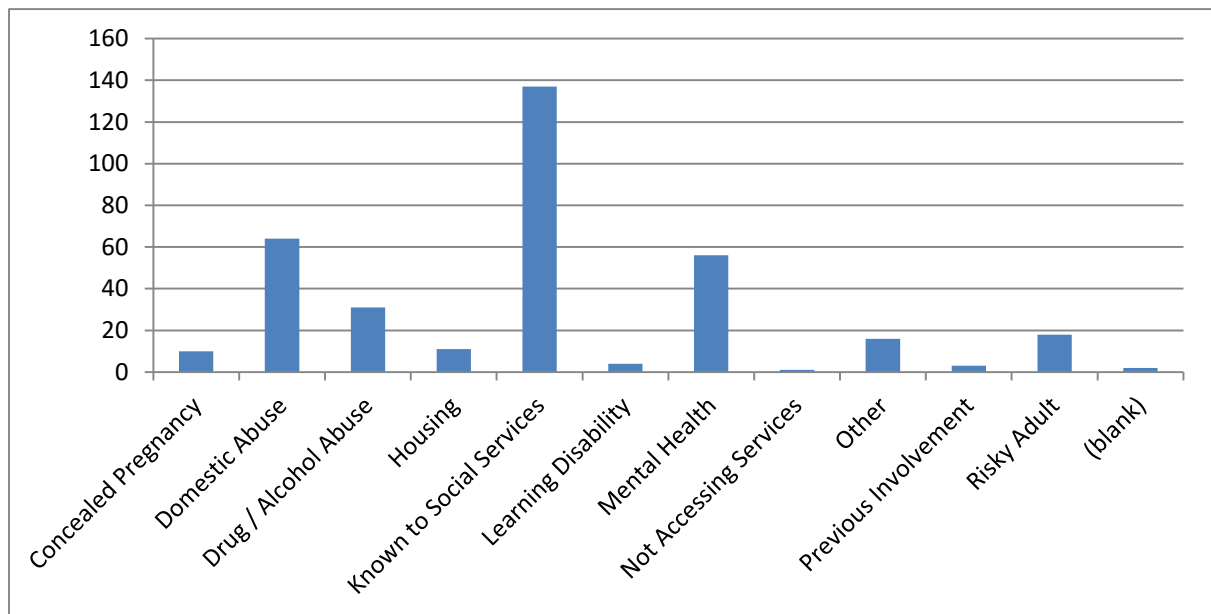


37.2 Each referral that is sent to MASH is forwarded to the maternity safeguarding team, who will review the referral and MASH outcomes are followed up on a weekly basis to ensure that appropriate plans are in place. When necessary, if the case is closed by MASH, the outcome will be challenged by the Named Midwife to ensure that the correct plans and provisions are in place for the family. One hundred and fifty-eight assessments were completed by children's services in 2019/2020 following MASH referrals being raised by maternity services. This is compared to 69 in 2018/19. This demonstrates that midwives are informed about what they need to refer, able to articulate the needs of vulnerable women and their unborn and where no further action is an outcome, this is challenged early by the maternity safeguarding team. The outcome of these referrals can be seen in the chart below:



37.3 Every safeguarding referral received by the maternity safeguarding team is screened to establish the primary reason for the concerns being raised. A number of maternity cases will have a number of complicating factors, which include the trilogy of risk – domestic abuse, substance misuse and poor parental mental health. The primary leading cause for MASH referrals being completed in maternity services continues to be due to the mother/family already being known to children's services. This is demonstrated in the graph below





### 38.0 Training

38.1 The current training figures for Obstetrics and Gynaecology is 82.8%. Throughout the year a number of bespoke internal training events have been organised with a range of internal and external speakers. The Named Midwife developed a Female Genital Mutilation (FGM) bespoke level three safeguarding training for Trust staff to attend, following changes made to the FGM guidelines. In addition Trust staff are able to attend training provided by the NSCP which includes face to face or e-learning. The Named Midwife attends the NSCP Learning and Development subgroup, which has noted that the Trust has the highest uptake of the e-learning offered to health and social care staff across the county.

### 39.0 Female Genital Mutilation (FGM)

39.1 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.

39.2 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 31<sup>st</sup> 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. During 2019/2020 there were 59 women identified as having FGM when booking their pregnancy with the Trust.

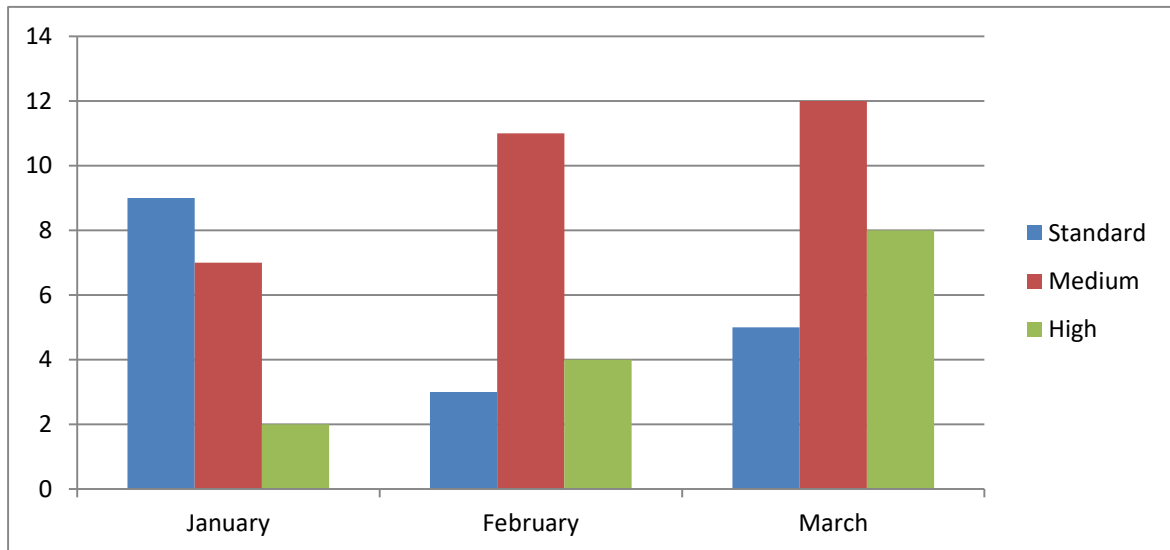
The majority of these ladies were from Somalia. Other countries cited were Sudan, Djibouti, Tanzania, Kenya, Yemen, Iraq, Nigeria, Ethiopia and Liberia.

- 39.3 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.
- 39.4 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 particularly 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. Eighteen infant females had FGM-RIS alerts added onto the NHS summary care records as per guidance by NHS England and NHS Improvement.
- 39.5 A FGM audit was completed by the maternity safeguarding team in December 2019. The audit identified the inconsistent management of FGM by maternity services. Compliance with standards was varied and therefore guidance was amended accordingly to articulate the mandatory duties health professionals must adhere to when FGM is disclosed. A flowchart was devised and circulated across maternity services and Level 3 FGM training was developed and facilitated to enhance professionals' skills set and knowledge.

#### **40.0 Domestic Abuse**

- 40.1 The Hospital Independent Domestic Violence Advisor (HIDVA) role at the Trust was decommissioned in March 2020. Prior to this, the IDVA would support staff in offering advice, safety planning and support to staff and patients experiencing domestic abuse. The hospital remains in liaison with the Sunflower Centre (voluntary domestic abuse support services), who continue to support the organisation and provide domestic abuse training to professionals.
- 40.2 All midwives are required to routinely ask every woman about domestic abuse at least twice during the woman's pregnancy, as well as adopting a target approach where signs or indicators of domestic abuse are observed at any time throughout maternity services – during the antenatal or the post-natal period.
- 40.3 The maternity safeguarding team receives Police Protection Notifications (PPN's) from Northamptonshire Police on a weekly basis regarding domestic abuse incidents involving pregnant women. The maternity safeguarding administrator will alert maternity services of the notification by uploading the information onto the woman's maternity electronic records. In addition, the allocated midwife will receive an email alerting them to the notification and prompting them to discuss domestic abuse at each contact where possible. This is an opportunity for a referral to domestic abuse support services such as Victim or the Sunflower Centre

40.4 From January 2020, the maternity safeguarding team have analysed the PPN's received from Northamptonshire Police in terms of the different levels of risk. The information shared is categorised into three levels of risk: standard (no significant current indicators); medium (identifiable indicators of harm) and high (indefinable indicators of risk of serious harm). During this period 61 PNN's have been received by the team and the variation of risks received for pregnant women is illustrated in the graph below:



#### 41.0 Domestic Homicide Reviews

41.1 There was one Domestic Homicide Review (DHR) published during the reporting period and there are three reviews awaiting final ratification from the Home Office. The Trust contributed to the published review. Action plans from the reviews are reviewed and monitored at the Safeguarding Assurance Group on a quarterly basis.

#### 42.0 Achievements during 2019/2020

- A single point of contact has been established with children's services to share and escalate concerns
- Domestic abuse notifications have been amended to include a plan of care for the woman
- Increase and quality of MASH referrals during the reporting period
- Contribution to the safeguarding strategy

#### **43.0 Priorities for 2020/21**

- Introduction of a wider safeguarding training offer for Trust staff other than face to face training in light of Covid-19
- Safeguarding training compliance to be achieved as per quality schedule.
- Escalation of safeguarding cases to children's services when concerns that the appropriate threshold of intervention has not been met
- Monitoring of the unborn tracker meeting which was established in April 2020 with children's services and the health visiting service to track progression of cases of concern which have been escalated by the maternity safeguarding team
- Maternity safeguarding policy to be developed and embedded
- Safeguarding quality visit by the CCG to maternity services which received positive feedback

#### **44.0 Covid-19**

- 44.1 In the middle of March and then into subsequent months, Covid-19 became a national issue which impacted upon the safeguarding and vulnerability agendas. Some processes were streamlined and some delayed whilst the safeguarding team focused on the safety and wellbeing of all patients attending the Trust.

#### **References and Further Reading**

- Adult Safeguarding: Roles and Competencies for Health Care Staff (2018)  
London: Royal College of Nursing
- 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 (2019) '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 (2019) HMSO: Department of Health
- Supreme Court (2014)  
[http://www.supremecourt.uk/decidedcases/docs/UKSC\\_2012\\_0068\\_Judgment.pdf](http://www.supremecourt.uk/decidedcases/docs/UKSC_2012_0068_Judgment.pdf)
- Working Together to Safeguard Children and Young People Intercollegiate Guidance (2018)