

# **SAFEGUARDING ANNUAL REPORT**

## **2016-2017**

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**JULY 2017**

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## Executive Summary

1. Safeguarding adults, children and unborn children are priorities for the Trust and this reports outlines how the safeguarding service is performing and promoting best practice. The report provides an update on safeguarding progress during 2016/17 and identifies safeguarding key issues, risks and priorities for 2017/18.
2. Safeguarding information from Northamptonshire Safeguarding Adult Board (NSAB) and Safeguarding Children's Board (NSCB) is disseminated and monitored through the Safeguarding Assurance Group (SAG).
3. There are three safeguarding 'active' risks on the Trust risk register which relate to: general governance processes related to 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 Intercollegiate Guidance 2014 (children) and Bournemouth Competencies 2015 (adults).
5. There has been one Safeguarding Adult Review (SAR) and four Serious Case Reviews (SCRs) in the area which the Trust contributed to during 2016/17. All requests for information in relation to Child Deaths have been completed.
6. There is a statutory duty for the Trust to comply with Domestic Homicide Reviews (DHR's). There has been one DHR in the area which the Trust contributed to during 2016/17. All requests for information to potential DHRs have been completed.
7. The Mental Capacity Act (MCA) Policy and the Safeguarding Children's Policy were both updated in 2016/17 in line with existing guidance and legislation.
8. Deprivation of Liberty Safeguards (DoLS) applications in the Trust increased in 2016/17. There have been 289 DoLS applications in the Trust during the reporting period against 227 in 2015/16.

## **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 2016 to March 2017. 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), the Mental Capacity Act 2005 and the Care Act 2014.
- 1.2 In addition to the requirements of the Children Act, the Trust, as a registered provider with the Care Quality Commission, 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, separating out specific areas for focus and then addressing integrated topics (such as training and workforce capability) under more generalised headings.

## **2.0 National**

- 2.1 Safeguarding is a growing and increasingly challenging agenda, and one which keeps evolving. The numbers of Deprivation of Liberty Safeguards applications continue to grow and there is uncertainty about the implementation of the Law Commission recommendations. The promotion and awareness of female genital mutilation, sexual exploitation, modern day slavery and Prevent are all essential areas for healthcare staff to consider and embed within their clinical practice.

## **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 the Improvement Board issued by the Secretary of State following the Ofsted Inspection in 2013. (The Board has now been stood down due to a subsequent inspection in March 2016).
  - 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), 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 2016/17.

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.

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. The Named Professional Team comprises:

- 1.0 WTE Named Nurse [Children]
- 1.0 WTE Named Midwife [Children and Vulnerable Women]
- 1.0 WTE Named Nurse [Adults]
- 2.5 PA/week Named Doctor [Children]

4.8 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.

#### **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 meeting has been held on a monthly basis with consistent attendance from internal and external senior staff members.

5.2 Following an external Quest review of Safeguarding and the Mental Capacity Act and consultation with the executive lead and the safeguarding team, a Safeguarding Operational Group has been established to underpin the SAG. This will ensure that the appropriate challenge and scrutiny is concentrated at the SAG. The membership of the SAG will be unchanged, but the frequency of the meetings will take place on a quarterly rather than a monthly basis.

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

6.1 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.

#### **7.0 Safeguarding Incidents**

7.1 Safeguarding incidents in the Trust are monitored by the safeguarding team and via the SAG. 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.

#### **8.0 Quality Schedule**

8.1 The Clinical Commissioning Groups (CCG) Quality Schedule (2016/17) has been completed for both safeguarding adults and children. All key performance indicators were successfully completed apart from safeguarding training compliance which is indicated at 85 per cent. This area continues to be a priority for the Trust.

8.2 Business meetings take place with the Governance Team, the Deputy Director of Nursing, Midwifery and Patient Services, the Head of Safeguarding and Dementia

and the CCGs to ensure that there are agreed strategies in place to meet key performance indicators (KPIs). The 2017/18 KPIs have been developed and agreed.

**9.0 Care Quality Commission**

9.1 The Care Quality Commission (CQC) visited and inspected the Trust in January/February 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.

**10.0 Partnership Working**

10.1 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.

10.2 The Northamptonshire Improvement Board (NIB) was instigated following the Ofsted inspection that was carried out in 2013, when children’s services across the county was deemed inadequate. Inspectors found serious widespread weaknesses across all services, including child protection, children looked after and adoption. Government intervention followed, including the establishment of an Improvement Board with an independent chair.

10.3 Following re-inspection in March 2016, services were judged to be ‘requires improvement to good,’ the NIB was stepped down.

10.4 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
<i>Training and Development Group</i>	Quarterly	Named Nurse for Safeguarding Adults
<i>Quality Assurance Sub Group</i>	Quarterly	Named Nurse for Safeguarding Adults
Named and Designated Nurses Meeting	Monthly	Named Nurse for Safeguarding Adults
Northamptonshire Safeguarding Children Board	Quarterly	Director of Nursing / Head of Safeguarding
<i>Child Death Overview Panel</i>	Monthly	Named Doctor [Chair]
<i>Learning and Development Committee</i>	Monthly	Named Midwife

<i>Child Sexual Exploitation Sub Group</i>	Monthly	Named Nurse for Safeguarding Children
<i>Child Sexual Exploitation Forum</i>	Monthly	Safeguarding Nurse Advisor
<i>Quality Sub-Group</i>	Bi-monthly	Named Nurse for Safeguarding Children
<i>Multi-Agency Safeguarding Development and Innovation Group (MASDIG)</i>	Bi-monthly	Named Nurse for Safeguarding Children
<i>Honour Based Abuse</i>	Bi-monthly	Named Midwife
Named and Designated Nurses Meeting	Bi-monthly	Named Nurse Children and Named Midwife
Safeguarding Health Strategic Forum	Quarterly	Director of Nursing/ Head of Safeguarding

10.5 Safeguarding adult reviews (SAR's) and serious case reviews (SCR's) 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. There has been one SAR and four SCRs which the Trust contributed to during 2016/17, with relevant action plans being completed.

10.6 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 one DHR in which the Trust contributed to during 2016/17. All requests for information to potential DHRs have been completed.

## **Safeguarding Adults**

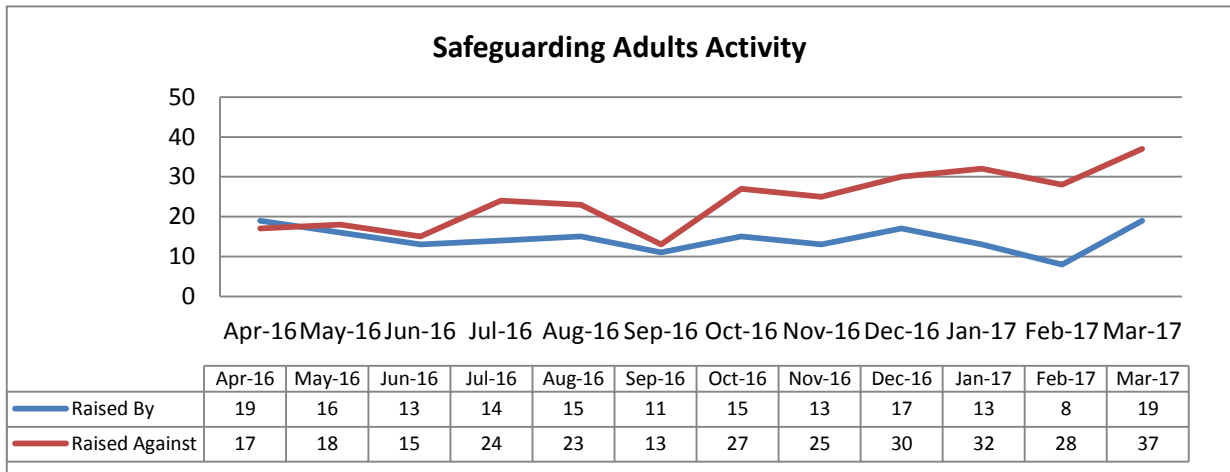
### **11.0 Activity**

11.1 There were 182 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 2015/16 when there was a decrease of 1.7% in referrals.

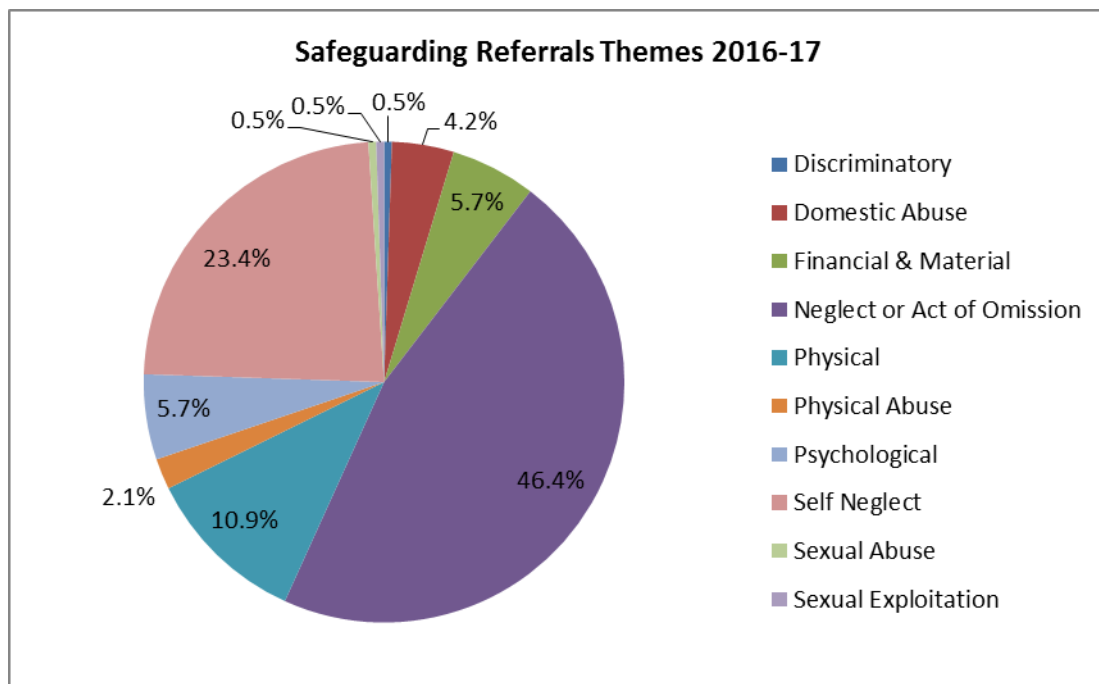
11.2 The majority of referrals were generated by the emergency and urgent care departments. These areas are often where initial assessments are undertaken prior to admission to the Trust in-patient wards.

11.3 The chart below shows the number of safeguarding referrals that were made against and by the Trust for 2016-17. There were 81 safeguarding referrals raised against the Trust which saw an increase of 13.5% in comparison to 2015/16.





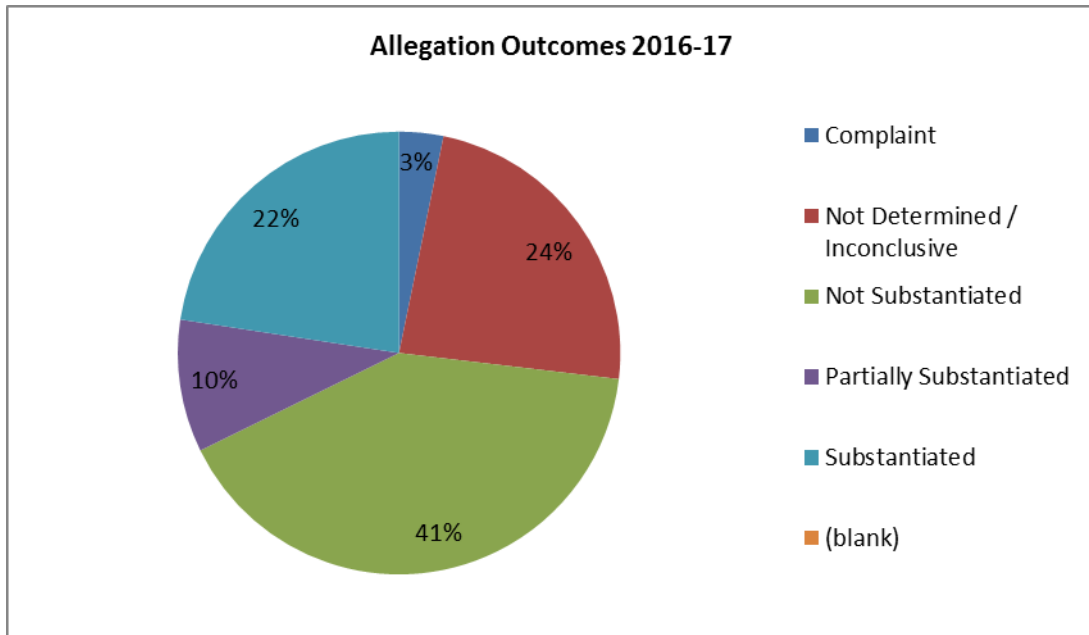
11.4 In addition, the chart below highlights the themes of referrals made by the Trust during this reporting period. Neglect/or act of omission has been the highest level of safeguarding adult concern in terms of both referrals made by the Trust or against the Trust.



11.5 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.

11.6 The number of referrals can be broken further down into:

- 20 Substantiated
- 7 Partially substantiated
- 18 Not substantiated
- 31 Not determined / Inconclusive
- 5 referrals screened out as no further action

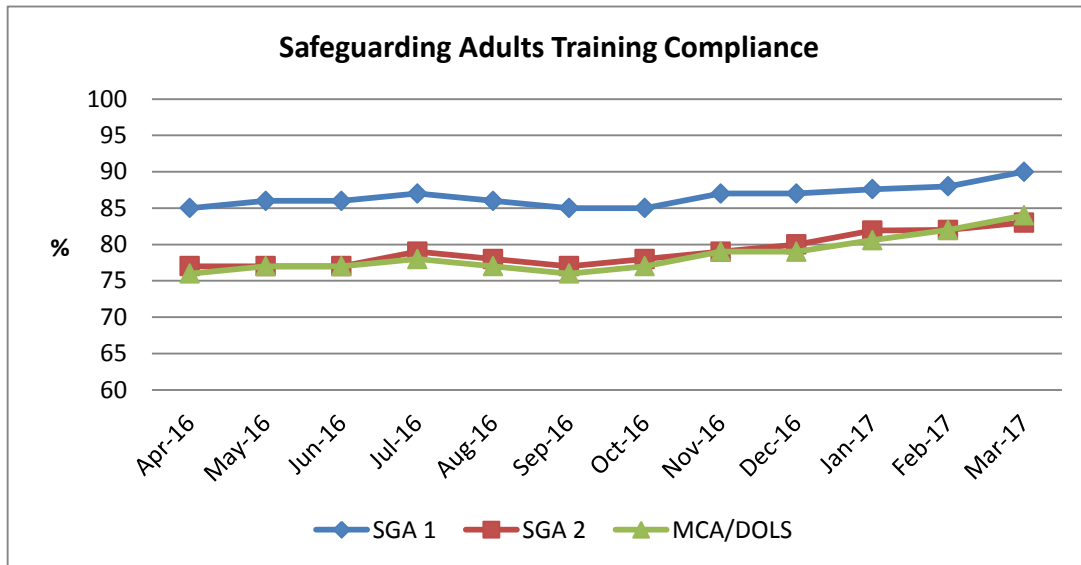


11.7 The themes of the allegations raised against the Trust predominantly refer to discharge arrangements in terms of timeliness, completeness of arrangements (i.e. home care package) and communication with carers and families prior to discharge.

11.8 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. For example, the clinical, discharge and pharmacy teams have come together to review processes to ensure that patients are not being discharged from hospital without medication.

## 12.0 Training

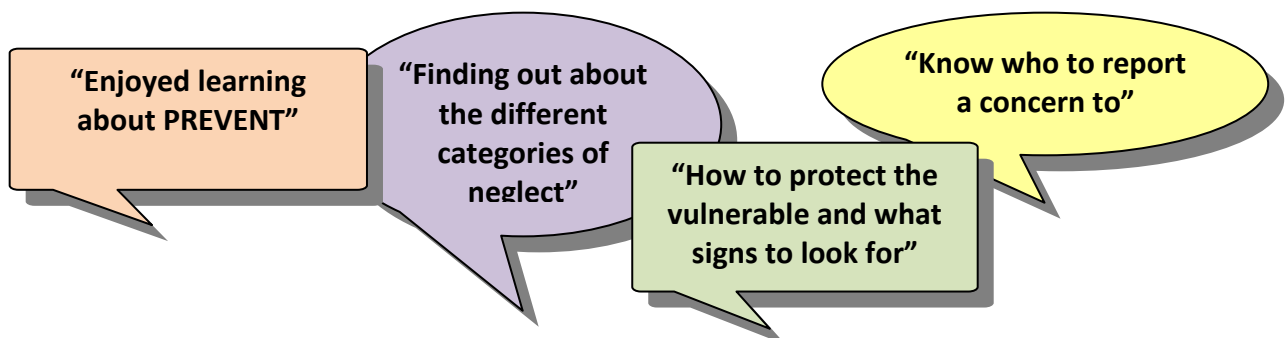
12.1 The safeguarding teams are committed to training and education which are fundamental to develop staff confidence and skills in relation to safeguarding. The chart below highlights the safeguarding adult training compliance over the year of 2016-17.



12.2 Level 1 safeguarding adult training has maintained above the trajectory of 85% compliance for all staff. However Level 2 safeguarding adult training and MCA/DoLS training have not reached this trajectory.

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



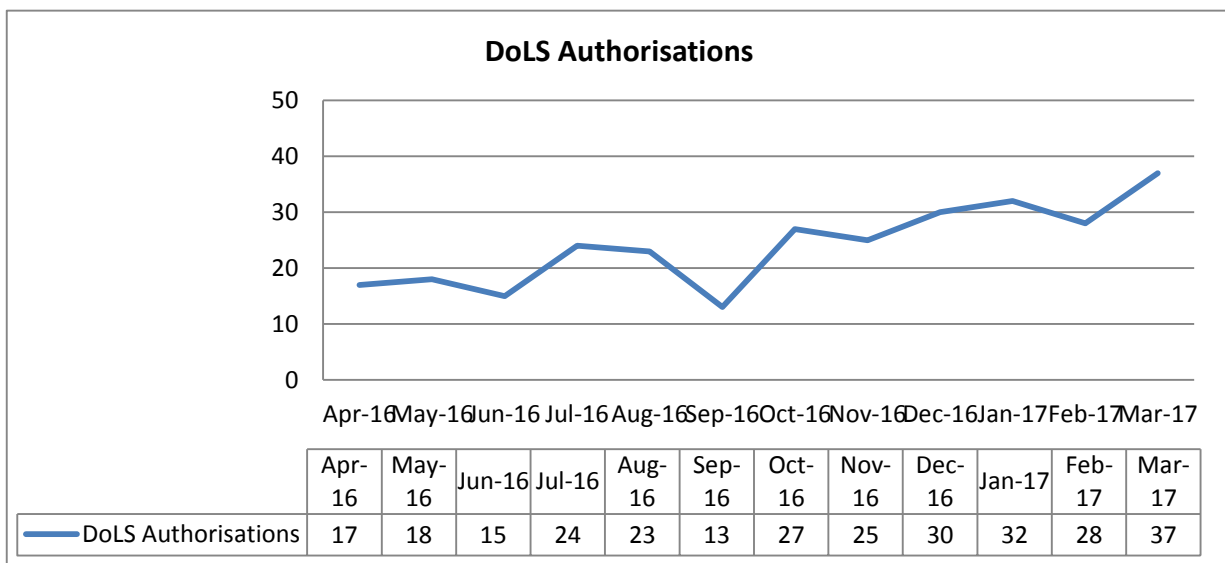
**13.0 Mental Capacity Act**

13.1 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.

- 13.2 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's.
- 13.3 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.
- 13.4 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.
- 13.5 The MCA documentation used by the Trust was reviewed and new paperwork implemented in January 2017 which is accessible to staff via the Trust intranet.
- 13.6 The Named Nurse is part of the consent group and the Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form was revised in February 2017. The safeguarding team carries out spot check audits to ensure that MCA assessments are carried out in relation to this process.

**14.0 Deprivation of Liberty Safeguards**

14.1 The Trust as a Managing Authority authorised 289 urgent authorisations during this period within the Deprivation of Liberty Safeguards (DoLS) legal framework. The Trust has seen an increase of 20% in requests for urgent authorisations. There have been 289 DoLS applications in the Trust during the reporting period against 227 in 2015/16.



- 14.2 The increase in DOLS authorisations is a national trend following the impact of the Supreme Court ruling in the case of *'P v Cheshire West and 'P and Q v Surrey'* in 2014. An increase in applications is positive as the Trust can demonstrate an understanding of their responsibilities within the legal framework while caring for patients who lack capacity who require safeguards to be in place.
- 14.3 Continued liaison and engagement with Northamptonshire County Council as the Supervisory Body has assisted in ensuring that the care provided to patients using this legal framework remains compatible with their fundamental rights and freedom. Staff are aware that all DoLS applications are completed electronically and then submitted to the safeguarding team prior to being emailed to the relevant local authority. The Trust continues to apply for Best Interest Assessments from the County Council 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.

#### **15.0 Court of Protection**

- 15.1 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 surgical treatment. The application was granted and the surgical treatment was undertaken.

#### **16.0 Prevent**

- 16.1 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.
- 16.2 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.
- 16.3 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 2016/17.
- 16.4 The 'Prevent Training and Competencies Framework' published by NHS England in 2015 provides clarity on the level of training required for healthcare workers. The majority of staff groups require basic Prevent awareness and areas such as paediatrics are required to attend a 'Workshop to Raise Awareness of Prevent'

(WRAP). In 2016/17 85% of staff have been trained in Prevent as part of the Trust induction.

- 16.5 The Named Nurse for Safeguarding Adults will be facilitating ‘train the trainer’ WRAP training in May 2017 to ensure that further opportunities are available for the Trust in priority areas. A quarterly review of training compliance and performance of Prevent activity is sent to the CCG, as part of NHS England’s monitoring processes.

## **17.0 Modern Slavery**

- 17.1 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.
- 17.2 In accordance with the Modern Slavery Act 2015, the Trust made its first statement on Modern Slavery regarding the steps it had taken in the reporting year to ensure that slavery and human trafficking was not taking place in any part of its own business or any of its supply chains. This included having established robust recruitment procedures which support compliance with national NHS Employment Checks and Care Quality Commission (CQC) standards. In addition all other external agencies providing staff have been approved through Government Procurement Suppliers (GPS).
- 17.3 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.

## **18.0 Achievements in 2016/17**

- 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
- Safeguarding training commenced in January 2017, which staff attend for the whole day and the range of topics has been extended to cover mental health and domestic abuse.
- The Mental Capacity Act policy and associated documentation has been reviewed and re-launched across the Trust. This included the Mental Capacity Tool Kit in January 2017.
- The safeguarding adult’s intranet page was reviewed and updated to provide an easy reference point for Trust staff
- An adult safeguarding resource folder was developed and delivered to each ward
- The Trust held a safeguarding awareness week in May 2016 as part of a countywide initiative and contributed to the safeguarding conference.

**19.0 Priorities for 2017/18**

- Review and implement an integrated process to support patients with mental health needs. This includes the creation of a mental health working group.
- Continue to promote consent/ mental capacity assessments as good practice across the Trust
- Carry out a bi-annual audit of the quality of the DoLS applications completed by the Trust
- Ensure that priority identified areas of the Trust receive Level 3 Prevent training.
- 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.
- Ensure safeguarding training compliance to be achieved as per quality schedule.

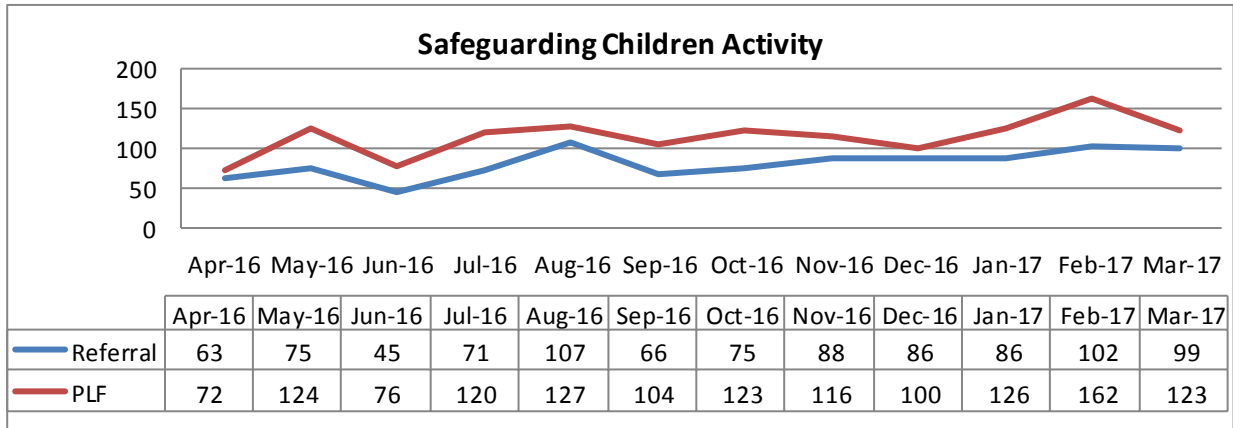
**20.0 Safeguarding Children**

20.1 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 Benham. The Trust also have a 'duty of care' toward 'unseen' children whose parents have been admitted, or, attend ED where there may be safeguarding concerns.

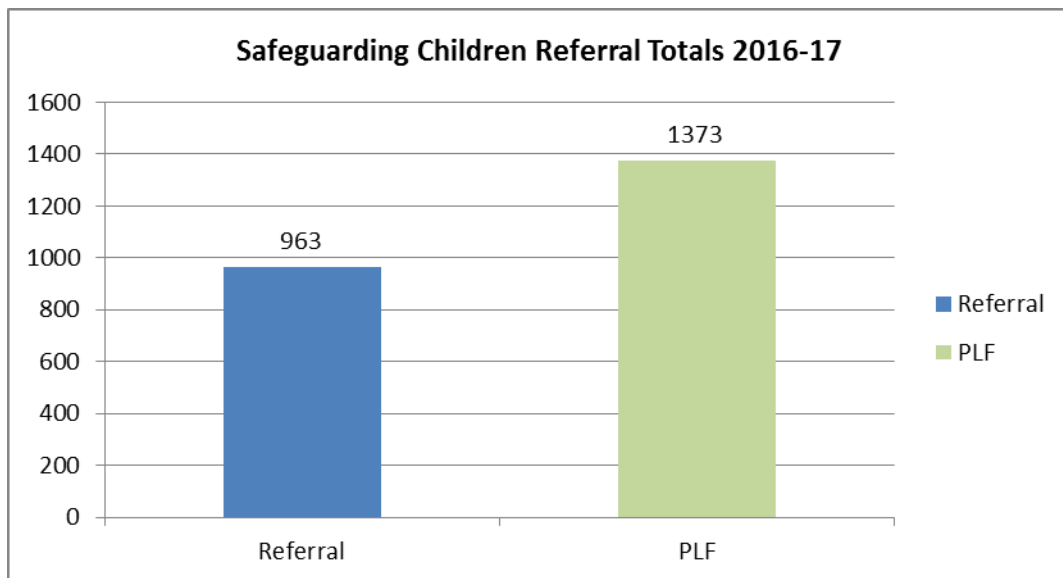
**21.0 Activity**

21.1 There has been a total of 963 Multi-Agency Safeguarding Hub (MASH) referrals during 2016/17 and 1,373 paediatric liaison forms (PLF's) completed. Thirty per cent (307) of the inter-agency referrals have been made by our maternity services. The total activity for 2015-2016 revealed 483 MASH referrals with 1,513 PLF's. This reflects a significant increase in safeguarding activity during the reporting period.

21.2 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 was highlighted as good practice within the Laming Recommendations in 2003.

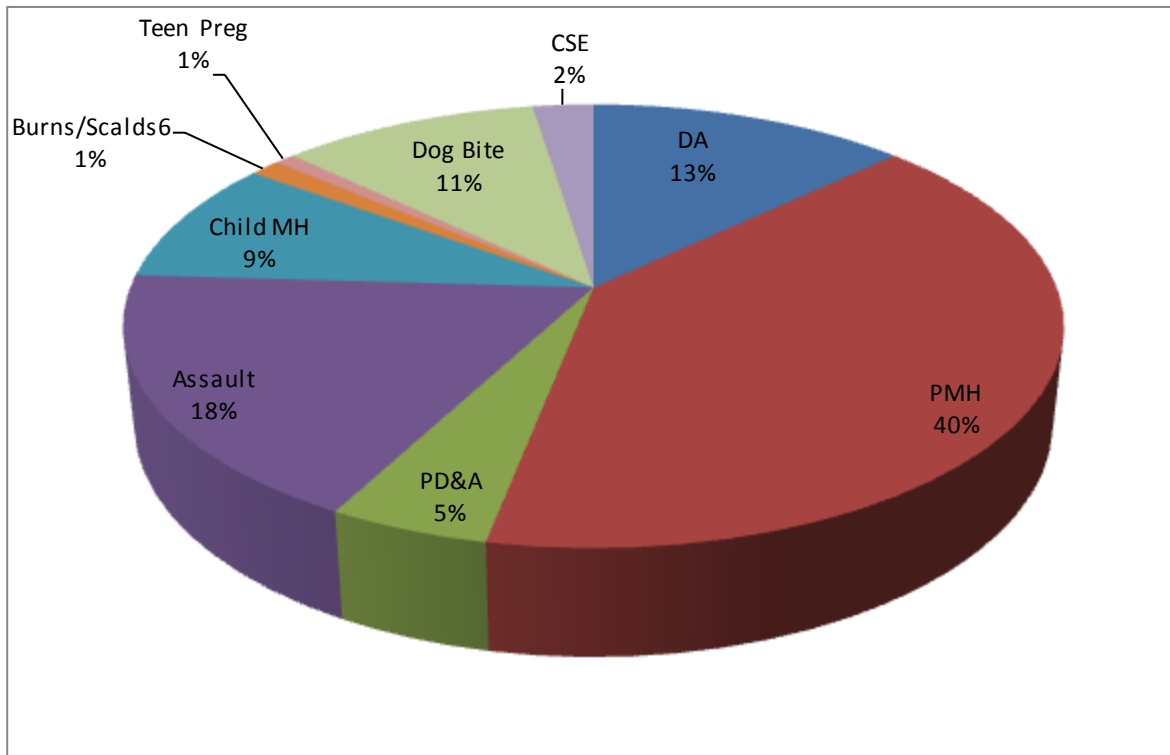


21.3 The chart below presents the breakdown of activity for the totals of 2016-17



21.4 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. The statistics presented below are for **July 2016** (not April 2016) to March 2017 following a revision in statistical information collated by the children's safeguarding team in June 2017.





**Primary Reason for Inter-Agency MASH Referral**

21.5 Forty per cent of referrals generated by the Emergency Department are for adults with mental-health issues who have parental responsibility. This number of referrals is concerning and significant in terms of informing future commissioning intentions. Parental mental health (PMH) problems were identified as a factor in over half of a sample of 33 serious case reviews in England from 2009-2010 ([Brandon, 2011](#)). The learning from these reviews highlights that professionals must recognise the relationship between adult mental health and child protection. Therefore the Trust ensures good practice is in place by ensuring that Inter-Agency MASH referrals are raised for ‘unborn babies’ and ‘unseen’ children so the appropriate safeguarding measures are deployed. There is a positive working relationship between the safeguarding team and the MASH and this has enabled proactive case discussion benefitting patients.

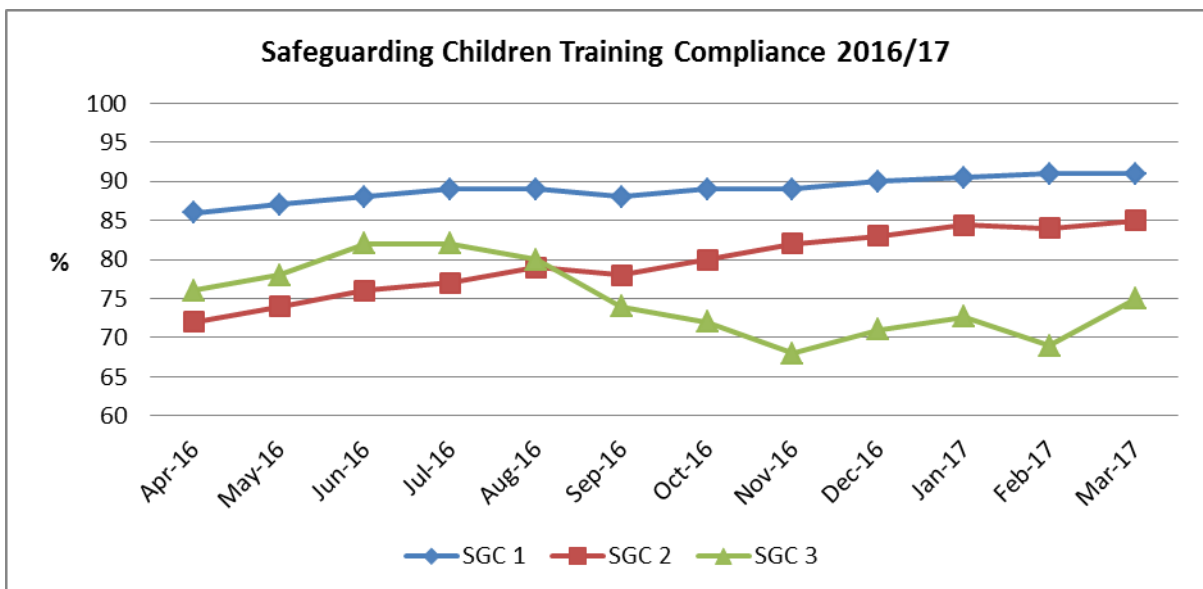
21.6 Analysis and feedback of the data relating to the MASH referrals identifies that approximately 6% result in ‘no further action.’ The rationale for this is that either children are already ‘open’ to children’s social care, are victims of assaults where the assailants were unknown or dog bites which were considered by MASH, did not meet the Northamptonshire Safeguarding Children’s Board (NSCB) threshold.

21.7 Domestic abuse and assaults present as the second and third highest categories for MASH referrals. In light of these figures, the Trust has secured an Independent Domestic Violence Advocate (IDVA) to support patients (and staff) who are victims of domestic abuse.

21.8 Assaults on children have increased and are more prolific during the school holidays. An increase in gang activity within the county has been recognised as a contributory factor. The safeguarding team will conduct an audit during the next year to analyse these incidents and escalate to external partners, including the NSCB is warranted to consider a countywide response.

**22.0 Safeguarding Children Training**

22.1 Considerable focus has been given to safeguarding training within the clinical divisions, resulting in an increase in training compliance. This focus will continue into the coming year. The Children’s Safeguarding team has facilitated ‘bespoke sessions’ for A & E and Urgent Care in Level 3 Safeguarding Children Training in addition to the scheduled training to enhance compliance.



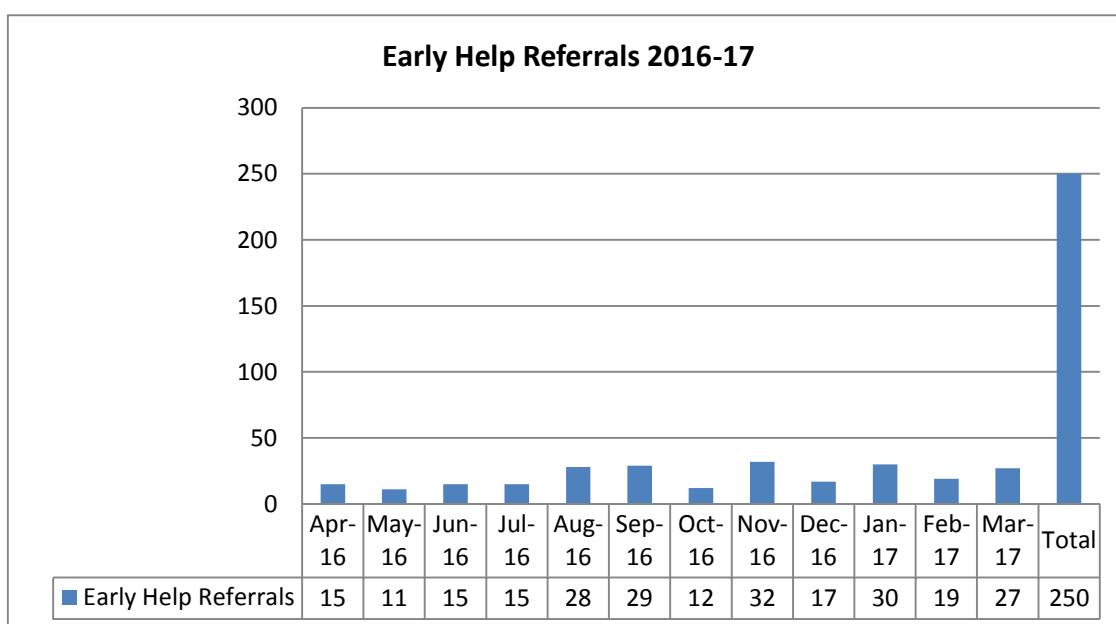
22.2 The feedback from the training delivered has been highly positive. This has included:



**23.0 Early Help Referrals**

23.1 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 co-ordinated response.

23.2 During 2016/17 there were a total of 250 made by the Trust to the Local Authority as emphasised in the chart below.



	Apr 16	May 16	June 16	July 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Early Help Referrals	15	11	15	15	28	29	12	32	17	30	19	27

23.3 The Trust has made more early help referrals than the previous year where only 4 were completed. . There has been an increased awareness through training and workshops of the early help process for staff within the Trust and 238 of the interagency referral have been stepped –down to early help by MASH.

**24.0 Paediatric Liaison Nurse**

24.1 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) 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.

24.1 The paediatric liaison nurse role has been vacant for several months during the reporting period, but the recruitment process proved to be successful and the post holder will commence in post in May 2017. The safeguarding nurse advisor has been covering this role.

## **25.0 Designated Officer (LADO)**

25.1 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 three referrals to the Designated Officer; on which pertains to a member of Trust staff.

## **26.0 Achievements in 2016/2017**

- The Children's Safeguarding team initiated Neglect Workshops following the NSCB Neglect Conference in 2016. The workshops included training for the Trust community and ward based paediatric teams using the county wide Neglect Graded Care Profile.
- The Safeguarding Supervision Policy was created and included a supervision contract to formalise this process. The safeguarding team provide supervision either on a 1:1 or peer group basis for the Diabetic Special Nurses, Audiology, Eye Casualty, A & E, and Community Paediatric Nurses.
- A 'Failed to be Brought' policy has been generated consultation with staff across the Trust and is awaiting final ratification. 'Failed to be Brought' is the term adopted to replace 'Did Not Attend'.
- Following attendance and engagement at the CSE Forum by the Safeguarding Nurse Advisor, the Reducing Incidents in Child Sexual Exploitation (RISE) team share a list of missing children on a daily basis to the Trust's Emergency Department. Since implementation in November 2016, the Trust has identified and reported the attendance of 3 missing children since initiating this practice.
- The Safeguarding Nurse Advisor was successful in attaining a post-graduate certificate in the Mary Seacole Leadership programme.
- 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.

- There has been prolific audit activity over the past year to ensure safeguarding children activity within the Trust reflects good practice. This has included: dog bites, parental details of children who attend ED, 'unseen' children, looked after children, homelessness.

## **27.0 Priorities for 2016/2017**

The priorities for the forthcoming year are to:

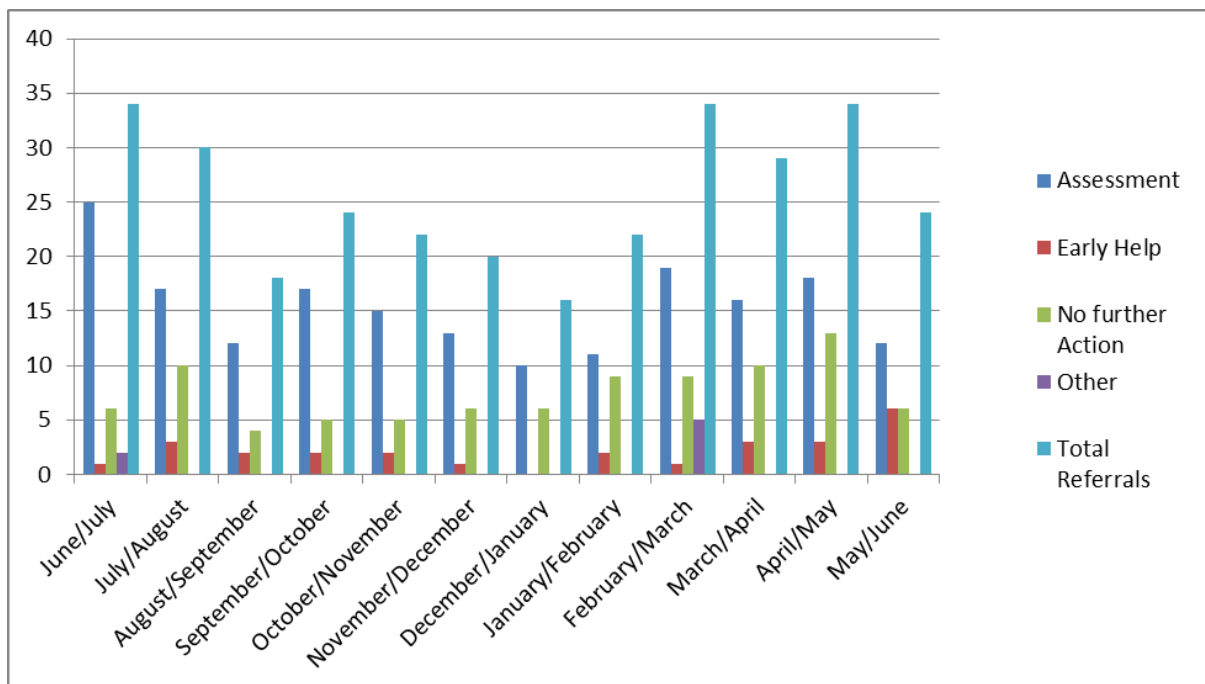
- Support the integration of the Paediatric Liaison Nurse to the Trust.
- Review existing processes to ensure that the Neglect Graded Care Profile is embedded into the appropriate forms
- Launch Child Sexual Exploitation (CSE) Workshops for community and ward based teams, including A & E, Benham and EAU.
- Host second round of Neglect Workshops including the Grade Care Profile and Early Help assessments, ensuring paediatric wards are priority
- Introduce safeguarding children resource packs to each ward for staff and patients to ensure information and guidance is readily available.
- Work with the adult and maternity safeguarding lead to ensure that a 'think family' approach is adopted and creative options are explored to increase training compliance, for example, a safeguarding passport
- Arrange a Safeguarding Children Peer Review with Named Professionals from Milton Keynes or other neighbouring hospitals to benchmark safeguarding practice.
- Liaise with Named Nurse for Safeguarding Adults to review transition and pathway of looked after children to adult services.
- Safeguarding training compliance to be achieved as per quality schedule.

## **28.0 Safeguarding Within Maternity Services**

28.1 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.

- 28.2 The Central Midwifery Team has two WTE and two 0.6 WTE 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 the identified social workers/other professionals
- 28.3 Within this team there are two midwives whose main focus is teenage pregnancies and ladies with a learning disability. The maternity safeguarding team provides supervision to each team member on a monthly basis or where an individual case requires more frequent focus.
- 28.4 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 or for an interim care order to be put in place by social care. These plans are then communicated to hospital staff so they are aware of concerns and plans.

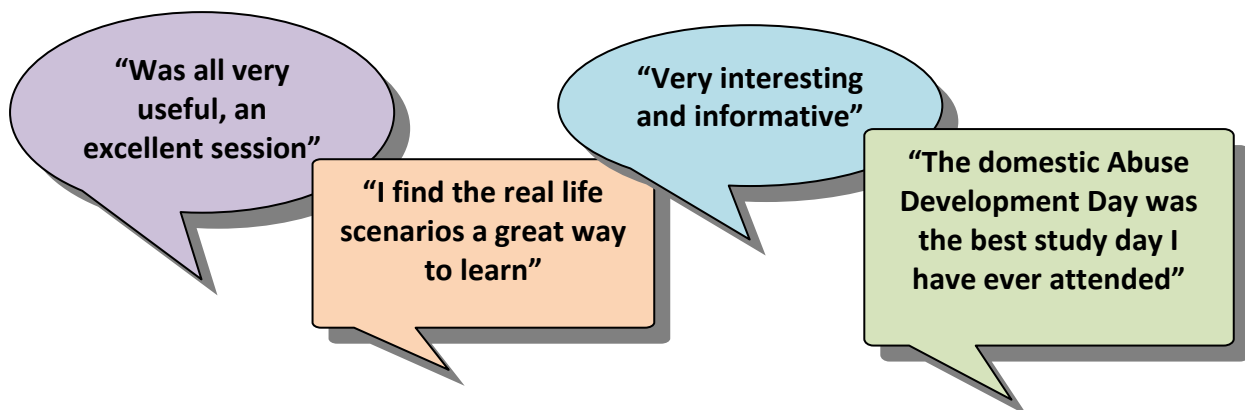
**29.0 Maternity Activity**



29.1 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.

### **30.0 Training**

30.1 The current training figures for Obstetrics and Gynaecology is 83.02%. During the year a number of bespoke internal training events have been organised, with a range of internal and external speakers. These events have covered a wide range of topics which have included FGM, domestic abuse, serious case reviews (including a presentation from the police around dangerous dogs) and perinatal mental health.



### **31.0 Female Genital Mutilation (FGM)**

31.3 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.

31.4 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. There were 40 women receiving maternity services during the reporting period who had FGM as a child in their own country. Out of these women 18 ladies were from Somalia and 9 were from Nigeria. Other countries cited were Sudan, Djibouti, Tanzania and Liberia.

## **Achievements during 2016/17**

### **32.0 Learning Disabilities**

32.1 In 2016 the safeguarding midwifery team established the 'Chit Chat' maternity support group for parents with a learning disability/learning difficulty or those who learn in a different way. The objective was to improve the maternity care given to women with a learning disability, who are at greater risk of poor outcomes during pregnancy and the postnatal period. The group offers professional guidance and peer support to parents and has demonstrated that such interventions can enable parents to feel positive about their parenting abilities, reduce anxieties, increase confidence and provide care that is tailored to suit individual needs and circumstances. This initiative has won two awards:- Nursing Times 2016 –Enhancing Patient Dignity and the Patient Experience Network 2016 – Improving the Experiences of People with Disability Award.

### **33.0 Domestic Abuse**

33.1 An Independent Domestic Violence Advisor (IDVA) has now been in post since October 2016, which was created in partnership with Northamptonshire Sunflower Centre. The role of the IDVA is to provide advice and guidance to adults (both patients and staff) who have experienced domestic abuse and are at risk of injury, harm or homicide.

In the last quarter our IDVA has provided the following support to the trust

- 5 hours of awareness sessions/huddles including discussions with A&E and student midwives
- 53 hours of client work
- 25 hours of training including adult safeguarding, child safeguarding, domestic abuse notifications and domestic abuse awareness week.
- 62 hours of other activity, which predominantly involved information sharing around cases

## **Priorities for 2017/18**

- A countywide bid has been put forward from health providers and commissioners to NHS England to provide a perinatal mental health team that would include a specialist midwife post, which would become part of the Central Midwifery team. This role would also provide training and advice and support to both community and hospital midwives



- From June 2017, the safeguarding midwives will receive domestic abuse notifications from Northamptonshire police. These notifications will alert the midwifery service of any domestic incidents that the police attend where a pregnant woman is either the victim or the perpetrator. This information will be used to flag the risk of domestic abuse onto hospital systems and be shared with community midwives in order for them to offer relevant support.
- The introduction of the MEDWAY system for safeguarding documentation will be a priority in 2017. This will enable all community and hospital based staff to be able to easily access the most up to date plans for the safeguarding of the unborn/ baby.
- Safeguarding training compliance to be achieved as per quality schedule

### **32.0 Recommendations**

- 32.1 The Committee is asked to **Note** the content of the Annual Report and **Endorse** the publication of a “public facing” document for the Trust’s safeguarding page

### **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](http://www.supremecourt.uk/decidedcases/docs/UKSC_2012_0068_Judgment.pdf)
- Working Together to Safeguard Children and Young People Intercollegiate Guidance (2014)