

## QUALITY GOVERNANCE COMMITTEE

### Safeguarding Annual Report 2015/2016

#### **1.0 Introduction**

- 1.1 This annual report reflects the arrangements to safeguard and promote the welfare of children, young people and vulnerable adults within Northampton General Hospital for the period of April 2014 to March 2015. 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).
- 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<sup>1</sup> 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 Local and National Context**

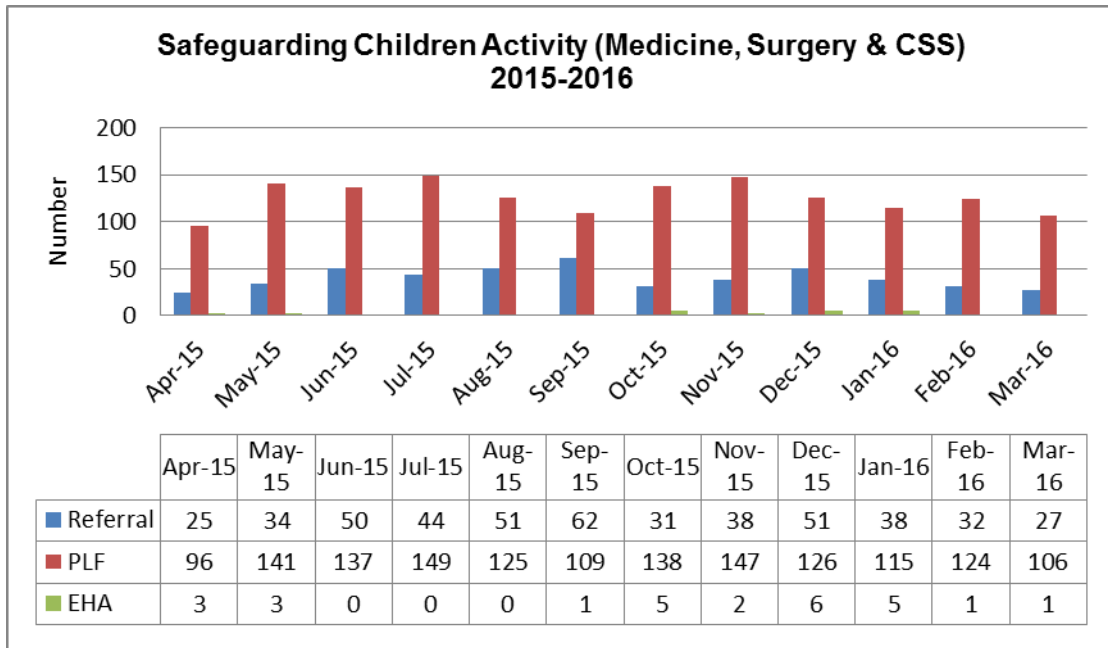
- 2.1 Safeguarding remains part of a changing landscape. 2015/16 saw the implementation of the Care Act (2014), which re-shaped arrangements for Adult Safeguarding; replacing the *No Secrets* non-statutory guidance with a legislative framework. Safeguarding Adults Boards (SABs), previously in place through good practice arrangements, became statutory, alongside Safeguarding Adult Reviews (SARs), an equivalent process to the well-established Serious Case Review (SCR) process utilised by Safeguarding Children Boards.
- 2.2 Safeguarding Children work in Northamptonshire has been focused on moving forward the Improvement Plan, following the Improvement Notice issued by the Secretary of State in 2013. In addition, the County hosted the CQC Looked After Children and Safeguarding inspection process in early 2015, with considerable work being undertaken as a result.

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<sup>1</sup> Health and Social Care Act (2008) (Regulated Activities) Regulations 2014

3.0 **Activity**

**Safeguarding Children**

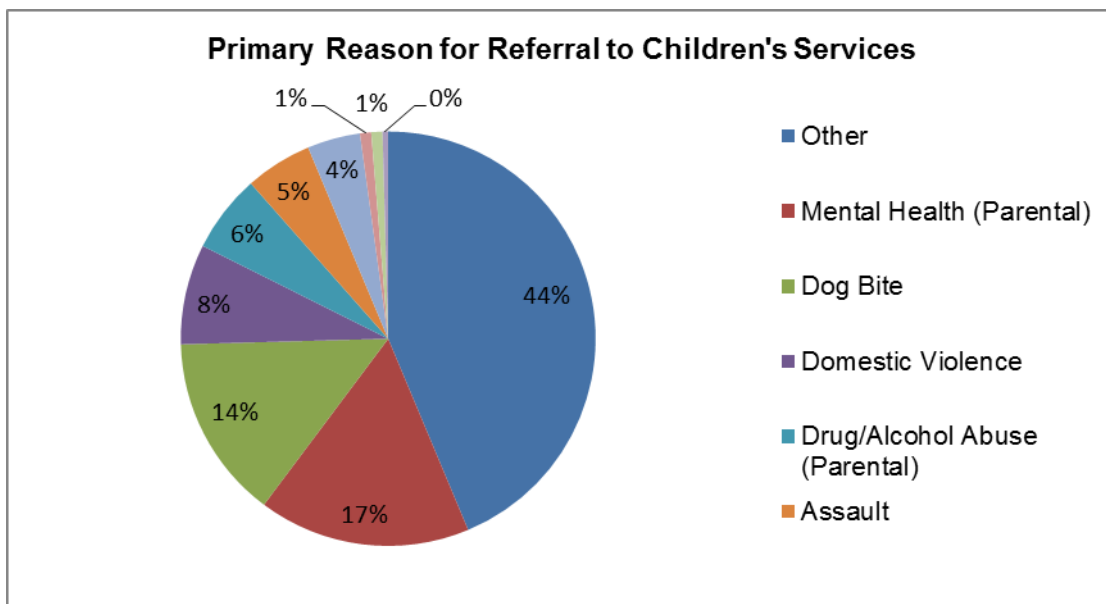


3.1 The above chart shows the expected fluctuations in Inter-Agency referrals and Paediatric Liaison (PLF) Referrals, linked to external factors – an increase in referral activity is seen over periods linked to school holidays for example. An increased focus and attention paid to the Early Help Process (previously CAF) from September 2015 has resulted in a consistent increase in activity in this area.

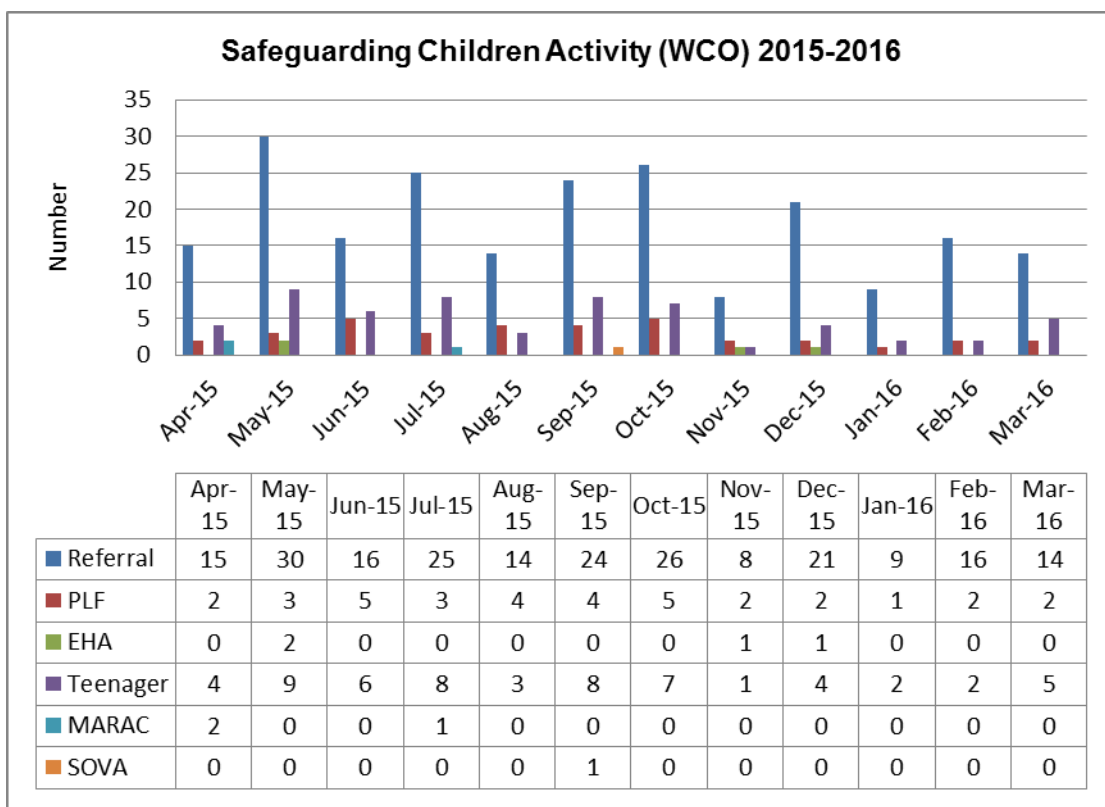
3.2 Total Activity for the 2015/16 year is represented as:

- **483** interagency referrals to Children’s Services for Children in Need, or Children in Need of Protection.
- **298** children attended or were admitted to NGH, utilising the multi-agency Self-Harm Pathway
- **1513** PLFs were raised in order to inform our Health Partners of any emerging or potential safeguarding concerns (*Laming Recommendation 2003*)

3.3 The chart below shows the spread of referral reason to children’s services. Referrals are recorded by ‘primary reason’ however; there will often be multiple concerns or reasons for statutory intervention.



3.4 Collation of the data in this way has highlighted a gap in the data management process; as can be seen, 44% of the referrals are recorded as “other” – this will be a focus of work for the coming year, for whilst it is acknowledged that there will be cases that do not fall within the defined categories, this would not be envisaged to be such a significant percentage.

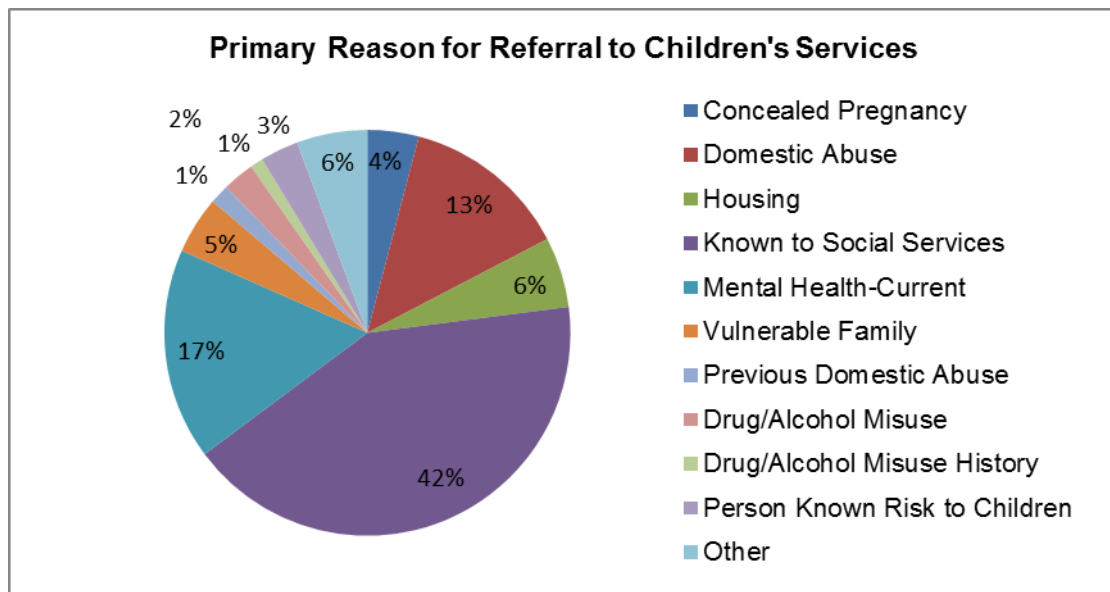


3.5 The graph above shows the referral, PLF and Early Help activity for WCO. In addition it shows the activity in relation to teenage pregnancy and high risk domestic abuse. There are natural fluctuations in volume of activity which reflects a similar fluctuation in the pregnancy rate within Northamptonshire. All referrals are undertaken >12weeks gestation.

3.6 Total Activity for the 2015/16 year is represented as:

- **218** interagency referrals to Children’s Services for Children in Need, or Children in Need of Protection
- **35** PLFs were raised in order to inform our Health Partners of any emerging or potential safeguarding concerns (*Laming Recommendation 2003*)

3.7 Primary reason for referral for pregnant women can be seen below. Primarily, this is due to existing Social Care activity, with a referral being generated given the impact of a pregnancy / newborn on the family circumstances.



3.8 As with referrals generated from the other Divisions, there is a strong emphasis on parental mental ill-health and the impact on the unborn.

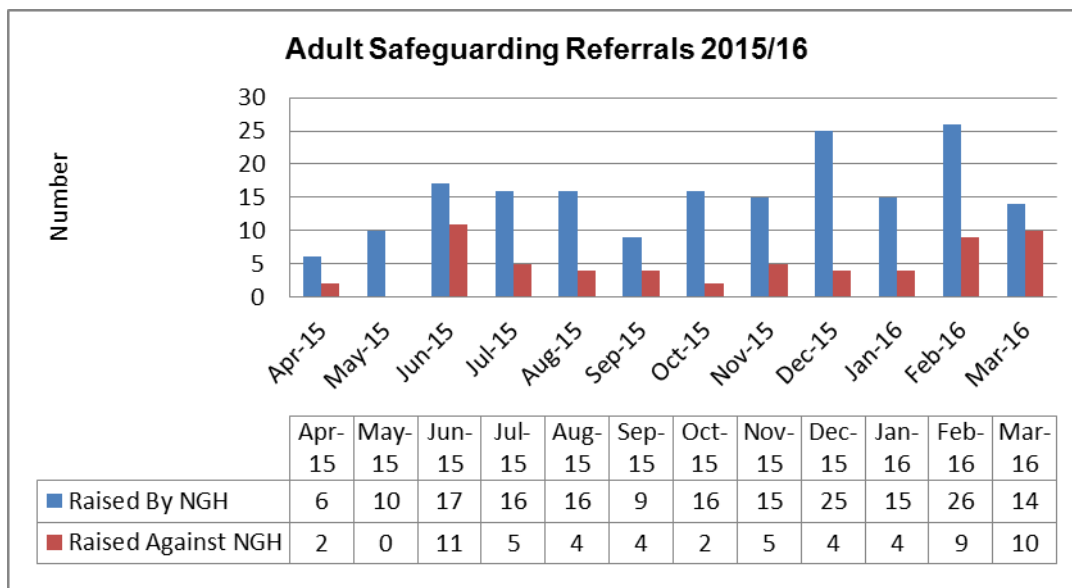
### **Adult Safeguarding**

3.9 The adult safeguarding activity for the year is shown in the graph below. The referrals made by the Trust (regarding external events) has seen a steady increase throughout the year, which is a positive reflection on the increased training uptake, engagement and workforce resilience. An increase of 19.4% has been seen against the preceding year.

3.10 Referrals made against the Trust have remained reasonably consistent, with increases during times of particular service pressure, as would be expected.

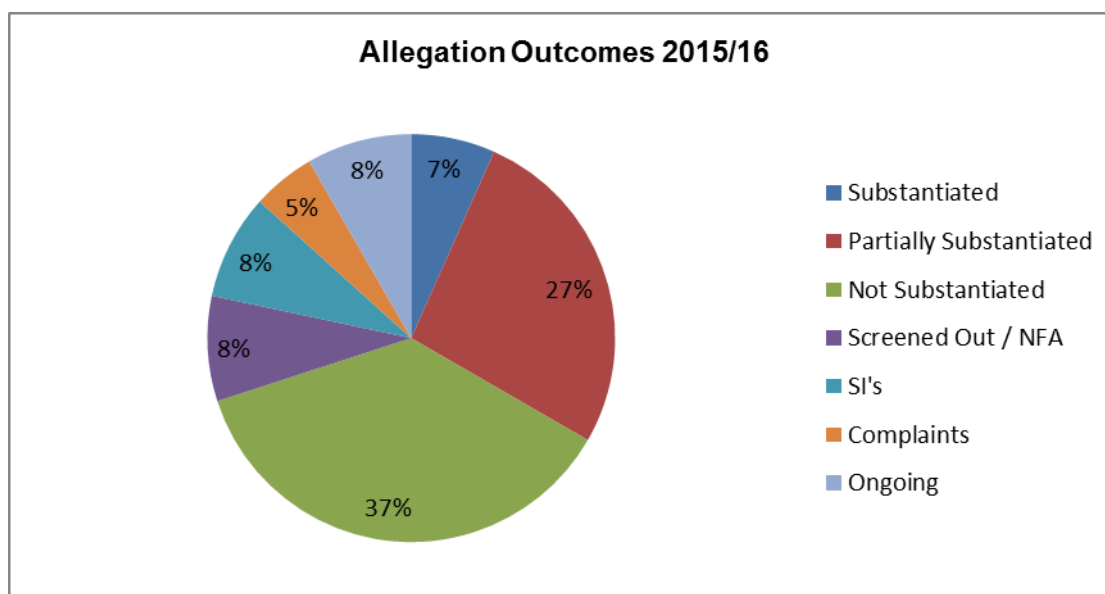
3.11 Total activity for the year is:

- **185** Safeguarding Adults Referrals made by NGH staff
- **60** allegations received regarding Trust services



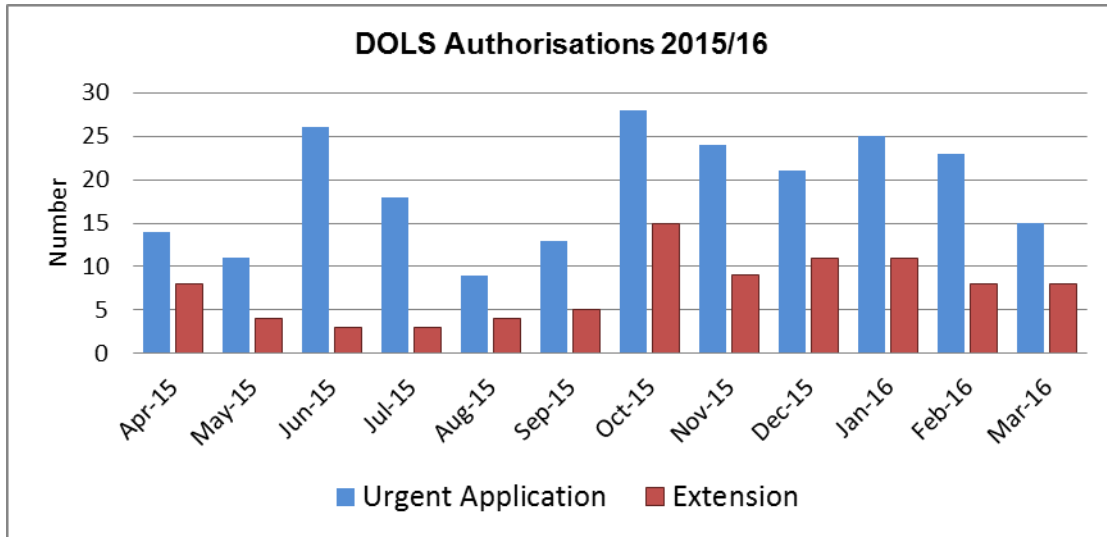
3.12 Allegations raised against NGH predominantly refer to discharge arrangements: timeliness, completeness of arrangements (i.e. home care reinstated) and communication with carers and families.

3.13 Of the 60 allegations raised, the following chart demonstrates the outcome of investigations:



#### ***Deprivation of Liberty Safeguards***

3.14 The Trust granted **227 urgent authorisations** under DOLS in the 2015/16 year. 89 of these required an application for extension. This represents a 70% increase on the previous year; as a result of the Supreme Court ruling in *Cheshire West*. The chart below shows the breakdown of authorisations on a monthly basis:

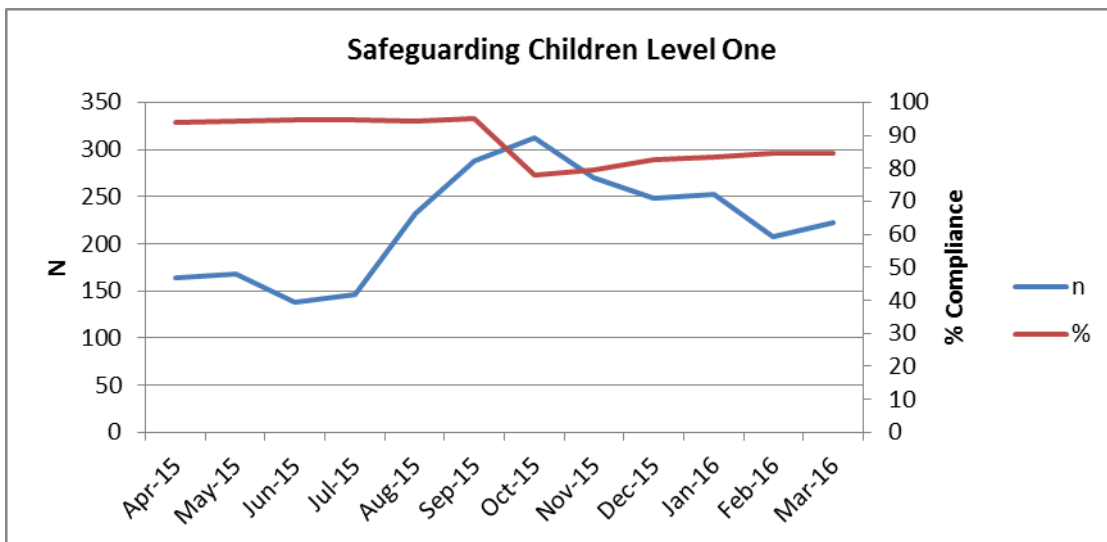


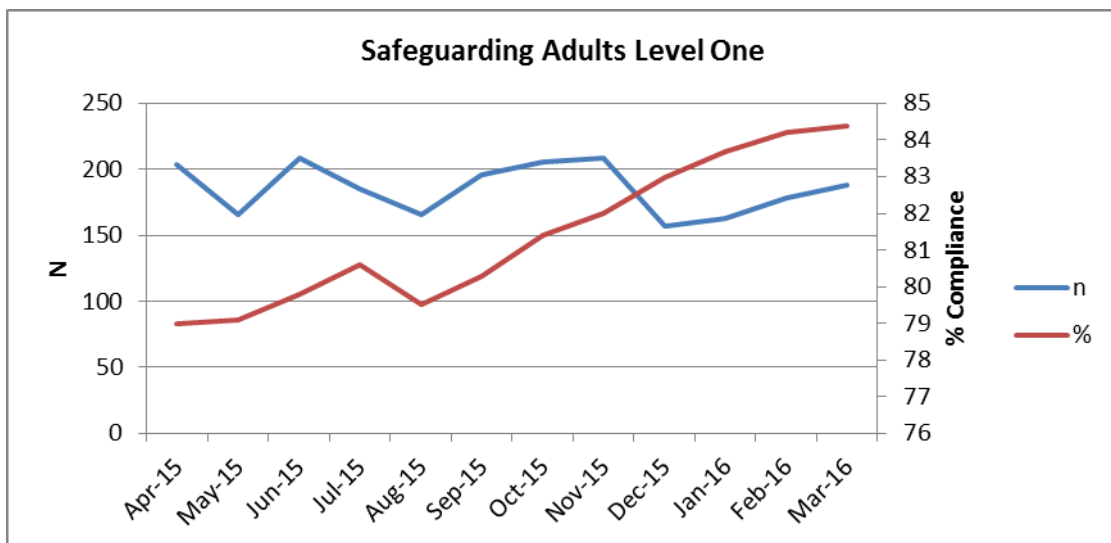
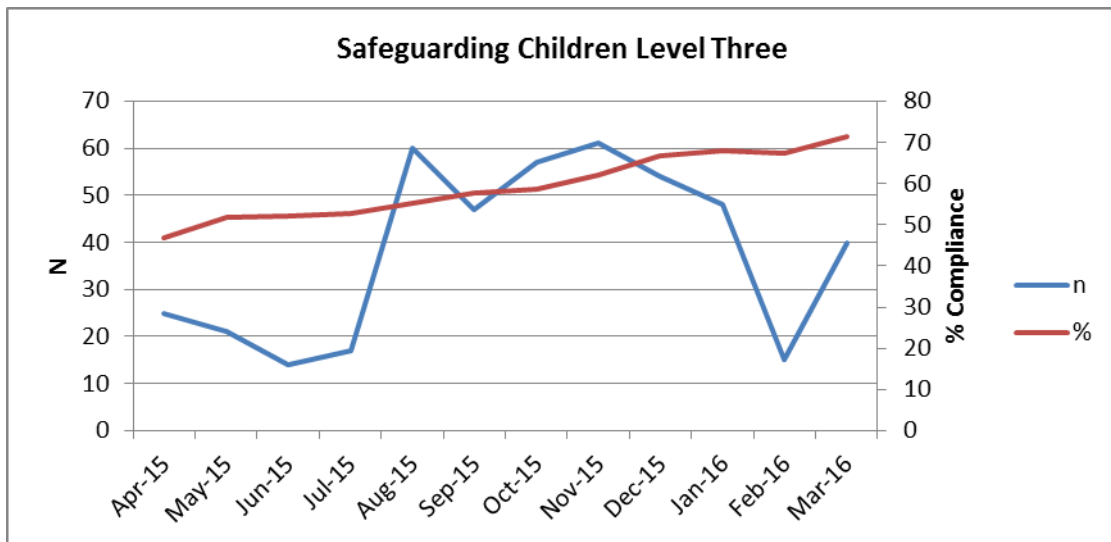
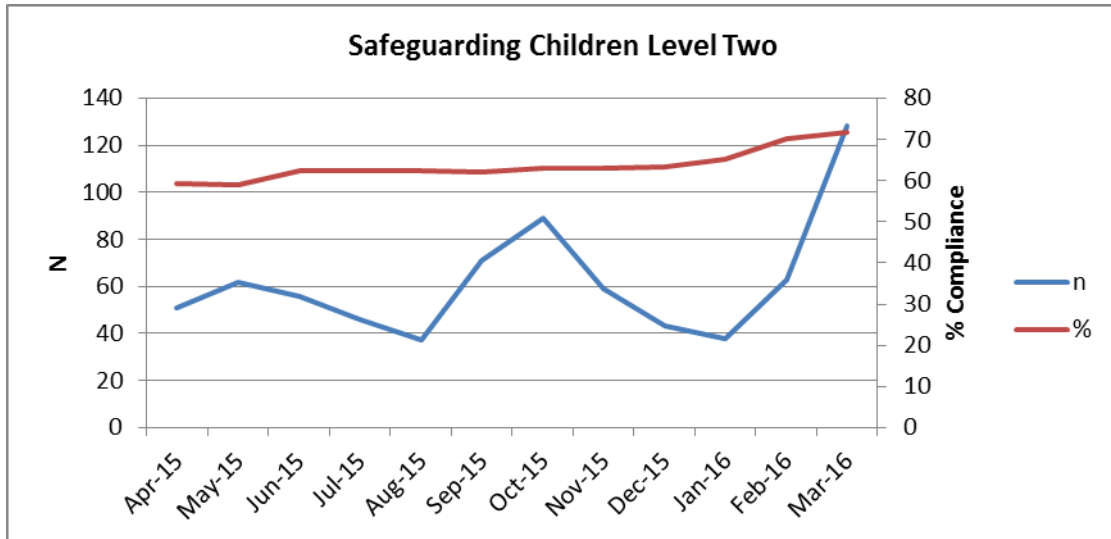
3.15 DOLS authorisations have remained high since the impact of *Cheshire West* became apparent. Continued liaison and engagement with Northamptonshire County Council as Supervisory Body has assisted in ensuring that the care provided to patients using this framework remains compatible with their fundamental rights and freedoms.

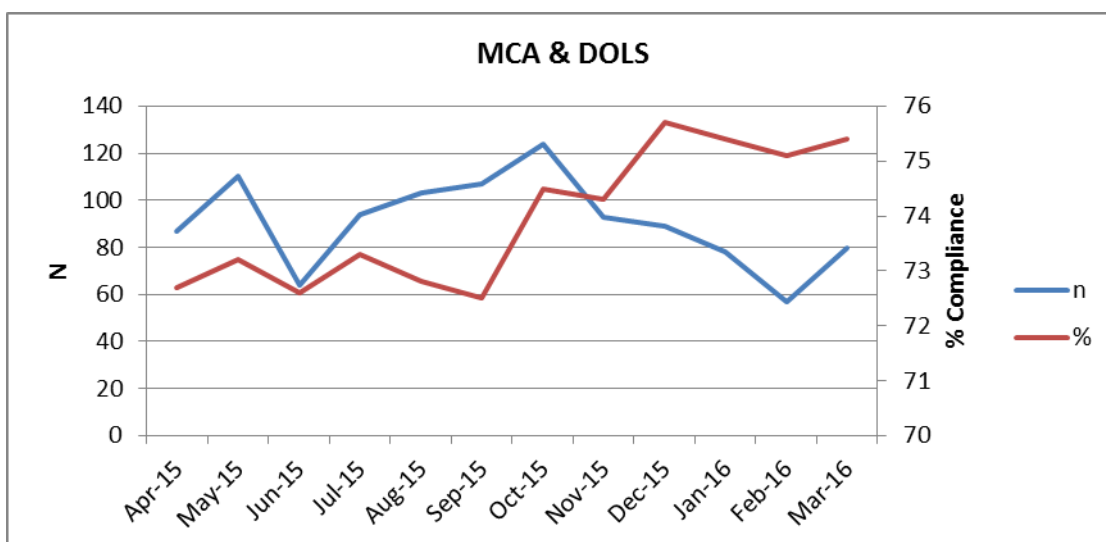
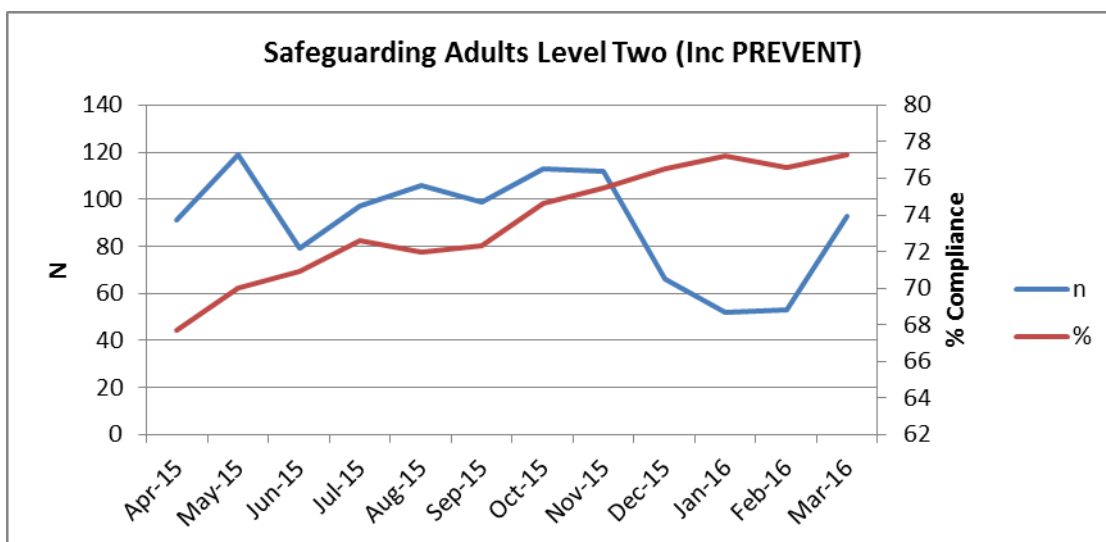
**4.0 Workforce Competence / Compliance**

4.1 The charts below show the safeguarding training compliance over the year and in addition, the access to training uptake.

4.2 The red line “n” shows the number of staff who accessed training in-month, with the blue line “%” showing the compliance against the Trust target of 85%, as can be seen, only safeguarding children level 1 continually meets this target.







4.3 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.

**5.0 Safeguarding Governance**

5.1 **Named Safeguarding Roles** – 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 2015/16.

5.2 The **Director of Nursing** is the **executive lead** for safeguarding and has represented the Trust at the Northamptonshire Improvement Board [NIB], Local Safeguarding Children Board Northamptonshire [LSCBN] and Safeguarding Vulnerable Adults Board [SOVA]. The executive lead also acts as Named Senior Officer for allegations made against staff.

5.3 **Head of Safeguarding and Dementia**; this post provides **strategic direction** for both Adults and Childrens Safeguarding and supports the Director of Nursing in the executive role. The role of Named Senior Manager for allegations is fulfilled by the Head of Safeguarding and Dementia.



5.4 The **Named Professionals** provide the organisation with **operational** advice, support and input; ensuring the embedding of the strategic priorities and supporting workforce resilience. 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]

5.5 **Partnership Working** – The Trust is committed to working with partners to improve outcomes for vulnerable adults, young people and children. Part of that commitment takes the form of attendance at, and active participation in, the partnership boards and associated subgroups.

5.6 The table below demonstrates the external Boards and subgroups with which the Trust engages [*relevant subgroups in italics*]. Commitment to these subgroups is substantial, not only in terms of attendance, but also with active participation and contribution to workstreams:

Meeting	Frequency	Role
Northamptonshire Improvement Board	Monthly	Director of Nursing
<i>Health Strategic Forum</i>	Monthly	Head of Safeguarding
Local 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 Nurse Children
<i>Policies and Procedures Committee</i>	Monthly	Named Midwife
<i>Child Sexual Exploitation Committee</i>	Monthly	Named Nurse Children
<i>Quality Assurance Committee</i>	Monthly	Named Doctor
Safeguarding Adults Board	Quarterly	Head of Safeguarding
<i>Training and Development Subgroup</i>	Monthly	Named Nurse Safeguarding Adults
<i>Quality Assurance Subgroup</i>	Monthly	Named Nurse Safeguarding Adults

## 6.0 **Recommendations**

6.1 The Committee is asked to **Note** the content of the Annual Report and **Endorse** the publication of a “public facing” document following such a documents approval via the Safeguarding Assurance Group.