

INTEGRATED SAFEGUARDING ANNUAL REPORT

2020-2021

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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 2020/21 and identifies safeguarding key issues, risks and priorities for 2021/22.

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

3. There are three safeguarding 'active' risks on the Trust risk register which relate to: general governance processes in line with adult and children safeguarding external to the Trust, unauthorised Deprivation of Liberty Safeguards (DoLS) applications and safeguarding training compliance. These have been in place throughout the reporting period.

4. Safeguarding training has been revised to meet the national standards as identified in the revised children's and adult's Intercollegiate Guidance and incorporates local learning from serious incidents/reviews.

5. An external peer review of safeguarding within maternity services found that the service was robust with assurance of strong governance processes in place.

6. There has been two Safeguarding Adult Reviews (SARs) published within this reporting period. The statutory partnership has not published any Child Safeguarding Practice Reviews (CSPR's). 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 three reviews awaiting final ratification from the Home Office which related to deaths in the north of the county. There are three ongoing DHR's across the county. The Trust has completed IMR's to all reviews. All requests for information to potential DHRs have been completed in a timely manner.
8. The 'Mental Capacity Act including the Deprivation of Liberty Safeguards', 'Allegations Made against Staff,' 'Bruising in Non-Mobile Babies,' 'Missing and Absconding Patients,' 'Prevent,' 'Safeguarding Children's Policy,' 'Safeguarding Supervision' and 'Was Not Brought' policies have been reviewed by the safeguarding team.
9. Deprivation of Liberty Safeguards (DoLS) applications in the Trust significantly increased in 2020/21. There have been 809 DoLS applications in the Trust during the reporting period against 560 in 2019/20.
10. 2020-21 has been a challenging time for the safeguarding team. The safeguarding team have continued to work on site during the pandemic to ensure that safeguarding support was in place for Trust staff. The maternity safeguarding team in particular has had to concentrate on working with Northamptonshire children's services to ensure that the appropriate level of intervention/support was obtained for women and their families. Face-to-face training was suspended for a prolonged period of time so compliance with commissioner's expectations was a struggle to achieve.

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 2020 to March 2021. The report concentrates on the key safeguarding activity and risks within the organisation. In doing so, the Trust discharges part of its responsibility for Board-level assurance, scrutiny and challenge of safeguarding practice within the Trust, in line with the statutory requirements of section 11 Children Act (2004), Working Together to Safeguard Children (2018), the Mental Capacity Act (MCA) 2005, the Care Act 2014 and the Prevention of Terrorism Act (2005)
- 1.2 In addition to the requirements of the Care Act (2014) and the Children's Act 2004, the Trust, as a registered provider with the Care Quality Commission (CQC), must have regard for the Regulations as established under the Health and Social Care Act (2008). In relation to Safeguarding, including but not limited to, Regulation 13 and Regulation 17, relating to protecting service users from abuse and robust governance, respectively.

1.3 The Accountability and Assurance Framework (NHS England 2019) sets out the safeguarding roles, duties and responsibilities for all NHS organisations and this report reflects the integrated safeguarding portfolio. The report is arranged sequentially under safeguarding adults, safeguarding children and safeguarding within maternity services.

2.0 National

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

2.2 Unseen children in the pandemic, domestic abuse, gangs, child exploitation/sexual exploitation, the MCA and homelessness have been priority work streams highlighted either by central government or by national or local publications. The safeguarding team have revised their training programmes to highlight these themes for frontline staff and these have also been included in monthly safeguarding bulletins which are circulated across the organisation.

3.0 Local Context

3.1 Northampton General Hospital is a key partner agency for safeguarding within the county. This is achieved by:

- A strong robust safeguarding team across the whole organisation including maternity, paediatrics and adults. This is further complimented by the Mental Health and Mental Capacity Lead Practitioner, the Dementia Liaison Nurse and the Learning Disability Liaison Nurse as part of the wider team covering key vulnerable groups.
- Membership of Northamptonshire Safeguarding Adults Board (NSAB) delivery board and sub-groups of both the NSAB and the Northamptonshire Safeguarding Children's Partnership (NSCP)
- Membership of the Northamptonshire Strategic Health Safeguarding Forum
- Participation of the multi-agency audits from both the NSAB and NSCP and ensuring that internal audits are in place to respond to national and local trends
- Active contribution to both SAR's and CSPR's
- Active contribution to DHR's with the associated Community Safety Partnership
- Active participation at complex safeguarding meetings and arranging discharge planning meetings with multi-agency participation
- Attendance and dissemination of information at the Multi-Agency Risk Assessment Conference (MARAC) when appropriate
- Dissemination of domestic abuse notifications from the police regarding pregnant women
- Attendance to support the Prevent agenda and the Channel panel in Northamptonshire
- Close liaison and dissemination of information with and from the children's Multi Agency Safeguarding Hub (MASH)

- Paediatric Liaison Nurse in post who scrutinises the Emergency Department (ED) lists on a daily basis and shares information between hospitals and community services which enables children and their families to receive appropriate care and support post discharge
- Robust safeguarding administration from two specific members of the team who support the safeguarding team.

4.0 Safeguarding Governance

4.1 Named Safeguarding Roles

4.2 Northampton General Hospital is accountable for ensuring that its own safeguarding structure and processes meet the required statutory requirements of the Children's Act 2004, the Care Act 2014 and other statutory and national guidance. The safeguarding roles, duties and responsibilities of all organisations in the National Health Service (NHS) including the Trust, are laid out in the NHS England 'Accountability and Assurance Framework' (2019).

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

4.4 The Trust is statutorily required to maintain certain posts and roles within the organisation in relation to safeguarding. These have been fulfilled and enhanced throughout 2020/21 despite retirement of significant post holders.

4.5 The Director of Nursing, Midwifery and Patient Services is the executive lead for safeguarding and represents the Trust externally at the NSAB Delivery Board and the bi-annual NSCP meetings. The executive lead also acts as Named Senior Officer for allegations made against staff.

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

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

4.8 The aims of the safeguarding service are 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
- Provide challenge and scrutiny of safeguarding practice including the interface with statutory agencies
- Facilitate safeguarding training sessions across the hospital to ensure that learning, skills set and knowledge of staff is provided as per statutory and mandatory training requirements. This includes all matter of communication across the hospital to ensure that the local needs and risks of children, young people and adults are understood and dealt with to a degree by the frontline staff using lessons learnt from national and local case reviews, best practice and research. Ethical concerns, legislative processes and reporting processes are part of this training as per hospital staff's roles and responsibilities.
- Contribute to the development of appropriate systems including audit, governance policies and procedures to ensure safe practice in relation to the delivery of an effective safeguarding service across the hospital
- Provide guidance and advice to the Human Resources Department in staff investigations including disciplinary, related to vulnerable groups/adults at risk, 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 responsibilities to children, young people and adult welfare and safeguarding matters
- Improve outcomes for children, young people and adults
- Risk mitigation to children, young people, adults, visitors and staff
- Safe discharge from hospital

4.10 The Named Professional Team comprises of:

- 1.0 Full Time Named Nurse (Children)
- 1.0 Full Time Named Midwife (Children and Vulnerable Women)
- 1.0 Full Time Named Nurse (Adults)
- 2.0 sessions a week Named Doctor (Children)
- 1.0 sessions a week Named Doctor (Adults)

4.11 The Named Nurses are each individually supported by a 1.0 WTE safeguarding practitioner, who provide advice, support and training to all staff within the Trust about the management of safeguarding and vulnerability issues. A full-time paediatric liaison nurse is also in post. The Named Doctors also provide support to the team and the Trust. Two safeguarding administrators provide general assistance and support to the teams on a daily basis, including the management of and handling of sensitive, emotive and confidential information.

5.0 Safeguarding Assurance Group (SAG)

5.1 The SAG has been in place since 2015 and meets on a quarterly basis chaired by the Director of Nursing, Midwifery and Patient Services and seeks assurance that all safeguarding commitments and responsibilities for both adults and children are met. Highlights from this meeting are cascaded to senior managers via the Clinical Quality Effectiveness Group (CQEG) which again is on a quarterly basis.

6.0 Safeguarding Dashboards

6.1 Following the discontinuation of the Safeguarding Operational Group in March 2019, divisional safeguarding dashboards have been introduced to ensure that safeguarding and learning from safeguarding incidents is embedded into the organisation. The appropriate Divisional Associate Director of Nursing includes safeguarding highlights in their governance reports and to the Nursing and Midwifery Board.

7.0 Safeguarding Strategy 2019-2022

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

8.0 Disclosure and Barring Service (DBS)

8.1 The Trust has suitable and current policies in place to manage the requirements for checking the Disclosure and Barring Service (DBS) status of staff. All new employees and volunteers are checked as part of the employment/volunteer process. Safer recruitment processes are followed and the safeguarding team work closely with Human Resources when concerns are raised.

9.0 Safeguarding Concerns

9.1 Safeguarding concerns in the Trust are monitored by the safeguarding team. Some concerns are managed at ward level by the ward sister/department head and some are more complex which require reporting externally as per national legislation and local policy and procedures. The safeguarding team are involved in providing safeguarding expertise and concerns are analysed to detect trends and themes and to improve safeguarding.

The Head of Safeguarding and Dementia is a member of the Trust's Review of Harm Group, which meets on a weekly basis. In addition the safeguarding bulletin is distributed electronically via the Trust intranet site to support learning and practice.

10.0 Quality Schedule

- 10.1 The Clinical Commissioning Groups (CCG) Quality Schedule (2020-21) was suspended due to the pandemic along with the CCG quality visits.

11.0 Care Quality Commission

- 11.1 The Care Quality Commission (CQC) visited and inspected the Trust in July 2019 and was rated as requires improvement. The inspection team found that staff understood how to protect patients from abuse and services work well with other agencies to do this. However not all staff had training on how to recognise and report abuse. This was particularly highlighted for medical staffing. A focussed inspection is expected in 2021.

12.0 Partnership Working

- 12.1 The Trust is committed to working with partners to improve outcomes for adults at risk, young people and children. Part of that commitment takes the form of attendance at, and active participation in, the NSAB and NSCP.
- 12.2 The table below highlights the attendance of the safeguarding team at the external NSAB and NSCP and subgroups. Commitment to these subgroups is substantial, not only in terms of attendance, but also with active participation and contribution to work streams:

Meeting	Frequency	Role
Northamptonshire Safeguarding Adults Delivery Board	Quarterly	Director of Nursing/Head of Safeguarding and Dementia
Learning and Development Committee (NSAB)	Quarterly	Named Nurse for Safeguarding Adults
Quality Assurance Sub Group (NSAB)	Quarterly	Named Nurse for Safeguarding Adults
Safeguarding Adults Review Subgroup (NSAB)	Quarterly	Head of Safeguarding and Dementia

Named and Designated Nurses Meeting (Adults)	Monthly	Named Nurse for Safeguarding Adults
Northamptonshire Safeguarding Children's Partnership (NSCP)	Bi-annually	Director of Nursing / Head of Safeguarding and Dementia
Child Death Overview Panel	Monthly	Named Doctor (Chair)
MASH Steering Group (NSCP)	Monthly	Named Nurse for Safeguarding Children
Learning and Development Committee (NSCP)	Quarterly	Named Midwife
Quality Sub-Group (NSCP)	Bi-monthly	Named Nurse for Safeguarding Children
Multi-Agency Safeguarding Development and Innovation Group (MASDIG)	Bi-monthly	Named Nurse for Safeguarding Children
Local Learning Review Subgroup (NSCP)	Quarterly	Head of Safeguarding and Dementia
Named and Designated Nurses Meeting (Children's)	Monthly	Named Nurse Children and Named Midwife
Safeguarding Health Strategic Forum	Quarterly	Director of Nursing/ Head of Safeguarding and Dementia

- 12.3 There has been two SAR's completed within this reporting period. These reviews take place after an adult 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. The statutory partnership has not published any CSPR's.
- 12.4 DHR's were established on a statutory basis under Section 9 of the Domestic Violence, Crime and Victim Act 2004. There are three outstanding DHR's which were undertaken and are awaiting ratification from the Home Office. Three further DHR's are in progress.

13.0 Safeguarding Adults

13.1 National Context

13.2 The Safeguarding Adults Collection (SAC) Annual Report 2019-20 published by NHS Digital in November 2020 presents information about adults at risk for whom safeguarding enquiries were opened during the reporting period 1 April 2019 to 31 March 2020. 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:

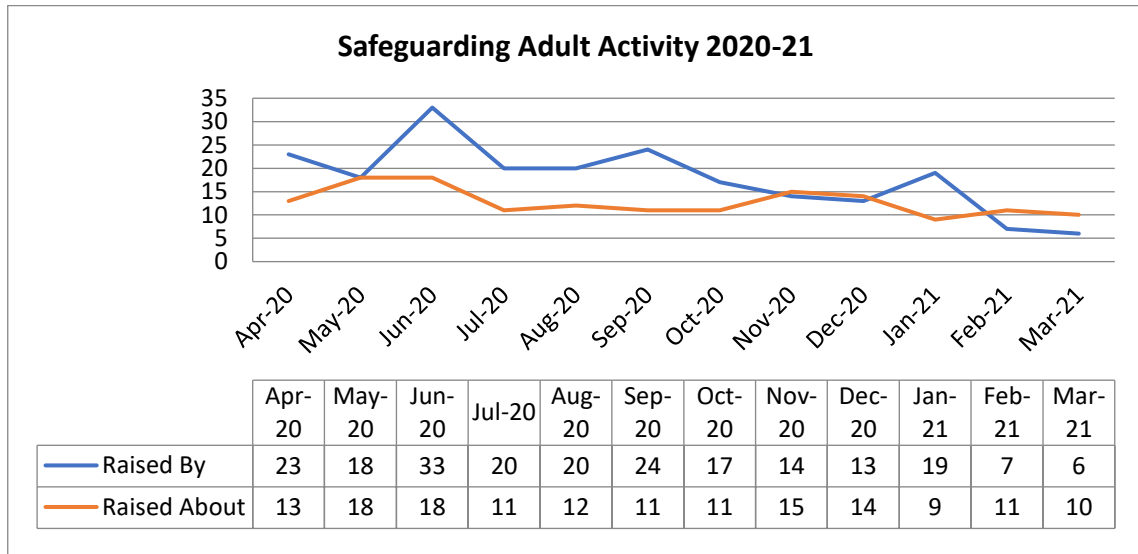
- There were 475,560 concerns of abuse raised during 2019-20 which is an increase of 14.6% on the previous year. The impact of the Covid-19 outbreak has not been a material factor in this increase as the pandemic only took hold at the very end of this annual report
- There were 161,910 individuals that were the subject of a safeguarding enquiry under Section 42 of the Care Act that started within the year. This is an increase of 12.9% per cent on 2019-20.
- The most common type of risk in Section 42 enquiries that concluded in the year was neglect and acts of omission which accounted for 31.8% of risks
- The most common location of the risk was the person's own home (43.8%)
- In 89.5% of concluded Section 42 enquiries where a risk was identified, the reported outcome was that risk was reduced or removed.

14.0 Activity

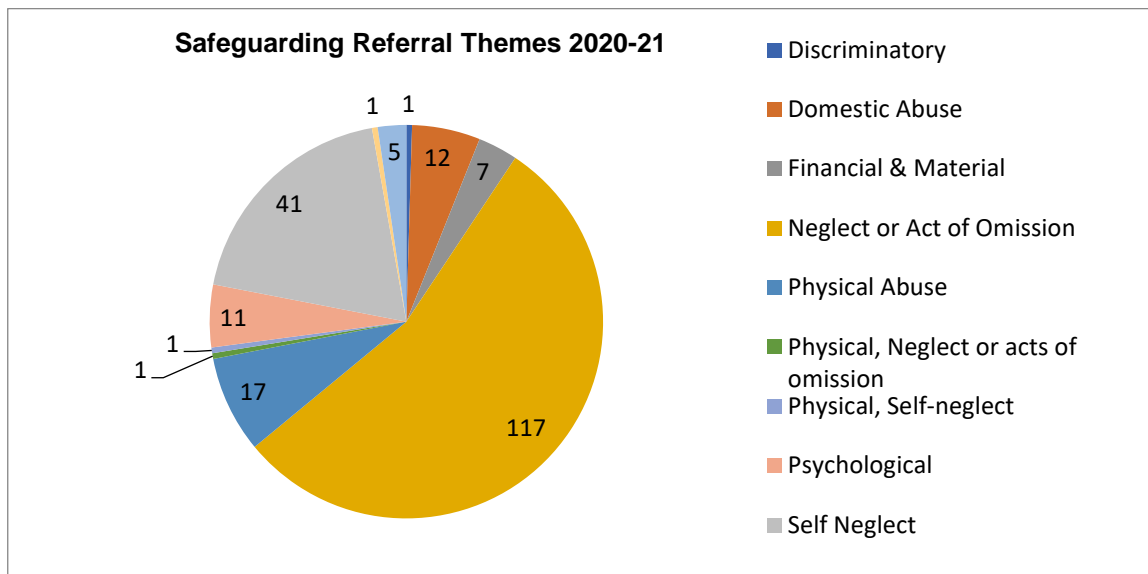
14.1 There were 194 safeguarding adults referrals made by Trust staff during the reporting period which is a decrease compared to the same reporting period for 2019/2020 (209). This can be contributed to the pandemic and also the team has had to follow-up enquiries and outcomes from the Local Authority.

14.2 The majority of referrals were generated by the Emergency and Urgent Care Departments. These areas are often where initial assessments are undertaken prior to admission to the Trust in-patient wards.

14.3 The chart overleaf shows the number of safeguarding referrals that were made by and about the Trust for 2020-21. There were 153 safeguarding referrals raised about the Trust.



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



14.5 Safeguarding Adults investigations run on a 28 day timeline by the Local Authority. These were extended to 40 days in light of the pandemic and the impact on the capacity of staff to respond to enquiries/reports. Therefore despite this extension in place, the medicine division in particular had difficulty completing enquiries within this time period. This process will require more robust monitoring in 2021-22. The outcome of the investigations are as follows:

- 11 Substantiated
- 16 Partially Substantiated
- 22 Not Substantiated
- 21 Not Determined
- 11 Awaiting Outcome (of which 4 SI/Comprehensive Investigations and 2 Staff Allegations).

- 14.6 The themes of the allegations raised about the Trust predominantly refer to discharge arrangements in terms of timeliness, completeness of arrangements (i.e. home care package) and communication with carers and families prior to discharge.
- 14.7 The outcome of safeguarding investigations have been shared with staff members via ward / department meetings, matron and ward sister meetings to review and instigate processes/clinical practice to prevent similar incidents from occurring.

15.0 Allegations Against Staff

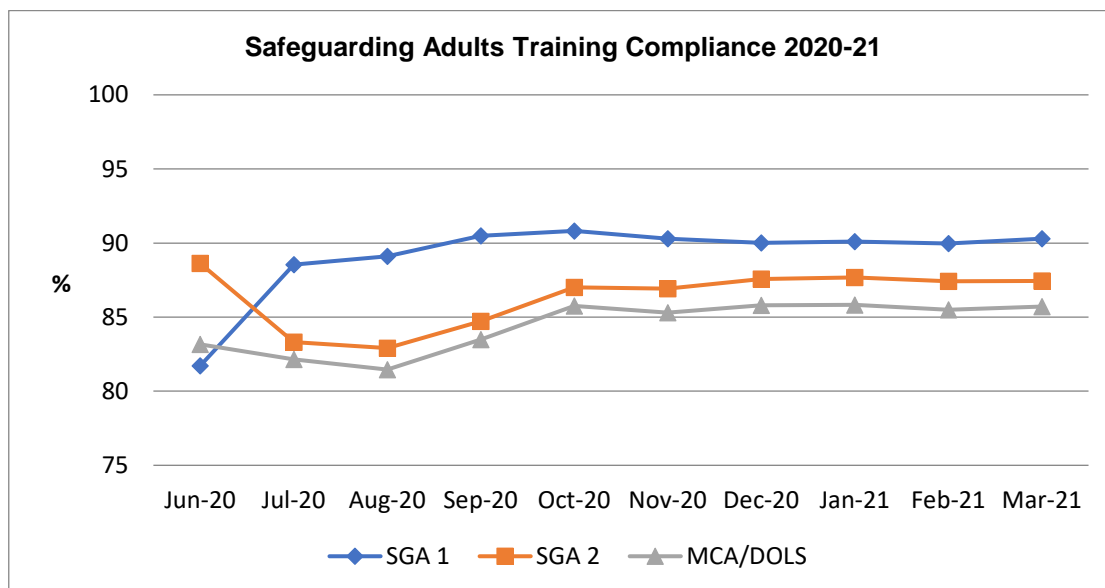
- 15.1 As part of the overarching safeguarding legislative framework, the Trust has a statutory responsibility with regards to managing allegations against staff and there is a policy in place to support this. During 2020/21 there were 15 allegations (compared to 28 in 2019/20) made against staff which were investigated accordingly with outcomes of no further action, supportive frameworks or disciplinary measures such as dismissal.

16.0 Safeguarding Adult Reviews (SAR's)

- 16.1 During the reporting period there were two SAR's published. The Trust contributed to both reviews with substantial contact with one of the adults at risk and in turn minimal contact with the other adult. Identified themes were the application of the MCA, homelessness and discharge planning. Recommendations from the reviews are monitored on a quarterly basis at the SAG..

17.0 Training

- 17.1 The safeguarding teams are committed to training and education which are fundamental to develop staff confidence and skills in relation to safeguarding. As discussed previously in the report, training compliance has been challenging during the reporting period due to the pandemic and the suspension of face-to-face training. Therefore alternative training programmes were put in place to encourage training compliance. This included e-learning, workbooks and reflective accounts.
- 17.2 The chart below highlights the safeguarding adult training compliance over the year of 2020/21 (please note that reporting was suspended from March to June 2020):



- 17.3 Safeguarding adult level 1 training has continued to remain above the expected compliance level. However safeguarding adult level 2 and MCA/DoLS dipped marginally just under compliance for four months during the reporting period.
- 17.4 Safeguarding adults level three training has been developed in light of the intercollegiate competency framework which was published in 2018. A training analysis was undertaken at the end of 2020 and staff who engage in assessing, planning, intervening and evaluating the needs of adults when there are safeguarding concerns have been informed of the expectations to achieve compliance by the end of 2021.

18.0 Mental Capacity Act

- 18.1 The Mental Capacity Act (MCA) came into force in October 2007. The MCA provides a legal framework for assessing capacity and making decisions about the care and treatment of adults who lack capacity. This could be due to a mental health condition, a severe learning disability, a brain injury, a stroke or unconsciousness, etc. The MCA protects and empowers individuals who are unable to make all or some decisions for themselves. The MCA applies to everyone working in health and social care providing support, care or treatment to people aged 16 and over who live in England and Wales.
- 18.2 The safeguarding team has undertaken quarterly audits regarding the compliance and application of the MCA in practice, which have been presented to the SAG. The audit also forms part of the Trust quality schedule, which reports to the CCG.
- 18.3 The audit results over this reporting period have highlighted that the consistent application of the principles of the Mental Capacity Act when making undertaking assessments are not always clear. Also record keeping and information sharing in relation to assessments and best interest's decisions was variable.

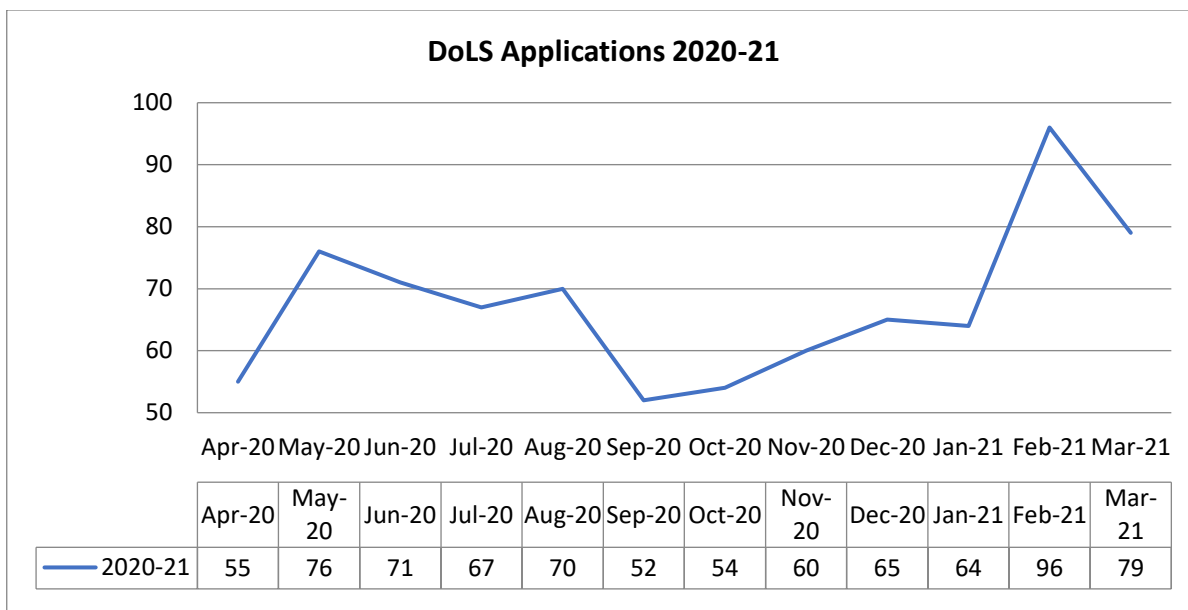
18.4 The Mental Health and Mental Capacity Act Lead Practitioner has developed bespoke training in response to a comprehensive investigation which highlighted poor application of the MCA. The training is face-to-face and scenario based and will be rolled out across the Trust in the coming year.

18.5 An Independent Mental Capacity Advocate (IMCA) supports people when they are assessed to lack capacity to make a best interest decision and they do not have family or friends appropriate to consult about the decision. During the reporting period the Trust made 12 referrals for an IMCA compared to 19 in 2019/20.

19.0 Deprivation of Liberty Safeguards (DoLS)

19.1 The Deprivation of Liberty Safeguards (DoLS) was introduced in 2009 and are part of the Mental Capacity Act 2005. They are used to protect the rights of people who lack the ability (mental capacity) to make certain decisions for themselves. The DoLS are set firmly within the empowering ethos of the MCA. They encourage all health and social care providers to put liberty and autonomy at the heart of care planning, to avoid wherever possible the need to deprive people of their liberty.

19.2 Deprivation of Liberty Safeguards (DoLS) applications in the Trust have significantly increased in 2020/21. There were 809 DoLS applications in the Trust during the reporting period against 560 in 2019/20.



19.3 The Trust continues to request Best Interest Assessments from the County Council under the legislative framework. However there have been no assessments carried out in the reporting period due to capacity issues associated with the Supreme Court ruling and there are over 3,500 outstanding Best Interest Assessments outstanding for the county. This concern is captured on the risk register within Patient and Nursing Services.

19.4 The Mental Capacity (Amendment Bill) Act 2019 received Royal Assent on 16th May 2019. The Liberty Protection Safeguards (LPS) will replace the current DoLS and was due to come into force on 1st October 2020. However due to Covid-19 this has been suspended until April 2022.

19.5 The safeguarding team will continue to attend both the countywide and health LPS steering groups to ensure there is consistent implementation across the county.

20.0 Court of Protection

20.1 The Trust made one application to the Court of Protection in this reporting period. The application related to a patient and discharge destination. The Court agreed with the proposal that the patient could be discharged to a discharge to assess bed.

21.0 Prevent

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

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

21.3 The Named Nurse will make referrals and attends the Local Authority Channel panel when appropriate. This multi-agency panel discusses the risk posed by vulnerable people who are referred for multi-agency support.

21.4 All NHS Trusts and Foundations Trust are required to submit Prevent data to NHS England and NHS Improvement. This is submitted on a quarterly basis.

21.5 All staff members are required to receive basic awareness Prevent training and the Trust has achieved 90% compliance and this training is delivered on Trust induction. Level 3 training (Workshop to Raise Awareness of Prevent – WRAP) is at trajectory at 85%

22.0 Modern Slavery

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

22.2 Modern slavery is incorporated within the safeguarding children and adult mandatory training from levels 1 -3, which applies to all staff employed by the Trust. Also the Trust's procurement department makes an annual statement in terms of systems and processes that are in place across the commissioning cycle.

23.0 Achievements in 2020/21

- Successful appointment and induction of the Named Nurse for Safeguarding Adults due to the retirement of the previous post holder
- Review of safeguarding data management processes to ensure that more robust systems are in place
- Completion of the NHS England NHS Improvement facilitated by the CCG Self-Assurance Safeguarding Framework with limited remedial actions
- Circulation of the monthly safeguarding bulletin with key safeguarding adult messages

24.0 Priorities for 2021/22

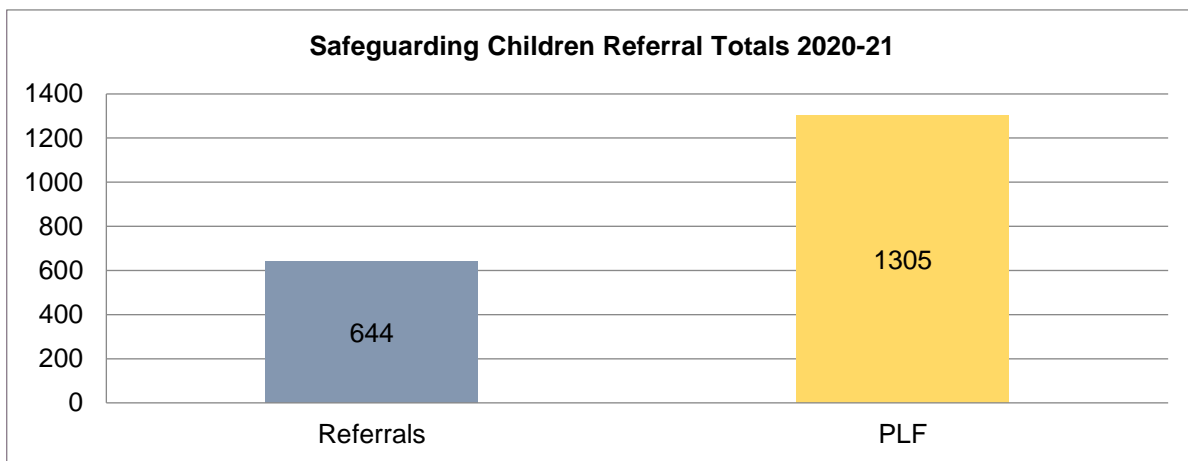
- Appointment and induction of the Safeguarding Adult's Practitioner to complement the return of the post holder from maternity leave on reduced hours
- Timely completion of safeguarding enquiries/investigations within the specified local time frame
- Increase quality assurance process of safeguarding enquiries/investigations and to facilitate training to ward sisters/matrons if required
- Attendance at the Countywide and Health LPS meetings to ensure that a robust and a consistent approach is in place to introduce and embed the new legislation within the Trust
- Concentration on the achievement of expected compliance at the end of 2021 of Level three safeguarding adults training
- Review MCA file audit to include DNACPR which will be carried out on a quarterly basis to inform areas of learning across the Trust
- Bespoke scenario based MCA training to multi-professionals across the Trust to endorse understanding the principles of the Act

25.0 Safeguarding Children

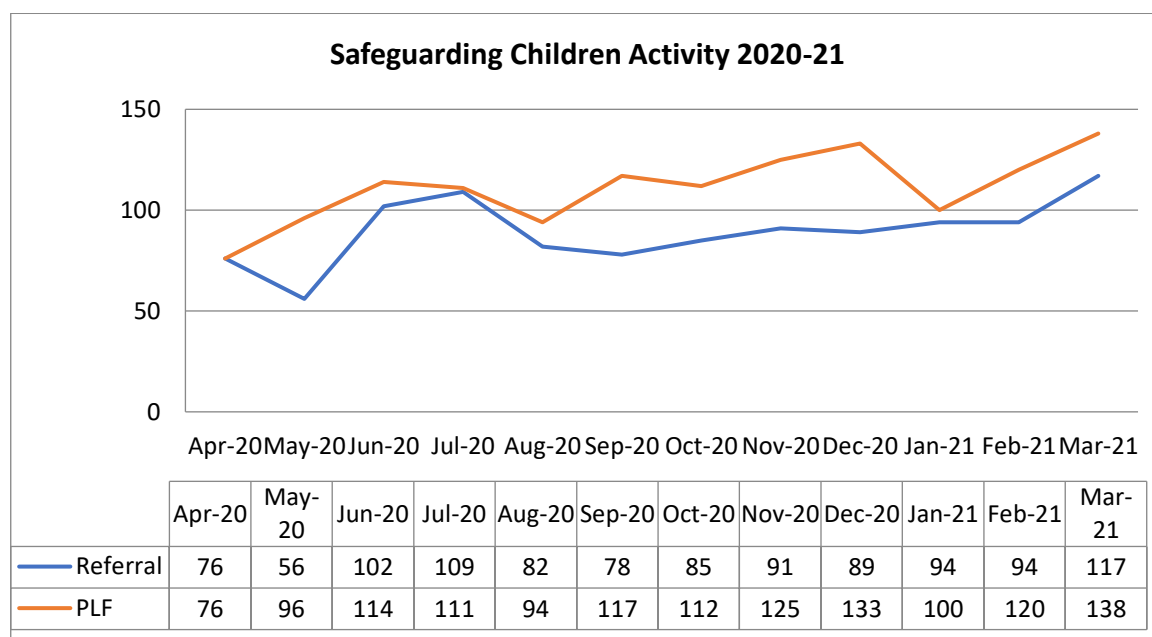
25.1 The Safeguarding Children's team are committed to safeguarding and promoting the health and wellbeing of all children and young people attending the Emergency Department (ED), as outpatient's or, those admitted to the paediatric wards, the Paediatric Assessment Unit (PAU), or any adult wards where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

26.0 Activity

26.1 There have been a total of 644 Multi-Agency Safeguarding Hub (MASH) referrals during 2020/2021 which is slight decrease than the previous year (691). This is despite a significant reduction in attendances and admissions of children and young people in the pandemic to the Trust.

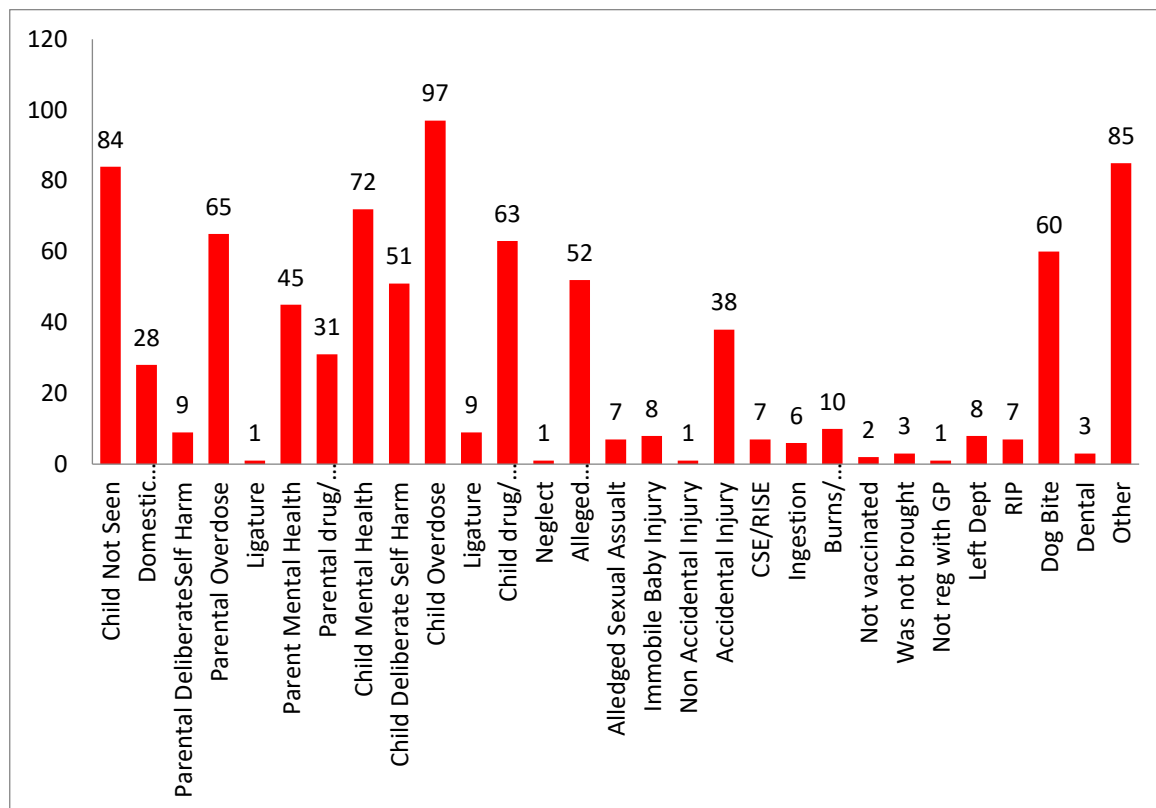


26.2 The chart below presents the safeguarding activity across the reporting period.



26.3 There was 1305 paediatric liaison forms (PLF's) completed which highlights only a minimal decrease compared to last year when 1398 were raised. This evidences good practice in terms of timely information and liaison with external health colleagues such as GP's, health visitors and school nurses. This liaison work was highlighted as good practice within Laming recommendations in 2003 and Working Together (2018) in terms of the ethos of collaborative partnership working.

26.4 The bar chart overleaf presents the primary reason for MASH Referrals and Paediatric Liaison Forms by the Trust. However, there will often be multiple concerns or reasons for statutory intervention.



26.5 There has been a significant increase in child mental health presentations across the year. This includes self-harm and eating disorders which reflects trends in national reporting during lockdown. This is replicated in MASH and PLF's being raised for unseen children due to parents presenting with mental health issues as well.

26.6 There has been a slight increase in alleged assaults presenting to the ED across the year. Where the perpetrator of the assault is not disclosed by the victim, the safeguarding outcome will be no further action, although information is shared via MASH across the statutory partnership.

26.7 Dog bites have increased due to the risk to children and young people due to prolonged periods of time in the household rather than being in a school environment.

27.0 Audit Activity

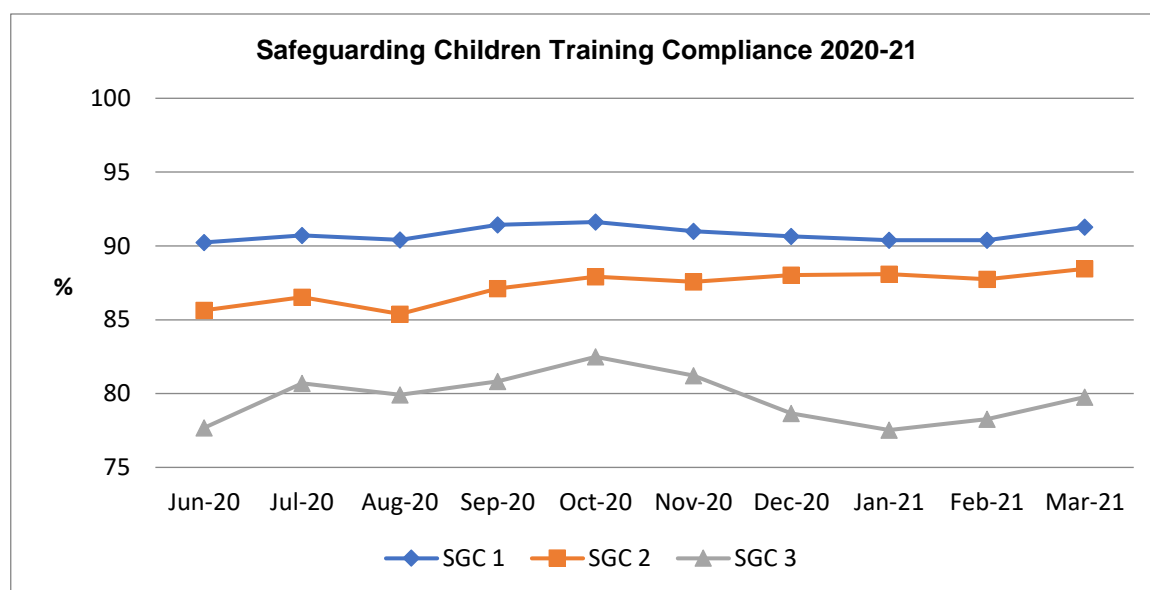
27.1 The safeguarding children's team have remained proactive in conducting audits to review and inform front line practice. 'Prevalence of babies under twelve weeks presenting to the ED,' Children and Young People leaving the ED before being seen' and 'Children with Disabilities' have been completed and presented to the Safeguarding Assurance Group to

provide assurance regarding themes and concerns identified both internally and across countywide multi-agencies.

27.2 The safeguarding team has attended the Quality and Governance sub group of the NSCP and was part of a Multi-Agency Case Audit (MACA) on child sexual exploitation. In addition a multi-agency safeguarding referral audit was undertaken across the county with health agencies auditing their peers. The audit proposal was to review the quality of information which ultimately informs decision making on the part of MASH. No serious concerns were highlighted for the Trust.

28.0 Safeguarding Children Training

28.1 As highlighted within the safeguarding adult section, training compliance has been challenging during the reporting period due to the pandemic and the suspension of face-to-face training. Therefore alternative training programmes were in place to encourage training compliance. This included e-learning, workbooks and reflective accounts. Safeguarding children training compliance is evidenced in the graph overleaf:



28.2 Level 1 and Level 2 safeguarding children training remained above the trajectory of 85% throughout the reporting period. However Level 3 remained a challenge across the reporting period with four months demonstrating compliance.

29.0 Paediatric Liaison Nurse (PLN)

29.1 The Paediatric Liaison Nurse (PLN) is the vital link between the Trust and community health services and social care colleagues ensuring pertinent and timely information about children aged 0-19 years (and beyond, for example, children with disabilities,

Looked after children) are shared and exchanged with the professionals in the community to enhance continuity of care and inform safeguarding and promoting the welfare of children and young people.

- 29.2 The role of the PLN ensures that the ED child attendance lists are scrutinised on a daily basis to ensure MASH referrals and PLF's are raised appropriately to other professionals involved in the child's care.

30.0 Designated Officer (LADO)

- 30.1 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 enquiries received from the Designated Officer during the reporting period regarding Trust staff.

31.0 Child Safeguarding Practice Reviews (CSPR's)

- 31.1 There has not been any CSPR's published in the reporting period.

32.0 Child Protection Information Sharing (CP-IS)

- 32.1 The Child Protection Information Sharing (CP-IS) system is an NHS England NHS Improvement sponsored work programme dedicated to developing an information sharing solution that will deliver a higher level of protection to children who visit unscheduled health care settings. 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.
- 32.2 By sharing data across regional boundaries CP-IS helps health care professionals build up a picture of a child's visits to unscheduled care settings supporting early help detection and intervention in cases of potential or actual abuse. It also enables information as to ED/PAU attendance to children's services and health colleagues in the community accessing this system.

33.0 Achievements in 2020/2021

- Successfully appointed Named Nurse for Safeguarding Children following the retirement of the previous post holder
- Completion of the NHS England NHS Improvement self-assessment framework facilitated by the CCG with limited remedial actions

- Audit activity both internally and externally has been completed in the form of multi-agency case audits to ensure that safeguarding activity within the Trust reflects good practice. Internal audits have included: babies presenting to ED, disabled children.
- Paediatric safeguarding quality visit by the CCG with positive feedback
- Ongoing pre-arranged, ad hoc safeguarding supervision to paediatric wards, teams and departments throughout the pandemic

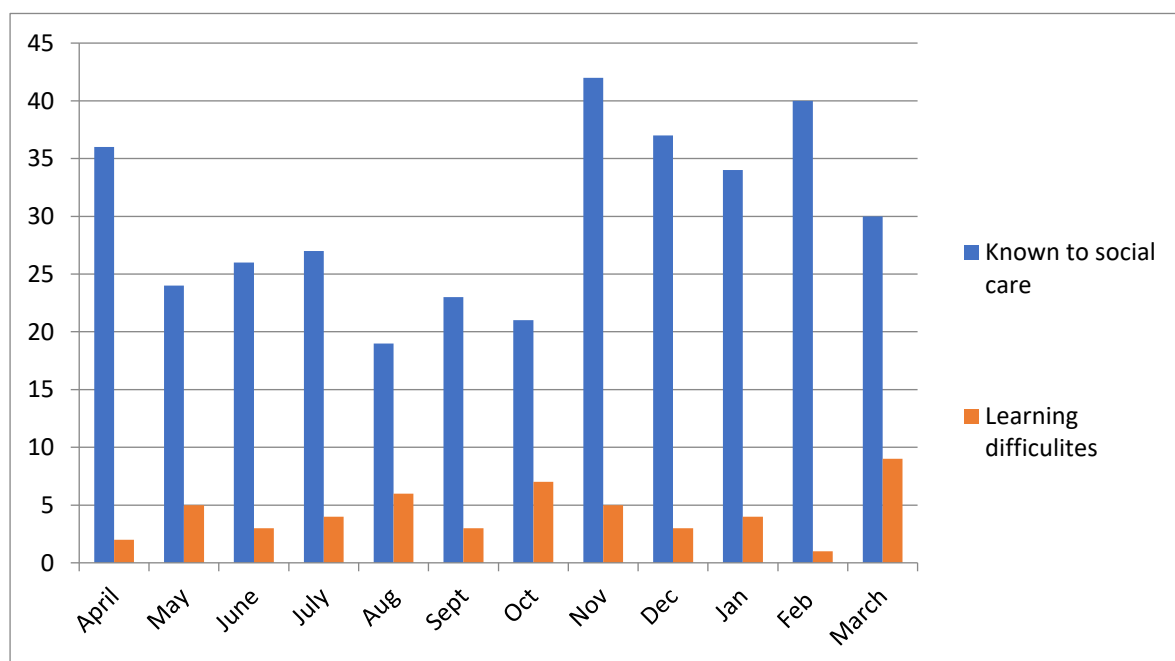
34.0 Priorities for 2021/2022

- Audit and monitoring of CP-IS within ED and paediatric areas.
- Review of MASH internal governance process
- Review the job descriptions of the safeguarding children's advisor and the paediatric liaison nurse to amalgamate to one role.
- Safeguarding children Level 3 training to consistently be at expected trajectory (85%) training compliance to be maintained as per the CCG quality schedule
- Review of MASH internal governance process including escalating cases which have not been taken forward into assessment despite meeting threshold of safeguarding concerns.
- Review of safeguarding children supervision arrangements to all staff working with children
- Review of internal relationship meetings between the safeguarding children's team and paediatrics and ED.

35.0 Safeguarding Within Maternity Services

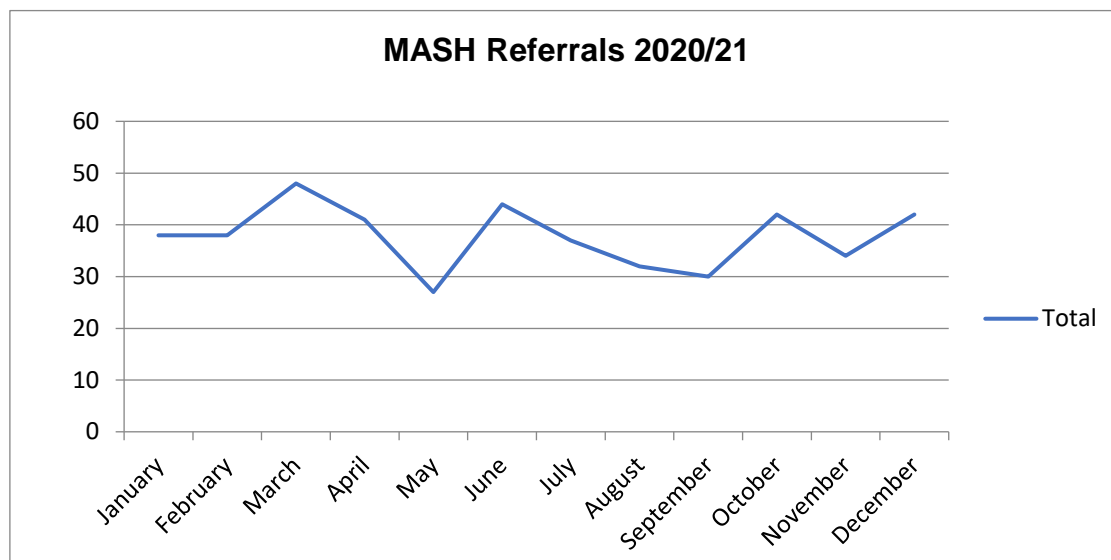
- 35.1 The Named Midwife for Safeguarding is supported in her role by two Band 6 safeguarding midwives, one 0.6WTE and the other 0.4WTE. The maternity safeguarding team supports both hospital and community based staff, and ensures that safeguarding is embedded into practice.
- 35.2 The central midwifery team has three full time (including a perinatal mental health midwife) and five part-time midwives in post. The midwives support women who have currently children's services involvement, or cases which are being escalated by the Named Midwife when children's services have determined that the case is closed. The midwives provide continuity of care for vulnerable women and families across Northampton, Daventry and Towcester. The team work alongside a multitude of professionals, such as social workers, police and other health sectors to support the women and their families.
- 35.3 The maternity safeguarding team provides safeguarding supervision to each central team member team on a monthly basis or where an individual case requires more frequent focus. A safeguarding supervision plan has been devised and this is documented within the woman's records and recorded on the maternity safeguarding team database. The Named Midwife also provides bespoke training sessions on themes and concerns that have become apparent in the midwifery/child protection cases.

- 35.4 The central team represent the Trust at safeguarding meetings, such as strategy discussions, child protection conferences, core meetings and child in need meetings. The central team will feedback to the maternity safeguarding team when issues arise, such as drift in adhering to the agreed NSCP pre-birth pathway.
- 35.5 A number of maternity safeguarding cases continue to identify the absence of pre-birth assessments and the cases being held at a lower safeguarding threshold, such as children in need by children’s social services. The maternity safeguarding team have had to ensure that any concerns from the service are escalated. Therefore due to the number of escalations, a service manager at children’s services has been allocated as the single point of contact for the maternity safeguarding team so that cases can be discussed as soon as possible to reach the appropriate threshold of intervention. Midwives are still encouraged to raise their concerns with the allocated social worker, in accordance with the NSCP escalation procedure. When issues/concerns are not resolved through liaison with the social worker and team manager, concerns are then escalated by the safeguarding maternity team to the service manager, who explores these further.
- 35.6 The maternity safeguarding team systematically reviews all bookings for women who have current or previous children’s services involvement or has a learning disability. During the last year, 359 women have been identified as having current or previous children’s services involvement and 52 women have been identified as having a learning disability (detailed in the graph below). By reviewing the records, a MASH is often required and this is then discussed and completed by the allocated midwife. This process has been educational for midwives and most importantly, relevant safeguarding referrals have been generated and shared with the local authority.



36.0 Maternity Activity

36.1 The total number of referrals made to the MASH during 2020/21 was 545, which is a 28% increase from 2019/20 (353) and 41% increase from 2018/19 (265). On average during 2020/2021, the number of referrals made to social care each month has increased which is displayed in the chart below:



36.2 Each referral that is sent to MASH is forwarded to the maternity safeguarding team, who will review the referral and MASH outcomes are followed up on a weekly basis to ensure that appropriate plans are in place. When necessary, if the case is closed by MASH, the outcome will be challenged by the Named Midwife to ensure that the correct plans and provisions are in place for the family. Two hundred and twenty two assessments were completed by children’s services in 2020/2021 following MASH referrals being raised by maternity services. This is compared to one hundred and fifty eight in 2019/20 is an increase of 40%. This demonstrates that midwives are informed about what they need to refer, able to articulate the needs of vulnerable women and their unborn and where no further action is an outcome, this is challenged early by the maternity safeguarding team.

36.3 Every safeguarding referral received by the maternity safeguarding team is screened to establish the primary reason for the concerns being raised. A number of maternity cases will have a number of complicating factors, which include the trilogy of risk – domestic abuse, substance misuse and poor parental mental health. The primary leading cause for MASH referrals being completed in maternity services continues to be due to the mother/family already being known to children’s services. During the last year, the team have been obtaining a secondary reason for MASH referrals being completed. The secondary reason for MASH referrals being completed across the year has been due to domestic abuse concerns, followed by poor maternal mental health. An increase in concealed pregnancies has been identified since the pandemic and this has been recognised as a national theme.

37.0 Training

37.1 The current safeguarding children level three training figures for Obstetrics and Gynaecology is 80%. As previously discussed in both the adult and child training section, training compliance has been challenging during the reporting period due to the pandemic and the suspension of face-to-face training due to infection prevention. Therefore alternative training programmes were in place to encourage training compliance. This included e-learning, workbooks and reflective accounts.

38.0 Female Genital Mutilation (FGM)

- 38.1 Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act (2003). It is a form of child abuse and violence against women. FGM comprises of all procedures involving partial or total removal of the external female genitalia for non-medical reasons.
- 38.2 Section 5B of the 2003 Act introduces a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report 'known' or potential risk of FGM in under eighteens to the Police. The duty came into force on 31st October 2015. During the reporting duty the Trust did not refer any children to the Police under this framework. However statistical information is gathered regarding women who have had FGM and present to the Trust. During 2020/2021 there were forty five women identified as having FGM when booking their pregnancy with the Trust. This is a decrease of 24%, compared to 2019/2020. The majority of these ladies were from Somalia. Other countries cited were Sudan, Djibouti, Tanzania, Kenya, Yemen, Iraq, Nigeria, Ethiopia and Liberia.
- 38.3 The Female Genital Mutilation Risk Information System (FGM-RIS) is a national information technology system that supports the early intervention and ongoing safeguarding of girls, under the age of 18, who are potentially at risk of FGM.
- 38.4 This system was launched by the Department of Health and NHS England in July 2014 which enables recording the potential risk of FGM on a girl's health record. This is particularly pertinent to maternity services as the most likely point for identifying that a girl is potentially at risk of FGM is when she is born to a mother with FGM. Eighteen infant females had FGM-RIS alerts added onto the NHS summary care records as per guidance by NHS England and NHS Improvement.
- 38.5 A FGM audit was repeated following the initial audit completed in December 2019. The repeated audit in December 2020 evidenced compliance with CP-IS and information sharing with partner agencies.

39.0 Domestic Abuse

- 39.1 The Hospital Independent Domestic Violence Advisor (HIDVA) role at the Trust was decommissioned in March 2020. Prior to this, the IDVA would support staff in offering advice, safety planning and support to staff and patients experiencing domestic abuse. The hospital remains in liaison with the Sunflower Centre (voluntary domestic abuse support services), who continue to support the organisation and provide domestic abuse training to professionals.
- 39.2 All midwives are required to routinely ask every woman about domestic abuse at least twice during the woman's pregnancy, as well as adopting a target approach where signs or indicators of domestic abuse are observed at any time throughout maternity services – during the antenatal or the post-natal period.
- 39.3 The maternity safeguarding team receives Police Protection Notifications (PPN's) from Northamptonshire Police on a weekly basis regarding domestic abuse incidents involving pregnant women. The maternity safeguarding administrator will alert maternity services of the notification by uploading the information onto the woman's maternity electronic records. In addition, the allocated midwife will receive an email alerting them to the notification and prompting them to discuss domestic abuse at each contact where possible. This is an opportunity for a referral to domestic abuse support services such as Victim or the Sunflower Centre
- 39.4 During the last year, the maternity safeguarding team have received three hundred and sixteen PPN's from Northamptonshire Police which details different levels of risk. The information shared is categorised into three levels of risk: standard (no significant current indicators); medium (identifiable indicators of harm) and high (indefinable indicators of risk of serious harm). The maternity safeguarding team noted a significant rise in domestic abuse notifications in August (38). On average the team receives twenty five domestic abuse notifications each month.
- 39.5 Whilst the prevalence and impact of domestic abuse amongst patients is acknowledged at a local and national level, it must not be forgotten that these issues also affect NGH staff. Reminders have been circulated to remind staff that referrals to the Sunflower Centre can be made and there is a staff domestic abuse policy in place to support.

40.0 Domestic Homicide Reviews

- 40.1 There are three reviews awaiting final ratification from the Home Office. Action plans from the reviews are reviewed and monitored at the Safeguarding Assurance Group on a quarterly basis. Three other DHR's are in progress across the county.

41.0 Achievements during 2020/2021

- Domestic abuse guideline was revised and updated to include;
 - Creating a safe space for domestic abuse disclosures/ support
 - Domestic abuse enquiry in a virtual setting
 - Updated domestic abuse workflow
 - Information regarding Honour based violence and forced marriage
- Teenage pregnancy guideline was revised to include a teenage pregnancy risk assessment form.
- Repeated FGM audit which evidence compliance with CP-IS and information sharing with partner agencies
- Further development of the unborn tracking meetings to share and escalate concerns.
- Monthly liaison meeting with Named Midwife for safeguarding at Kettering General Hospital including information sharing with regards to cases, sharing of guidelines and enhancing pathways collaboratively
- Did Not Attend (DNA) guideline was further developed and ratified, which includes more robust follow up for women with safeguarding needs
- Successfully leading on adult risk management meetings for women with extensive adult safeguarding concerns in pregnancy and postnatally- This included the first Adult Risk Management meetings which was led by NGH.
- Strengthened the safeguarding supervision offer for the central team who case hold vulnerable women and community sisters
- Quarterly strategic meetings chaired by the Deputy Director of Children Services, following an accumulation of concerns escalated to the Local Authority by the Head of Safeguarding which has strengthened multiagency working
- Arranged DASH training for a number of midwives and other professionals across the Trust by the Sunflower Centre
- Implementation of the concealed pregnancy guideline, following an increase in presentations during the start of Covid-19 pandemic. The guideline includes information regarding;
 - Unbooked at Northampton General Hospital/ transferring care from another NHS Trust
 - Safeguarding Alerts/ National Alerts
- Completion of the NHS England NHS Improvement Safeguarding Self-Assessment Framework facilitated by the CCG with limited remedial actions
- Specific maternity policy developed and ratified

42.0 Priorities for 2021/22

- 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
- Further development of the learning disability pathway for pregnant women.

References and Further Reading

- Adult Safeguarding: Roles and Competencies for Health Care Staff (2018) London: Royal College of Nursing
- Care Act (2014)
- Children's Act (2004)
- Counter Terrorism and Security Act (2015)
- Deprivation of Liberty Safeguards (2009)
- Domestic Violence, Crime and Victims Act (2004)
- Female Genital Mutilation Act (2003)
- Health and Social Care Act 2008
- Laming (2003)
- Mental Capacity Act (2005)
- NHS England (2019) 'Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework' HMSO: Department of Health
- Northamptonshire Safeguarding Adult Board Procedures
- Northamptonshire Safeguarding Children Board Procedures
- Safeguarding Children and Young People Intercollegiate Guidance (2019) HMSO: Department of Health
- Supreme Court (2014)
http://www.supremecourt.uk/decidedcases/docs/UKSC_2012_0068_Judgment.pdf
- Working Together to Safeguard Children and Young People Intercollegiate Guidance (2018)