

## Board of Directors

<b>Date:</b>	2 September 2020	<b>Attachment Number:</b>	12 (i)								
<b>Title of Report:</b>	Safeguarding Adults and Children Annual Report 2019-2020										
<b>Purpose of the report and the key issues for consideration/decision:</b>	<p>The report provides evidence of how Airedale NHS Foundation Trust is compliant with the legislation that underpins the statutory safeguarding duties.</p> <p>In addition to this it provides evidence of how the requirements of the commissioning standards for safeguarding adults and safeguarding children are met.</p> <p><b>Issues to Note :</b></p> <p><b>Liberty Protection Safeguards :</b> During 2020 there are plans to replace the current Deprivation of Liberty Safeguards with a new process entitled 'Liberty Protection Safeguards'. Guidance was expected in the spring of 2020 with implementation in October 2020. This is currently delayed until 2022 but is widely expected to have a financial and workload effect on the Trust.</p> <p><b>Revised Training Standards for Adult Safeguarding :</b> Following the publication of 'Adult Safeguarding, Roles and Competences for Healthcare Staff' the Trust has undertaken a training needs analysis and with effect from January 2020 has implemented a revised training schedule.</p> <p><b>Named Doctor Safeguarding Children :</b> The post holder relocated towards the end of the year, the vacancy has been recruited to.</p>										
<b>Prepared by:</b>	Jo Newman, Named Nurse for Safeguarding Children Dr Debbie Fox, Assistant Director of Nursing and Quality, Named Nurse Safeguarding Adults										
<b>Presented by:</b>	Jill Asbury, Director of Nursing										
<b>Strategic Objective(s) supported by this paper:</b>	<table border="1"> <tr> <td><b>Financial Sustainability</b></td> <td></td> <td><b>Empower &amp; Engage Staff</b></td> <td></td> </tr> <tr> <td><b>Quality of Care</b></td> <td>✓</td> <td></td> <td></td> </tr> </table>			<b>Financial Sustainability</b>		<b>Empower &amp; Engage Staff</b>		<b>Quality of Care</b>	✓		
<b>Financial Sustainability</b>		<b>Empower &amp; Engage Staff</b>									
<b>Quality of Care</b>	✓										
<b>Is this on the Trust's risk register:</b>	<table border="1"> <tr> <td><b>No</b></td> <td>x</td> <td><b>Yes</b></td> <td></td> <td><b>If Yes, Score</b></td> <td></td> </tr> </table>			<b>No</b>	x	<b>Yes</b>		<b>If Yes, Score</b>			
<b>No</b>	x	<b>Yes</b>		<b>If Yes, Score</b>							
<b>Which CQC Standards apply to this report:</b>	Safeguarding service users from abuse and improper treatment.										

<b>Have all implications related to this report been considered: (please X)</b>	<b>Finance Revenue &amp; Capital</b>		<b>Equality &amp; Diversity</b>	✓				
	<b>National Policy/Legislation</b>	✓	<b>Patient Experience</b>	✓				
	<b>Human Resources</b>	✓	<b>Terms of Authorisation</b>					
	<b>Governance &amp; Risk Management (BAF)</b>	✓	<b>Other:</b>					
<b>Action Required: (please X)</b>	<b>Approve</b>	✓	<b>Discuss</b>		<b>Receive for information</b>	✓	<b>Decision</b>	
<b>Previously Considered By:</b>	Strategic Safeguarding Children and Adults Group		<b>Date:</b>	5 June 2020				
	Quality & Safety Committee			24 June 2020				
<b>Recommendations:</b>	To receive the annual report for 2019-20 and approve the plans for 2020/2021							

**Annual Report**

**Safeguarding Adults and Children**

**April 2019-March 2020**

Within the NHS Contract for acute providers of healthcare services are a number of standards relating to safeguarding children and safeguarding adults. These standards act as a benchmark of good practice and are intended to support organisations to fulfil statutory requirements to safeguard the health and wellbeing of children and adults, and also to ensure appropriate governance arrangements in relation to safeguarding children and adults.

The content of this report is structured to be consistent with these requirements and reflects how Airedale NHS Foundation Trust's discharges its statutory safeguarding duties, whilst additionally providing evidence of how the requirements of the commissioning policy for safeguarding adults and safeguarding children are met.

Compliance against these standards is monitored through completion of an annual report and also a twice yearly self-declaration assessment. Safeguarding children and adults forms a significant component of the key lines of enquiry in the Care Quality Commission inspection and review programmes.

In this year the teams have revised policy, practice and procedures to implement 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); and 'Adult Safeguarding, Roles and Competences for Healthcare Staff' (2018).

The existing statute which underpins the work of colleagues delivering services to children is in line with Section 11 of the 2004 Children Act whereby 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). Additionally our work to safeguard adults is informed by The Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (2007) amendment.

The report provides evidence of how the organisation is compliant with these legislations.

The report concludes with a summary of the achievements in the year and outlines the priorities for the coming year.

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## Foreword

Welcome to the annual safeguarding adults and children report. This annual report presents an overview of the activities in the year 2019-20 to support the safeguarding adults and children agenda.

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, recognising safeguarding is everyone's responsibility and promoting a "listen, believe and do something" approach.

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 Children and Adults, 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. In this year the teams have revised policy, practice and procedures to implement 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; and 'Adult Safeguarding, Roles and Competences for Healthcare Staff' (2018).

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 this includes 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**

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 Board of Directors and external agencies how ANHSFT has fulfilled these responsibilities, and additionally 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 a culture of 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) placed 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 related activity within 2019/20
- 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 2020-21.

## 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 and promote uptake of safeguarding supervision
- Take forward emerging work allied to safeguarding as required e.g. child criminal exploitation and county lines

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)
- Sophie Wilson Lead Professional Safeguarding Adults (1wte)
- Noel McEvoy, Senior Nurse Safeguarding Adults & PREVENT Coordinator (0.45wte)
- Debra Burgess, Clinical Nurse Specialist, Safeguarding Children (1wte)
- Sharron Parkinson, Safeguarding Adults Sister (0.6wte)
- Katie Waddington, Tissue Viability Nurse (0.8wte)
- Cathy Jobling, Tissue Viability Nurse (0.45wte)
- Rebecca Wilson, Tissue Viability Nurse (0.6wte)
- Rita Horsfall, Named Safeguarding Midwife (0.4 wte)
- Abigail Callender- Iddon (until 31<sup>st</sup> January 2020), Named Doctor Safeguarding Children (2.5 pa)

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.



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

In the year 2019-2020 we revised our meeting structure for safeguarding adults and children. Previously a number of operational groups reported into the Strategic Safeguarding Group for Children and Adults and we recognised there was a significant amount of duplication across the groups. With effect from January 2020, we moved to a combined children and adults operational safeguarding group replacing four separate groups. This group is chaired by the Named Nurse Safeguarding Children and includes representation from across the organisation. This reduction in meetings has freed up staff capacity to focus on increased support and supervision regarding individual cases. The reporting structure allows escalation of any emerging risks or challenges and is demonstrated in the organisational chart below.



On an annual basis, ANHSFT provides assurance and demonstrates compliance against commissioning standards to the Clinical Commissioning Group. This is achieved through presenting this annual report and also by completion of the twice yearly 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 enables demonstration of our status with regards to emerging standards, national reports and publications.

Within the organisation, there is an established process for ensuring safeguarding concerns are incorporated within the Trust's governance framework. This is detailed within the combined Safeguarding Children and Adults Policy 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 or Medical Director and representation includes the Named Nurse Safeguarding Adults and Assistant Director of Healthcare Governance with the Associate Director for Patient Safety and Quality joining as they commenced in post.

## **Adverse Event Reporting (AEF)**

A system of online adverse event incident form (AEF) reporting is in place across the organisation and completed incident reports are monitored by the appropriate Safeguarding Teams. This enables the identification of any safeguarding concerns and ensures actions and escalations are taken forward where required.

Reporting takes place regularly with Bradford and North Yorkshire County Council's Health and Adult Services to provide assurance that any learning from safeguarding adult alert 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 investigation 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 Named Nurse Safeguarding Children and Named Nurse Safeguarding Adults also assist 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. The full report was published in the summer of 2019, and as this was a review rather than an inspection there was no judgement applied. The review explored:

- the role of healthcare providers and commissioner organisations in understanding risk factors, identifying needs, communicating effectively with children and families, liaising with other agencies, assessing needs and responding to those needs and contributing to multi-agency assessments and reviews.

- the contribution of health services in promoting and improving the health and wellbeing of looked after children including carrying out health assessments and providing appropriate services.
- They also checked whether healthcare organisations were working in accordance with their responsibilities under Section 11 of the Children Act 2004.

This review demonstrated areas of strength, in addition to some areas for improvement. In response an action plan was compiled. Progress against these actions has been steady and was monitored via Strategic Safeguarding Group, with quarterly updates of progress submitted to the Clinical Commissioning Group. At the time of this report the majority of actions are complete, with a single outstanding action highlighted with mitigation against completion in the expected timeframe.

## **Training Provision and Compliance Monitoring**

This section of the report provides assurance regarding compliance with the following mandatory training requirements during 2019/20 :

- 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 with effect from January 2020 has implemented a revised training.

## **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. In line with the intercollegiate document changes have been made to the delivery of mandatory training:

- Level 1: Over a 3 year period staff will complete a minimum of 2 hours training.
- Level 2: Over a 3 year period staff will complete a minimum of 3-4 hours of training. (Clinical staff, for example nurse, therapist)
- Level 3: Over a 3 year period staff will complete a minimum of 8 hours training. (All matrons)
- Level 4: Over a 3 year period staff will complete a minimum of 24 hours training. (The safeguarding adults team)

The intention of the safeguarding adults training is to;

- Raise awareness throughout the organisation
- Embed the aspects of the multiagency policy and procedures to include the changes from the 7 stages to the 4 stages 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 revalidated the training needs analysis in order to reflect the guidance published in the *Working Together to Safeguard Children (2018)* and the *Intercollegiate Document Roles and Responsibilities for Healthcare Staff, Safeguarding Children (2019)*. Following the publication of the 2019 *Intercollegiate Document Roles and Responsibilities for Healthcare Staff, Safeguarding Children* the revised Safeguarding Children and Adults Policy and Procedures (2019) included a revised safeguarding children training strategy which was implemented in January 2020.

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 with all sessions 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. The safeguarding children team continually works proactively with managers to alert teams to expiry dates and address areas of reduced compliance.

With the aim of increasing overall compliance with safeguarding children mandatory training, the safeguarding children team has in the year 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.

In addition, to address the temporary reduction in face to face training provided over the covid 19 pandemic period, the safeguarding children team have compiled resource packages of “self-directed learning” for staff to complete to maintain their learning and training compliance.

## 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 31/03/17	Compliance at 31/03/18	Compliance at 31/03/19	Compliance at 31/03/20
Safeguarding children level 1	All Trust staff	90%	88%	80%	93%	91%
Safeguarding children level 2	All clinical staff and managers of staff	90%	84%	75%	88%	89%

<b>Safeguarding children level 3</b>	<b>All staff who predominately work with children</b>	90%	83%	80%	84%	<b>86%</b>
<b>Safeguarding children level 3+</b>	<b>Staff in senior roles children's areas</b>	90%	96%	83%	85%	<b>89%</b>
<b>Safeguarding children level 4</b>	<b>Staff in Named roles</b>	90%	100%	100%	100%	<b>100%</b>
<b>Safeguarding adults level 1 and level 2</b>	<b>All staff employed by the Trust including clinical and non-clinical</b>	90%	91%	90%	94%	<b>94%</b>
<b>Recognising and responding (Safeguarding adults)</b>	<b>Staff in safeguarding adults roles</b>	90%	100%	100%	100%	<b>100%</b>
<b>Train the trainers (safeguarding adults)</b>	<b>Staff in safeguarding adults roles</b>	90%	100%	100%	100%	<b>100%</b>
<b>Mental Capacity Act</b>	<b>All clinical staff employed by the Trust</b>	90%	89%	89%	91%	<b>92%</b>

## PREVENT

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

A total of four staff in the organisation are trained to deliver the Health WRAP 3 training which has continued to be delivered to staff in this year. At the end of March 2020 we had achieved the required target level of compliance and since then have promoted access and uptake of the PREVENT eLearning module.

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.

The NHS is a key organisation 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 2019/2020 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.

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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 2020) 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 promoted across the organisation for staff to access. Facilitated by trained safeguarding children supervisors these sessions are offered 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 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. In this year a further five of our staff received training as safeguarding supervisors and included representation for Emergency Department, Maternity and Safeguarding Adults.

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.

To promote uptake of safeguarding children supervision, and in recognition staff may be involved in difficult cases when the safeguarding children team is unavailable, a system of supervision request postcards was introduced in this year which staff are able to complete and forward to the safeguarding children team to request an adhoc session.

Uptake of safeguarding children supervision is now included in the safeguarding children quarterly activity reports.

## **Safeguarding Adult Supervision**

The safeguarding adult's team attended supervision training in October 2018 and October 2019 and the team each have regular supervision sessions with experienced safeguarding leads. Safeguarding supervision is provided on an ad hoc basis to staff across the trust in response to requests or an identified need.

## **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 2020-2021 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.

Safeguarding audits in the year have included key performance indicators of record keeping and documentation, deep dive of case records and snapshot audits of compliance against expected practice. In addition the Named Nurse for Safeguarding Children has contributed to three multi agency challenge panels of safeguarding related activity through the Bradford Safeguarding Children Partnership in this year.

The themes and findings for the audits that were undertaken in 2019-20 included;

- There is a high level of compliance in maternity services with staff's recognition and documentation of safeguarding children
- The Trust is mostly compliant with the requirements of the Section 11 audit tool
- Information regarding children's attendances to the Emergency Department is shared in a timely way to health visitor school nurses and General Practitioners
- 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

Audits scheduled for the coming year include revisiting staff knowledge of safeguarding children and reviewing compliance with routine enquiry in relation to domestic abuse during the covid-19 period.

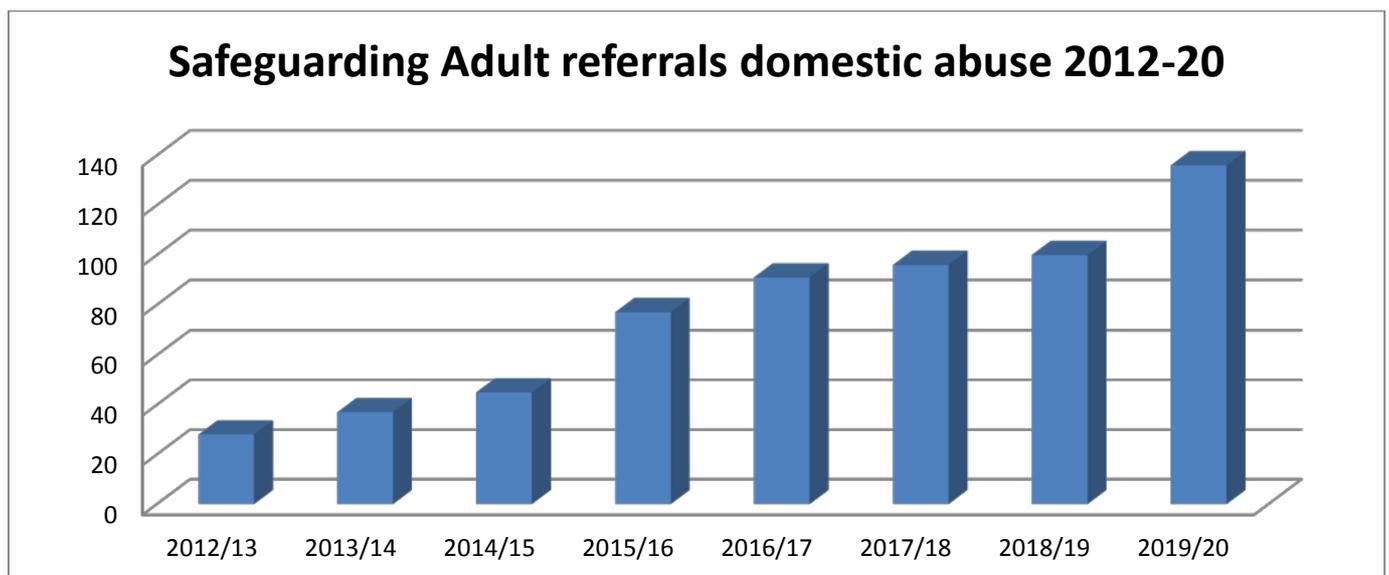
## Domestic Abuse

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 2019-20 and has resulted in additional cases being referred into the MARAC process.

One hundred and thirty six cases across the three local authorities involved ANHSFT having had contact with the alleged victim, an increase from one hundred the previous year. 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	2019/20
Number of referrals	28	37	45	77	91	96	100	136



## Domestic Abuse Disclosures in Maternity Services

All women are expected to be routinely asked about domestic abuse whilst under the care of maternity services and those disclosing abuse are signposted to support services. The Named Midwife also 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 2019-20, a total of 82 pregnant women were referred to the Safeguarding Midwife with a history of domestic abuse. This is consistent with the number of referrals in the year 2018/19 when we saw 91 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 with the support of the Information Services department.

To support this mandatory reporting, the Trust has a guideline for the management of cases of FGM in place. In 2019 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.

In 2019-20 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 2 FGM”. This is noted as consistent when compared to 2018-19 when the Trust reported two women with “type 4 non abusive FGM” and one “type 1 FGM”. It is acknowledged that the majority of reporting by the organisation is for women with consensual genital piercings or cosmetic labioplasty rather than abusive genital mutilation.

## Safeguarding Adults Alerts

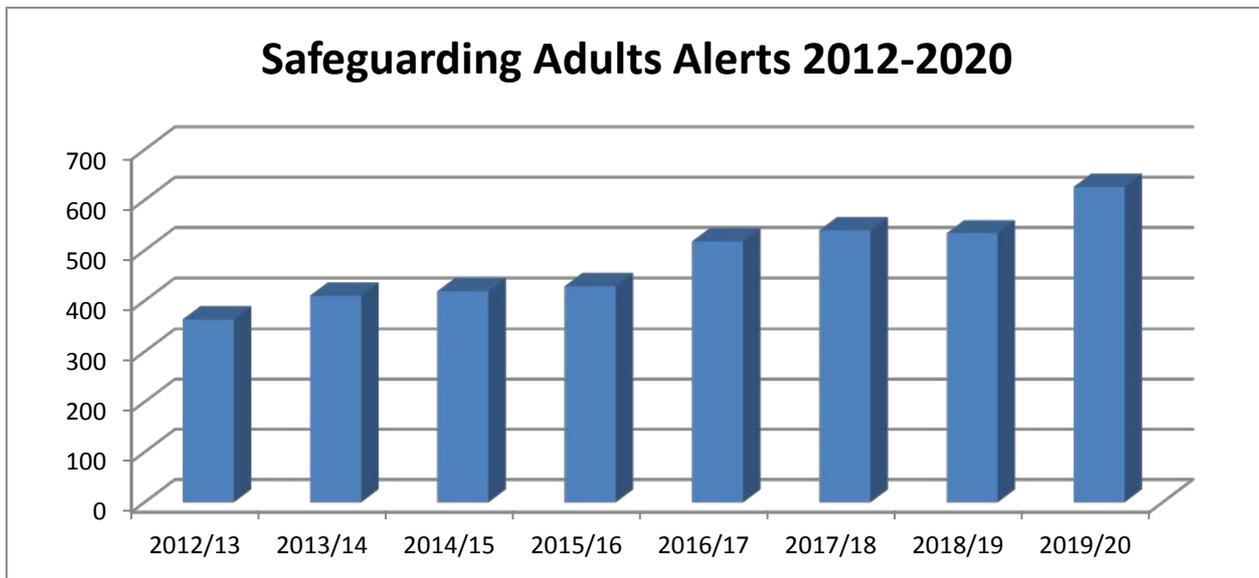
### Analysis of alerts raised for 2019-2020 (April 2019-March 2020 inclusive)

The total number of alerts raised by ANHSFT staff to the Safeguarding Adults Team in the year of this report was 626, an increase from 534 in the previous year. 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	2019/20
Number of referrals	363	410	419	429	518	540	534	626

### Graph of numbers of safeguarding adults alerts

## Safeguarding Adults Alerts 2012-2020



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 as 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 626 referrals received by the Safeguarding Adults Team in 2019/20 and the subsequent breakdown of the types of abuse.

Financial	Neglect	Physical	Psychological	Sexual	Total
49	237	236	93	11	626

### Types of Adult Abuse 2019/2020



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. Reports of financial and psychological abuse have risen significantly in the year 2019/20.

## **Number of safeguarding adult alerts raised against the Trust:**

The number of alerts raised against ANHSFT in 2019/20 is 11, which is consistent when compared to 11 in 2018/19.

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

- Concern raised by the local authority regarding a poor discharge.
- Concern reported by a patient regarding, poor care provided by a member of staff.
- Concern raised after a patient developed a pressure ulcer.

The detail included here is kept to a minimum in order to maintain confidentiality. These cases were each investigated by senior members of staff. The 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. The majority of concerns raised relate to poor discharges.

The deployment of a designated Flow team is aimed at providing increased support and co-ordination to discharges with the aim of reducing these poor experiences.

## **Safeguarding Adults Serious Incidents**

There has been no safeguarding adult serious incident reported in the timeframe March 2019 – April 2020.

## **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 2019 - 20 there were seven adverse event forms completed relating to safeguarding children matters. These reports were due to concern regarding failure to follow expected policy, supervision of children and visitor access to nursery. This number is consistent with the previous year when there were nine 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 2019 -20 there were no cases meeting this criteria.

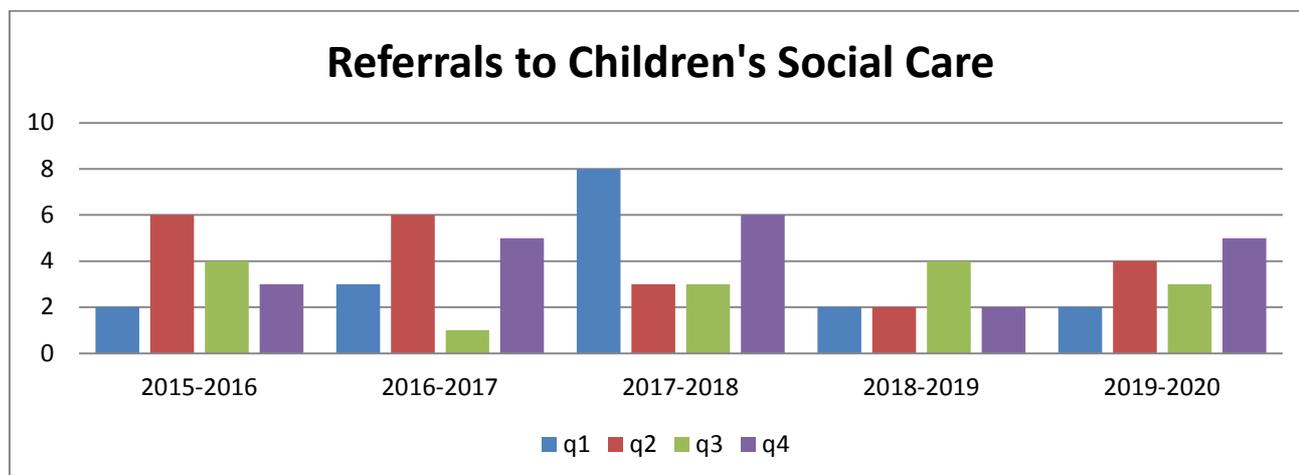
No safeguarding children serious incidents were identified in the year 2019-20.

## **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 actively support and advise staff in the completion of these referrals and, once quality checked by the safeguarding children team, the submission is sent electronically using secure email.

The graph below demonstrates the number of referrals made from Children’s Services to Children’s Social Care in the year 2019-2020 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.

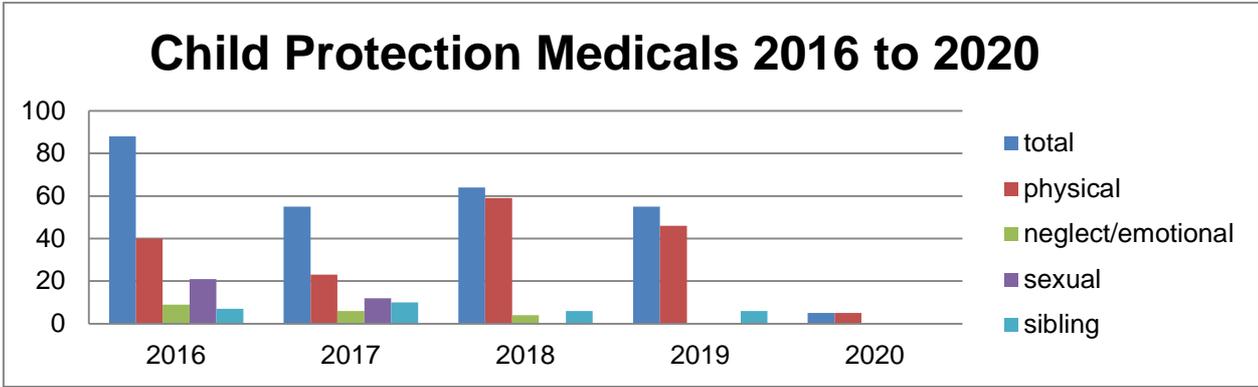
## Child Protection Medical Examinations

A total of 37 children were referred directly to Children’s Services for child protection medical examinations in the year 2019-2020. These detailed examinations were undertaken by a Consultant Paediatrician at the request of the police and children’s social care. This number is a decrease from the previous year 2018-2019 where a total of 64 children attended for a child protection medical examination.

This was an unexpected reduction which has been reviewed, there has been no increase in presentations at Bradford Teaching Hospitals Trust from the Airedale post codes or concerns feedback from the Safeguarding partnership – a watching brief is being kept to determine if this trend continues.

Details of these child protection medicals are now held on a central database managed by the safeguarding children team. All child protection medical reports are reviewed at the Child Protection Peer Review meetings. These peer review meetings are attended by Consultant Paediatricians and facilitated by the Safeguarding Children Team.

The graph below (relates to the calendar year) highlights the numbers of medicals completed and the reasons why undertaken.

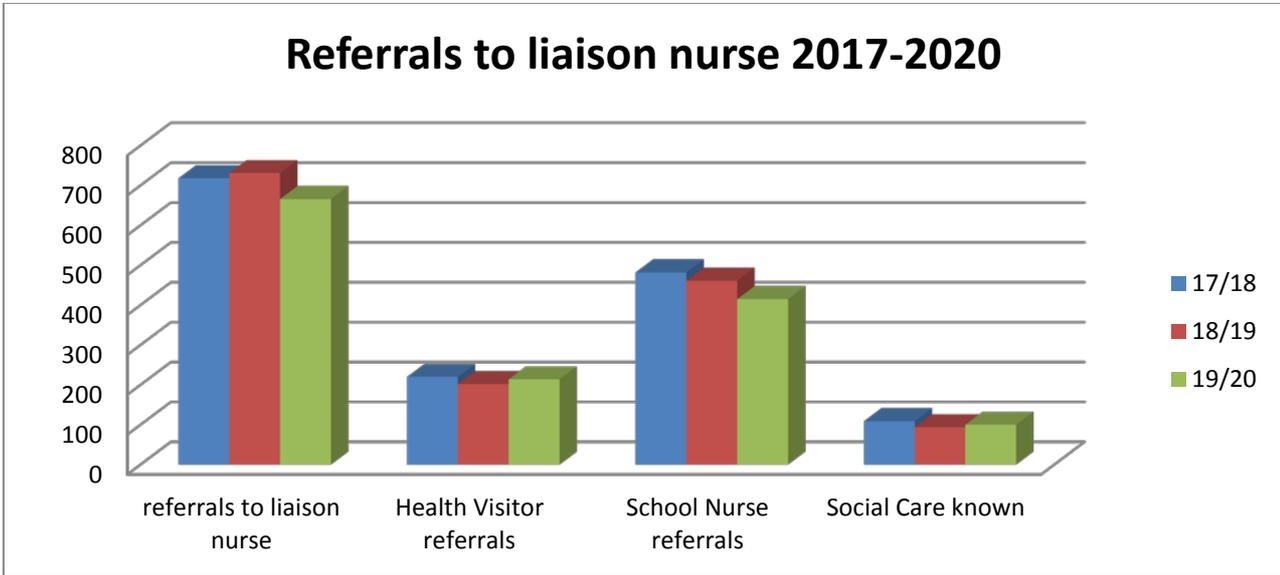


### Emergency Department Safeguarding Children Activity-

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 12768 children attended the Emergency Department in the year 2019-2020, a decrease from 13693 in the previous year.

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. 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.

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



### 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.

Eighty-four 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 Polices.

In the year 2019-2020 there were 2 complaints specifically relating to safeguarding. No complaints prompted further scrutiny and investigation with regard to safeguarding. One complaint was received relating to a perceived delay in starting safeguarding children measures and poor communication, and 1 complaint about care and treatment of an adult inpatient.

In the year 2019-2020 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 2019/20 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 Reviews (SAR)**

In the year 2019-2020 three SARs (West Yorkshire) are ongoing. One SAR is ready for approval and publication, one SAR is close to completion and one SAR is at the start of the process following confirmation from the police investigation that this will be a SAR and not a DHR.

## **Child Safeguarding Practice Review**

Where a child dies or is seriously injured as a result of abuse or neglect, a child safeguarding practice 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 Partnerships. Over the year 2019-20 the Trust were not required to complete an Individual Management Review (IMR) to form part of a Child Safeguarding Practice Review.

The trust has however in this year contributed to the Bradford Safeguarding Children Partnership thematic case review looking at non recent and recent child sexual exploitation. This review is a detailed and lengthy process with publication expected late in 2020.

## **Child Death Review Process**

In accordance with the revised 2018 *Working Together to Safeguard Children* publication a number of changes to the child death review process came into effect from September 2019. The arrangements apply to all child deaths and to stillbirths where no health professional was in attendance. The Child Death Review partners ensure that all statutory obligations are met following a child death.

Within the changes implemented is the role of "Designated Doctor for Child Death. As an interim measure, this post is fulfilled by a Consultant Paediatrician from Bradford Teaching Hospitals however there is intention for part of this role to be filled by an Airedale Paediatrician. It is expected this arrangement will be finalised post the covid 19 pandemic. A revision to the child death overview panel was made with the requirement for local child death review meetings to be held. To ensure safeguarding children matters are recognised and appropriately addressed the Named Nurse for Safeguarding Children is a member of the local Child Death Review group.

Any emerging themes and learning are escalated to the Children’s Governance Group or Operational Safeguarding Group.

## Safeguarding Dashboard

A 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 Children and Adults 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 GB		11/2019	05/2020	The author apologised for the delay in completing and submitting this review for approval by BSAB. Publication proposed for May 2020.
	April 2019	18/19-02 TF		Ongoing	TBC	
	Feb 2020	19/20 – 01 DH		Ongoing	TBC	
Safeguarding Serious Incident – Adult	March 2019	18/19-01				Medication related issue, report submitted to CCG June 2019
Domestic Homicide Review [DHR]						
Serious Case Review (SCR)	July 2019	19/20-01	tbc	ongoing	tbc	thematic review of non-recent and recent child sexual exploitation
Safeguarding serious incident children						
Complaints with safeguarding children issue	Jan 2020	19/20-01		Feb 2020	n/a	family complaint regarding the initiation of child protection procedures
Complaints with safeguarding adults issue						

***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.

A person's behaviour, at work or home or online, may cause concerns about their suitability to work with, or volunteer with children or young people. Concerns about a person who works with children, or in connection with their employment or voluntary activity may cover one or more of the following categories;

- Behaved in a way that has harmed a child, or may have harmed a child
- Possibly committed a criminal offence against or related to a child
- Behaved in a way that indicates they would pose a risk of harm if they work regularly or closely with children

In 2019-20 there were two concerns raised regarding Trust staff whose work involves contact with children. This number is noted as less than the previous year when five concerns regarding staff were raised. Where such 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, CCG 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. This training has been reviewed and updated.
- 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 Trust now has four members of staff who have completed the Best Interest Assessor (BIA) Course. This is in preparation for the implementation of Liberty Protection Safeguards (LPS).

The total number of referrals from clinical areas regarding patients who may be being deprived of their liberty made to the Safeguarding Team (April 2019- March 2020) was 435 compared to 283 in 2018/2019

- The number of patients referred to the Safeguarding Team who did not meet the Acid test = 105, a decrease from 117 in previous year
- The number of patients who did meet the "acid test" and had an Urgent Authorisation granted by us as the Managing Authority = 292, an increase from 159 in previous year
- The number of IMCA referrals was 9 consistent with 10 in previous year
- Number of those patients who were subsequently granted a Standard Authorisation by the Supervisory Body (LA) = 6, a decrease from 14 in the previous year

## **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 2019-20 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 was established and work has progressed over this year. 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.

## Domestic Abuse 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 Abuse and Sexual Violence and the Trust is represented at the Local Health Economy group. To support the progression of the action required to address this strategy, the Trust had for a period a Domestic Abuse and Sexual Violence sub group of the Strategic Safeguarding Children and Adults Group. All actions are now progressed with the outstanding work streams incorporated into “business as usual”. Any emerging matters or exceptions to report are addressed via the revised Safeguarding Children and Adults Operational Group.

## 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.

<b>Bradford</b>	<b>North Yorkshire</b>	<b>East Lancashire</b>
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	NY Safeguarding Adult’s	

Improvement Board	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)

Since May 2018 the Trust has used the 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. Audits of compliance with this process are included in the key performance indicators for Emergency Department and Children's Unit with results shared at the local governance groups.

## Safeguarding children and Covid-19 pandemic

In recognition of the need to maintain access to the services of the safeguarding children team, and in anticipation of increased case numbers a decision was taken at executive level not to redeploy the safeguarding children team into alternative roles. The team has continued to provide guidance, education and support across the organisation. In addition, to address the temporary reduction in face to face training provided over the covid 19 pandemic period, the safeguarding children team have compiled resource packages of "self-directed learning" for staff to complete to maintain their learning and training compliance.

## Our Safeguarding Achievements in 2019/2020

- Implementation of a single Safeguarding Children and Adults Policy which reflects the national guidelines for competency training and national policies and guidelines for safeguarding children and adults.
- Introduction of electronic safeguarding template for maternity and children's areas
- Introduction of the ICON project supporting new parents to cope with new babies and reduce incidences of abusive head trauma
- Recruitment of additional safeguarding children champions
- Increased uptake of safeguarding children supervision

- Completion of action plan following the 2019 Bradford Care Quality Commission review of Children Looked After and Safeguarding
- We received positive feedback from our annual safeguarding conference
- Development and implementation of Child Sexual Exploitation risk assessment tool for pregnant young people
- Contributed to the development and launch of Child Exploitation Policy and risk assessment tool across Bradford
- The Named Nurse Safeguarding Children had her research regarding supporting staff who are safeguarding children published in Nursing Children and Young People journal
- We facilitated safeguarding supervisor training for staff across Airedale and Bradford health provider organisations
- We implemented the revised Child Death Review Meeting arrangements
- We implemented a revised structure for operational safeguarding meetings
- Introduction of a flowchart to guide staff regarding cases of domestic abuse and referral into MARAC process
- Implementation of level 3 self-directed safeguarding children study packages as alternative to face to face training
- We maintained the safeguarding children and adult service provision through the covid 19 pandemic period
- Implementation of revised Safeguarding Adults Policy & Procedures for both North Yorkshire and Bradford.
- Continue to implement the competency-based training indicated in *Intercollegiate Document for Adults*

## Priorities for 2020/2021

- To continue to be able to evidence capture of the Voice of the Child
- To test within the annual audit programme to ensure that our policy translates in to practice
- Establish links with adult mental health in relation to safeguarding children
- Progress the newly established Children's Social Care and health liaison meeting
- Support the maternity vulnerabilities team and the role of safeguarding within this
- Progress implementation of Liberty Protection Standards
- Embed *Making Safeguarding Personal* for safeguarding adults
- Transition to management of safeguarding adults referrals via System1

## Summary

This annual report 2019/20 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 2019/20

<b>Issue / Process to be audited</b>	<b>Driver Eg Local /CQC/SCR recommendation etc</b>	<b>Area of Test</b>	<b>Outcome</b>	<b>Learning</b>
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 to continually improve practice
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 to monitor activity
Assessment for the use of bed rails	Local driver reflective of MHRA 2020 requirements	Trust wide	The findings indicate compliance with the assessment for use of bed rails	This audit will remain part of the annual audit programme and learning will be used to promote patient safety
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 Safeguarding Adults team. Learning will be adopted to support implementation of LPS
Making Safeguarding Personal	Local driver: to provide internal and CCG assurance	Trust wide for adults	The findings indicate compliance with the requirement and enhanced patient experience	Learning will ensure personalised care is delivered to patients and this audit will remain part of the annual audit programme.
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
Uptake of safeguarding children supervision	Local requirement	Trust wide	Received for information operational and strategic safeguarding meetings	Quarterly audit continues.
Compliance with timeliness of discharge notification for children attending Emergency Department	Care Quality Commission action plan requirement	Emergency Department	Received for information operational and strategic safeguarding meetings	
Information sharing from Emergency Department - safeguarding children from adult attending	Local driver	Emergency Department	Received for information operational and strategic safeguarding meetings	

