

Safeguarding Children & Young People Annual Report

1st April 2021 – 31st March 2022



Mike Menzies
Named Nurse Safeguarding Children & Young People

Author : Mike Menzies, Named Nurse Safeguarding Children	Date: 16th August 2022
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1. Introduction

This report provides an overview of safeguarding children activity undertaken within the Trust between 1 April 2021 and 31 March 2022.

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 2020-21.

2. Governance and Commitment to Safeguarding Children

The local safeguarding partnerships are as follows, with the main arrangements being with BaNES Community Safety and Safeguarding Partnership (BCSSP).

The Chief Nurse is the Executive lead responsible for safeguarding within the Trust and a nominated Non-Executive Director is a safeguarding champion. The Deputy Chief Nurse is the nominated deputy lead for safeguarding children. Attendance at the BCSSP Board during 2021-22 was 75%. The Trust has senior representation at relevant sub groups for both partnerships.

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.

Vulnerable Peoples Assurance Committee (VPAC)

The internal safeguarding governance processes have been reviewed in 2021/22 with all safeguarding groups reporting into the VPAC where assurance reports highlighting risks, mitigations and any other concerns are discussed. Summary highlights are reported to the Quality Governance Committee and Trust Board.

Care Quality Commission (CQC)

The Emergency Department (ED) was visited by the CQC for an unannounced inspection on the 4 January 2021. The visit highlighted the drop in compliance for safeguarding children training for staff, noting how the pandemic had increased the pressure on their service and reduced the amount of time staff had to complete their training. An action plan is in place and all staff requiring training are booked onto one of the regular or ad hoc training dates.

BaNES Section 11 Audit

The Named Nurse completed a Section 11 audit in 2021 with BaNES Community Safety Safeguarding Partnership, as part of their three yearly cycle of Quality Assurance measures. The audit focused primarily on partner agencies' safeguarding response to

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COVID-19. An action plan has been created for each section where appropriate and progress will be reported through the Safeguarding Committee. There was no significant risk to the Trust.

Safeguarding Children Audits 2021/22

Safeguarding children audits are included in the Trust Clinical Audit Programme and are reported, and monitored through the safeguarding governance processes. During this period the following audits were undertaken:

- Multi Agency Child Sexual Exploitation (CSE) Audit
- Multi Agency Knife Crime Audit
- Was Not Brought Audit and Questionnaire.

Working group on 16-17 year old children being admitted Trust wide

The Named Nurse is supporting a working group examining a proposal for 16 and 17 year olds to be admitted across the Trust instead of to the paediatric ward. This will continue in 2022/23. The risks are related to provision of Level 3 training and supervision for those areas that children will potentially be admitted to and ensuring that processes for children’s mental health review are robust.

3. Policies, Procedures and Guidelines

During 2021/22 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:

- Delayed Discharge Guidelines for Young People Where There Are Safeguarding Concerns
- Safeguarding Supervision Policy.

4. Appropriate Training, Skills and Competences

Table 1 shows compliance figures for all levels of training during 2021/22 for all staff including maternity.

Subject	Compliance Requirement	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22
Safeguarding Children Level 1	90%	86.60%	85.20%	84.30%	84.15%
Safeguarding Children Level 2	90%	85.77%	83.50%	83.50%	83.80%
Safeguarding Children Level 3	90%	80.64%	77.10%	79.40	78.40%

Table 1: Training Compliance Figures (Including Maternity)

The current Level 3 Safeguarding Children compliance ranges from 77.10% to 80.64% Trust-wide. The safeguarding team have defined an action plan, including additional and ad hoc sessions, and successfully tested the use of the National Level 3 eLearning package to support staff compliance. This planning continues in 2022/23 with 2-3 sessions per month.

The safeguarding team have focused on the implementation of additional competences at Level 3 for specialist groups outlined in the Intercollegiate Document (an increase of 8 to 12-16 hours every 3 years and initial starters having 16 hours of training in the first year instead of 8). A working group has met to examine the systems required for recording, monitoring and reporting. The main challenge is staff release, the Divisional Directors of Nursing are considering a proposal to proactively roster time for Mandatory Training to enable consistent compliance. The risk to the Trust is low.

The safeguarding team delivered 30 full day MS team Level 3 safeguarding children and maternity sessions to 283 staff in 2021/22.

5. Effective Supervision and Reflective Practice

The safeguarding team provided quarterly one to one supervision with 38 identified leads across the Trust in 2021/22; 23 in Maternity and 17 across other children's facing workforce. Current compliance is:

- Children's facing leads supervision: 96% (17 leads)
- Maternity leads: 96% (23 leads).

Group supervision is embedded across the children's facing workforce with regular supervision being facilitated for the Paediatric Medical Team, Chronic Fatigue team, Bath Centre for Pain Services, Emergency Department nursing staff, Sexual Health staff, Community Maternity teams, Children's Therapies teams and Paediatric Diabetes team. A pilot commenced in Q4 to test group supervision in both the Neonatal Intensive Care Unit and the Paediatric ward. The outcome is being evaluated.

Group supervision is being facilitated for the Emergency Department medical teams and the Bath Birthing Centre. Action plans are in place for supervision in each of these areas. Additional supervisors were trained in July 2021 and March 2022 with further being planned for 2022/23 to sustain the supervision agenda. 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:

- Domestic Abuse Multi-Agency Risk Assessment Conference (MARAC) in both BaNES and Wiltshire
- BaNES Operational Exploitation Meeting which highlights those most vulnerable to the Trust
- Drug and Alcohol Working Group with local partners
- Sexual Health Information Sharing Group with local partners
- Paediatric Mental Health Group

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- Safeguarding partner agency meetings in both BaNES and Wiltshire
- Wiltshire and BaNES Contextual Safeguarding Group
- Planning for Joint Targeted Area Inspections (JTAI).

7. Reporting Serious Incidents

There have been no Serious Incidents reported or investigated by the Safeguarding Children team in 2021/22.

8. Engaging in Serious Case Reviews (SCRs)

Rapid Review Requests

The safeguarding team has responded to 8 Rapid Review requests for information; 1 from BaNES BCSSP, 2 from Wiltshire SVPP and 5 from Somerset Safeguarding Partnership. The BaNES Rapid Review request did not meet the criteria for a Serious Practice Review or learning event, there was no risk to the Trust and all safeguarding actions were completed as expected. For the 2 Wiltshire reviews one did not meet the criteria for any learning reviews and there was no risk to the Trust. The second review met the criteria for a local learning event (see maternity report for both). There were no information to share from the 5 Somerset requests. Action plans have been created as appropriate, with a focus on disseminating learning into practice.

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 2 safeguarding allegations against members of staff reported within the Trust in this period. Appropriate actions and investigations in both cases are continuing.

11. Engaging Children and their Families

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 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 4 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 (2 were closed); see below:

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- **Safeguarding Children Level 3 Training Compliance**
There are action plans for Level 3 training, to support areas (see section 4). The risk remains low to the Trust.
- **Implementation of Safeguarding Supervision**
Action plans are in place to address the issues in the main areas where supervision remains a challenge: ED medical teams and Bath Birthing centre (see section 5). The risk remains low to the Trust.
- **CP-IS Implementation Process**
The CP-IS electronic system has been fully integrated into the Trust systems. After full testing and information sharing with staff, this has been removed from the risk register.
- **Management of Children that Fail to Attend Appointments (Was Not Brought- WNB)**
The risk remains low to the Trust, and all the safeguarding team actions are complete from a previous Management audit of WNB processes.. Feedback from staff is positive, including contact with the safeguarding team to support concerning cases. The Named Nurse is working with children’s facing areas to assess the compliance with the Was Not Brought Policy with an audit planned for Q3 2022/23.

13. Achievements 2021/22

- The safeguarding team have worked with the Trust and BSW partners to create a COVID-19 response to ensure that child centred safeguarding activity remains a focus within the Trust
- Continued embedding of the supervision model across the Trust
- Successful integration of the Child Protection Information System into Trust electronic system.
- Delivery of 30 virtual Level 3 safeguarding children and maternity training sessions in line with COVID requirements.

14. Objectives for 2022/23

- To develop a joint adult and children’s safeguarding strategy
- Annual Safeguarding Team Away Day (scheduled July 2022)
- 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 re-embed the safeguarding walkabouts in both children’s facing and maternity areas.

15. 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

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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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Maternity Safeguarding Annual Report 2021/22**1. Governance and Commitment to Safeguarding Children****Maternity Safeguarding Committee**

The meetings are held quarterly and report into the Joint Safeguarding Operational Group and VPAC by exception. This ensures robust governance of new maternity specific policies, completed audits, risks and mitigations, and safeguarding highlights. The meetings are chaired by a maternity matron.

The Community Lotus Team

The Lotus team continue to caseload the women with complex social factors managed by the Specialist Perinatal Mental Health Midwife and community midwifery sisters. These midwives received quarterly safeguarding 1-1 supervision from the safeguarding midwives.

Perinatal Mental Health

The Named Midwife continues to work closely with the Specialist Perinatal Mental Health midwife to support the ongoing development of the Perinatal Mental Health service. In the next year there will be a new dedicated Mental Health service introduced for new, expectant and bereaved mothers. The Bath, Swindon and Wiltshire area will be an early implementer of this service.

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:

- Multi-agency Early Help Assessment Audit with BaNES Community Safety and Safeguarding Partnership
- Maternity Spot Check Safeguarding Audit with a focus on domestic abuse routine enquiry
- Audit of the Use of the Pregnancy Management Note in Maternity.

Audit reports and action plans were submitted to the Maternity Services Safeguarding Committee and the Children and Young People's Safeguarding Committee and monitored through the audit action tracker and forward plan.

2. Policies, Procedures and Guidelines

The following policies and guidelines have been written, updated or supported by the maternity safeguarding team during this period, having been ratified via the maternity governance route:

- Guidelines for Midwives Caring for Pregnant Migrant, Asylum Seeking and Refugee Women
- One Minute Guide for Maternity Staff Caring for Women with a Learning Disability
- Royal United Hospitals Bath NHS Foundation Trust Baby Abduction Policy.

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3. Appropriate Training, Skills and Competences

Maternity Services safeguarding mandatory training compliance is detailed in table 1.

Subject	Compliance Requirement	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22
Safeguarding Children Level 1	90%	92.31%	93.62%	94.80%	90.98%
Safeguarding Children Level 2	90%	90.38%	91.44%	93.85%	90.08%
Safeguarding Children Level 3	90%	80.75%	81.09%	86.82%	84.76%

Table 1: Maternity Services mandatory training compliance

Compliance with Level 3 training has increased from 68% at the end of Q4 2020/21 to 84.76% at the end of Q4 2021/22. To achieve compliance of 90%, 2-3 sessions per month are booked until the end of December 2022, 5 of which are maternity specific. The maternity education leads have plans to enable new midwives to achieve the required 16 hours in the first year and for the remainder to undertake update sessions every 3 years.

4. Effective Supervision and Reflective Practice

Maternity compliance for the quarterly 1:1 safeguarding supervision with the 23 identified leads has been consistently above the 90% compliance target and has been achieved with the support of the whole safeguarding team.

Group supervision remains a challenge within maternity due to the restrictions on face to face contact during the COVID-19 pandemic. This has been particularly challenging within the acute maternity setting. The safeguarding team continued to be available for any ad hoc or face to face supervision consultations as required and a plan is in place to re-embed safeguarding supervision across maternity as we enter the COVID-19 recovery period. Further supervisors were trained in July 2021 and March 2022 to support the group supervision processes.

5. Multi-Agency Working

- The Named Midwife is an accredited trainer for the Wiltshire Graded Care Profile 2
- The Named Midwife has attended multi-agency Five to Thrive training in Wiltshire and is a champion for this trauma-informed practice
- The Named Midwife for Safeguarding is involved in the Best Start in Life and Early Help Sub Group in BCSSP
- Support of the pre-birth tracking meetings in Somerset, with meetings facilitated now in Wiltshire and planned for BaNES in 2022/23
- The Named Midwife for safeguarding is involved in a pilot project in Wiltshire, Dads Matter Too. This is providing support workers for fathers under the age of 30 with unborn babies or under 1 year old with social care involvement.

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6. Reporting Serious Incidents

There have been no Serious Incidents reported or investigated by the Safeguarding Children team in 2021/22 (Maternity).

7. Engaging in Serious Case Reviews (SCR)

Wiltshire Rapid Review Requests

There were 2 rapid review requests received in the period 2021/22. For case one there was no requirement for a Serious Practice review. The National Child Safeguarding Review Panel commented that the review was 'exemplary'. There were no concerns raised for the Trust and all safeguarding actions were in line with expectations.

The second case met the requirement for a Local Child Safeguarding Practice Learning Review. The Internal rapid review did not identify any major concerns in the care given by maternity staff or risks to the Trust. The Trust action plan will be integrated into the multi-agency learning once the full report is received. This will focus on use of the ICON leaflet regarding what to do when a baby cries (I- infant crying normal, C- comfort , O - its ok to walk away, N- never shake a baby) and better information sharing between health partners regarding invisible fathers to inform the holistic risk assessment.

Organisational risks

Operational Staffing Levels in Maternity Services

Staffing levels within Maternity Services is on the risk register. The Maternity Safeguarding Team are supporting the Lotus Team, who care for vulnerable pregnant women/birthing people. Providing operational support is impacting the Maternity Safeguarding Teams ability to meet their safeguarding functions in the Trust. This has been added to the risk register and the team are being supported by the wider Safeguarding team. The risk remains low to the Trust.

Maternity safeguarding Achievements 2021-22

- Increased support from the safeguarding midwives with attending child protection conferences, core groups during COVID-19
- Continued successful delivery of maternity Level 3 safeguarding training on MS Teams, increasing compliance from 68% to just under 85%
- Collaborative introduction of pre-birth tracking meetings in Wiltshire
- Restarted safeguarding walkabouts in the community birthing centres
- Compliance with Routine Domestic Abuse Enquiry by midwives continues to improve.

Maternity Safeguarding Objectives 2021/22

- 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 continue the work with the Domestic Abuse Support Practitioner to ensure that routine enquiry about domestic abuse becomes fully embedded within maternity

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- To continue to work with the IT lead midwife to improve the recording and storage of maternity safeguarding information
- To continue to attend the pre-birth tracking meetings and to support these meetings in the BaNES area so that babies on Child in Need and Child Protection plans are effectively safeguarded
- To become a pilot site for the use of the Hope Boxes which are memory boxes for women who have babies removed at birth
- To work with GP leads in BaNES and Wiltshire re information sharing related to local review learning regarding an invisible father and risks/support required holistically.

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