

Board of Directors

Date:	25 September 2019	Attachment:	12(i)																
Title of Report:	Safeguarding Adults & Children Annual Report: April 2018 - March 2019																		
Purpose of the report and the key issues for consideration/decision:	This report is our annual combined safeguarding children and adults report. The purpose of this annual report is to inform the Trust Board on how Airedale NHS Foundation Trust discharges its statutory safeguarding duties and demonstrates the Trust's response to the complex and ever changing safeguarding agenda.																		
Prepared by:	Deborah Fox, Assistant Director of Nursing and Patient Safety Joanne Newman, Named Nurse Safeguarding Children																		
Presented by:	Jill Asbury, Director of Nursing																		
Strategic Objective(s) supported by this paper:	<table border="1"> <tr> <td>Financial Sustainability</td> <td></td> <td>Empower & Engage Staff</td> <td>x</td> </tr> <tr> <td>Quality of Care</td> <td>x</td> <td></td> <td></td> </tr> </table>			Financial Sustainability		Empower & Engage Staff	x	Quality of Care	x										
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Quality of Care	x																		
Is this on the Trust's risk register:	<table border="1"> <tr> <td>No</td> <td>x</td> <td>Yes</td> <td></td> <td>If Yes, Score</td> <td></td> </tr> </table>			No	x	Yes		If Yes, Score											
No	x	Yes		If Yes, Score															
Which CQC Standards apply to this report:	All 5 domains; Patient Safety, Responsive, Effective, Caring and Well-led.in addition to all CQC Fundamental Standards																		
Have all implications related to this report been considered: (please X)	<table border="1"> <tr> <td>Finance Revenue & Capital</td> <td></td> <td>Equality & Diversity</td> <td></td> </tr> <tr> <td>National Policy/Legislation</td> <td>X</td> <td>Patient Experience</td> <td>X</td> </tr> <tr> <td>Human Resources</td> <td></td> <td>Terms of Authorisation</td> <td></td> </tr> <tr> <td>Governance & Risk Management (BAF)</td> <td>X</td> <td>Other:</td> <td></td> </tr> </table>			Finance Revenue & Capital		Equality & Diversity		National Policy/Legislation	X	Patient Experience	X	Human Resources		Terms of Authorisation		Governance & Risk Management (BAF)	X	Other:	
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Previously Considered By:	<table border="1"> <tr> <td>Strategic Safeguarding Group AWC Clinical Commissioning Group</td> <td>Date:</td> <td></td> </tr> </table>			Strategic Safeguarding Group AWC Clinical Commissioning Group	Date:														
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Recommendations:	The Board is asked to receive and note this annual report.																		

Annual Report

Safeguarding Adults and Children

April 2018-March 2019

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Foreword

Welcome to our annual safeguarding adults and children report. This annual report presents an overview of our activities supporting the safeguarding adults and children agenda in 2018-19.

We recognise the world of safeguarding is dynamic, increasingly complex and remains under intense scrutiny through the media, inspections and inquiries. In response, ANHSFT continues to ensure that staff adopt a holistic approach to safeguarding which encompasses “think family” and “making safeguarding personal”. Safeguarding is everyone’s responsibility.

Safeguarding practice continues to develop and respond to national policy and legislation. In this context, the annual report summarises how the Trust’s safeguarding teams and the Trust Strategic Safeguarding Group for Adults and Children, have sought to effectively integrate and implement relevant initiatives and recommendations to safeguard people.

It remains a challenging time for NHS Trusts and safeguarding practice is no exception. As the safeguarding agenda continues to address ongoing and emergent risks, ANHSFT is anticipating and preparing for further significant changes in the coming year. Specifically, implementation of the competency frameworks of the revised ‘Working Together to Safeguard Children’ (2018); the Intercollegiate documents ‘Safeguarding Children and Young People, Roles and Competences for Healthcare Staff’ (2019); ‘Adult Safeguarding, Roles and Competences for Healthcare Staff’ (2018) and the anticipated transition to the Liberty Protection Standards .

This report will highlight activities to meet safeguarding standards as well as our response to the complex and ever changing safeguarding agenda.

***Jill Asbury
Director of Nursing
Executive Lead for Safeguarding***

Introduction

Over the past year Airedale NHS Foundation Trust (ANHSFT) has continued to meet its statutory responsibilities in the care and protection of patients of all ages. This report demonstrates to the Trust Board and external agencies how ANHSFT has fulfilled these responsibilities, and offers assurance that the Trust has effective systems and processes in place to safeguard patients accessing our services. We continue to deliver a quality service to patients and families, whilst supporting ongoing learning and improvement.

The existing statute which underpins the work of colleagues who support healthcare practitioners delivering services to children is in line with Section 11 of the 2004 Children Act whereby all staff have a statutory responsibility to safeguard and protect the children and families who access our care.

The legislation which frames the work of colleagues in adults' services is influenced by the introduction of the Care Act (2014). The Care Act (2014) places adult safeguarding on a statutory footing for the first time in addition to embracing the principle that "the person knows best". Additionally our work to safeguard adults is informed by The Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (2007) amendment.

ANHSFT acknowledges that safeguarding is everyone's responsibility and strives to support the Department of Health's six principles of Safeguarding:

- **Empowerment**-People feel safe and in control, give consent to decisions and actions about them. They should be helped to manage risk of harm to themselves.
- **Protection**-Support and help for those adults who are vulnerable and most at risk of harm
- **Prevention**- Working on the basis that it is better to take action before harm happens
- **Proportionality**-Responding in line with the risks and the minimum necessary to protect from harm or manage risks
- **Partnership**-working together to prevent or respond to incidents of abuse
- **Accountability**- focusing on transparency with regard to decision making.

This Annual Safeguarding Report provides the reader with the following information:

- An overview of the national and local context of safeguarding
- An overview of the areas of practice included in safeguarding within the Trust
- An update on safeguarding activity within 2018/19
- Assurance that the Trust is meeting its statutory obligations and the required national standards with regard to safeguarding
- An overview of any significant issues or risks with regard to safeguarding and the actions being taken to mitigate these
- A briefing on the challenges and work to be addressed by the safeguarding teams in 2019/2020.

The Safeguarding Adults and Safeguarding Children Teams

The principle aims of the Safeguarding Teams within ANHSFT are to:

- Ensure we have appropriate structures in place to manage and take forward the safeguarding agenda
- Provide assurance to external agencies that our safeguarding policies and procedures are robust and fit for purpose
- Seek opportunities to raise the profile of safeguarding adults and children and ensure staff are aware of their responsibilities with regard to the safeguarding agenda
- Continue to strengthen and align safeguarding processes and practice across hospital and community services
- Ensure appropriate training is available at all levels and monitor compliance
- Seek opportunities to improve staff training and identify and address any gaps
- Support arrangements for working with department heads to investigate incidents and support staff where a concern is raised about care provided by the Trust or where Trust staff have raised concerns about care in other parts of the care system or at home
- Use the safeguarding databases to provide information from which we can monitor trends, learn lessons and share good practice
- Provide expert opinion with regard to safeguarding
- Facilitate safeguarding supervision
- Take forward work allied to safeguarding as required e.g. child criminal exploitation and county lines etc

The safeguarding teams within Airedale NHS Foundation Trust consist of;

- Jill Asbury, Director of Nursing and Executive Lead for Safeguarding and the PREVENT Executive Lead
- Deborah Fox, Assistant Director of Nursing and Patient Safety and Named Nurse Safeguarding Adults
- Jo Newman, Named Nurse Safeguarding Children (1wte)
- Noel McEvoy, Senior Nurse Safeguarding Adults & PREVENT Coordinator (0.45wte)
- Jackie Bailey, Senior Nurses Safeguarding Adults (0.4wte) (*leaving July 2019*)
- Debra Burgess, Clinical Nurse Specialist, Safeguarding Children (1wte)
- Sharron Parkinson, Safeguarding Adults Sister (0.6wte)
- Cathy Jobling, Safeguarding Adults Sister (0.4 wte) (*Retired December 2018*)
- Em Snowdon, Practice Development Sister Older People (1 wte) (*Resigned January 2019*)
- Rita Horsfall, Named Safeguarding Midwife (0.4 wte)
- Abigail Callender Iddon, Named Doctor Safeguarding Children (2.5 pa)
- *Sophie Wilson, Lead Practitioner Safeguarding Adults (1wte) commencing August 2019*

The ANHSFT safeguarding teams function within a multi-agency, multi-professional arena where safeguarding issues, and the need to respond effectively to them, present challenges on a daily basis.

We recognise this annual report can provide only an essence of the work undertaken by the teams on a daily basis. It serves however to indicate that the ever increasing safeguarding agenda presents opportunities for the Trust to continue its efforts to safeguard and protect patients over the year ahead and also beyond.

The Safeguarding Children and Adults teams continue to work closely together in order to keep children and adults safe across the organisation. In particular to note we have seen increasing acknowledgement of a “think family” approach recognising the impact an unwell adult might have on the child and family. In all areas of the organisation, staff are seen to be proactive in seeking advice and support from the individual safeguarding teams.

Areas of work covered by the safeguarding teams

The following diagram represents the diversity of work undertaken by the Trust’s Safeguarding Teams;



Governance

The Director of Nursing is the executive director with lead responsibility for safeguarding across the organisation. The Director of Nursing is a member of the Trust Board thus enabling Board awareness of the safeguarding agenda. This annual report is presented to Trust Board in order to promote board level awareness and demonstrate assurance of completion of required actions.

The Director of Nursing chairs the trust-wide Strategic Safeguarding Group for Adults and Children and this group’s remit is to provide governance, direction and support for the implementation of the safeguarding policies and procedures. The Strategic Safeguarding Group

for Adults and Children also monitors compliance with statutory requirements and oversees the compliance with the self-declaration commissioning standards.

A number of operational groups each report into the Strategic Safeguarding Group for Adults and Children. This reporting allows escalation of any emerging risks or challenges. This reporting process is demonstrated in the organisational chart below.



On an annual basis, ANHSFT provides assurance and demonstrates compliance to the Airedale, Wharfedale and Craven Clinical Commissioning Group. This is achieved through presenting this annual report and also by completion of the safeguarding adults and safeguarding children self-assessment frameworks.

The annual report and self-assessment frameworks include information with regard to policies and procedures, processes for safe recruitment, governance systems and also training provision and compliance. In addition, the annual report and mid-year self-assessment allow demonstration of our status with regard to emerging standards, national reports and publications.

There is an established process for ensuring safeguarding concerns are incorporated within the Trust's governance framework. This is detailed within both the Adult and the Children and Young People Safeguarding Policies and Procedures. This governance framework enables any safeguarding alerts raised against the Trust to be monitored and additionally provides assurance at a senior level that appropriate actions are taken to prevent recurrence.

To ensure timely escalation of concerns in relation to quality and safety, a process is in place for managing and co-ordinating responses to incidents and concerns. This process is compliant with the Care Act (2014) principles and the national Strategic Information reporting system (STEIS) for NHS Providers. Oversight of this process is achieved through the Quality Review Group which meets weekly and triangulates all quality and safety concerns. This group is chaired by the Director of Nursing/Medical Director and includes the Named Nurse Safeguarding Adults and Assistant Director of Healthcare Governance.

Adverse Event Reporting (AEF)

Online adverse event incident form reports (AEF) are also monitored by the appropriate Safeguarding Teams. This enables the identification of any safeguarding concerns and ensures actions and escalations are taken forward where required.

Discussions take place regularly with Bradford and North Yorkshire County Council's Health and Adult Services to provide assurance that any learning from safeguarding alerts has been actioned and completed as required. If a safeguarding concern is raised against ANHSFT then the immediate action for the Safeguarding Teams is to ensure that the patient is safe and that "making safeguarding personal" is considered.

The Safeguarding Teams provide expert advice ensuring that the relevant head of department is involved in the safeguarding meetings whenever possible. This process aims to ensure that staff are also supported. We encourage ownership to be taken at a local level where appropriate for any actions/learning that is identified as a result of a safeguarding incident/concern.

The Safeguarding Teams support and advise staff with regard to safeguarding across the entire Trust and in order to do this effectively, the adults and children teams are required to work closely together. This includes attending safeguarding strategy meetings and case conferences to represent the Trust and also to support staff who are required to attend. The Senior Nurse Safeguarding Adults also assists partner agencies with information gathering across ANHSFT for safeguarding incidents and investigations.

Information and details regarding each adult safeguarding alert is stored centrally on the Safeguarding Tracker database and related notes/minutes of meetings are also kept for reference. Documentation includes referrer; if the alert has been raised by the Trust or against the Trust, the type of abuse, whether it is a pressure ulcer and the outcome, if available.

Inspections and Assurance Monitoring

In March 2019 Airedale NHS Foundation Trust was included in the Bradford Care Quality Commission *Safeguarding Children and Looked After Services (CLAS) Review*. Focusing on services to children these reviewers visited the Emergency Department and Maternity Services.

This review demonstrated areas of strength, in addition to areas for improvement. The full report is awaited; however actions to address the areas for improvement are underway using the initial feedback provided during the review. The action plan will be amended once the full report is received. Progress against these actions will be monitored via the Women's and Children's Management Group and the Strategic Safeguarding Group.

Both the safeguarding adults and safeguarding children teams actively contributed to the December 2018 Care Quality Commission repeat hospital inspection. Overall safeguarding adults and children received positive feedback in the report released in March 2019.

Training Provision and Compliance Monitoring

This section of the report provides assurance regarding compliance with the following mandatory training requirements during 2018/19.

- Level 1 safeguarding children
- Level 2 safeguarding children
- Level 3 safeguarding children
- Level 3+ safeguarding children
- Level 4 safeguarding children
- Level 1 & 2 safeguarding adults
- Mental Capacity and Deprivation of Liberty safeguards
- PREVENT Health WRAP training

Following the publication of ‘*Adult Safeguarding, Roles and Competences for Healthcare Staff*’ (August 2018) the Trust has undertaken a training needs analysis and developed a training matrix to ensure compliance by the 2020.

Safeguarding Adults Training

The Trust provides safeguarding adults training for every member of staff (clinical and non-clinical staff) and there is a mandatory requirement for a three yearly update.

The intention of the safeguarding adults training is to;

- Raise awareness throughout the organisation
- Embed the aspects of the multiagency policy and procedures in to the practice of staff
- Ensure that every member of staff employed by the Trust has a basic awareness of the requirements and their responsibilities in relation to safeguarding adults at risk.

All staff who work in a safeguarding adults leadership role are required to complete a full day “Recognising and Responding” training and to attend “Train the Trainer” for Safeguarding Adults.

Safeguarding Children Training

The Safeguarding Children Team previously revalidated the training needs analysis in order to reflect the guidance published in the *Working Together to Safeguard Children (2015)* and the *Intercollegiate Document Roles and Responsibilities for Healthcare Staff, Safeguarding Children (2014)*. These documents are both referenced in the Trust *Safeguarding Children and Young People Policy and Procedures (2016)*. Following the publication of the 2019 *Intercollegiate Document Roles and Responsibilities for Healthcare Staff, Safeguarding Children* work has commenced to ensure policy and procedures reflect this guidance.

Work is underway to ensure that the 2019 update of the *Safeguarding Children Policy and Procedures* and *Safeguarding Adults Policy and Procedures* will produce a single Safeguarding Policy which will reflect the national guidelines for competency training and national policies and guidelines for safeguarding children and adults.

In order for staff to complete the specified minimum duration of safeguarding children training, the Trust mandates staff attend an annual safeguarding children update. This has an added benefit of the provision of education on multiple subjects in the three year period. The sessions facilitated are open to all staff and are provided monthly for levels 1 and 2 and quarterly for level 3 and 3 additional. All sessions are actively promoted across the organisation. In addition attendance at the Airedale Annual Safeguarding Conference meets the safeguarding children training requirement for levels 1, 2, 3 and 3 additional.

With the aim of increasing overall compliance with safeguarding children mandatory training, the safeguarding children team have updated workbooks for level 1 and 2 staff in the year. E-learning modules are also promoted for all levels 1, 2 and 3 safeguarding children training. It is intended these methods are used by staff in areas which find it difficult to release staff for face to face training, for example those working weekends or nights.

The safeguarding children team is able to access the live training reporting system and this has enabled proactive targeting the areas of non-compliance, working directly with the heads of departments. This approach has been effective with increasing compliance. The weekly staff brief is also used as an opportunity to promote safeguarding training.

Monitoring compliance with training

Training compliance figures in relation to safeguarding children and adults are received and scrutinised within a quarterly report at the Clinical Quality, Learning and Improvement Group and also the Strategic Safeguarding Children and Adults Group. These figures are also reviewed at all operational safeguarding groups within the Trust. The individual group governance meetings also have oversight of individual team's compliance.

The table below provides the end of year compliance figures, and additionally provides a comparison to the previous three year's figures.

Training	Target Group	Annual Target	Compliance at 31/03/16	Compliance at 31/03/17	Compliance at 31/03/18	Compliance at 31/03/19
Safeguarding children level 1	All Trust staff	90%	85%	88%	80%	93%
Safeguarding children level 2	All clinical staff and managers of staff	90%	81%	84%	75%	88%
Safeguarding children level 3	All staff who predominately work with children	90%	67%	83%	80%	84%
Safeguarding children level 3+	Staff in senior roles children's areas	90%	52%	96%	83%	85%
Safeguarding children level 4	Staff in Named roles	90%	100%	100%	100%	100%
Safeguarding adults level 1 and level 2	All staff employed by the Trust including clinical and non-clinical	90%	89%	91%	90%	94%
Recognising and responding (Safeguarding adults)	Staff in safeguarding adults roles	90%	100%	100%	100%	100%
Train the trainers (safeguarding adults)	Staff in safeguarding adults roles	90%	100%	100%	100%	100%
Mental Capacity Act	All clinical staff employed by the Trust	90%	86%	89%	89%	91%

PREVENT

The Government's counter terrorism strategy 'PREVENT' sits within the safeguarding arena and much work has taken place this year to ensure it is embedded within the Trust.

A total of four staff have been trained to deliver the Health WRAP 3 training which has continued to be delivered to staff in this year.

The Senior Nurse Safeguarding Adults represents ANHSFT at local Silver meetings with partner agencies when indicated. These groups are where high risk cases are discussed and a decision is made as to how the individual case will be dealt with under the governments radicalisation programme.

The NHS is a key player in supporting the PREVENT strategy as healthcare staff are considered to be well placed to help to identify concerns and protect people from radicalisation. The Trust is committed to ensuring all staff are trained in recognition and response in cases where there are suspicions of radicalisation or engagement in acts of terrorism. In doing so, Airedale NHS Foundation Trust complies with PREVENT requirements.

In 2018/19 we were not required to refer any individual who may have been radicalised.

The Trust's PREVENT Co-coordinator submits a quarterly report regarding the numbers of staff trained and this is forwarded to NHS Digital, Regional PREVENT Lead and the local PREVENT Lead at the Clinical Commissioning Group (CCG). This information is also received at Strategic Safeguarding Group.

During this year we completed an action plan regarding compliance with PREVENT training. As part of this action plan we provided Health Wrap training every month and introduced an e-learning package as an alternative to face to face training.

The Trust compliance against the PREVENT training needs analysis is presently 83.9% (March 2019) the national target is 85%.

Volunteers training

Safeguarding training in relation to both adults and children is provided to volunteers on induction in the format of a work booklet. Information about their roles and responsibilities with regard to safeguarding is also given to them in the volunteer handbook and training guide. This workbook was specifically updated in the previous year as part of the Trust's response to the Lampard Report following the Saville Enquiry.

Safeguarding Children Supervision

To support staff working with children a system of safeguarding children supervision is available for staff to access. Facilitated by trained safeguarding children supervisors these sessions are delivered as group supervision twice a month. In addition adhoc or one to one safeguarding children supervision is accessed through the safeguarding children team.

An information leaflet regarding safeguarding children supervision is available to assist in the promotion of safeguarding children supervision. The Trust policy for safeguarding children supervision was revised in January 2018 and includes the necessary documentation to record safeguarding children supervision. This documentation is accessible via the aireshare safeguarding children site.

A register of attendance at safeguarding children supervision sessions is taken and added to the database of safeguarding children supervision managed by the safeguarding children team. The Named Midwife for Safeguarding has continued to visit the community midwifery teams to raise awareness of and deliver safeguarding children supervision to community midwives. This is having an impact with increased uptake of safeguarding supervision amongst midwives noted.

Safeguarding Adult Supervision

The safeguarding adults team attended supervision training in October 2018 and have regular supervision sessions with experienced safeguarding leads outside of the Trust. Safeguarding supervision is provided on an ad hoc basis to staff across the trust in response to requests or an identified need. Moving forward, the Trust plans to provide regular supervision opportunities to encourage staff to access support.

Safeguarding Audit Work

Audit of service efficacy is an integral element of the work of both Safeguarding Teams and the nature and volume of audit has featured in previous annual reports. This includes a yearly audit cycle. This audit schedule has been established in an effort to ensure that the areas of practice under review are those where a true and clearer understanding of compliance, implementation or impact will address the requirements of Safeguarding Commissioning Standards.

Over the last 12 months the Trust participated in a number of audits relating to safeguarding activity and a summary of these audits is included in a table at Appendix 1.

The findings of each of these audits have been discussed at the relevant governance meetings or Operational Safeguarding Groups. It is through these groups where progress against the actions is monitored. The audit programme continues into 2019/20 with the audit plan related to children and adults remaining combined.

Audits are valuable only in the extent to which they inform future service delivery in terms of embedding or further developing practice. On completion of all audits the Safeguarding Teams are required to fulfil Trust expectations in completing a Clinical Audit project proforma which not only enables lessons to be learned but also ensures that any further actions are identified. Future collation of Clinical Audit project summaries and the completion of the evaluation cycle will, itself, act as a quality assurance measure in order to support the Safeguarding Teams to review the work undertaken and will ensure it is meaningful and purposeful.

The themes and findings for the audits that were undertaken in 2018/19 included;

- There is a good level of knowledge related to staff's understanding of safeguarding children processes and there is assurance of awareness of recognition, responding and reporting of abuse of children
- Child protection medical report completion is variable and a standard template for recording these has since been introduced
- Referrals to Children's Social Care were appropriately completed
- Capturing the voice of the child within documentation in dental surgery is inconsistent and a proforma is currently being developed to support capturing the voice of the child
- The Trust is mostly compliant with the requirements of the Section 11 audit tool
- There is a high level of completion of the assessment part of the Assessment of Mental capacity and Best Interest Decision making tool (AMCABID). This audit showed a small improvement in the Best Interest Decision making tool, however still more work is required on this aspect of the process

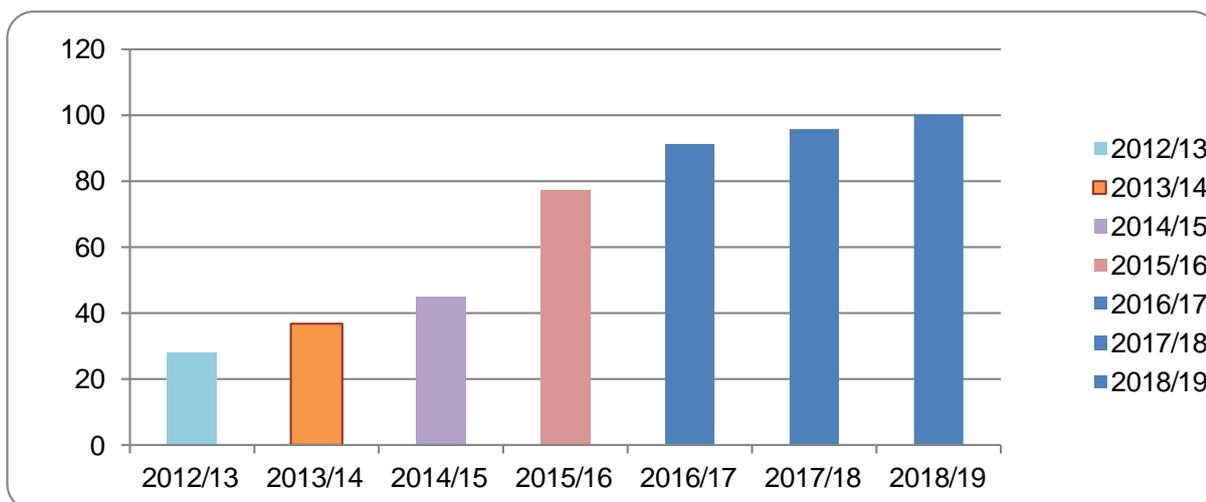
- As part of the CQC visit we received assurance that staff understanding of the DoLS process continued to show a high level of understanding

Domestic Abuse

The Trust continues to be represented on the North Yorkshire, Bradford and East Lancashire Multi-agency Risk assessment conferences (MARAC) for domestic abuse victims. The number of domestic abuse cases has again risen over 2018-19 and has resulted in additional cases being referred into the MARAC process. One hundred cases across the three local authorities involved ANHSFT having had contact with the alleged victim. A number of these cases were discussed at each of the relevant MARAC meetings and information about the family was shared across the agencies to enable multi-agency management of the risk related to each case. This specific MARAC work results in increased workload within the safeguarding teams. Where there is specific detail to share the MARAC meetings are attended by the Named Safeguarding Midwife, the Senior Nurse Safeguarding Adults/Named Nurse Safeguarding Adults or the Safeguarding Children Nurse Specialist.

The total number of referrals to the Safeguarding Adults Team regarding domestic abuse is described in the table and graph below:

	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Number of referrals	28	37	45	77	91	96	100



Domestic Abuse Disclosures in Maternity Services

The Named Midwife receives referrals from the Police and Social Care relating to those pregnant women who have been subject to domestic abuse. Midwives within the Trust also notify the Named Midwife when a pregnant woman has disclosed that she is subject to domestic abuse. This is to ensure the required information sharing is complete and support the necessary safety planning for the family.

In addition practitioners in any clinical area may refer to either of the Safeguarding Teams in order to access information and support in relation to domestic abuse.

In 2018-19, a total of 91 pregnant women were referred to the Safeguarding Midwife with a history of domestic abuse. This is an increase from the number of referrals in the year 2017/18 when we saw 84 referrals to safeguarding midwife regarding domestic abuse.

Female Genital Mutilation (FGM)

Since April 2015 the Trust has been required to collect mandatory FGM data in order to submit to the Health and Social Care Information Centre. Within ANHSFT a process for reporting is now established together with guidance for staff who may be encountering and managing these cases. This process is led by the Named Nurse Safeguarding Children and the mandatory reporting is completed on a monthly basis.

To support this, the Trust has a guideline for the management of cases of FGM in place. In this year FGM- information sharing was implemented in the trust as part of the national initiative. This was included in the update of our clinical guideline for managing cases of FGM. An audit to determine compliance with these processes is scheduled in the year 2019-2020.

In 2018-19 the Trust reported a total of three women through the mandatory reporting system. Of these two were “type 4 non abusive FGM” and one was “type 1 FGM”. This is noted as a slight decrease when compared to 2017-18 when the Trust reported five women with “type 4 non abusive FGM” and two “type 1 FGM”. It is noted the majority of reporting is for women with genital piercings.

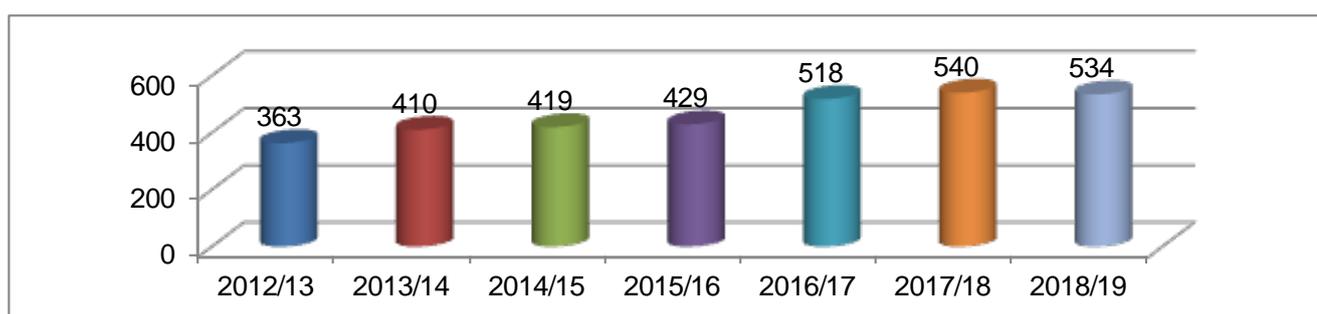
Safeguarding Adults Alerts

Analysis of alerts raised for 2018/19 (April 2018-March 2019 inclusive)

The total number of alerts raised by ANHSFT staff to the Safeguarding Adults Team in the year of this report was 534. The table and graph below demonstrates the numbers in this year and provides a comparison against previous years.

	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Number of referrals	363	410	419	429	518	540	534

Graph of numbers of safeguarding adults alerts



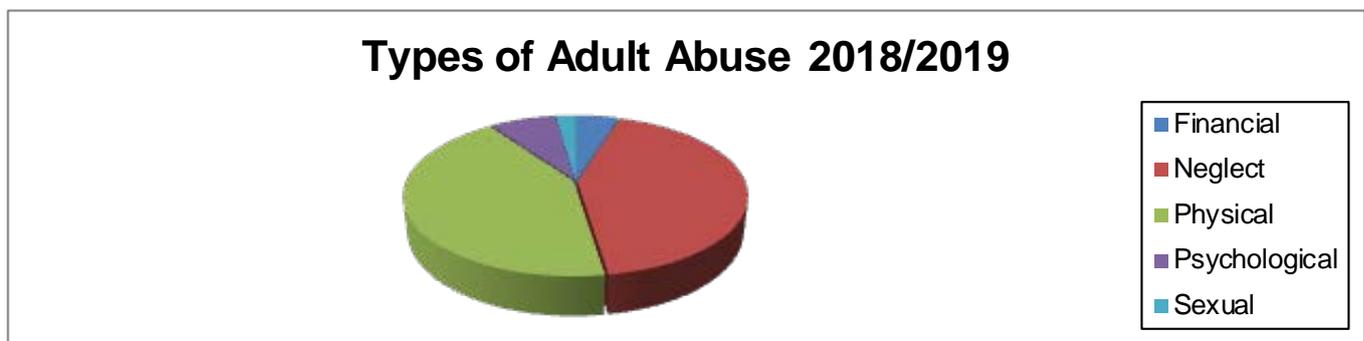
Safeguarding adult referrals are generated across all areas of the Trust. The graph above demonstrates the increasing number of referrals from ANHSFT staff to the Safeguarding Adults Team. There has been a steady increase of referrals over the past six years. As in previous years the majority of alerts are received from Emergency Department (ED) and the Acute Admissions Unit (AAU). It is noted this is where the majority of patients have the first initial interface with staff in the hospital.

Types of Abuse in adults: this is reflected in The Care Act (2014)

- Neglect
- Physical
- Psychological
- Financial
- Sexual
- Organisational
- Discrimination
- Human trafficking and modern day slavery

The table and graph below demonstrate the breakdown of the 534 referrals received by the Safeguarding Adults Team in 2018/19 and the subsequent breakdown of the types of abuse.

Financial	Neglect	Physical	Psychological	Sexual	Total
26	228	228	40	12	534



Allegations of physical abuse and neglect continue to be the main type of abuse reported. This is to be expected as neglect is the most obvious type of abuse in care settings and many of our patients are in receipt of some type of care out of the hospital.

Number of safeguarding adult alerts raised against the Trust:

The number of alerts raised against ANHSFT in 2018/19 is 11, which is consistent when compared to 11 in 2017/18.

Of the eleven concerns raised against ANHSFT the reasons for alerts included,

- Concern raised by a patient who made an historical allegation of sexual abuse
- Concern regarding a patient who failed to receive medication for 7 days

- Concern raised in regard to allegations against an agency nurse
- Inappropriate management of a patient with dementia in regard to feeding

The detail included here is kept to a minimum in order to maintain confidentiality. These cases were each investigated by senior members of staff. These reports of concern are set against the context of increasing safeguarding awareness generally and also in the light of national reports and recommendations where transparency and openness is paramount.

Safeguarding Adults Serious Incidents

There has been one safeguarding adult serious incident reported in the timeframe March 2018 – April 2019.

Safeguarding Children Incidents

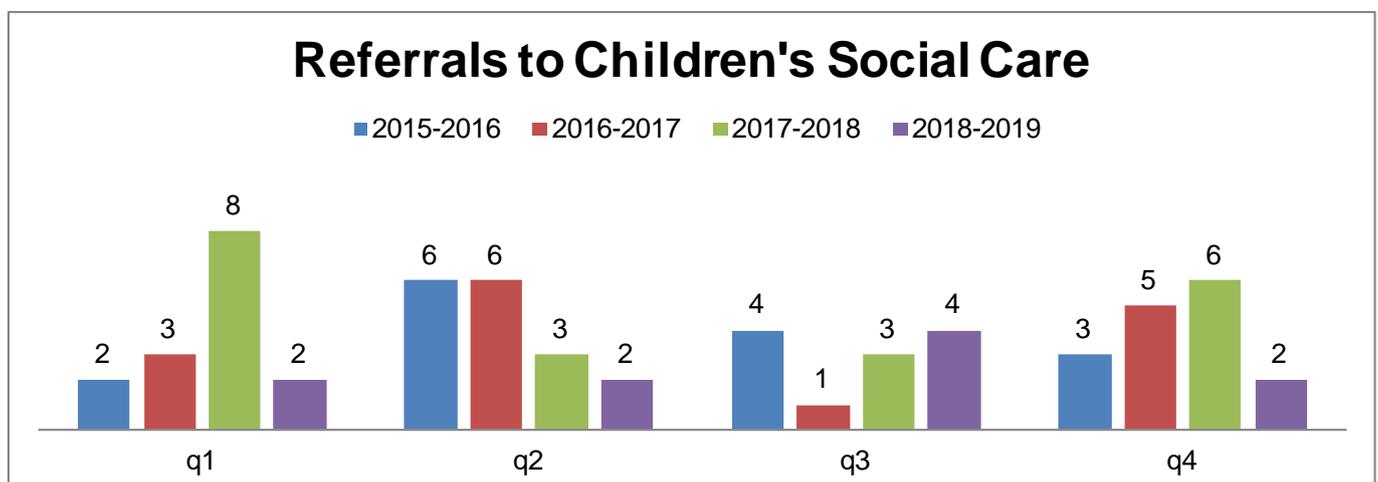
The safeguarding children team receives reports of suspected safeguarding children incidents in relation to children via the adverse event system and the team respond to individual reports on a case by case basis. In the year 2018-19 there were nine adverse event forms completed relating to safeguarding children. These reports were due to concern regarding the parent's behaviour, supervision of children and visiting practices. This is an increase from the previous year when there were three adverse event forms completed for safeguarding children reasons.

As an NHS provider, ANHSFT has a responsibility to identify and report incidents meeting the criteria for safeguarding children serious incidents, where there is prima facie evidence that abuse or neglect have contributed to a permanent impairment to the child's health. In such cases the Named Safeguarding Children Professionals would lead on a formal review of the case and the learning where identified will support necessary changes to practice. In the year 2018-19 there were no cases meeting this criteria.

No safeguarding children serious incidents were identified in the year 2018-19.

Referrals to Children's Social Care

Where practitioners have identified a safeguarding concern meeting the threshold for statutory intervention by Children's Social Care there is a procedural requirement to make a written referral. The safeguarding children team support and advise staff in the completion of these referrals and the submission is sent electronically using secure email. The graph below demonstrates the number of referrals made from Children's Unit to Children's Social Care in the year 2018-2019 and includes a comparison to the previous years.



Reasons for these referrals to Children's Social Care included

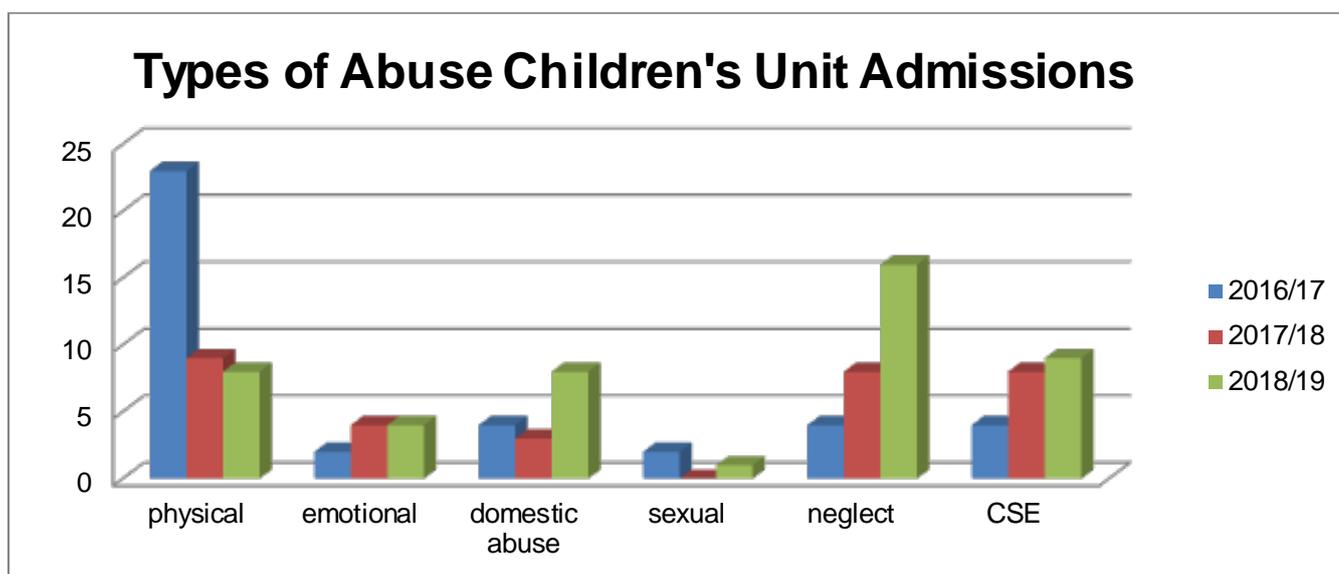
- lack of parental supervision
- stresses within the family
- domestic abuse within the household or
- Parental substance misuse.

In order to ensure the child is appropriately safeguarded, each of these cases required detailed and timely liaison with social care, health visitors, school nurses and General Practitioners. This is undertaken by the Children's Unit staff supported by the safeguarding children team.

Categories of child abuse

The graph below demonstrates the numbers and type of abuse by category for children admitted to the Children's Unit. Numbers of children living in a household where domestic abuse is happening is also included in the graph.

These numbers are for those children attending in the year 2018-2019 and the graph includes a comparison to the previous year.

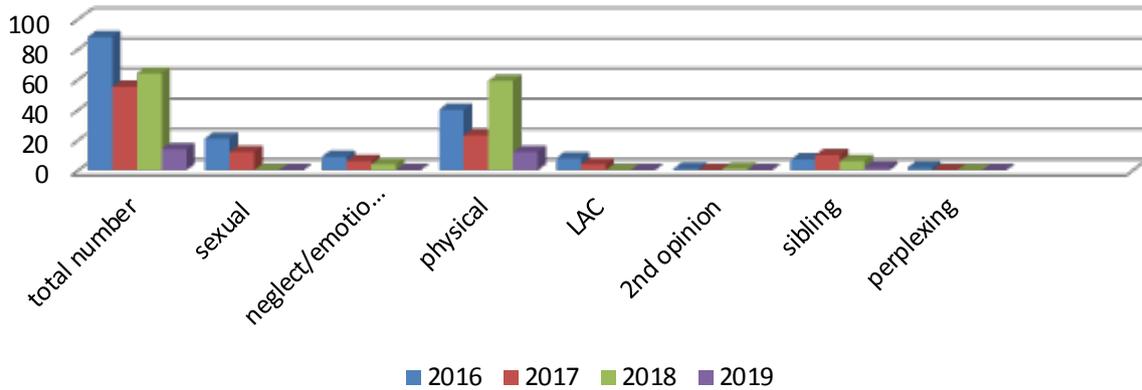


Child Protection Medical Examinations

A total of 64 children were referred directly to Children's Services for child protection medical examinations in the year 2018-2019. These detailed examinations were undertaken by a Consultant Paediatrician in conjunction with the police and children's social care. This number is an increase on the previous year 2017-18 where a total of 47 children attended for a child protection medical examination. The safeguarding children team now maintains a database of these examinations and an audit of these examination reports was completed in this year led by the Named Doctor for Safeguarding Children.

The graph below highlights the numbers of medicals completed and the reasons why undertaken.

Child Protection Medicals 2016-2019



Emergency Department Safeguarding Children Activity-

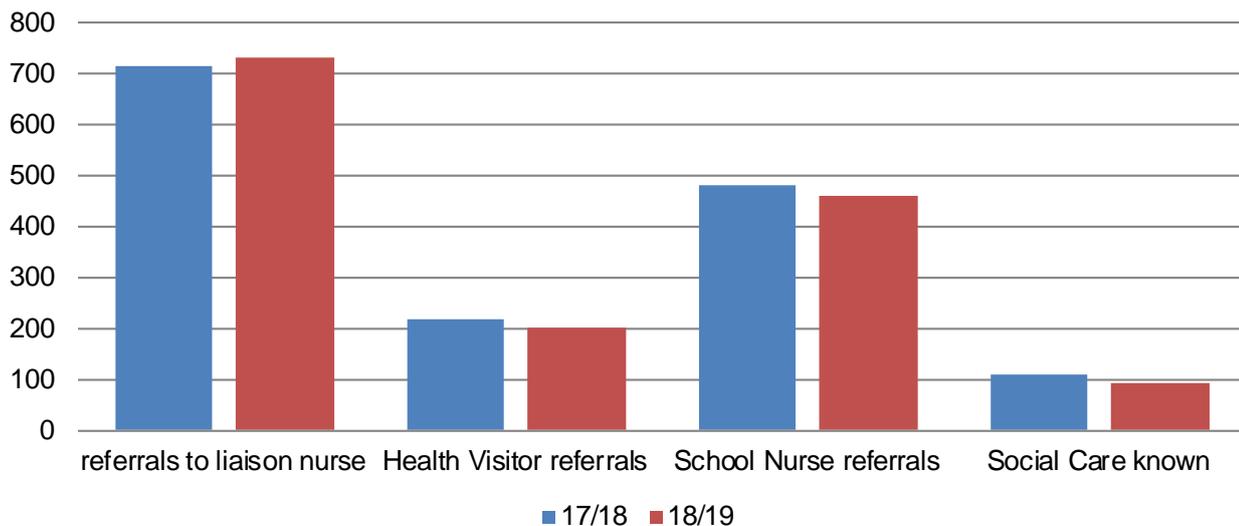
The Paediatric Liaison Nurse collates information related to safeguarding children activity in the Emergency Department. This is included in the safeguarding children quarterly report collated by the Named Nurse for Safeguarding Children and presented to Strategic Safeguarding Group. A total of 13693 children attended the Emergency Department in the year 2018-2019, an increase on 12664 in the previous year.

For a number of these children additional liaison is required in order to safeguard their wellbeing. A number of these children who attended were known to Children's Social Care and a number also required liaison with the Health Visitor or School Nurse.

The Paediatric Liaison Nurse is based in the Emergency Department and reviews all the attendances of children to ensure the required information sharing is complete and all required actions to safeguard the child have been completed.

A summary of this activity is presented in the graph below.

ED Paediatric Liaison Referrals 2017-2019



Complaints and Whistle Blowing

ANHSFT is fully committed to the principles set out by the Government and National Policy, ensuring that the services provided help to keep children, young people and adults safe from harm. 56 complaints received by the Trust were forwarded to either the Senior Nurse for Safeguarding Adults or Named Nurse for Safeguarding Children. This is in order to ensure the complaint is assessed and reviewed against the Safeguarding Adults and Safeguarding Children and Younger People Trust Policies.

In the year 2018-2019 there were no complaints specifically related to safeguarding. No complaints prompted further scrutiny and investigation with regard to safeguarding.

In the year 2018-2019 there were no safeguarding concerns raised through the Trust whistle blowing process, or via the 'Freedom to Speak up Guardian'.

Domestic Homicide Reviews (DHR)

Following the statutory requirements relating to DHR (2011), in 2018/19 there were no confirmed DHRs involving ANHSFT. The Assistant Director of Nursing & Patient Safety is a member of the Multi-agency DHR Standing Panel.

Safeguarding Adult's Review (SAR)

In the year 2018-2019 two SARs (1 in North Yorkshire and 1 in West Yorkshire) were signed off as completed. The lessons learned from the completed reviews have already been embedded into practice and were subsequently audited in last year's report, as the incidents were 2 and 3 years ago. However, learning continues to be monitored through the Learning and Review sub-groups of both North Yorkshire and West Yorkshire Safeguarding Adult Boards.

One safeguarding adult case is currently being discussed as to whether the review will need to be a DHR or a SAR. The decision is dependent on the outcome of the police investigation.

One safeguarding adult case has been referred for consideration for a SAR to Bradford SAR standing panel.

Serious Case Review (Children)

Where a child dies or is seriously injured as a result of abuse or neglect, a serious case review is undertaken requiring each agency to contribute to a multi-agency review of their practice. These reviews are initiated by the Local Safeguarding Children Boards. Over the year 2018-19 the Trust were not required to complete an Individual Management Review (IMR) to form part of a Serious Case Review.

Safeguarding Dashboard

As summary of safeguarding serious incidents, serious case reviews, safeguarding adult's reviews and domestic homicide reviews is included in the safeguarding dashboard below. This

safeguarding dashboard is maintained by the Named Nurse for Safeguarding Children and Safeguarding Adults and is discussed at the Strategic Safeguarding Adults and Children Group.

	Date initiated	Reference. [Based on fiscal year notification]	Recommendations relevant to ANHSFT	Date completed	Proposed publication	Comments/timeframes
Serious Adult Review [SAR]	Dec 2018	18/19-01	Scoping exercise submitted 31/1/19			
Safeguarding Serious Incident – Adult	Mar 2019	18/19-01				Medication related incident
Domestic Homicide Review [DHR]						
Serious Case Review (SCR)						
Safeguarding serious incident children						

Dashboard populated for Strategic Safeguarding Group for Adults and Children.

Please note when all actions are completed cases are archived. For detail regarding archived actions please contact the relevant safeguarding team.

Allegations against professionals working with children

The Named Nurse for Safeguarding Children is the named senior officer to whom safeguarding children allegations against staff working with children are reported.

In 2018/19 there were five concerns raised regarding Trust staff whose work involves contact with children. This number is noted as higher than the previous year when one concern regarding staff was raised.

Where concerns are raised a referral is made to the Local Authority Designated Officer (LADO) for ongoing assessment and management of the case. This ongoing liaison is managed by the Named Nurse Safeguarding Children.

Mental Capacity Act

The MCA Working Group meets quarterly. This group has representation from the Trust's clinical groups and Bradford District Care Foundation Trust (BDCFT).

Key activities this year included:

- We updated the MCA/DoLS Policy and appendices.
- We supported education and training on the MCA and DoLS by providing sessions at the Trust's mandatory training programme, supplementary sessions as requested by individual departments.
- Provided an advisory service to all hospital staff via a dedicated line- all staff are well aware of this and use it appropriately for raising concerns related to MCA/DoLS issues; these are then escalated as appropriate.
- The Safeguarding Adults Team also acts as a central point for all referrals for IMCAs and DoLS requests.

Deprivation of Liberty Safeguards

Whilst significant work has been undertaken by the Safeguarding Adults Team regarding the processes of granting Urgent Authorisations and applications for Standard Authorisations, challenges still remain related to timeframes and Best Interest Assessor visits.

The total number of referrals from clinical areas regarding patients who may be being deprived of their liberty DoLS made to the Safeguarding Team (April 2018- March 2019) was 283 compared to 320 in 2017/2018

- The number of patients referred to the Safeguarding Team who did not meet the Acid test = 117
- The number of patients who did meet the “acid test” and had an Urgent Authorisation granted by us as the Managing Authority = 159
- The number of IMCA referrals was 10
- Number of those patients who were subsequently granted a Standard Authorisation by the Supervisory Body (LA) = 14

Partnership Working

The delivery of effective safeguarding for both children and adults is dependent on multi agency working. Strategic work is often set by the Children and Adults Safeguarding Boards. These are translated into work stream which are monitored by the Safeguarding Teams and the Strategic Safeguarding Adults and Children Group. Examples of such work in the year 2018/19 have included;

Children’s Services Partnership Improvement Plan

Following the 2018 Bradford local authority OFSTED inspection a Children’s Services Partnership Improvement Board and Partnership Improvement Group has been established. The trust is represented on these groups by the Director of Nursing and the Named Nurse Safeguarding Children respectively. These groups enable the progression of the Bradford children’s services improvement plan at both a strategic and operational level. Previously the Joint Targeted Area Inspection group was focusing on readiness for a joint inspection of the local authority services for children. These joint inspections are between CQC, Ofsted, HM Inspectorate of Probation and HM Inspectorate of Constabulary and look at arrangements and services for children in need of help and protection in local authority areas in England.

Signs of Safety

Sign of Safety is an assessment and planning framework for working across children’s services. It provides a range of principles and practice tools so that families lead plans which will ensure safety for their children. Plans focus on safety and strengths.

North Yorkshire and Bradford Children’s Services and key partners through the Children’s Trust, Youth Offending, Health, Education, Early Help and Safeguarding Children’s Boards have all adopted the Signs of Safety framework. Signs of Safety is the way agencies all work together to identify children’s needs and make plans with children and their families. Over this year training in the use of the signs of safety model has been delivered to the relevant staff. This model is now used for all levels of support to families from early help through to child protection and looked-after children.

Referrals to Children’s Social Care for social work assessment or early help are now made from Airedale NHS Foundation Trust using the Signs of Safety model of assessment.

Domestic and Sexual Violence Work Streams

The Trust’s Safeguarding Teams works with partner agencies across all three local authorities to implement the district wide Strategy for Tackling Domestic and Sexual Violence. The Trust is represented at the Local Health Economy group. To support the progression of the action required to address this strategy, the Trust has continued with the Domestic and Sexual Violence sub group of the Strategic Safeguarding Group. This group has enabled progression of these actions.

External meeting representation

In addition to the work streams identified above, the appropriate safeguarding teams are represented at a number of different external meetings. The feedback mechanism for these meetings is through the operational meetings and Strategic Safeguarding Adults and Children Group. These external meetings are summarised by the three localities in the table below.

Bradford	North Yorkshire	East Lancashire
MARAC	MARAC	MARAC
Bradford Safeguarding Children Board	Craven Strategy and Safeguarding Children Group	Health and Social Care Safeguarding Children Group
Bradford Safeguarding Children Board Subgroups	Craven Named and Designated Safeguarding Children Group	
Bradford Safeguarding Adult’s Board	Safeguarding Health Partnership Group	
Bradford Safeguarding Adult’s Board Subgroups	NY Strategic Partnership Safeguarding Children Group (2019 onwards)	
Safeguarding Children Health Professionals Group	NY Safeguarding Children Practice Development Subgroup (2019 onwards virtual member)	
Health Safeguarding Children and Social Care Group	NY Safeguarding Children Learning and Improvement Subgroup (2019 onwards virtual member)	
Children’s Partnership Improvement Board	NY Safeguarding Adult’s Board Subgroups	
Children’s Partnership Improvement Group		
Safeguarding Adult’s Partnership Group		
Signs of Safety Steering Group		
Domestic and Sexual Violence Local Health Economy		

Information Sharing in Safeguarding Children

Safe responsible and effective information sharing is essential if services are to safeguard persons at risk from significant harm. The safeguarding teams maintain a strong advocacy in promoting the principles of necessity and proportionality in the context of information sharing, fulfilling the implicit and explicit requirements of professional codes of conduct and the Department of Health Information Sharing for Practitioners guidance (2018).

Child Protection Information Sharing (CPIS)

In May 2018 the trust implemented Child Protection Information Sharing system. This supports our assessments and safety planning as it enables staff to access detail of children and unborn babies subject to a child protection plan, and children looked after wherever they live in the country. For all children attending for an unscheduled care episode the system is interrogated and details made instantly available regarding the child. An automated response is sent to the relevant social care lead to inform them of the child's attendance if they are subject to a child protection plan.

Our Safeguarding Achievements in 2018/19

- In December 2018, the CQC repeat hospital inspection found *staff had a good understanding of safeguarding processes, knew the action they needed to take when they had concerns, identified there was a safeguarding lead and knew who to go to if they needed advice or support. Staff were able to clearly define their responsibilities in relation to safeguarding patients*
- Safeguarding training compliance improved
- We implemented Child Protection Information Sharing (CPIS) in paediatric and maternity areas
- We implemented Female Genital Mutilation Information Sharing (FGMIS)
- We received positive feedback from our annual safeguarding conference
- We implemented a database to capture contacts to the safeguarding children team
- We updated the child protection medicals examination booklet
- We appointed a substantive Named Doctor for Safeguarding Children
- We appointed a substantive Named Nurse Safeguarding Adults
- We introduced an electronic process to update maternity safeguarding documentation
- We implemented a child protection peer review process
- We implemented a rota for child protection medical examinations and introduced a template for report completion
- We implemented a Restrictive Physical Interventions and Therapeutic Holding Guideline for Children and Young People
- We introduced asking the question at return to work interviews for staff
- We devised a Was Not Brought Policy for Children
- The Named Nurse Safeguarding Children completed MSc in Advanced Safeguarding Children
- The combined annual audit programme for Children and Adults
- We achieved the actions within the implementation plan for Safeguarding Adults Supervision
- We facilitated safeguarding supervisor training for staff across Airedale and Bradford health provider organisations
- We developed a trust wide safeguarding children template within systmone
- We produced guidance for staff using safeguarding children node within systmone
- We implemented an enhanced care risk assessment tool
- We enabled the task function within systmone to safeguarding teams

- We enrolled for the National Audit of In-patient Falls (NAIF) 6 month audit of patients who suffer a fractured neck of femur whilst an in-patient. The audit lasts from 1 January 2019 to 3 June 2019.

Priorities for 2019/2020

- Promote the uptake of safeguarding children supervision across the organisation
- Review the delivery of, and compliance with, all levels of safeguarding adults and children in accordance with the new Intercollegiate Documents
- Enable alternatives to face to face training using audio/video recordings, workbooks and eLearning packages whilst maintaining the minimum 50% face to face contact.
- Review our structure for operational safeguarding groups
- Update our safeguarding children and adults policies into a combined, single policy.
- Promote the use of the safeguarding template within systmone
- Implement the electronic safeguarding documentation trust wide
- To continue to be able to evidence capture of the Voice of the Child
- Implement actions arising from Bradford Children Looked After Safeguarding Review
- To monitor progression within the annual audit programme to ensure that our policy translates in to practice
- To review our meeting structure internally
- To review representation at external safeguarding meetings
- To participate in the NHSI Frailty Collaborative
- Partake in the audit related to the falls CQUIN.

Summary

This annual report 2018/19 highlights a year of significant activity and scrutiny for the safeguarding services. The Trust has demonstrated established mechanisms to safeguard adults and children at risk and to investigate and learn from concerns raised about the Trust through safeguarding processes.

Practice around safeguarding is always complex and challenging; arrangements are frequently under review and we will ensure that we continue to work effectively.

The agenda for safeguarding continues to evolve and its workload continues to escalate in line with national direction, emerging scandals and findings continue to arise from critical incidents and serious case reviews.

The underpinning message however remains the same in that safeguarding is everyone's responsibility irrespective of role or position. The child and the adult at risk will remain at the centre and motivation of all of our actions.

Appendix 1

SAFEGUARDING ADULTS AND CHILDREN COMBINED AUDIT SUMMARY 2018/19

Issue / Process to be audited	Driver Eg Local /CQC/SCR recommendation etc	Area of Test	Outcome	learning
Timeliness of Safeguarding referrals and appropriate response from Safeguarding Team	Local driver: to provide internal and CCG assurance	Emergency Department & Acute Assessment Unit	The findings confirm timely referrals and adherence to policy	This audit will form part of the annual audit programme
Deprivation of Liberty Safeguards (DoLS) prevalence	Commissioning requirement and local driver	Medical Wards & Acute Assessment Unit	The findings are indicating compliance with Cheshire West ruling	This audit will form part of the annual audit programme

Assessment for the use of bed rails	Local driver	Trust wide	The findings indicate compliance with the assessment for use of bed rails	This audit will remain part of the annual audit programme.
Assessment of Mental Capacity and Best Interest decision tool	Local driver: to provide internal assurance and Commissioning requirement	Trust wide	The findings indicate compliance with the requirement.	Work continues regarding the Best Interest Decision element of the tool led by the Associate Medical Director
Section 11 Audit Children Act Bradford	Safeguarding Children Board requirement	Trust wide	Compliant in all areas	Continue to build on the audit annually. Peer challenge process established
Section 11 Audit Children Act North Yorkshire	Safeguarding Children Board requirement	Trust wide	Compliant in all areas	Repeat audit and share findings peer learning event
Quarterly audit safeguarding children activity	Local requirement	Trust wide	Received for information operational and strategic safeguarding meetings	Quarterly audit continues. Activity trends used to inform future training and education
Quality of child protection medical reports	Local requirement	Children's services	Template for medical examinations revised	Include in child protection peer review
Voice of the child	Cross health audit group recommendation	Dental service	some evidence of capture of voice of the child evidenced	Assessment documentation to be revised to include prompts
Compliance with visiting policy children's unit	Introduced as action in serious incident action plan (SIRI)	Children's Unit	Some elements audited not fully compliant	Audit to be repeated 2019

