



**Northampton General Hospital**  
NHS Trust

# **SAFEGUARDING ANNUAL REPORT**

## **2018-2019**

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**JULY 2019**

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## Executive Summary

1. Northampton General Hospital NHS Trust is committed to ensuring safeguarding is part of its core business and recognises that safeguarding children, young people and adults at risk is a shared responsibility with the need for effective joint working between partner agencies and professionals. This annual report outlines how the safeguarding service is performing and promoting best practice. The report provides an update on safeguarding priorities during 2018/19 and identifies safeguarding key issues, risks and priorities for 2019/20.
2. The Safeguarding Assurance Group (SAG) is responsible for disseminating and monitoring information from Northamptonshire Safeguarding Adult's Board (NSAB) and Northamptonshire Safeguarding Children's Board (NSCB). In turn as a partner agency, the Trust provides challenge and scrutiny to both Boards as this is an essential part of working together to keep children, young people and adults at risk safe. With the publication of Working Together (2018), the NSCB will be transferring into Northamptonshire Safeguarding Children's Partnership during the next six months.
3. The Safeguarding Operational Group (SOG) which has been in place since 2017 and is responsible for disseminating information from the SAG to operational leads across the Trust has struggled to obtain adequate attendance especially during the winter months. A monthly safeguarding dashboard is therefore being introduced within adult areas to ensure that safeguarding enquires, concerns and learning are embedded within each ward area
4. 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.
5. Safeguarding training meets the national standards as identified in the revised children's Intercollegiate Guidance 2019. The Trust has an implementation plan in place for 2020 to ensure the Intercollegiate Guidance 2018 (adults) is implemented.
6. There has not been any Safeguarding Adult Reviews (SARs) and one Serious Case Reviews (SCRs) published within this reporting period. However there are two SARs and four SCR's in progress. 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.
7. There is a statutory duty for the Trust to comply with Domestic Homicide Reviews (DHR's). There are four ongoing DHR's in Northamptonshire during the reporting period. The Trust has contributed to one review, which has been completed but not published. All requests for information to potential DHRs have been completed in a timely manner.
8. The abduction, children's safeguarding and consent policies have been revised during the reporting period. Table top exercises and drills have been completed within both maternity and paediatric services in accordance with the abduction policy.

9. The safeguarding team have raised the profile of Prevent across the organisation following challenge from NHS England that the Trust is a national outlier. A further training analysis has been undertaken and a training plan is in place for 50% of all Trust staff to be Prevent (WRAP) level 3 trained by the end of March 2020.
10. Deprivation of Liberty Safeguards (DoLS) applications in the Trust increased in 2018/19. There have been 455 DoLS applications in the Trust during the reporting period against 303 in 2017/18.
11. 2018-19 has been a challenging time for the safeguarding team due to continued concerns about the workforce and financial position of the local authority which has attracted both local and national attention. The safeguarding team have had to concentrate on the operational issues surrounding vulnerable babies, children, young people and adults at risk who are patients within the organisation to ensure that an appropriate response from the local authority has been received and in ensuring that a safe discharge is prioritised.

## **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 2018 to March 2019. 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 Act 2004, the Trust, as a registered provider with the Care Quality Commission (CQC), must have regard for the Regulations as established under the Health and Social Care Act (2008). In relation to Safeguarding, including but not limited to, Regulation 13 and Regulation 17, relating to protecting service users from abuse and good governance, respectively.
- 1.3 The Accountability and Assurance Framework (NHS England 2015) 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
  - Membership of Northamptonshire Safeguarding Adults Board (NSAB) and Northamptonshire Safeguarding Children's Board (NSCB) and sub-groups of both Boards
  - Membership of the Northamptonshire Strategic Health Safeguarding Forum
  - Multi-agency audit and multi-agency training with the NSAB and NSCB
  - Active contribution to Safeguarding Adult Reviews (SAR's) and Serious Case Reviews (SCR's)
  - Active contribution to Domestic Homicide Reviews (DHR's) with the associated Community Safety Partnership
  - Active participation at complex safeguarding meetings and arranging discharge planning meetings
  - 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' 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 2018/19.
- 4.5 The Director of Nursing, Midwifery and Patient Services is the executive lead for safeguarding and represents the Trust at the NSAB and 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 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 both safeguarding boards.
- 4.7 The Named Professionals provide the organisation with operational advice, support and input. The professionals are committed to supporting the workforce in understanding safeguarding, embedding it into 'everyday business' and improving outcomes.
- 4.8 The aims of the 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
  - 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 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. The frequency of meetings was reviewed following the introduction of the Safeguarding Operational Group (SOG) and is now held on a quarterly basis with consistent attendance from internal and external senior staff members.

#### **6.0 Safeguarding Operational Group (SOG)**

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

6.2 Attendance at this group has been spasmodic during the last year due to capacity issues. The plan is to introduce a safeguarding dashboard in each area to ensure that safeguarding and learning from safeguarding incidents is embedded into the organisation.

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

7.1 Disclosure and Barring Service (DBS) regulations are in place for the Trust. All new employees and volunteers are checked as part of the employment/volunteer process. Safer recruitment processes are followed and the safeguarding team work closely with Human Resources when concerns are raised.

#### **8.0 Safeguarding Concerns**

8.1 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. 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.

#### **9.0 Quality Schedule**

9.1 The Clinical Commissioning Groups (CCG) Quality Schedule (2018/19) has been completed for both safeguarding adults and children. All key performance indicators were successfully completed.

9.2 Business meetings take place with the Governance Team, the Deputy Director of Nursing, Midwifery and Patient Services and the CCGs to ensure that there are agreed strategies in place to meet key performance indicators (KPIs). The 2019/20

KPIs remain unchanged for the coming year, apart from the introduction of safeguarding visits to the paediatric areas.

**10.0 Care Quality Commission**

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

**11.0 Partnership Working**

11.1 The Trust is committed to working with partners to improve outcomes for adults at risk, young people and children. Part of that commitment takes the form of attendance at, and active participation in, the NSAB and NSCB. This will continue with the introduction of the statutory partnership arrangements which are being introduced as part of Working Together to Safeguard Children (2018).

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

<b>Meeting</b>	<b>Frequency</b>	<b>Role</b>
Northamptonshire Safeguarding Adults 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 Board	Quarterly	Director of Nursing / Head of Safeguarding and Dementia
Child Death Overview Panel	Monthly	Named Doctor (Chair)
Child Sexual Exploitation Sub Group	Monthly	Named Nurse for Safeguarding Children
Learning and Development Committee	Quarterly	Named Midwife
Quality Sub-Group (NSCB)	Bi-monthly	Named Nurse for Safeguarding Children
Multi-Agency Safeguarding	Bi-monthly	Named Nurse for Safeguarding

Development and Innovation Group (MASDIG)		Children
Serious Case Review Subgroup	Quarterly	Head of Safeguarding and Dementia
Named and Designated Nurses Meeting	Bi-monthly	Named Nurse Children and Named Midwife
Safeguarding Health Strategic Forum	Quarterly	Director of Nursing/ Head of Safeguarding and Dementia

11.3 There have not been any SARs completed within this reporting period although two are in progress. There has been one SCR completed within this reporting period and four are in progress. NGH have completed Individual Management Reports (IMR's) as requested to all of these reviews apart from one due to the focus on services in the north of the county. These reviews take place after an adult or a child dies or is seriously injured, and abuse or neglect is thought to be involved. The reviews look at lessons that can help prevent similar incidents from happening in the future.

11.4 Domestic Homicide Reviews (DHRs) were established on a statutory basis under Section 9 of the Domestic Violence, Crime and Victim Act 2004. The Trust has contributed to one review, which has currently been completed but not published. Three other are in progress but focus on services in the north of the county.

**Safeguarding Adults**

**12.0 National Context**

12.1 The Safeguarding Adults Collection (SAC) Annual Report 2017-18 published by NHS Digital in November 2018 presents information about adults at risk for whom safeguarding enquiries were opened during the reporting period 1 April 2017 to 31 March 2018. 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:

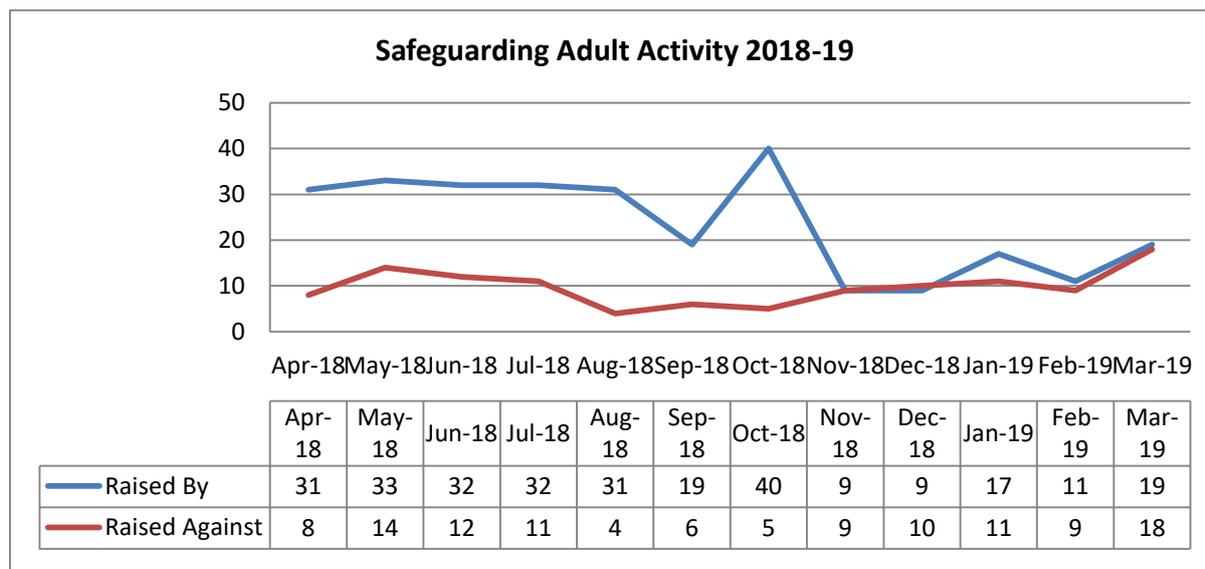
- There were 131,860 individuals that were the subject of a safeguarding enquiry under Section 42 of the care Act that started within the year. This is a decrease of 1.1 per cent on 2016-17.
- Older people are much more likely to be the subject of a Section 42 enquiry; one in 43 adults aged 85 and above compared to one in 862 adults aged 18-64
- The most common location was the home of an adult at risk
- The most common type of risk in Section 42 enquiries that concluded in the year was neglect and acts of omission most frequently the home of the adult at risk (44 per cent of enquiries).

**13.0 NGH Activity**

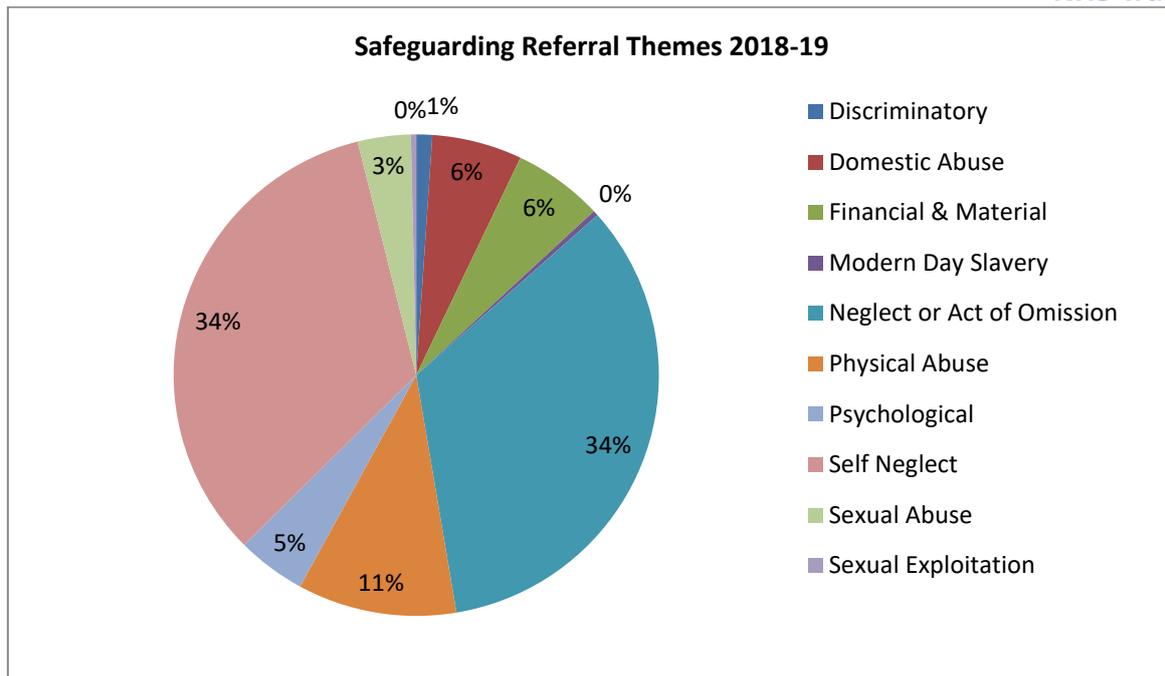
13.1 There were 283 Safeguarding Adults referrals made by Trust staff during the reporting period. The referral rates to the Local Authority remained constant for investigation; with a slight variation noted in 2018/19 when there was a decrease of 8.7% in referrals. However throughout the reporting period concerns have been raised to the Local Authority about the delay and inconsistency of data shared with the Trust. Frequently this is of a three week duration and therefore the Trust is

unable to carry out investigations in a prompt way or instigate protection plans for patients effectively.

- 13.2 The majority of referrals were generated by the Emergency and Urgent Care Departments. These areas are often where initial assessments are undertaken prior to admission to the Trust in-patient wards.
- 13.3 The chart below shows the number of safeguarding referrals that were made about and by the Trust for 2018-19. There were 117 safeguarding referrals raised about the Trust which saw an decrease of 2.5% in comparison to 2017-19



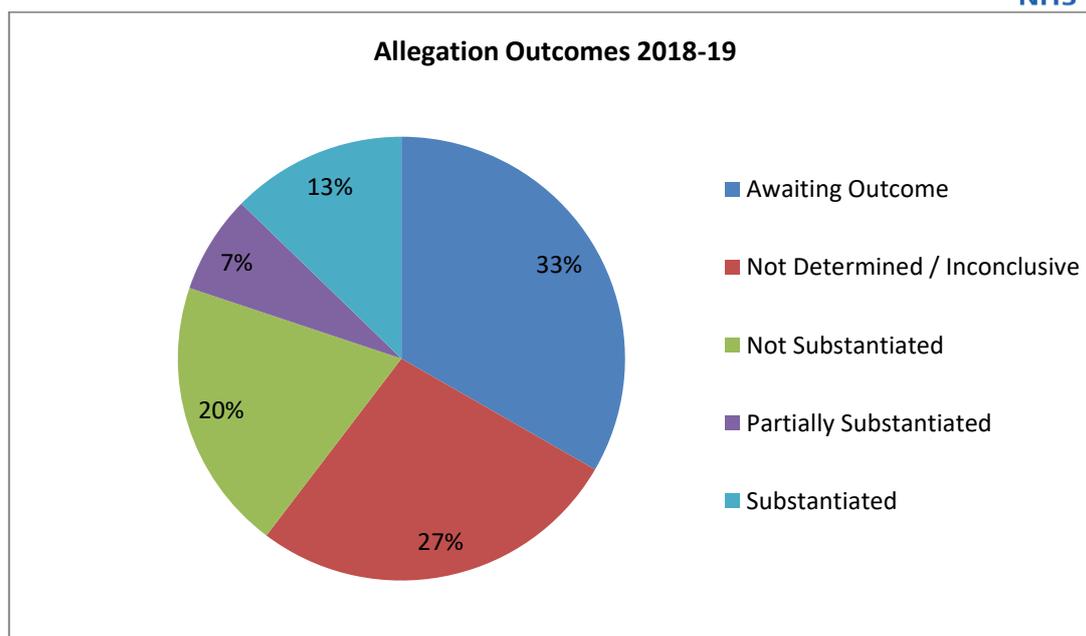
- 13.4 The chart overleaf highlights the themes of referrals made by the Trust during this reporting period. Neglect/or act of omission has been the highest level of safeguarding adult concern in terms of both referrals made by the Trust or about the Trust.



13.5 Safeguarding Adults investigations run on a 28 day timeline by the Local Authority. The Trust has contributed and completed within this timeframe for the majority of investigations and have completed 81 safeguarding investigations.

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

- 16 Substantiated
- 9 Partially substantiated
- 25 Not substantiated
- 34 Not determined / Inconclusive
- 42 Awaiting Outcome

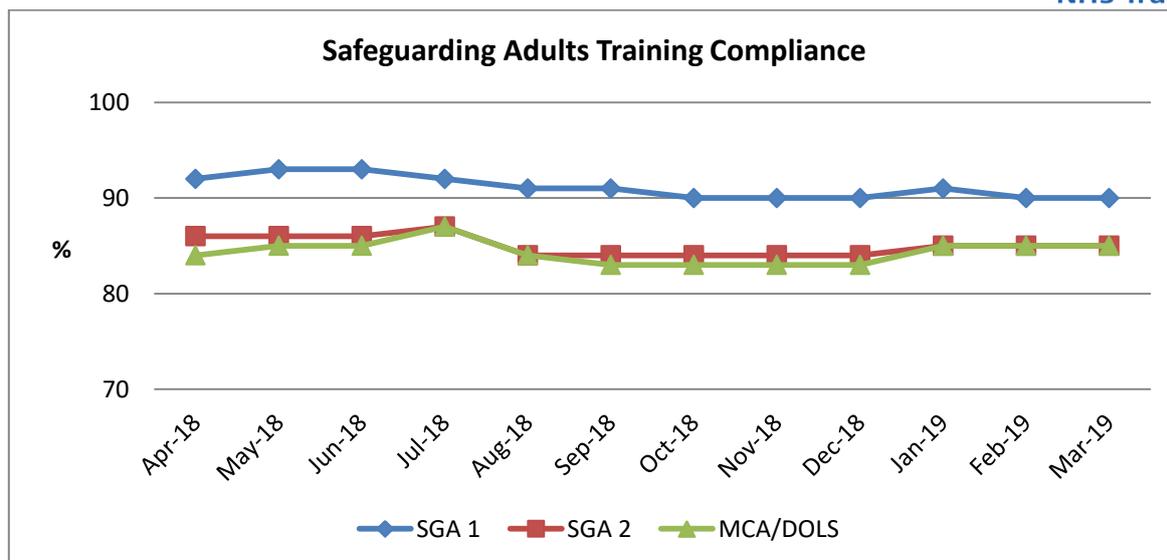


13.7 The themes of the allegations raised about the Trust predominantly refer to discharge arrangements in terms of timeliness, completeness of arrangements (i.e. home care package) and communication with carers and families prior to discharge.

13.8 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.

**14.0 Training**

14.1 The safeguarding teams are committed to training and education which are fundamental to develop staff confidence and skills in relation to safeguarding. The chart overleaf highlights the safeguarding adult training compliance over the year of 2018-19.



14.2 All levels of Safeguarding Training are above the required level of 85% compliance. This has remained consistent throughout this period.

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

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



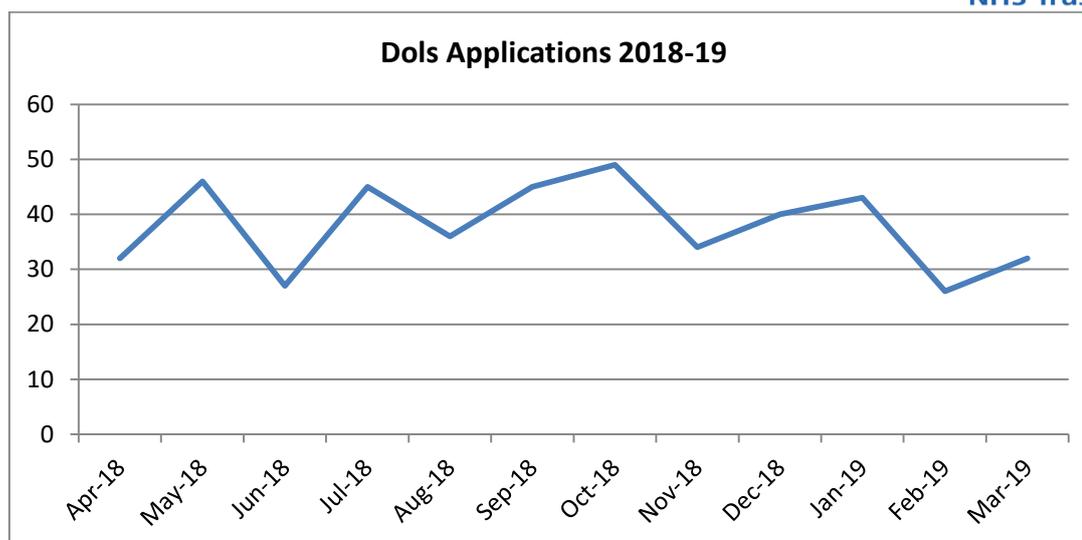
**15.0 Mental Capacity Act**

15.1 The Mental Capacity Act (MCA) which was published in 2005 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.

- 15.2 The safeguarding team has undertaken quarterly audits regarding the compliance and application of the MCA in practice, which have been presented to the SAG. The audit also forms part of the Trust quality schedule, which reports to the CCG.
- 15.3 The audit results over this reporting period have demonstrated a compliance rate of 98-100% regarding staff able to identify that a person may lack capacity. Compliance regarding the completion of assessment of capacity and documentation of decisions taken demonstrated a compliance of between 80-100% . These audits will continue over the coming year.
- 15.4 Practical application of the MCA was identified as a specific training need as part of the feedback of the audits. Bespoke / master classes training were devised and made available to staff across the Trust. The team has also developed further training tools and in collaboration with the Trust simulation team, scenario based presentations have been produced which relate to the use of the MCA in an acute setting.
- 15.6 The Head of Safeguarding and Dementia and the Named Nurse are part of the consent committee and have contributed to the revision of the Trust consent policy ensuring that the Trust is legally compliant with the MCA.

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

- 16.1 The Trust as a Managing Authority authorised 455 urgent authorisations during this period within the Deprivation of Liberty Safeguards (DoLS) legal framework. The Trust has seen an increase of 41% in requests for urgent authorisations in this reporting period.



- 16.2 The Trust continues to request for Best Interest Assessments from the County Council under the legislative framework but there have been no assessments completed in this period, due to capacity issues associated with the Supreme Court ruling. This is captured on the risk register within Patient and Nursing Services.
- 16.3 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 is due come into force on 1<sup>st</sup> October 2020. The Government is currently developing a Code of Practice which is expected to be published by late autumn. This new legislation will impact on the Trust, as the accountability for authorisation of LPS will be transferred from the Local Authority to the Trust. The age criteria for LPS will also reduce from 18 years to 16 years.
- 16.4 In preparation for the pending amendments to both the code of practice and authorisation process the Safeguarding team have attended an initial training session regarding the new process of LPS. They have also been asked to become part of the countywide and health implementation groups.

## 17.0 Court of Protection

- 17.1 The Trust made two applications to the Court of Protection in this period. One application related to a patient with a poor prognosis. The Court agreed with the Trust's decision regarding the proposed treatment plan in the patient's best interests.

The second application related to a young person who required urgent treatment and is often non compliant with treatment. The Trust application related to the use of possible restraint to ensure life sustaining treatment is given. The Court agreed with this application and a court order and care plan are currently in place for this patient.

**18.0 Prevent**

- 18.1 Prevent forms part of the Counter Terrorism and Security Act, 2015 and is concerned with preventing children and vulnerable adults becoming radicalised into terrorism. NHS Trusts are required to train staff to have knowledge of Prevent and radicalisation and to spot the vulnerabilities that may lead to a person becoming radicalised.
- 18.2 The purpose of Prevent is for staff to identify and report concerns where they believe young people or adults may be vulnerable to radicalisation or exploiting others for the purposes of radicalisation. The Named Nurse for Safeguarding Adults is the Prevent lead for the Trust.
- 18.3 The Named Nurse will make referrals where appropriate and attends 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 two referrals from the Trust to the Channel panel in 2018/19.
- 18.4 From 2018/19, all NHS Trusts and Foundations Trust are required to submit Prevent data to NHS England due to Prevent becoming a national priority. The safeguarding team work closely with the information business informatics team to ensure that this information is submitted in timely way.
- 18.5 All staff are required to receive basic awareness Prevent training and the Trust have achieved 90% compliance. Training is delivered on Trust induction.
- 18.6 The Workshop to Raise Awareness of Prevent (WRAP) training is required for specific staff groups and the Trust undertook a further training needs analysis in March 2018 following feedback from NHS England that the Trust was a national outlier. A remedial plan is in place with a Trust wide compliance target of 50% by March 2019.

**19.0 Modern Slavery**

- 19.1 Despite slavery being banned in the majority of countries for over a hundred and fifty years, modern slavery takes many forms. Forced labour, people trafficking, debt bondage and child marriage are all forms of modern day slavery that affects the world's most vulnerable people. It is estimated that there are over 13,000 people in modern slavery in the United Kingdom.
- 19.2 Modern slavery is incorporated within the safeguarding children and adult mandatory training from levels 1 -3, which applies to all staff employed by the Trust.

**20.0 Achievements in 2018/19**

- 100% compliant with the Lampard recommendations for volunteers and evidenced by annual audit of safe recruitment processes
- The introduction of an anonymised case study at the SAG on a quarterly basis as a way of listening to the views of people affected by abuse and an opportunity for learning and reflection
- Completion of the CCG Safeguarding Assurance Framework with limited remedial actions
- Successful recruitment of the Safeguarding Adult Practitioner following the retirement of the previous post holder

**21.0 Priorities for 2019/20**

- 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 into the Trust
- Appointment of a Mental Health and Mental Capacity Lead Practitioner to work alongside the Named Nurse
- Ensure safeguarding training compliance is compliant with intercollegiate training guidance for adult safeguarding
- Revise the existing MCA audit tool so that individual wards obtain feedback on a quarterly basis
- Work with the End of Life Team and Resuscitation Team as a quality initiative to ensure that MCA assessments are completed as part of a Do Not Attempt Cardio Pulmonary Resuscitation (DNAPCR)
- Ensure that Prevent WRAP training (Level 3) is compliant as per NHS England's expectations

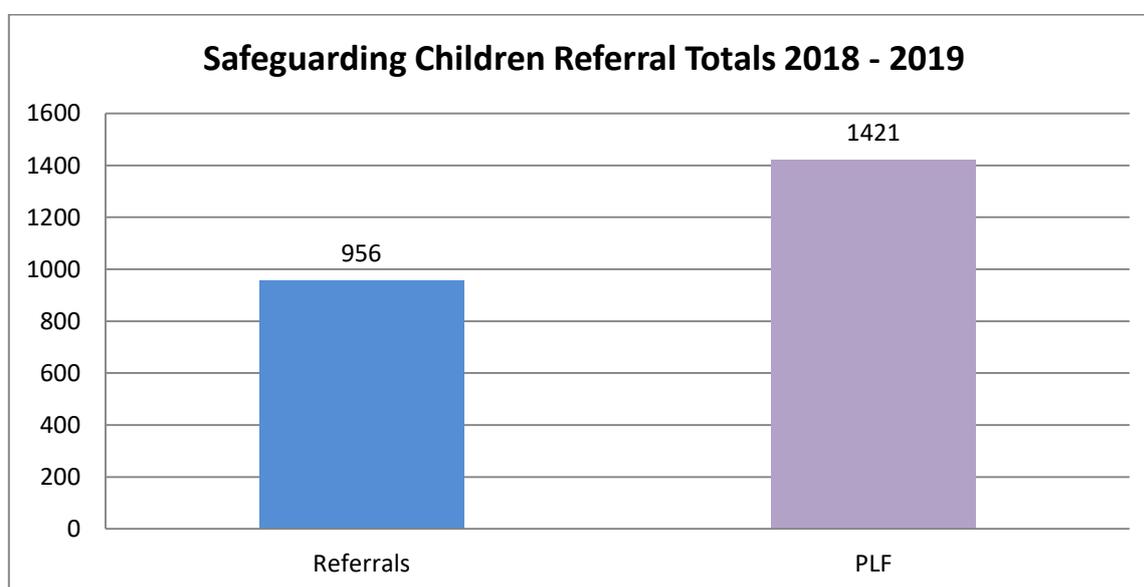
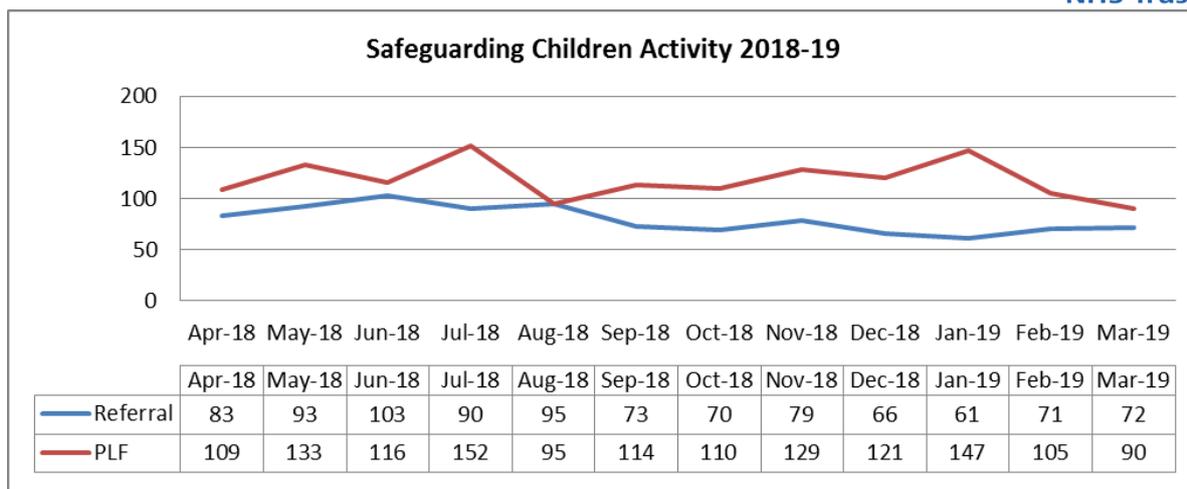
**22.0 Safeguarding Children**

22.1 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, Emergency Assessment Unit, or any adult wards where 16 year olds and over have requested this. The Trust also have a 'duty of care' toward 'unseen' children whose parents have been admitted, or, have attended ED where there may be safeguarding concerns, for example, presenting with alcohol and drug misuse, suicidal ideation or in a mental health crisis.

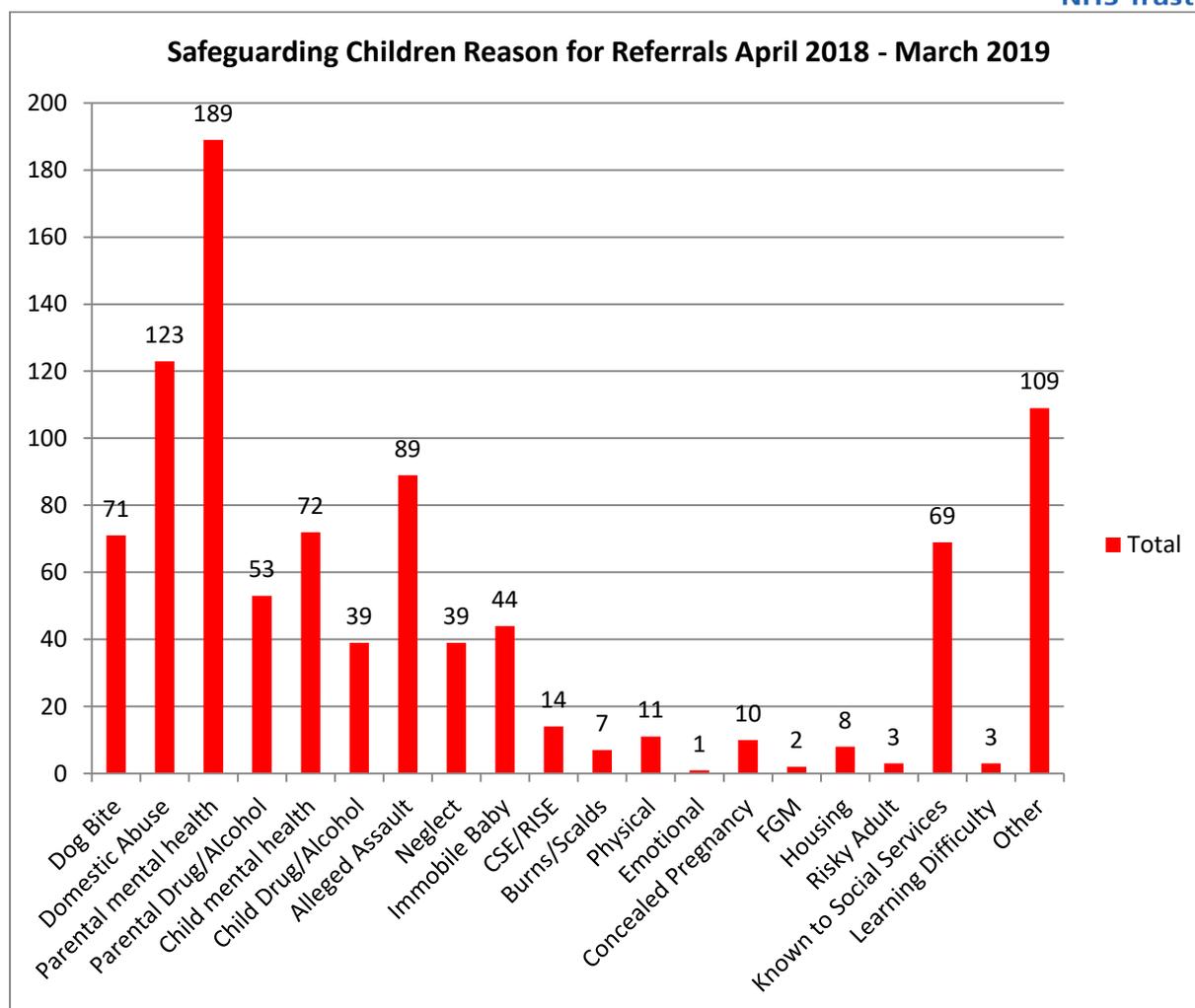
**23.0 Activity**

23.1 There has been a total of 956 Multi-Agency Safeguarding Hub (MASH) referrals during 2018/19 which is slightly less than the previous year (1034) but comparable. 1421 Paediatric Liaison forms (PLF's) were completed showing an increase on last year which saw 1373 raised. This evidences good practice in terms of timely information sharing and liaising with external health colleagues, for example, health visitors, school nurses and GP's. This liaison was highlighted as good practice within the Laming Recommendations in 2003 and Working Together 2018 under the ethos of collaborative partnership working.

23.2 The charts overleaf highlights the safeguarding activity across the reporting period. The increase in MASH referrals in January is significant in the post-Christmas period. No explanation can be given for the rise in MASH referrals for July or the significant decrease in August which is an unusual trend as this is the school holiday period.



23.3 The bar 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.



23.4 Referrals for ‘unseen children’ equate to 38.1% of all MASH referrals made in the reporting period due to domestic abuse, parental mental health, parental drug and/or alcohol misuse.

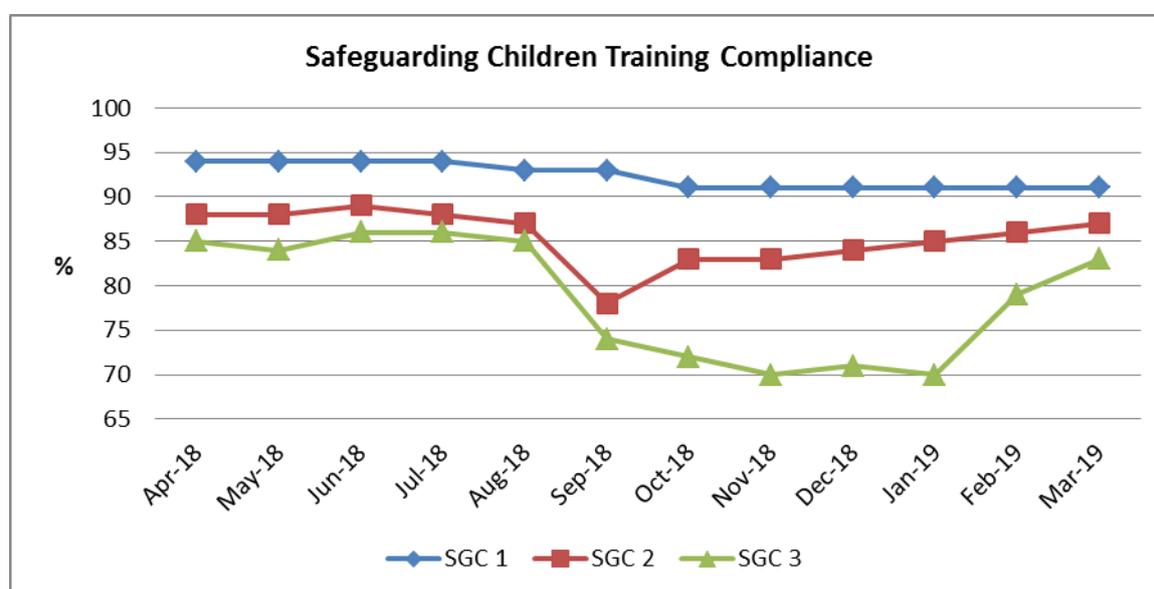
23.5 Alleged assaults have increased and is an escalating emerging theme potentially attributable to increasing gang activity within the county. However, this is difficult to evidence due to non-identification of perpetrators by victims of assault resulting in no further action.

23.6 44 MASH referrals were completed for bruising/injury/non-accidental injury to non-mobile babies which is a startling figure and will be monitored.

23.7 The databases maintained by the children’s safeguarding team enables identification of potentially emerging safeguarding themes and insightful as to ED presentations and hospital admissions of safeguarding activity.

## 24.0 Safeguarding Children Training

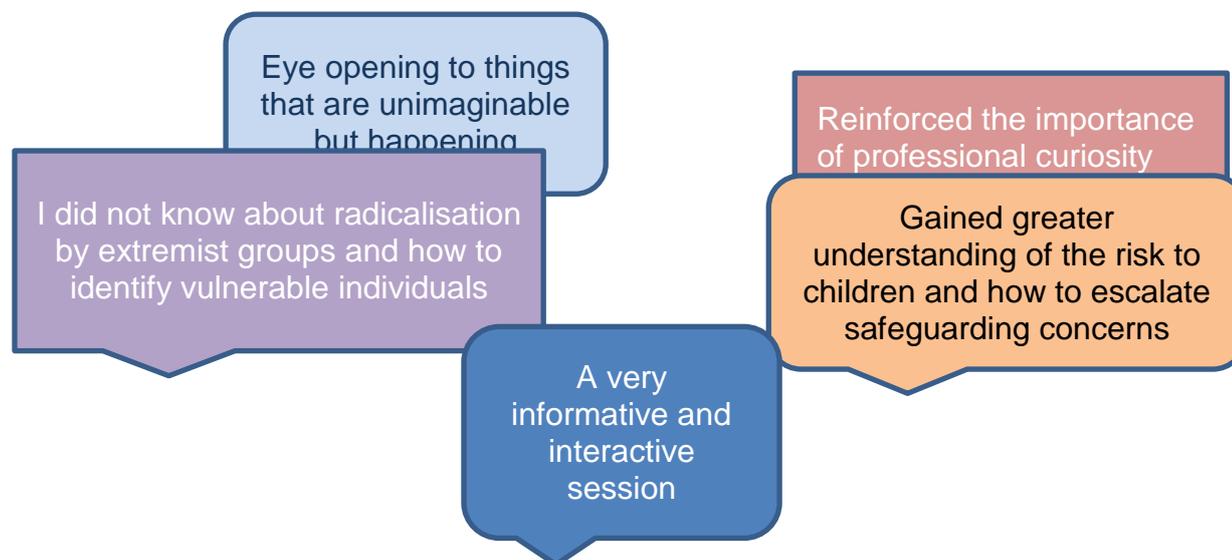
24.1 Considerable focus has been given to safeguarding training within the clinical divisions, particularly at Level 3 during the last year. Winter pressures saw a huge reduction in training attendance and staff compliance dramatically reduced as a result (evidenced in the graph presented below). Following a training analysis in line with the Intercollegiate Document 2019 all staff grades and disciplines were reviewed to ensure the correct level of training was offered to staff according to their roles and responsibilities. These efforts, together with intensive input from the safeguarding team with increased 'bespoke', and pre-arranged training sessions resulting in all levels of safeguarding children training attaining 85% by the end of March. Every effort has and will continue to be made to ensure this is maintained with the co-operation of the divisions in releasing staff to attend.



24.2 The children's safeguarding team continue to facilitate 'bespoke sessions' to the ED and Urgent Care teams for Level 3 Safeguarding Children training. To further enhance training compliance bespoke sessions have also been delivered to Dermatology, Intensive Care Unit and the Community Paediatric and Specialist nurses.

24.3 External 'expert' speakers are also invited to deliver an alternative level 3 training opportunity to frontline staff in Domestic Abuse, Online Safety and CSE pertinent to the core safeguarding concerns encountered within the county.

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



## 25.0 Early Help Referrals

25.1 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.

25.2 There has been an increased awareness through safeguarding training and supervision as to the early help process for staff within the Trust.

## 26.0 Paediatric Liaison Nurse

26.1 The new paediatric liaison nurse (PLN) commenced in May 2019 following the departure of the former PLN in February 2018 which led to some challenges for the safeguarding children's team as safeguarding operational issues and training were prioritised during this 15 month period.

26.2 The PLN is the vital link between the Trust and community staff, GP's, Health Visitors and School Nurses, and Social Services. Pertinent and timely information about children aged 0-19 years (and beyond if the child/young person has a disability or is a looked after child), and their families, is shared and exchanged with the professionals in the community to enhance continuity of care informing safeguarding and promoting the welfare of children and young people.

26.3 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.

## 27.0 Safeguarding Nurse Advisor

27.1 The new Safeguarding Nurse Advisor (SNA) commenced with the Trust on 1<sup>st</sup> April 2019 following the departure in February 2019 of the former SNA. The roles and

responsibilities of the SNA ensure frontline staff in ED, Urgent Care, Paediatric and Adult Wards have safeguarding support on a daily basis to ensure safeguarding is prioritised to babies, children and young people and our statutory obligations as a Trust fulfilled.

## **28.0 Designated Officer (LADO)**

28.1 The Designated Officer (formerly known as the Local Authority Designated Officer or LADO) at Northamptonshire County Council is informed by the Trust of all cases in which it is alleged that a person who works with children has behaved in a way that has harmed, or may have harmed a child or behaved in a way that indicated they may pose a risk to children. There have been two LADO referrals during the reporting period.

## **29.0 Serious Case Reviews**

29.1 There has been one serious case review completed during the reporting period which focussed on a home educated child and hence the visibility of the child to professionals. A decision has been made not to publish the report but learning has been disseminated across the partnership. Two other SCR's are near completion and two others have been commissioned.

29.2 The Trust has actively participated with all SCR's in terms of panel members and Individual Management Report (IMR) reports.

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

30.1 Following direction from NHS England the Trust implemented the use of CP-IS using the summary care record. The use of Smart Cards to facilitate all ED staff to have access has been difficult and therefore the Information Technology (IT) service are enabling access via the Symphony system which will resolve this problem.

30.2 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.

30.2 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 Social Services and health colleagues in the community accessing this system.

## **31.0 Achievements in 2018/2019**

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

- The 'Abduction of a Baby or Child Policy' was reviewed with a table top exercise successfully completed to ensure the policy duly amended and fit for purpose.
- The Safeguarding Children Policy was reviewed and amendment to incorporate changes to national legislation and update guidance for frontline staff following an internal serious incident
- Named Nurse visited an 'outstanding' acute trust to benchmark the Trust's safeguarding children practice and processes
- 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. Audit has included: dog bites, parental details of children who attend ED, 'unseen children,' looked after children and the 'toxic trio.' A recommendation from a SCR informs the ongoing audit of 'unseen children and parental details of children whom attend ED.
- A revision of the safeguarding training strategy was undertaken with a training needs analysis for level 3 safeguarding children training to ensure the appropriate level of training is undertaken ensuring capability in discharging safeguarding responsibilities according to roles.
- All levels of safeguarding children training have now attained 85% or above compliance.
- Implementation of CP-IS successfully negotiated and waiting IT implementation in ED via Symphony
- 'Think Family' and the 'Voice of the Child' is promoted at all levels of safeguarding training to enhance a culture that safeguarding is everybody's business and frontline practitioner advocate or the voice of the child to be heard.
- The safeguarding children team ensured core business in terms of operational safeguarding and teaching was prioritised when the team was depleted following staff members departure

### **32.0 Priorities for 2018/2019**

The priorities for the forthcoming year are to:

- Support a peer review by Derby NHS Trust as to the role of the Paediatric Liaison Nurse in NGH, and conduct Peer Reviews in Trusts with an 'Outstanding' CQC rating to compare, benchmark practice and attain an outstanding rating for the safeguarding team.
- Support the ongoing induction of the newly appointed safeguarding children's team members
- Revise all levels of safeguarding children's training to update according to national and local changes in policy, use of contemporary local statistics whilst incorporating the lessons learnt from recent local SCR's and thematic reviews

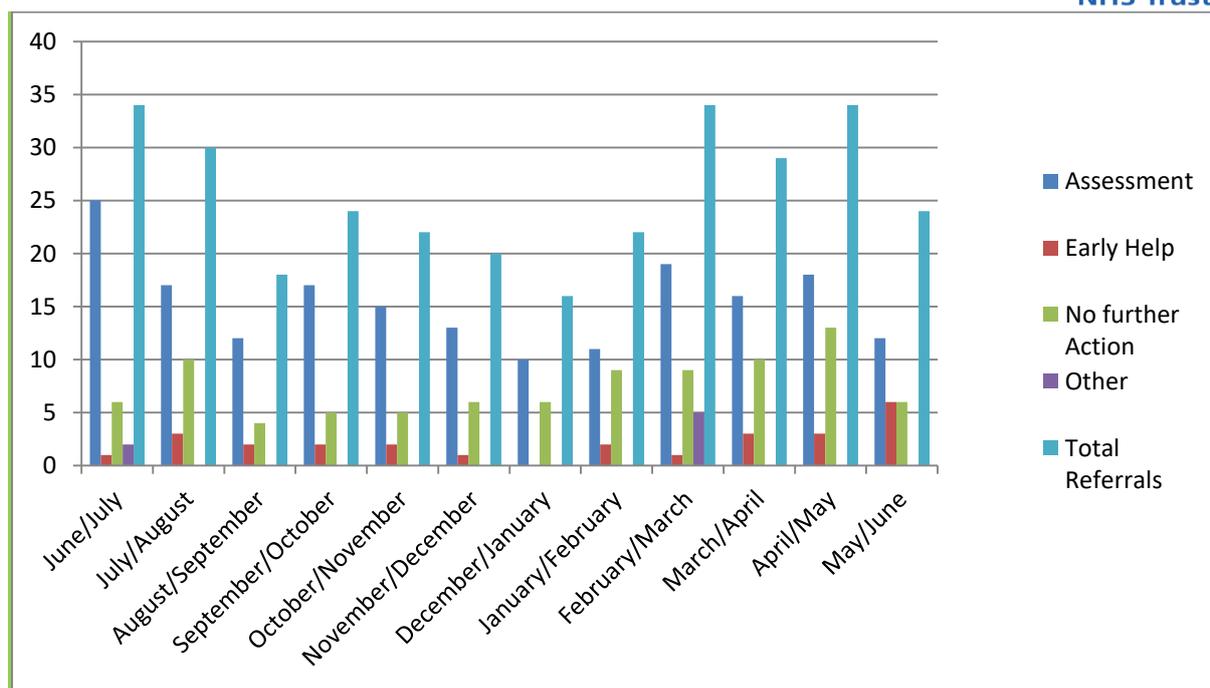
- Support the launch of the new transition pathway for all children transitioning to adult services
- Consider implications of Working Together 2018 including multi-agency partnership and practice locally following the challenges to frontline practice and the lessons learned from the Local authority's last Ofsted inspection
- Safeguarding training compliance to be maintained as per the CCG quality schedule

### **33.0 Safeguarding Within Maternity Services**

- 33.1 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.
- 33.2 The Central Midwifery Team has three full time and two part-time midwives in post. The Midwives in this team are responsible for caring for families that have social care involvement and aim to provide continuity of care for these families and to work as part of a multi-agency team that includes social workers and other health professionals. Within this team there is a full time perinatal mental health midwife and a part-time midwife who cares for parents who have a learning disability or difficulty.
- 33.3 The Maternity Safeguarding Team provides supervision to each team member on a monthly basis or where an individual case requires more frequent focus. The team will also attend for discharge planning meetings or conferences in the more complicated midwifery cases, and provide support to escalate cases that are not following the correct care pathway.
- 33.4 The Named Midwife for Safeguarding is responsible for escalating cases where appropriate with social care to ensure adequate plans are in place for the safe discharge of new-born babies. Where an unborn baby is placed on a child protection or child in need plan, the Central Team midwives will attend all relevant meetings. This ensures that robust plans are put in place in the form of a pre-birth plan. These plans are then communicated to hospital staff and placed onto the MEDWAY maternity system and a hard copy in the clinical records. This ensures all staff caring for both mum and baby are aware of the discharge plan. This either will be for mum and baby to be discharged together or in some cases for the local authority to go to court to obtain an interim care order and the baby to be placed into foster care. The team will continue to support the parents postnatally regardless of the outcome.

### **34.0 Maternity Activity**

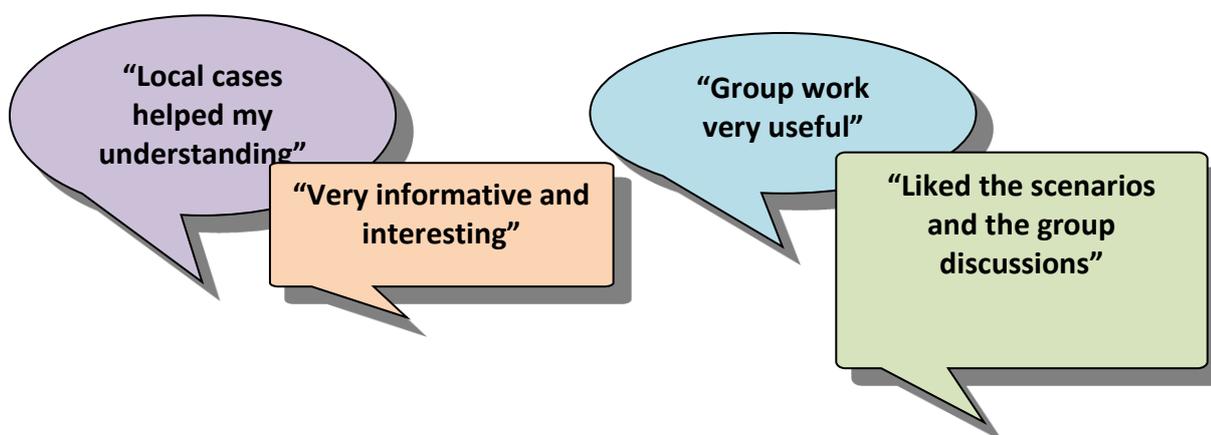
- 34.1 The total number of referrals made to the MASH during 2018/19 was 264, which is an increase from 2017/18 (239). The outcome of those referrals can be seen in the chart overleaf:



34.2 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.

### 35.0 Training

35.1 The current training figures for Obstetrics and Gynaecology is 85.7%. During the year a number of bespoke internal training events have been organised, with a range of internal and external speakers. Staff are also able to attend NSCB training. This is either face to face or e-learning and covers a wide variety of topics.



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

- 36.1 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.
- 36.2 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. There were 59 women receiving maternity services during the reporting period who had FGM as a child in their own country. This is compared to 54 to last year's reporting period Out of these women; the majority of ladies were from Somalia. Other countries cited were Sudan, Djibouti, Tanzania, Kenya, Yemen, Iraq, Nigeria, Ethiopia and Liberia.
- 36.3 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.
- 36.4 This system was launched by the Department of Health and NHS England in July 2014 which enables recording the potential risk of FGM on a girl's health record. This is particular pertinent to maternity services as the most likely point for identifying that a girl is potentially at risk of FGM is when she is born to a mother with FGM
- 36.5 The FGM-RIS system has been in place since April 2018 and the Trust have flagged twenty-one girls via this system.

### **37.0 Domestic Abuse**

- 37.1 The Hospital Independent Domestic Violence Advisor (HIDVA) role is currently funded through the CCG and is part of the Safeguarding Team but managed by the Northamptonshire Sunflower Centre. The HIDVA role gives 28.5 hours a week across the two acute hospitals in Northamptonshire, offering advice, safety planning and support to staff and patients identified as experiencing domestic abuse.

37.2 Support can be given to staff that require information and guidance when working with a patient and looking to address any safeguarding concerns around the family. As part of this role, training is offered and can be requested by individual wards and departments along with monthly training with the safeguarding adult and children's teams.

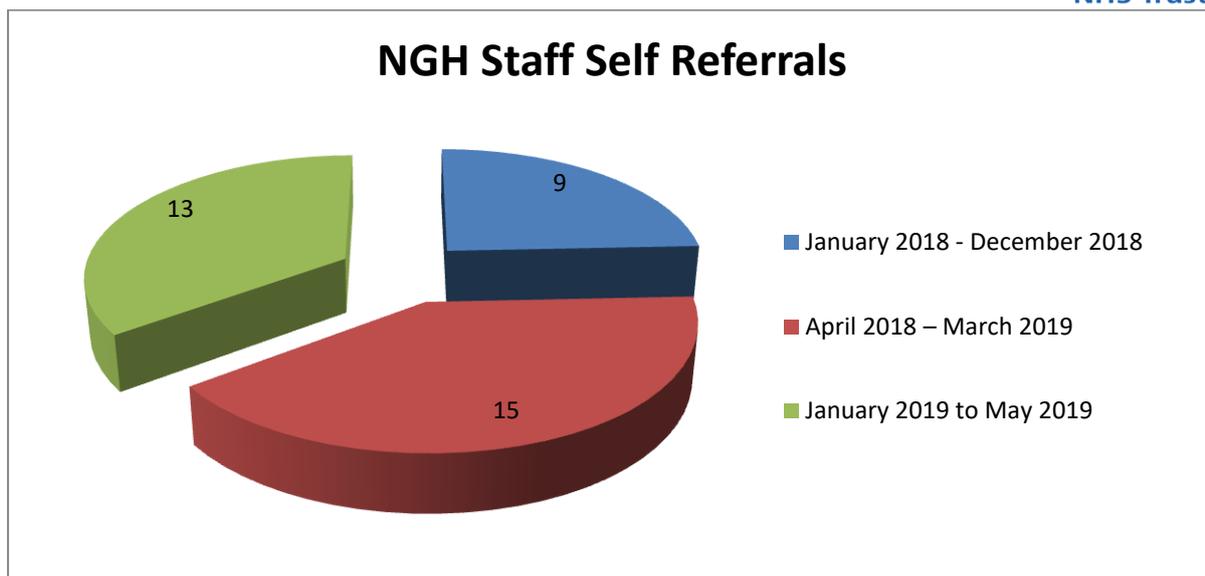
37.3 The number of referrals received and the number of training sessions delivered are highlighted in the table below:

Month	Area	Referrals	Training Sessions
April	Northampton	0	1
May	Northampton	0	1
June	Northampton	5	3
July	Northampton	18	1
August	Northampton	10	1
September	Northampton	15	2
October	Northampton	7	1
November	Northampton	11	1
December	Northampton	6	1
January	Northampton	5	1
February	Northampton	11	1
March	Northampton	11	3
<b>Total</b>		<b>99</b>	<b>17</b>

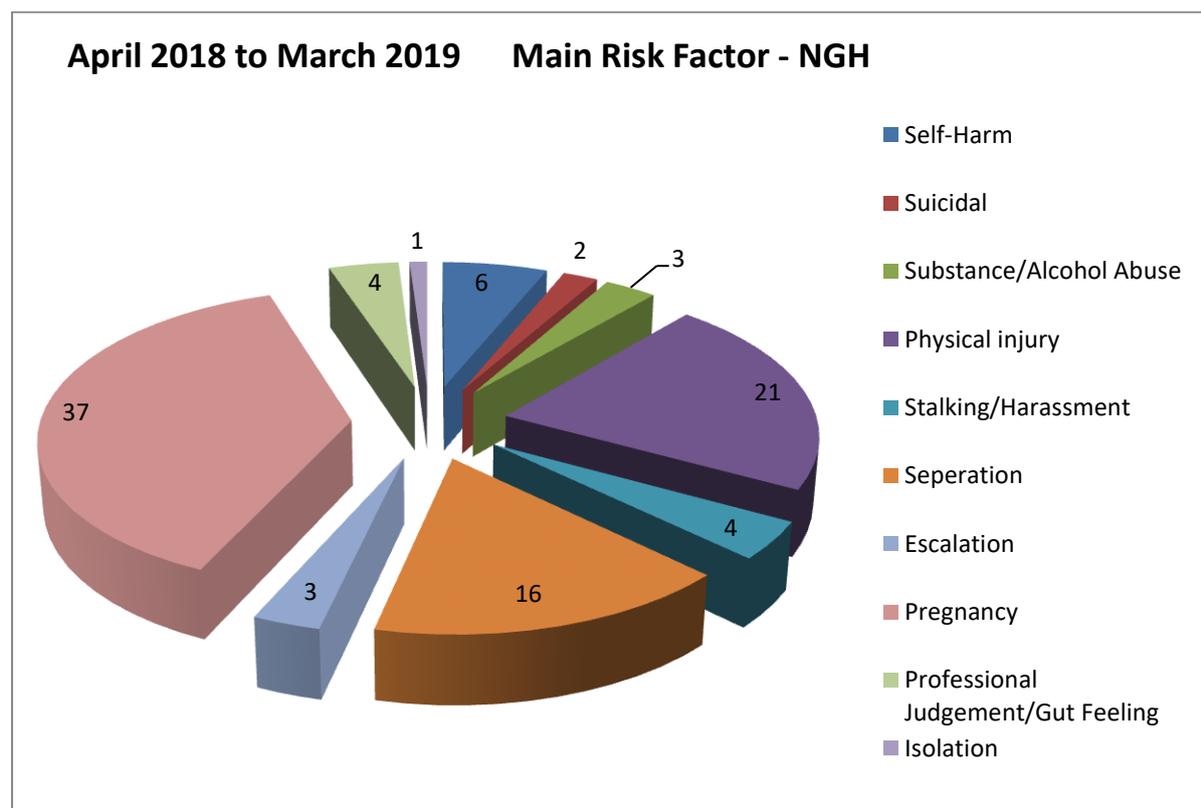
37.4 The ED, maternity services, the safeguarding adult and the safeguarding maternity team are the highest referrers across the Trust for domestic abuse.

37.5 There has been a significant increase in staff self-referrals to the HIDVA service, during the reporting period and these tend to reach high risk levels and therefore require police intervention alongside safety planning and a support package provided by the HIDVA and the Sunflower Centre.

37.6 The highest numbers of staff self-referrals are from the maternity services.



37.7 The HIDVA has been recording the main risk factor identified at the point of referral from the hospital. The chart below highlights that the top three risks identified by the domestic abuse victim is pregnancy (37), separation (16) and physical assault (21).



37.8 A concerning trend is self-harm/suicidal (17), where patients who are attending with mental health issues, when questioned are stating that there are domestic abuse issues.

### **38.0 Achievements during 2018/19**

- Appointment of a full time perinatal mental health midwife who works within the central team
- Introduction of FGM-IS in April 2018 to ensure that girls at risk of FGM are flagged on the NHS spine as part of NHS England early implementation sites
- Increase in the IDVA hours so that more investment is made into domestic abuse
- Introduction of an anonymised case study at the SAG on a quarterly basis as a way of listening to the views of people affected by abuse and an opportunity for learning and reflection
- Compliance of safeguarding children level 3 training as per the CCG quality schedule
- Additional hours secured for the safeguarding midwives
- Attendance at the first national NHS England Named Midwife forum

### **39.0 Priorities for 2019/20**

- Induction of the newly appointed Named Midwife
- 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
- Continued attendance at the NSCB and multi-agency partnership meetings to enable the Trust to meet statutory responsibilities and engage with wider partnerships and services.
- Ensure that the FGM data that midwives collect for the national data set is more consistent.
- Introduction of more audits within maternity to ensure that safeguarding is firmly embedded

#### 40.0 References and Further Reading

- Bournemouth Competencies (2015) *National Competency Framework for Safeguarding Adults* Bournemouth: National Centre or Post-Qualifying Social Work and Professional Practice
- Brandon (2011)
- Care Act (2014)
- Children's Act (2004)
- Counter Terrorism and Security Act (2015)
- Deprivation of Liberty Safeguards (2009)
- Domestic Violence, Crime and Victims Act (2004)
- Female Genital Mutilation Act (2003)
- Health and Social Care Act 2008
- Laming (2003)
- Mental Capacity Act (2005)
- NHS England (2015) 'Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework' HMSO: Department of Health
- Northamptonshire Safeguarding Adult Board Procedures
- Northamptonshire Safeguarding Children Board Procedures
- Safeguarding Children and Young People Intercollegiate Guidance (2014) HMSO: Department of Health
- Supreme Court (2014)  
[http://www.supremecourt.uk/decidedcases/docs/UKSC\\_2012\\_0068\\_Judgment.pdf](http://www.supremecourt.uk/decidedcases/docs/UKSC_2012_0068_Judgment.pdf)
- Working Together to Safeguard Children and Young People Intercollegiate Guidance (2018)