

## Safeguarding Children & Young People Annual Report

1<sup>st</sup> April 2019 – 31<sup>st</sup> March 2020



**Mike Menzies**  
**Named Nurse Safeguarding Children & Young People**

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## 1. Introduction

Safeguarding children – the action we take to promote the welfare of children and protect them from harm is everyone's responsibility. Everyone who comes into contact with children and families has a role to play. Ultimately, effective safeguarding of children can only be achieved by putting children at the centre of the system and by every individual agency playing their full part, working together to meet the needs of our most vulnerable children (Working Together, 2018).

All NHS providers are expected to comply with legislation and statutory guidance, this includes:

- Children Act 1989;
- Children Act 2004;
- Working Together to Safeguard Children 2018;
- Care Quality Commission Fundamental Standard 13: Safeguarding Service Users from Abuse and Improper Treatment - Health & Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13;
- Safeguarding Children & Young People: Roles and Competences for Health Care Staff (Intercollegiate Document 2019).

This report provides an overview of safeguarding children activity undertaken within the Trust between 1<sup>st</sup> April 2019 and 31<sup>st</sup> March 2020.

The aim of this report is to provide assurance that safeguarding children activity:

- meets national and local safeguarding standards;
- demonstrates a model of continual improvement;
- highlights existing or potential risk in relation to statutory responsibilities.

The structure of this report incorporates all safeguarding children standards and performance indicators for key providers of health services 2019-20.

## 2. Governance and Commitment to Safeguarding Children

Local Safeguarding Children Boards (LSCBs) are the key statutory mechanism for agreeing how organisations will co-operate to safeguard and promote the welfare of children. The LSCBs have changed and each local authority had until the 28<sup>th</sup> September 2019 to set up new partnership arrangements in line with the recommendations in Working Together 2018. From October 2019 onwards the local authorities will be known as the following:

BaNES: B&NES Community Safety & Safeguarding Partnership (BCSSP)  
Wiltshire: Safeguarding Vulnerable People Partnerships (SVPP)  
Somerset: Somerset Safeguarding Children Partnership

The Trust is represented at the BaNES and Wiltshire Operational Board by the Executive Lead for Safeguarding, the Director of Nursing and Midwifery or a nominated deputy. Attendance at the BaNES Board during 2019-20 was 100%; attendance at the WSCB board shared by our health partners at Great Western Hospital and Salisbury District Hospital was 100%.

The Safeguarding Team represents the Trust at the following LSCB sub groups:

### **BaNES (BCSSP)**

The Exploitation Sub-Group, Community Safety Partnership, Joint Training and Workforce Development Sub Group.

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## **Wiltshire (SVPP)**

The Named Midwife attends the Early Intervention Sub Group and shares the attendance at the WSCB Domestic Abuse Sub Group with the Named Nurse and Independent Domestic Violence Advisor.

The Director of Nursing and Midwifery is the Executive Director responsible for safeguarding within the Trust; there is a nominated Non- Executive Director as safeguarding champion. The Deputy Director for Nursing and Midwifery is the nominated Deputy for the Director of Nursing and Midwifery as executive lead for safeguarding children.

A review was presented to the Clinical Governance Committee in January 2020 to provide assurances in relation to the safeguarding activity; risks, action plans both internal and external, audits, policy updates, learning from reviews, training compliance and supervision strategy. Significant assurance has been agreed by the Committee and an update required within 3 years.

Further monitoring against the Safeguarding Children: Standards and Performance Indicators for Providers of Health Services occur through the Clinical Outcomes and Quality Assurance reports that are submitted to the Clinical Commissioning Groups (CCG) on a quarterly basis. The CCG Designated Nurse for Children provides supervision and oversight to the Named Nurse and Named Midwife for Safeguarding Children and Young People within the Trust.

### **Children and Young People's Safeguarding Committee**

The Children and Young People's Safeguarding Committee is chaired by the Director of Nursing and Midwifery. A report of the meeting is submitted and presented to the Operational Clinical Governance Committee quarterly, drawing attention to any issues that require adding to the Trust Risk Register. Going forward in 2020/21 this paper will be presented to the Quality Board.

Both the Adult and Children and Young people Safeguarding Committees have continued to combine the committees successfully. This emphasises the 'think family' philosophy, with a cross over period between the two committees to discuss case studies, joined up working and learning from reviews etc.

### **Care Quality Commission (CQC) (Emergency Department improvement plan)**

The Urgent and Emergency Care core service were rated as requires improvement in the CQC inspection of June 2018. The safeguarding team have supported the improvement plan to address the issues, which is reported through the Children and Young People's Safeguarding Committee and the ED Clinical Governance process. The plan focusses on the risks discussed in this report related to the use of the Safeguarding Screening tool, and the Reviewing Nurse role. Additionally both the children's and adult safeguarding teams continue to support the 'think family' agenda in the UTC by supporting systems to identify adults that present risks to children, and measures to refer onto the Trust safeguarding team and external partners such as children's social care as defined in the CQC improvement plan.

## **Section 11 Audits**

The Trust safeguarding team carry out internal quarterly quality assurance safeguarding walkabouts mirroring the process from the Section 11 audit walkabout. The data shows how staff understanding of the safeguarding process is improving in all areas and subjects examined. The action plan is reported quarterly through the Children and Young People's Safeguarding Committee.

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### **Joint Targeted Area Inspection (JTAI)**

The JTAs are 6 monthly themed joint inspections of the multi-agency response to abuse and neglect across the country. These are deep dive inspections of how agencies work together in relation to planned themes. The Named Nurse is meeting bi-monthly with the BaNES JTAI preparation group to ensure that the Trust and partners are prepared for any future JTAs. There were no local JTAI's in 2019/20.

### **Child Protection Information Systems (CPIS).**

CP-IS is a national programme that shares information for children subject to Child Protection Plans, Looked After Children and pregnant women whose babies are subject to Child Protection Plans with the local authority where the children and families live, if they present to the Trust unscheduled care settings.( Emergency Department and Urgent Care) There is an effective, interim process in place and IT are working on a full electronic solution.

### **COVID-19 Requirements for Safeguarding**

BaNES, Swindon and Wiltshire (BSW) CCG have agreed and sent out guidance to health providers regarding Safeguarding Activity and reporting during the COVID-19 emergency in Q4 2020, which will continue in 20/21.

The Safeguarding team are having weekly updates with the local Designated Nurse for Safeguarding (BaNES CCG) alongside other health providers. This is allowing a two way update for the CCG as well as ensuring the Trust safeguarding team are appraised of any further local, regional and national changes. All health providers have shared a safeguarding plan with the CCG, which has been discussed with the Q4 Safeguarding Committee.

### **Safeguarding Children Audits 2019/20**

Safeguarding children audits are included in the Trust Clinical Audit Programme. During this period the following audits were undertaken:

- Referrals to Children's Social Care Audit including Maternity, Paediatrics and Emergency Department;
- Sexual Health under 18 Proforma Audit;
- Knowledge and Skills Audit.

Audit reports and action plans were submitted to the Children and Young People's Safeguarding Committee in 2019-20 and are monitored through the audit action tracker and forward plan process.

### **3. Policies, Procedures and Guidelines**

During 2019/20 a number of policies have been written or revised to meet local or national requirements. The following policies and protocols have been written or updated in this period:

- Safeguarding Children and Young People Policy in relation to the Did Not Attend process updated with the new Was Not Brought process;
- One minute guides for: Was Not Brought process;
- Bruising and Injuries to Non-Mobile Children Policy including maternity;
- Female Genital Mutilation Policy;
- Maternal Mental Health Guidelines;
- Domestic Abuse Policy;
- Teenage Pregnancy Guidelines.

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#### 4. Appropriate Training, Skills and Competences

Despite the challenges COVID-19 presented in Q4 there has been a consistent focus on both Level 2 and Level 3 Safeguarding Children training from the safeguarding children team with support from the educational leads, Education Centre and HR business partners across the Trust to ensure compliance in achieving the 90% level.

In the year to 31<sup>st</sup> March 2020, 16 Safeguarding Children Level 3 training courses have been delivered to 269 staff by the Trust Safeguarding Team. The evaluations have been positive, with all staff consistently demonstrating an increase in their knowledge comparing before and after the training. In response to feedback the team is developing a leaflet, with children's social care explaining what social workers role is.

Table 1 shows compliance figures for all levels of training during 2019-20 for all staff including maternity.

(Table 1) Training Compliance Figures (Including Maternity)

Subject	Compliance Requirement	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20
Safeguarding Children Level 1	90%	86.18%	85.68%	85.80%	87.12%
Safeguarding Children Level 2	90%	84.97%	83.90%	83.60%	85.34%
Safeguarding Children Level 3	90%	87.48%	86.00%	81.40%	75.63%

(Table 2) Maternity Services Only Compliance Figures

Subject	Compliance Requirement	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20
Safeguarding Children Level 1	90%	88.85%	89.63%	89.64%	88.73%
Safeguarding Children Level 2	90%	88.21%	89.47%	89.06%	87.12%
Safeguarding Children Level 3	90%	89.02%	89.41%	74.34%	74.47%

The Level 2 Safeguarding Children training compliance for the Trust is currently 85.34%. The Named Nurse is working closely with the Adult Lead for Safeguarding and the Education Department to identify and address the areas that require support to meet the 90% compliance. Additional bespoke training has been delivered to those areas identified as having the highest non-compliance. The Named Nurse has revised both the Level 1 and Level 2 e learning so these can be utilised to increase and sustain the compliance back to 90%.

The current Level 3 Safeguarding Children compliance has ranged from 87.48% in Q1 to 75.63% in Q4 2020 for the Trust and 89.14% Q1 to 74.47% in Q4 2020 for Maternity Services. The Named Nurse has met with the compliance manager in the Education Department quarterly and worked closely with the HR Business Partners, operational managers and practice development leads in each area to identify staff requiring training and ensure they utilise the monthly in house Level 3 safeguarding training day facilitated by the safeguarding children team, or external LSCB training.

Since the COVID restrictions in Q4 2020 all face to face training was cancelled and the safeguarding team have defined an action plan, including recovery, for recommencing safe training and examining the use of e learning and other ways to ensure staff are compliant with Level 3 training. The highest risk is for new starters who have never had safeguarding training, these staff groups have been identified and additional ad hoc training will be in place from Q1 2020/21 onwards to meet their needs.

Training compliance remains a low risk on Trust risk register.

**5. Effective Supervision and Reflective Practice**

Twenty seven members of staff have attended Safeguarding Children Supervision training; supervisors are supported by the safeguarding team to facilitate safeguarding group supervision within a number of specialties.

The safeguarding team provided quarterly one to one supervision with 38 identified leads across the Trust in 2019-20; 18 in Maternity Services and 20 across other children’s facing workforce. Current compliance is:

- Named Nurse 1:1 compliance is currently 92% (20 leads) and
- Named Midwife 1:1 compliance is currently 95% supported by the Named Nurse and Specialist Safeguarding Midwife. (18 leads)

The safeguarding team uses a database to ensure robust recording which is monitored through the Children and Young People Safeguarding Committee.

The challenges have been in embedding group supervision in the larger teams namely Maternity, Paediatric Ward and the Emergency Department. In maternity group safeguarding supervision is delivered bi-monthly in each of the community areas; current compliance is averaging 66% with a trajectory of 90% by the end of 2020/21. In Bath Birthing Centre and the Paediatric Ward, planned weekly supervision sessions are often cancelled due to work pressure. In the Emergency Department the weekly sessions were revised due to changes to working hours for nursing staff and now there are 3-4 sessions a month for all staff, including Emergency Nurse Practitioners.

In the smaller teams the compliance rates are as follows (standard 90%):

- Paediatric Therapies 89%
- Paediatric Consultants 95%
- Paediatric Diabetes Team 97%
- Integrated Sexual Health Team 86%
- Royal National Hospital for Rheumatic Diseases Centre for Pain services 83%

18 additional supervisors were identified to support the supervision process across the Trust, however, the planned training was postponed due to Covid -19 restrictions and will be rescheduled for later in the year 20/21.

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The restrictions affected all group supervision sessions in Q4 with many sessions being cancelled. All one to one supervision and ad hoc consultations with the safeguarding children team have continued and not been affected by the COVID restrictions. An action plan has been drawn up with plans to restart all group supervision in Q1 of 2020/21 with safe social distancing and use of appropriate digital technology.

The supervisors continue to be supported by the safeguarding team and the Supervision Implementation Group. Supervision remains a low risk on the Trust risk register.

**6. Effective Multi Agency Working**

The Trust actively engages in supporting our external partners in the following:

- The working of the Multi Agency Safeguarding Hub (MASH) within BaNES;
- Supporting Trust representation at the Domestic Abuse Multi-Agency Risk Assessment Conference (MARAC) in both BaNES and Wiltshire;
- BaNES Multi-Agency Joint Targeted Area Inspection (JTAI) preparation group;
- BaNES Exploitation group, include those at risk of criminal exploitation/gang and county lines drug activity;
- Health Information Sharing Group ( BaNES CCG lead) to ensure robust information sharing, systems and process between health partners in the area;
- Safeguarding partner agency meetings in both BaNES and Wiltshire;
- Contributed to the updated non mobile bruising and injury policy for children in Wiltshire and BaNES. This policy has been ratified and Trust guidance has been updated accordingly in both the children and maternity workforce.

**7. Reporting Serious Incidents**

There have been no Serious Incidents reported or investigated by the Safeguarding Children team in 2019/20.

**8. Engaging in Serious Case Reviews (SCRs)**

**BaNES SCR Family X**

The Named Nurse for Safeguarding Children and the Named Midwife for Safeguarding submitted a chronology and analysis to the BaNES LSCB in relation to the case of a baby who presented to another health provider locally, with non-accidental injuries which met the criteria for a SCR. The Trust engaged fully with the SCR process. There was a delay in the process itself due to the sensitive nature of the police investigation and there remains a delay in the publication of the SCR itself. The action plan is now completed. The analysis did not identify any significant issues for the Trust..

**Wiltshire Serious Case Review Child K**

In line with the guidance from the new Working Together 2018 the Named Nurse has responded to a request for information from agencies, relating to a one year old who was brought into the Trust Emergency Department and sadly died. This met the criteria for a Serious Case Review and the report has now been published. The Named Nurse also completed a RCA; the action plan for this has also been completed and integrated into the multi-agency action plan which is also completed. There was no significant risk identified to the Trust and the learning has been embedded in clinical areas.

**Somerset SCR Family B**

The Named Midwife and Named Nurse responded to a rapid review request where two young children were harmed in the care of their parents. As unborn babies they were both

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known to Maternity Services and the paediatric team. The Rapid Review chronology was completed and the National SCR Panel agreed this met the criteria for a Serious Case Review. A draft report has been produced by the lead reviewer and the recommendations from this have been agreed and finalised. The Named Midwife for Safeguarding has been involved in the draft combined health action plan for the RUH, Yeovil and Taunton hospitals.

An action plan specific to the Trust has been developed, which will be shared with staff once it has been agreed by the panel. There has been a delay in finalising this due to the COVID-19 restrictions. There is no significant risk to the Trust and we are fully engaged with the processes.

**Rapid Review Requests**

The Named Nurse for Safeguarding has responded to four Rapid Review requests in line with the new Working Together to Safeguard Children 2018 arrangements: 2 from Wiltshire, 1 from BaNES and 1 from Somerset LSCBs/partnership arrangements (in 2019/20).

The 2 Wiltshire requests did not meet the criteria for a SCR and will be managed as local learning events in 20/21. There was no significant risk to the Trust and expected safeguarding processes were followed.

The BaNES rapid review did not meet the criteria for a Serious Case/Practice review and will be managed as a local learning event. Again there was no risk to the Trust as all expected safeguarding processes were followed.

The Somerset Rapid Review request for information related to a child that died in the care of his father. The case has been discussed at the National Safeguarding Child Practice Review Panel who decided that this meets the threshold for a local Serious Practice (Case) Review. The Trust is awaiting timelines and will fully engage with the process. The only learning for the Trust Maternity Services was staff not following usual processes for contacting the safeguarding team with issues raised in labour. This had already been recognised and actioned by the Named Midwife and added to the Trust risk register.

**Wiltshire Domestic Homicide Review (DHR)**

The Named Nurse responded to a request for information from Wiltshire Local Authority investigating the homicide of a 17 year old. The Trust had no information related to the victim and only minimal contact with the alleged perpetrator. The information shared was ratified by the Director of Nursing before sending and the Named Nurse will take part in the follow-up DHR meetings re any learning or actions for the Trust. There is no significant risk to the Trust.

**9. Safer Recruitment and Retention of Staff**

The Disclosure and Barring Policy has been ratified and published; the policy sets out the requirements of the Trust on checks of criminal records obtained through the Disclosure and Barring Service (DBS).

**10. Managing Safeguarding Children Allegations Against Members of Staff**

There have been no Safeguarding Allegations against members of staff reported within the Trust in this period.

**11. Engaging Children and their Families**

The Trust welcomes feedback from children and their families. A number of systems have been established to incorporate feedback; Family and Friends' feedback for the whole family is encouraged across the workforce. Children aged 16 plus are encouraged to complete family and friends' feedback independently. Specialist nurses in the diabetes team run parents' evenings to engage families in sharing experiences and feedback. The

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safeguarding team work closely with the Patient Advisory Liaison Service within the Trust to support ongoing issues of a safeguarding nature with young people, families and carers.

**12. Organisational Risks**

There are 7 risks in relation to Safeguarding Children on the Trust risk register, each is clearly defined with controls and action plans in place to reduce risk.

Risks that remain open are related to:

- Safeguarding Children Level 2 and Level 3 training compliance**  
 There are action plans for both Level 2 and Level 3 training. In relation to Level 2 training the compliance has improved from 83 to 85%. The matrons for the areas where compliance has decreased to below 80% have all been contacted by the Named Nurse to support staff to access either the e learning or face to face training.

In relation to Level 3 training the compliance has dropped from 87% in Q1 to 75% in Q4 Trust wide and 74% in Maternity Services. This is the impact of additional staff (MCAs) requiring Level 3 training. An action plan is in place to address this. The risk is low as this staff group are already trained to Level 2 and work with accountable, qualified midwives. The new starters who have not had Level 3 safeguarding training before have been identified as the highest risk group to the Trust and an action plan with additional ad hoc training has been agreed for Q1 onwards in 20/21. The monthly in house training days will also restart in June 2020, in order to ensure compliance with staff requiring updates. The action plan also includes examining E learning options for Level 3 safeguarding children and how to work differently given the COVID restrictions.

- Implementation of safeguarding supervision**  
 The risk is low currently and an action plan is in place to address the issues in the main areas where supervision remains a challenge: Emergency Department, maternity and the paediatric ward. The safeguarding team and supervisors are supporting 3-4 supervision sessions a month in ED and have planned a full year of group supervision in the community and in house Maternity Services, and weekly supervision on the paediatric ward supported by the safeguarding team. All smaller team supervision remained effective in 2019/20 with consistently good compliance as described in section 5 of the report.

In relation to COVID requirements, all one to one supervision with identified leads has continued with the safeguarding team providing business as usual ad hoc consultations for the Trust. Group supervision was postponed at the end of Q4 and all expected supervision is restarting in Q1 using safe distancing or via digital platforms. The training of additional supervisors planned for the end of Q4 was also postponed until review in Q2 2020/21. The training of additional supervisors will positively influence the compliance in all these areas including the more challenging areas of the Emergency Department, maternity and the paediatric ward.

- CP-IS implementation process. (Child Protection – Information Systems)**  
 The Named Nurse has followed up with the Emergency Department and Maternity Services, and CP-IS is now fully integrated using the interim Summary Care Record application route. The Trust electronic solution is waiting for a connectivity issue with the NHS spine to be resolved, and then testing can be implemented by IT. CP-IS remains on the risk register until the electronic solution is implemented and quality assured. The current risk is low as the interim process is working effectively.

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- Paediatric out of hours safeguarding medical cover**  
 The risk to the Trust is low. There have been no issues raised during 2019/20. This risk has been closed through the Paediatric Governance meetings process.
- Reviewing Nurses role in the Emergency Department**  
 The risk remains low as the reviewing nurse role continues to review between 80-90% of cases within 72 hours and all within 5-7 days.
- Use of the safeguarding children screening tool in the Emergency Department**  
 The screening tool completion rate remains between 70% and 85% for 2019/20. The Named Nurse provides monthly updates for ED medical and nursing staff for safety briefings related to completing the tool. The risk has been reduced and is currently low. IT is currently working on an additional process to ensure staff complete the tool for all children. Since COVID restrictions the numbers of children attending has reduced from 250 average per week to just over 100. The screening tool completion has increased to 87%-89% in the same period.
- Management of paediatric patients that fail to attend appointments across the Trust**  
 The risk remains low to the Trust as all the safeguarding team actions are complete and the feedback from staff is positive, including contact with the team to support concerning cases.
- Use of the Pregnancy Management Note on Millennium Maternity** - see Maternity report.appendix1

Actions related to the risks are reviewed at the Children and Young People's Safeguarding Committee and reported through the Operational Clinical Governance Committee.

### 13. Independent Domestic Advisor Project (IDVA)

The safeguarding children team continue to support staff and patients with any domestic violence issues across the Trust, including training, identification, referring to support services and sharing information at MARACs in both BaNES and Wiltshire. From October 2019 until March 2020, due to the resignation of the Independent Domestic Abuse Advisor (IDVA) and being unable to recruit into this position, the children and adults safeguarding team have supported patients and staff in the Trust by signposting to local community support services.

Funding has been secured for a fixed term of 1 year and the Trust will be directly employing the IDVA. The Trust will be continuing to make bids for funding to continue and on a recurring basis to have parity with Great Western Hospital.

### 14. Achievements 2019/20

- Continued embedding of the supervision model across the Trust. Named leads requiring 1:1 supervision remain consistently over 90% compliance for the Trust. Focus remains on Maternity, Emergency Department and the Paediatric ward in supporting the group supervision agenda. All other areas having compliance of 80-90%.
- Development of 'One Minute Guides' to support any new policy/guidelines or specific information to be shared with frontline staff.
- Children's safeguarding team are part of the Health Information Sharing group in BaNES ensuring robust process are in place for flagging young people at risk of

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harm and sharing information between health partners. This includes new secure process for sharing attendances in the Emergency Department with health visiting and school health partners.

- Successful embedding of the process for joint Safeguarding Children and Adult Safeguarding Committees with shared 'Think Family' half hour in between both committees.
- Joint work between Children and Adult Safeguarding Leads to ensure information flow continues across the Trust, including embedding of adult and children's safeguarding team newsletter 'Everyone's Business'.
- Section 11 audit walkabouts as additional quality assurance measure reported through the Children and Young People's Safeguarding Committee with tracker under development.
- Work with the Female Genital Mutilation (FGM) task finish group to ensure that the process of reporting adults presenting to the Trust having had FGM is understood and appropriate action taken. The FGM Policy has been updated and ratified.

#### 15. **Objectives for 2020/21**

- To develop a joint adult and children's safeguarding strategy.
- To examine the use of new digital platforms, to complement face to face supervision and training, where Covid guidance has reduced staff numbers for each session.
- To ensure the Safeguarding team continues to respond to the challenges of COVID-19, including supporting a robust Trust and BSW-wide recovery plan.
- To support the implementation of clinical supervision across the Trust.
- Annual Safeguarding Team Workshop.
- To work with partner agencies and Designated Nurses across the new Partnership arrangements and CCGs on SMART reporting, audit, policy development and work plan priorities. This includes more narrative in reporting on how we are ensuring outcomes are improving for children and families.
- To work closely with the Adult Safeguarding lead on the implementation of the new Liberty Protection Safeguards.
- To continue working on raising staff awareness of Early Help agenda so children and families get the right support at the right time.
- To support and work with the newly appointed IDVA in relation to Domestic abuse support for both patients and staff.

#### 16. **Concluding Comments**

This report has concentrated on the key safeguarding activity improvements and risks within the organisation. Whilst it has provided an opportunity to capture key activity, it is by no means a full report of achievements of the safeguarding children team and others in the organisation. It is appropriate to acknowledge the achievements of the safeguarding children team, the support of the executive lead for safeguarding, the safeguarding activities of staff and the very positive direction of travel.

#### **References**

Intercollegiate Document: *Safeguarding Children and Young People, Roles and Competences for Health Care Staff*, London RCPCH, 2019

Working Together to Safeguard Children, London, DSCF, 2018

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## **Appendix 1: Maternity Safeguarding Annual Report**

### **1. Governance and Commitment to Safeguarding Children**

#### **Maternity Safeguarding Committee**

The meetings continued to be held quarterly in line with the Children and Young People's Safeguarding Committee, in order to review new maternity specific policies, completed audits and information prior to this committee. During the COVID-19, these meetings have been held monthly via Microsoft Teams, so that any urgent safeguarding updates or changes in process can be shared with the relevant staff in a timely manner.

#### **Female Genital Mutilation Information System (FGM-IS)**

The FGM-IS process is live at present using an interim process (non-electronic) to inform the safeguarding team of any female births to women who have experienced FGM Level 1-3. The safeguarding team will then complete the NHS spine record update. The Neonatal admission form which will automatically alert the safeguarding team has gone live in Q4. This is not a mandatory form so the routine use of it needs to be embedded within midwives' practice. This has been discussed within the daily safety briefings and an article has been placed in the newsletter.

#### **The Community Lotus Team**

The Lotus team continue to caseload the women with complex social factors managed by the Specialist Perinatal Mental Health Midwife. From Q3 the Bath area Lotus midwives provided continuity of carer to selected women on their caseload; 2 more midwives have now joined the Bath area team which now comprises of 3 midwives and a maternity care assistant.

#### **Perinatal Mental Health**

The perinatal mental health screening tool went live at the beginning of Q3 and all referrals are now paperless. A copy of the tool is automatically sent to the GP and also the Health Visiting team. Referrals are triaged at least weekly and all appropriate referrals will be made to the perinatal mental health team.

Dr Bhatt commenced in post as Consultant Psychiatrist in the AWP Perinatal Mental Health team on 23<sup>rd</sup> September 2019. There is a joint obstetric/psychiatric clinic every fortnight, however, this is not currently face to face due to the COVID-19 pandemic.

There is also a perinatal mental health service in Somerset. The midwives in Frome and Shepton Mallet can refer women with moderate to severe mental health concerns into the service so that they can be assessed and a plan made for their care and support.

#### **Safeguarding Children Audits (Maternity)**

Safeguarding children and maternity audits are included in the Trust Clinical Audit Programme. During the period the following audits were undertaken:

- Supervision Audit, including Maternity Services;
- Referral to Children's Social Care Audit including maternity, paediatrics and Emergency Department;
- Multi-agency Early Help Assessment audit with BaNES Community Safety and Safeguarding Partnership;
- Maternity Spot Check Safeguarding Audit;
- Audit of Women with Complex Social Factors (Maternity).

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Audit reports and action plans were submitted to the Maternity Services Safeguarding Committee and then the Children and Young People's Safeguarding Committee in 2019-20, and are monitored through the audit action tracker and forward plan.

## **2. Policies, Procedures and Guidelines**

The following policies and protocols have been written or updated in this period:

- Guidelines for Professionals Working with Pregnant Women who Misuse Substances;
- Teenage Pregnancy Policy;
- Maternity Mental Health Guidelines.

## **3. Appropriate Training, Skills and Competences**

The Trust training and compliance figures are listed in the tables below. In line with the revised intercollegiate document introduced in January 2019, all maternity care assistants (MCAs) should be trained at Level 3 safeguarding children. This has led to Maternity Services' compliance dropping below 90%. Plans to ensure that MCAs are booked onto the training have been delayed due to the COVID-19 pandemic. Training was suspended in March 2019. This has also had the effect of reducing the compliance figures due to new starters and staff whose compliance has expired not being able to access training. Plans to restart the Level 3 safeguarding children training in Q1 of 2020-21 are in progress.

In the year to 31st March 2020 16 in house Level 3 Safeguarding Children training courses have been delivered to 269 staff by the Trust Safeguarding Team. Of these 5 maternity specific courses were delivered to 48 midwives, with 58 midwives also accessing the monthly Trust in house Level 3 training.

(Table 1) Maternity Services Only Compliance Figures

<b>Subject</b>	<b>Compliance Requirement</b>	<b>Q1 2019/20</b>	<b>Q2 2019/20</b>	<b>Q3 2019/20</b>	<b>Q4 2019/20</b>
Safeguarding Children Level 1	90%	88.85%	89.63%	89.64%	88.73%
Safeguarding Children Level 2	90%	88.21%	89.47%	89.06%	87.12%
Safeguarding Children Level 3	90%	89.02%	89.41%	74.34%	74.47%

## **4. Effective Supervision and Reflective Practice**

The Named Nurse has continued to support the Named Midwife to embed the supervision agenda alongside the supervisors' network which meet quarterly. The Specialist Safeguarding Nurse will now lead on this process. Safeguarding supervision compliance is monitored through the maternity and children's safeguarding committees and remains on the Trust risk register.

The maternity compliance for the quarterly 1:1 safeguarding supervision with the 20 identified leads has been consistently above the 90% compliance target for the year 2019-20 and has been achieved with the support of the whole safeguarding team.

Due to Covid-19 restrictions all group safeguarding supervision was postponed in Q4 2020, under review on a month by month basis. The safeguarding team are continuing to be available for any ad hoc or face to face supervision consultations as required. It is difficult to accurately report the compliance for group supervision in the community birthing centres in Q4 as sessions at the end of the quarter had to be cancelled due to the start of the

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pandemic, however, the average compliance across the year is 66%. There are plans to reinstate group supervision in maternity within the limitations of social distancing, as soon as possible in Q1/2 2020-21, in consultation with the midwifery sisters and matrons. The training of further supervisors planned for the end of March 2020 has been postponed until later in the year due to current COVID-19 guidance.

**5. Multi-Agency Working**

- The Named Midwife is an accredited trainer for the Wiltshire Graded Care Profile 2 and is disseminating multi-agency training to identified leads and members of the safeguarding team.
- The Named Midwife has attended multi-agency Five to Thrive training in Wiltshire and is now a champion for this trauma-informed practice.
- The Named Midwife for Safeguarding is involved in the Best Start in Life sub group. This is a multi-agency group that meet to ensure that services for children from conception to school age are cohesive and affective, with a particular focus on early help.
- The Named Midwife for Safeguarding has been involved in a multi-agency communication workshop for frontline healthcare and children’s centre staff.

**6. Reporting Serious Incidents**

There have been no Serious Incidents reported or investigated by the Safeguarding Children team in 2019/20 (Maternity).

**7. Engaging in Serious Case Reviews (SCR)**

**Somerset Serious Case Review Family B** (See main report, page 9)

**8. Organisational risks**

- **Use of the Pregnancy Management Note on Millennium records (1978)**

It has been noted that since the introduction of the pregnancy management note in early 2019, midwives have been using this to document safeguarding concerns rather than creating a separate safeguarding note. In addition to this there is no safeguarding alert generated and sent to the safeguarding midwives and often no flag placed on the woman’s Millennium record.

This has now been placed on the risk register and action is being taken to establish the extent of the problem and ensure that safeguarding information is kept separate from general obstetric documentation. The risk is low with communication of the correct process for documenting safeguarding concerns shared with all midwives and managers, and IT supporting a change request for a separate documentation process.

**Maternity safeguarding Achievements 2019-20**

- Continued development and support of the Lotus team of community midwives who support women with more complex needs, supported by the safeguarding team and maternity management.
- Close collaboration between the newly appointed Perinatal Mental Health Specialist Nurse (Maternity) in the Trust and the safeguarding team.

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- The Named Midwife is a designated trainer supporting the implementation of the GCP2 in Wiltshire and also a Five to Thrive champion for the Royal United Hospitals NHS Foundation Trust.
- Named Midwife engaging with the 'Best Start in Life' working group looking at improving outcomes for children from conception to aged 5.
- The Named Midwife has been involved in the production and delivery of a multi-agency communication workshop promoting early help for vulnerable families.
- Continuation of full support and care via the Lotus team for women with complex social factors during the COVID-19 pandemic.
- Increased support from the safeguarding midwives with attending child protection conferences, core groups etc during the period of social isolation.

### **Maternity Safeguarding Objectives 2020/21**

- To continue working on raising staff awareness of Early Help Agenda so children get the right support at the right time.
- To re-embed safeguarding supervision across maternity in the COVID-19 recovery period in both the community and acute settings.
- To plan the delivery of Level 3 safeguarding training across the Trust in the COVID-19 recovery period including maternity specific training for new starters, maternity care assistants and maternity staff coming out of compliance.
- To support the new RUH IDVA during her induction period and to deliver refresher training to all the community midwifery teams in routine enquiry about domestic abuse.
- To utilise the communication plan to share the following with staff: policy/guidance updates (e.g. using one minute guides), learning from audits, serious and local case reviews, emerging themes such as county lines drug running and gang activity.
- To continue as part of the Best Start in Life working group in order to improve outcomes for children from conception to aged 5.
- To continue to work with the IT lead midwife to improve the recording and storage of maternity safeguarding information.
- To work with the other members of the children's and adults safeguarding teams to ensure that women with complex social factors coming through the RUH maternity services receive holistic individualised care that supports all of their needs and ensures that their babies are effectively safeguarded.

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