



Northern Devon Healthcare
NHS Trust

Northern Devon Healthcare NHS Trust Integrated Safeguarding Annual Report 2021-22

April 2022

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Team

Executive Summary

Northern Devon Healthcare NHS Trust (NDHT) has continued to meet its statutory, regulatory and contractual responsibilities to safeguard children and adults at risk of harm, abuse and neglect that access its services and premises. This will continue as Royal Devon University Healthcare NHS Foundation Trust.

There have been a number of challenges during 2021/22 for Safeguarding but overall the Trust is in a strong position for 2022/23. The Trust understands the areas which require focus and strengthening and these are being cited at both the Operational Group and Integrated Safeguarding Committee. There have been many positive aspects to comment on over the last year and in particular the internal governance structures which have continued to go from strength to strength, even during the pandemic. There is positive engagement of practitioners in all areas of the Trust, working with the Devon Safeguarding Adult Partnership, Devon Children and Family Partnership and the Local Authority to develop multi agency practices to support people with care and support needs and children in need of support and protection. There has been learning from Section 42 enquiries caused out to NDHT, Safeguarding Adult Reviews (SARs), Child Safeguarding Practice Reviews (CSPR) and Rapid Reviews which have provided valuable learning to develop practice within the Trust. We have an experienced and credible safeguarding team supporting staff with supervision, knowledge and training, which has, in turn, developed robust Safeguarding Supervisor and Link Practitioner Network Groups.

Key Issues

The following key issues should be noted:

- The team members provide leadership, support, advice, training and multiagency liaison and work across the life course from pre-birth to death.
- Under the leadership of the Nurse Consultant Safeguarding Lead there are two Specialist Nurses Safeguarding Adults (1WTE), a Specialist Nurse Safeguarding Children (0.5WTE) and a Specialist Nurse SARC, Sexual Health and Exploitation (1WTE). The Named Doctor for Safeguarding Children and the Named Midwife work closely with the team.
- The newly established Mental Capacity Assessment/Liberty Protection Safeguard (MCA/LPS) Team was operational and the MCA/LPS Lead (1 WTE) and 2 MCA/LPS practitioners (1.1WTE) have developed processes and practices across the Trust.
- The Named Midwife role has been held by the Lead Midwife for Community and Outpatient Services.
- The Health IDVA role has been secured after 8 years and the Trust has adopted this important position within its core service provision going forward.
- The Safeguarding Administrators work across the team with specialist additional responsibilities.

- A safeguarding team member attends the Childrens Quality Assurance Delivery Group, Workforce Development Group and the Health Sub Group of the Devon Children and Families Partnership (DCFP). Team members are members of the Child Sexual Abuse, Child Exploitation Chairs group and Locality Early Help forums.
- The team are actively engaged in the audit of multi-agency practice and in developing Devon wide processes and policies to safeguard children, this year to represent both the RD&E and NDHT.
- The Nurse Consultant deputises for the Chief Nurse at the Torbay and Devon Safeguarding Adults Partnership (TDSAP) and on the DCFP.
- The Safeguarding Lead or team member attends the various subgroups of both the TDSAP including the TDSAP Operational Group; TDSAP Assurance and Quality and Improvement Sub Group; TDSAP Learning and Development Group; PREVENT Board and Modern Slavery Partnership. They also attend various working groups which inform the TDSAP, this year to represent both the RD&E and NDHT.
- Link Practitioner Network groups have been held for both adults and children link practitioners during the year. This group of professionals from across the Trust meet quarterly and have additional training and support offered. They receive updates in between so that information can be cascaded to all staff.
- Safeguarding supervision update training has been provided on an on-going basis.
- 10 Midwifery Safeguarding Supervisors have had additional bespoke training and a structured supervision process has been implemented in Maternity.
- Inter-agency information is provided by the DCFP, TDSAP and the Designated Safeguarding Team in the Clinical Commissioning Group to the Integrated Safeguarding Team and Named Professionals. This is discussed and reviewed at the Safeguarding Children Operational Group and the Safeguarding Adults Operational Group and then cascaded through the Safeguarding Children and Safeguarding Adult Link Practitioner Networks and Supervisors meetings to all staff within Northern Devon Healthcare NHS Trust (NDHT).
- A joint Children's and Adults newsletter is being produced every six months and sent electronically to all staff members via email.
- Systems for identifying children with safeguarding risks are robust and include the completion of MASH enquiry forms. A process for identifying and supporting families in need of Early Help is initiated by the completion of a Safeguarding Children Liaison Form (SCLF).
- The internal application (App) which allows for referrals to Adult Social Care (Care Direct) has proved to be a safer, more intuitive and easier process for staff and automatically includes the NDHT SGA Team so cases can be reviewed and staff supported in real time. The opportunity to quality assure referrals has supported direct supervision and safeguarding support to all clinical staff.
- The Trust PREVENT lead continues to be part of the south west partnership.

- The MCA /LPS team were appointed and the team has developed additional resources, processes and practice. They have worked closely with clinical teams in the Hospital and Community to improve practice around MCA, deliver training and streamline the DoLS identification and registration process.
- There are recognised risks in relation to staff understanding and applying the principles of the Mental Capacity Act (2005) and application of the Deprivation of Liberty Safeguards (DoLS) (Amendment to MCA 2009). The new MCA/LPS group have already made an impact and training has been delivered to clinical areas, medical, HCA and nurse groups to address this knowledge gap. The MCA/LPS work plan will address how we propose to continue to improve practice and mitigate against these risks.
- The MCA/LPS team have established a joint Operational Group with the RD&E. The MCA Work Plan 2021/22 provides evidence for the high levels of achievement this year.
- The MCA lead continues to work with colleagues at RD&E and partners across Devon to prepare for the implementation of LPS.
- SARC: A process for 16-17-year olds for self-referral has been developed which involved multi agency co-ordination and agreements from across the Peninsula which has now been implemented.
- The Trust intranet safeguarding page (BOB) has been fully updated and refreshed so that information for adult and children's safeguarding is easily accessed and up to date.
- Section 42 enquiries caused out to NDHT have increased significantly and been undertaken and completed by the safeguarding team. Positive feedback has been received from the LA and CCG regarding the quality of these investigations. Learning from these had been reviewed at the Operational Group and practice changes have been introduced as a result. The work plan will identify areas for further practice development following identified themes.
- Safeguarding Adult and Safeguarding Children mandatory training compliance deteriorated this year due to COVID and the cancellation of face to face training. This was slowly re-introduced in September and additional bespoke 'virtual face to face' TEAMS training and dedicated 'virtual' conferences have been provided. The compliance for both Adults and Children level 3 has improved.

Appendices

Safeguarding Children Work Plan 2021-22

Safeguarding Adult Work Plan 2021-22

Mental Capacity Act Work Plan 2021-22

INTEGRATED SAFEGUARDING ANNUAL REPORT

APRIL 2021 TO MARCH 2022

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1 INTRODUCTION

This Annual Report highlights the work undertaken by the Northern Devon Healthcare NHS Trust in respect of its commitment and responsibilities in maintaining the safety and protection of children and safeguarding adults at risk of abuse and neglect. The report includes a review of progress in the Mental Capacity Act 2005, the Deprivation of Liberty Safeguards, Domestic Abuse and Sexual Violence, Modern Slavery and PREVENT.

Living a life that is free from harm and abuse is a fundamental human right of every person and an essential requirement for health and well-being. Healthcare staff are often working with patients who for a range of reasons may be less able to protect themselves from neglect, harm or abuse.

The responsibility to safeguard adults and children and promote their welfare is more comprehensive than just protection. To be effective, this requires staff members to recognise their individual responsibility to safeguard and promote the welfare of children and adults who are vulnerable, as well as the commitment of Trust management to support them in this. This includes ensuring staff have access to the appropriate training, advice, support and supervision in relation to Section 11 of the Children Act (2004), The Care Act (2014), the Mental Capacity Act (2005, 2019), and the Prevention of Terrorism Act (2005). These place a duty on key people and bodies, including NHS Trusts, to make arrangements to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children and adults with care and support needs. “*Working Together to Safeguard Children, 2018*” sets out how organisations and individuals should work together to undertake their duties to safeguard and promote the welfare of children and young people in accordance with the Children Acts 1989 and 2004.

Work has been undertaken to confirm that the required systems and processes are in place to ensure that safeguarding responsibilities are met by the Organisation.

2 BACKGROUND

The purpose of this report is to inform the Trust Integrated Safeguarding Committee and Executive Board of the safeguarding arrangements currently in place to ensure NDHT meets its statutory responsibilities to safeguard and promote the welfare of children and young people (Section 11, Children Act 2004) and adults with care and support needs. It provides a detailed review on key aspects of safeguarding activity and partnership working with agencies across Northern, Mid & Eastern Devon and the South West Peninsula.

The Trust’s Integrated Safeguarding and MCA Service have the following overarching aims. To:

- Support all staff within the organisation with leadership, advice and support, and training and guidance so that they recognise and act upon their individual responsibilities to protect children and adults at risk or experiencing abuse and neglect in all its forms.
- Implement PREVENT responsibilities and provide training, support and leadership for people at risk of exploitation and radicalisation.
- Ensure that NDHT provides the highest level of identification, support and onward referral processes for people attending our services as patients and for staff who are experiencing Domestic Abuse and Sexual Violence including working with the Health Independent Domestic Violence Advisor (IDVA) and non-statutory and statutory partners.

Safeguarding Children:

- Ensure that all children and young people are protected from significant harm.
- Ensure that the welfare of the child is paramount and the voice of the child is central to all interventions.
- Ensure compliance with the South West Child Protection Procedures (SWCPP).
- Implement national and local guidance in relation to safeguarding.
- Play an integral part in Devon Children and Families Partnership (DCFP) and sub groups to exercise its safeguarding functions.
- Promote best practice throughout the organisation.
- To ensure that families and children who require early help interventions are identified and supported through multi agency partnerships.

Safeguarding Adults:

- Ensure the Trust has safeguarding arrangements in place as defined by the Care Act (2014).
- Ensure that the process of protecting adults with care and support needs from abuse or neglect is integral to all health care provision within the Trust.
- Ensure that '*making safeguarding personal*' is central to the way the NDHT staff respond to people with care and support needs who may be in vulnerable circumstances and at risk of abuse or neglect by others. In these cases that we work together with local services to identify those at risk and take steps to protect them.
- Implement national and local guidance to safeguard adults and play an integral part in the Torbay and Devon Safeguarding Adults Partnership and Sub Groups, to exercise its safeguarding functions.

Mental Capacity / Liberty Protection Safeguards:

- Ensure the Trust is compliant with its duties towards people under the statutory legislation including the Mental Capacity Act (MCA) 2005 and the Care Act (2014).
- Improve practice in relation to the Mental Capacity Act (2005) including competent capacity assessments aligned to the 5 key principles.
- Improve the identification and response to Deprivations of Liberty within the Trust, ensuring that they are necessary and proportionate in accordance with the Deprivations of Liberty Safeguards.
- Provide responsive guidance around both the MCA and DoLS/LPS process to teams and practitioners where support is needed.
- Provide training in both these areas to the spectrum of staff across the Trust.
- Provide resources, processes and documentation which lead to greater competences and standards around DoLS/LPS and MCA.
- To support the Trust with the change from DoLS to LPS to ensure that processes and systems are in place and individuals within the Trust understand their responsibilities in the move to NDDH becoming a Responsible Body.

This report reviews the Trust's progress in meeting national/local standards and priorities. It also sets out safeguarding priorities for 2022/2023.

3 CURRENT POSITION

3.1 External Assurance

3.1.1 Devon Children and Families Partnership (DCFP)

The Devon Children and Families Partnership is the body with responsibility for safeguarding children across Devon. It reports to Devon County Council which must ensure that comprehensive arrangements are in place across the local area. This partnership work includes Police, Health (through CCG's) and Local Authorities, each being invested with specific duties to secure the safeguarding arrangements and responsibilities for children and that those duties should attach to the senior leaders in each of the organisations. The Trust has been involved in the planning and development of the partnership arrangements for services for children in Devon. The Trust is represented on the Devon Children and Families Partnership and is an integral decision maker in the development and progression of the local safeguarding agendas. The Trust representative plays a key role in informing the multi-agency board on the development of safeguarding initiatives specifically related to health.

The Trust is represented on a number of Devon Children and Families Partnership sub-groups, including the Quality Assurance Delivery Group, Northern Locality Forums, the Health Advisory Group, the Quality Assurance Delivery Group / Learning Group, the Child Sexual Exploitation (CSE) Sub Group and the Child Sexual Abuse Sub Group.

3.1.2 Torbay and Devon Safeguarding Adults Partnership (TDSAP)

The overarching purpose of the TDSAP is to ensure that adults with care and support needs are safeguarded from abuse and neglect. As part of the Trust's adult safeguarding responsibilities we engage in the activities of the TDSAP, being an active Board member and fully participating in the sub-groups. The Trust is an integral decision maker in the development and progression of the local safeguarding arrangements. We are well represented on a number of TDSAP sub-groups; including TDSAP Operational Group, Assurance Quality & Improvement, Safeguarding Adults Review Group, PREVENT, Learning and Improvement group, PREVENT sub group and the Modern Slavery sub group.

3.2 Internal Assurance

3.2.1 Joint Integrated Safeguarding Committee

The Joint Integrated Safeguarding Committee meets quarterly and seeks assurance that all safeguarding and MCA commitments and responsibilities for adults and children are met. It oversees the work of the Safeguarding Adults Operational Group, Safeguarding Children Operational Group, Prevent Operational Group and MCA/LPS Operational Group. It further seeks assurance that there are suitable processes in place to ensure that safeguarding arrangements are reviewed and updated on a regular basis through the Work Plans and those actions are completed within agreed timescales and reviewed on a regular basis.

3.2.2 Safeguarding Children Operational Group

The Safeguarding Children Operational Group is a sub-group of the Trust Integrated Safeguarding Committee and is chaired by the Nurse Consultant Safeguarding Lead. The group meets 8 times a year and takes relevant action in regard to any operational safeguarding children issues which have been identified. The Terms of Reference have been developed, reviewed and membership identified. The group maintains an overview of the progress of the Safeguarding Children Work Plan.

3.2.3 Safeguarding Adults Operational Group

The Safeguarding Adults Operational Group is a sub-group of the Trust Integrated Safeguarding Committee and is chaired by the Nurse Consultant Safeguarding Lead. The group meets monthly and takes relevant action in regard to any operational safeguarding adult issues, learning disability, domestic abuse and sexual violence, PREVENT and Modern Slavery. The group maintains an overview of the progress of the Safeguarding Adult Work Plan. The Terms of Reference have been developed, reviewed and membership identified.

3.2.4 Mental Capacity Act Operational Group (Joint NDHT / RD&E)

The MCA/LPS Operational Group is a sub-group of the Joint Integrated Safeguarding Committee and is chaired by the Nurse Consultant Safeguarding Lead. The group meets monthly and actions and monitors the progress within the MCA/LPS Work Plan. The Terms of Reference have been developed, reviewed and membership identified.

3.2.5 PREVENT Operational group (Joint NDHT / RD&E)

The PREVENT Operational Group is chaired by the Director of Nursing, RD&E. It is a sub-group of the Joint Integrated Safeguarding Committee. The Terms of Reference have been developed, reviewed and membership identified.

3.2.6 Safeguarding Children Lead Practitioner Network Group

These professional network groups support the delivery of the Safeguarding Children Work Plan and are chaired by the Nurse Consultant Safeguarding Lead/Named Nurse. The purpose of the network groups is to disseminate key learning from cases, incidents and audits, and support the development of safeguarding leadership within services to ensure that they are understood. The network group meets quarterly, this year via TEAMS, and reports to the Safeguarding Operational Group. Safeguarding Leads continue to have on-going relevant updates and training. They provide safeguarding children supervision to their teams.

3.2.7 Safeguarding Adults Link Practitioner Network Group

These professional network groups support the delivery of the Safeguarding Adult Work Plan and are chaired by the Nurse Consultant Safeguarding Lead. The purpose of the network groups is to disseminate key learning from cases, incidents and audits, and to support the development of safeguarding leadership within services to ensure that they are understood. The network groups meet quarterly and report to the Safeguarding Adults Operational Group. Safeguarding Link Practitioners have been provided with additional training opportunities this year in Level 3 Domestic Violence, MCA and LPS, themes from Section 42 enquiries and SAR's.

3.2.5 Mental Capacity Act Champions (Northern Services)

The Mental Capacity Act (MCA) Champions Group is a professional network group for representatives across the acute wards who are dedicated to improving certain aspects of the Mental Capacity Act (MCA) and/or Deprivations of Liberty Safeguards (DoLS) within their ward. Champions are points of contact for their designated responsibility and their role is to bridge the gap between ward staff and the MCA team and promote awareness of the Mental Capacity Act. They work closely with the MCA team to implement new procedures and policies. The group meets quarterly and are provided with additional resources and training around specific areas of practice and key learning in the respective areas.

4 INTEGRATED SAFEGUARDING TEAM

4.1 Safeguarding Executive Lead

Carolyn Mills, Chief Nursing Officer RD&E/NDHT holds the executive responsibility for safeguarding within the Trust and is the Chair of the Joint Integrated Safeguarding Committee.

4.2 Nurse Consultant Safeguarding Lead / Named Nurse Child Protection

The Nurse Consultant Safeguarding Lead/Named Nurse for Safeguarding Children and Young People/PREVENT/Modern Slavery/Domestic Abuse and MCA Lead is Anna Brimacombe. She ensures the delivery of the Work Plan's, provides assurance to the Joint Integrated Safeguarding Committee and delivers strategic objectives. Anna continues to be the lead for ensuring compliance in NDHT with the safeguarding agenda both locally and nationally. She represents the Trust at multi agency meetings, engages in DCFP and TDSAP Boards and Sub Groups.

4.3 Named Doctor Children

The Named Doctor is Dr Chris Poh, Consultant Paediatrician. The Named Doctor provides support, advice and leadership to NDHT Medical Staff, primarily to Senior Paediatricians undertaking child protection medicals and writing reports for social care or court proceedings. The Named Doctor delivers and leads the safeguarding 'peer review' (supervision) sessions. The Named Doctor also represents NDHT at multi agency meetings.

4.4 Named Doctor Adults

This post has not been filled during the timescales for this report.

4.5 Named Midwife

Angela Whitfield is the Named Midwife for Safeguarding. She provides leadership, advice, safeguarding children supervision and training within maternity services. She engages in county wide safeguarding children representation, health related policies and processes and represents NDHT at multi agency meetings and ensures compliance in NDHT with the safeguarding agenda both locally and nationally.

4.6 Specialist Nurses Safeguarding Adults

This post is jointly held by Alison Bradshaw and Mary Fisher. The specialist nurses provide advice, support, training and practice and policy development. They each have dedicated responsibilities to lead in areas of adults safeguarding practice and development. They lead Section 42 Enquiries and support Trust staff during investigations. They both develop and provide Level 3 safeguarding adults training.

4.7 Specialist Nurse Safeguarding Children

This post is held by Laura Lethaby who leads on the Early Help agenda through the Trust. She provides supervision for the safeguarding children supervisors and works closely with the Paediatric services in the Trust and multi-agency partners to develop practice and ensure the best outcomes for children. Laura works as part of the team to develop and provide Level 3 training.

4.8 Specialist Nurse SARC/Sexual Health & Exploitation

Louise Barraclough leads on safeguarding within the SARC providing bespoke supervision for staff working in this complex area. She has been key in developing

practice both within and external to the Trust. She is working with the Modern Slavery Multi-Agency Partnership. She also supports the sexual health services and leads the multi-agency element of the Trust's responses to exploitation. Louise works as part of the team to develop and provide Level 3 training.

4.9 Mental Capacity Assessment and Liberty Protection Safeguards (MCA/LPS) Team

The team is led by Pete Deadman, MCA/LPS Lead and there are two MCA/LPS practitioners, Julie Cotton and April Oliver. Judith Latcham is the MCA/LPS administrator. The team provide advice, support, training and direct work to provide support and guidance to staff and patients around MCA and DOLS. They are also preparing for the implementation of LPS.

4.10 Safeguarding Administrators

Rachel Phillips, Sarah-Jane Cronin, Juliet Rees and Judith Latcham, provide the administrative support for the team. They co-ordinate and manage the various meetings, court requests, IT systems and reports and receive enquiries to the team.

5 LEARNING, DEVELOPMENT AND TRAINING

Northern Devon Healthcare NHS Trust has aligned its staff statutory training requirements to the Skills for Health Core Skills Training Framework (Skills for Health 2018). Included in this is the need for completion of safeguarding training for both adults and children which are separately underpinned by an Intercollegiate Document for Children RCPCH 2019 and Intercollegiate Document Guidance for Safeguarding Adults NHS England 2018. Each level of training requires that staff need to complete a minimum number of hours training over a three-year period and that these training hours can be met by undertaking a variety of different training interventions. The Trust complies fully with these documents.

This year continued to be challenging due to the COVID pandemic.

Face to face training was re-introduced in September for Level 3 Safeguarding Adults and Children and included MCA and Domestic Abuse. Link Practitioners from both Adults and Children were sent regular training opportunities. We have worked with the TDSAP, the DCFP and other Health Providers to share ideas, resources and opportunities.

The Safeguarding team engaged in local and national delivery of training which will be addressed within the specialist areas of this report and include: Safe Fest, Domestic Abuse (Pathfinder), Loan Sharks, Self-Neglect, Dental Neglect, Fabricated illness, County Lines and Exploitation South West Paediatric Regional Study day, SARC and sexual exploitation and abuse.

The Nurse Consultant has been a member of the TDSAP Operational Delivery group which adopted a Devon wide multi agency Safeguarding Adults Training Strategy.

Many bespoke training sessions have been delivered to wards, community settings and departments including Medical staff and preceptees.

A joint safeguarding newsletter forms part of the information sharing and training at Level 1 for both safeguarding areas.

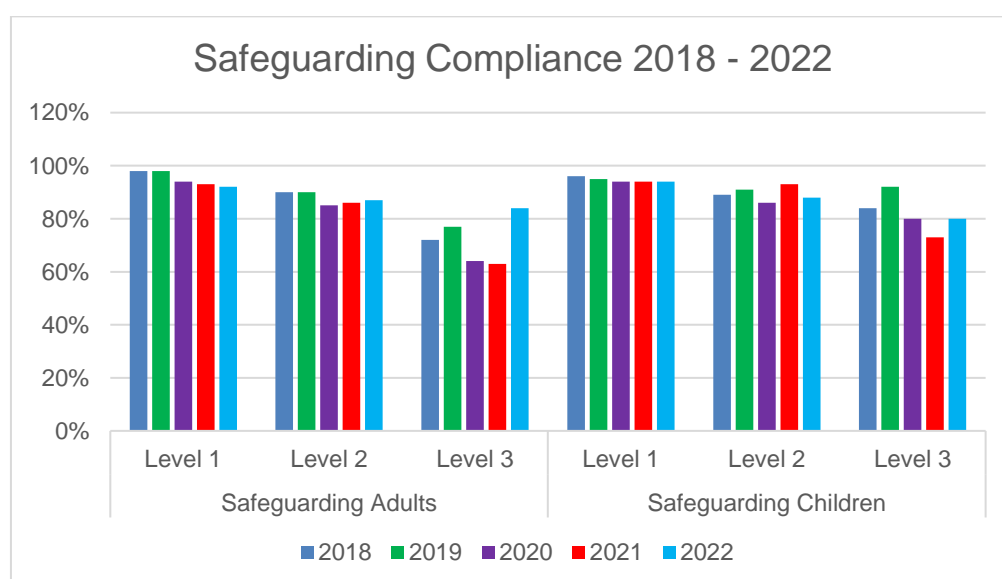
Children

	March 2017	March 2018	March 2019	March 2020	March 2021	March 2022
Level 1	96.1%	96.1%	95.0%	94.8%	94.3%	94.09%
Level 2	83.5%	89.1%	89.6%	85.1%	93.1%	88.42%
Level 3	78.9%	83.5%	90.7%	86.0%	72.9%	80.2%

Adults

	March 2017	March 2018	March 2019	March 2020	March 2021	March 2022
Level 1	97.8%	97.8%	98.0%	96.4%	92.7%	92.24%
Level 2	81.5%	90.5%	89.1%	85.3%	86.3%	87.31%
Level 3	44.5%	70.0%	79.1%	68.5%	63.0%	83.52%

Safeguarding Training Compliance 2018 - 2022



6 SAFEGUARDING SUPERVISION

6.1 Safeguarding Children Supervision

Safeguarding children supervision is a requirement for all staff who have face to face contact with children and young people. It is accessed via safeguarding specialists or via the trained safeguarding supervisors. The Supervisors continue to provide staff with safeguarding children supervision in their work areas. All safeguarding children supervision undertaken is reported to the Safeguarding Children Team so that compliance can be monitored. Capacity issues as a result of Covid have impacted on the opportunity for staff to access supervision. A

questionnaire was sent to all supervisors to ascertain their views and overwhelmingly staff shortage and capacity issues were identified as a barrier to providing regular planned supervision. Ad-hoc supervision is still provided by supervisors and safeguarding team members.

Peer Review meetings chaired by the Named Doctor are held two to three-monthly to review cases and share learning. These meetings have continued to be run remotely are attended by paediatric medical and nursing staff. Paediatricians can access supervision from the Named Doctor as required.

6.2 Safeguarding Adults Supervision

The safeguarding supervisors who received training in 2020 have struggled to implement their learning and develop their practice. They have continued to give ad-hoc supervision. Update training was delivered in Oct 2021 but was poorly attended. The Nurse Consultant worked with a task and finish group led by NHSEI and a Bournemouth University module was introduced. We continue to work with the TDSAP to develop and produce a training package and processes/policies to support this process across the multi-agency partners in Devon, Torbay and Plymouth. This work has been on hold due to operational pressures because of COVID. Safeguarding Adult Link Practitioners received safeguarding supervision training and continue to receive regular safeguarding updates via the quarterly meetings to support and develop additional specialist skills in safeguarding and supervision to their clinical areas.

7 AUDITS

7.1 Internal Audit

7.1.1 Safeguarding Adult Audits

Datix incidents and a safeguarding Section 42 enquiry identified the need to examine the use of restrictive practices within the organisation. To this end a task and finish group was set up to examine practice, review policy and look at the current training offer.

An externally commissioned service was involved in the incident. There were a number of subsequent incidents that involved restraint, where the patient had cognitive impairment.

In order to inform the Restriction and Restraint steering group the audit was planned to understand some of the detail of incidents reported. The intention was to identify where additional resources may need to be allocated for supporting staff (internal and externally commissioned) to apply best practice when there may be situations/behaviours that present challenges to manage.

Restraint is defined as making someone do something they don't want to do or stopping someone doing something they want to do (Skills for Health, 2014).

Whereas a restrictive intervention can be defined as a deliberate act on the part of another person(s) that restricts a person's movement, liberty and/or freedom to act independently in order to take immediate control of

a dangerous situation where there is a real possibility of harm to the person or others if no action is undertaken, and end or reduce significantly the danger to the patient or others (Department of Health 2015).

Restraint can be physical, mechanical, pharmacological or psychological in nature.

Any restrictive practice must be reasonable and proportionate to the identified risk. Recognising that circumstances are often complex, it is imperative that all other means of preventative action are explored before any form of restrictive practice is applied. When action is taken, this must be consistent with our legislative and professional obligations.

The group worked throughout 2021 with a focus on rewriting the Restraint and Restrictive Practices Policy. It was decided within the group that this would initially focus on adults as the legislative framework for children is different. The Adult policy is complete, with work on the children's policy ongoing.

The policy was unable to prescribe the training offer, although this was discussed at length, and whilst there was initial agreement with the training department this is yet to be established and will be dependent on alignment with Exeter following the amalgamation of the two Trusts.

There remains a reliance on security and Crown to deal with patients that present with challenging behaviour and this is often reflected in the reporting mechanism (Datix) which remains unchanged and is limited in its ability to identify the application of specific legal frameworks.

7.1.2 Audit of staff awareness of the legislation in relation to the Homelessness Reduction Act (2017)

NDHT Audit Registration number 3791

Summary

From the 1st October 2018, as part of the Homelessness Reduction Act 2017, hospitals providing inpatient care, Emergency Departments (EDs) and Minor Injury Units (MIU's) are bound by the 'Duty to Refer'. This requires all named public bodies including our NDHT to refer anyone they believe may be homeless, or threatened with homelessness.

As a response to the problem of homelessness in Northern Devon, NDHT has established a task and finish group that reports directly to NDHT Safeguarding Adults Operational Group.

To inform the recommendations made by this group it was considered important to have a baseline of knowledge regarding this legislation.

A survey of professionals was completed to gain an understanding of their knowledge base.

The survey found that few staff had knowledge of this legislation, and an action plan was agreed by the task and finish group.

The survey itself provided an opportunity to share information about responsibilities under this legislation.

In February 2022 the audit report was considered by NDHT Operational Group who agreed that the Homelessness Task and Finish group should be responsible for the action plan and lead on re-audit.

Method:

Sample

55 members of staff randomly selected from across departments interviewed, using audit tool as below

Note: Audit proposal indicated 100 staff would be surveyed however inconsistency with proposal as surveyed 5 members of each ward rather than 10, however the results appear to be in line with aim of audit.

Data collection

Random selection of staff

Data Analysis

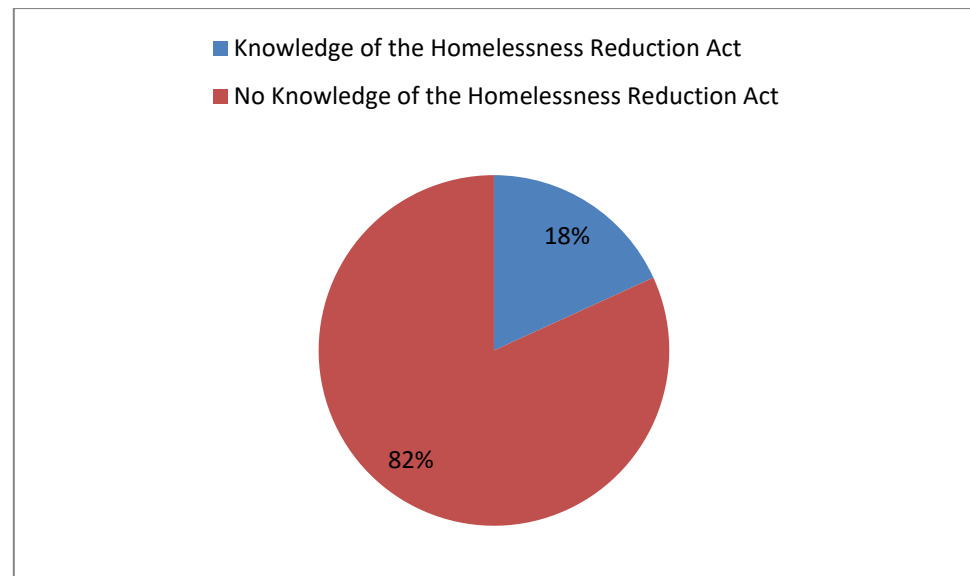
Analysis of results + summary report.

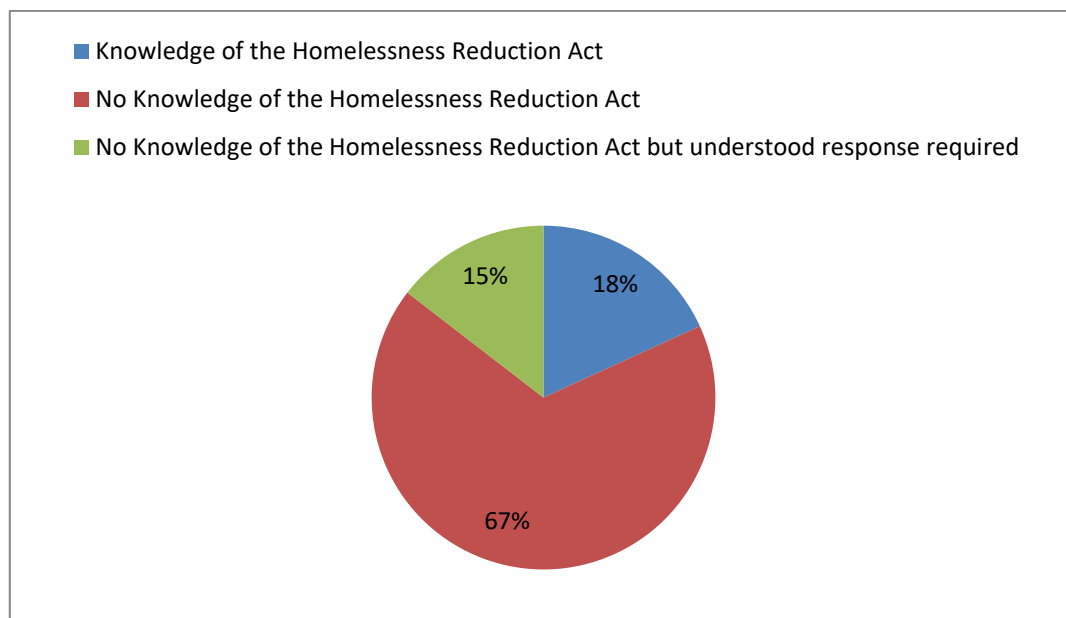
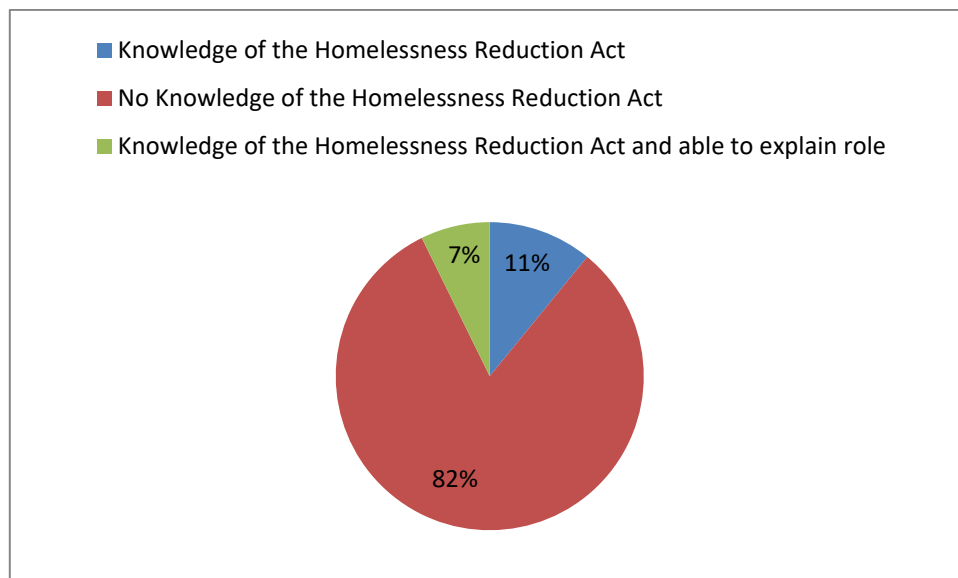
Results:

Description of cases

55 members of staff from across different disciplines as outlined in introductory page.

Findings





- 82% of those surveyed had not heard of this legislation.
- 18% of those surveyed had heard of the legislation.
- However only 7% of staff knew of the legislation and were aware of their statutory responsibility.
- 15% of those who had not heard of the legislation were aware a safeguarding response indicated.

Those who were not aware of the legislation were across all disciplines, roles and responsibilities.

Whilst there is a significant lack of 'legal literacy' there is some evidence that staff were making referrals, aware that a safeguarding response was

indicated. However a large percentage of staff demonstrated no indication that a response was indicated at all.

Those in midwifery demonstrated the highest percentage of knowledge (but the numbers included in the survey were low, therefore statistically unreliable).

The survey provided an opportunity for 'micro teaching' for everyone surveyed and information about the legislation was shared in the setting of the audit.

Staff were very responsive to the audit team and demonstrated compassion in their practice, and an eagerness to know more.

ED proposed to include information in their newsletter for all staff on the Homelessness Reduction Act and Duty to refer.

A Patient Story:

Whilst in ED the nurse asked one of the audit team (safeguarding nurse specialist) to review a patient who had presented as homeless. The patient (a professional man) had experienced complex change in circumstances appeared to be experiencing low mood and alcohol misuse and dependancy. Due to a change in circumstances he was sleeping in the back of his car. He did not live locally and had travelled to North Devon as had friends in the area.

A trauma informed approach was adopted, he became tearful describing grief for his mum who had died a number of years previously and sadness at potential breakdown of current relationships. This was a man experiencing trauma and was miss-using alcohol.

With consent a referral was made to the Homeless team at NDC and a referral was made to the homeless and inclusion health nurse at the Freedom Centre. The criteria for emergency housing was not met however the Freedom Centre were able to provide discretionary accommodation, the man accepted support with his alcohol dependancy and accessed support through the Freedom Centre. He no longer slept in the back of his car with all of the risks that presents. Through one intervention in ED it is hoped this man was supported in the immediate term, and can work towards rebuilding his life with longer term goals.

Conclusions:

Homelessness carries significant risks, including self-neglect and potential for exploitation and abuse.

Lack of 'legal literacy' across agencies is well documented (Preston-Shoot et al 2020), and this presents challenges at national and local level on how to support staff increase their knowledge and skills to provide safe and effective care to those at potential risk.

Homelessness often presents with complex intersecting risks to the individuals, and sometimes others, requiring a multiagency approach. Self-neglect is a recognised form of abuse (Care Act 2014) and is often a feature presentation when someone is homeless and requires the practitioner to consider a safeguarding response.

The core principles of safeguarding practice (partnership, prevention, protection, proportionality, empowerment and accountability) should be a thread throughout safeguarding practice (DHSC, 2021).

There is overlapping statutory primary legislation that practitioners need to be aware of to practice within the legal frameworks we live and work under, this includes professional regulatory body requirements (NMC, 2015). Statutory responsibility placed on health professionals is the Homelessness Reduction Act 2017 which requires the professional to make a referral to the Local Authority housing team (with consent).

Recommendations on how to support staff understand the complexity of legal responsibilities will be considered by the homelessness task and finish group and recommendations can be made to NDHT Safeguarding Operational Group.

Recommendations:

'Homelessness Task and Finish' group to consider results and make recommendations to Safeguarding Operational Group.

Action Plan:

Audit report to be shared with the Homelessness Task and Finish Group and recommendations to be made to NDHT Safeguarding Operational Group.

Re-audit date:

To be determined by the Homelessness Task and Finish Group.

7.1.3 Deprivation of Liberty Safeguards Evaluation Audit

Aim:

The aim of the project was to compare the quality and quantity of Deprivation of Liberty Safeguard (DoLS) applications to determine the effectiveness of clinical governance processes that the MCA/LPS team have established since their inception within the Trust. With the intention to evaluate the effectiveness of current processes and help plan for future governance and quality improvement strategies.

Background:

The responsible body for Deprivation of Liberty Safeguards (DoLS) is currently the local authority in which the particular patient is resident. However, this year the DoLS legislation will be changing and replaced by Liberty Protection Safeguards (LPS) as outlined in the Mental Capacity (Amendment) Act. At this time, hospital Trusts will become the responsible bodies. The MCA/LPS team will be responsible for facilitating this change in legislation at Royal Devon's Northern Services. Numerous processes have been put in place to try and improve the quality and quantity of DoLS applications and the evaluation project reviewed our internal data to determine if those processes have been effective.

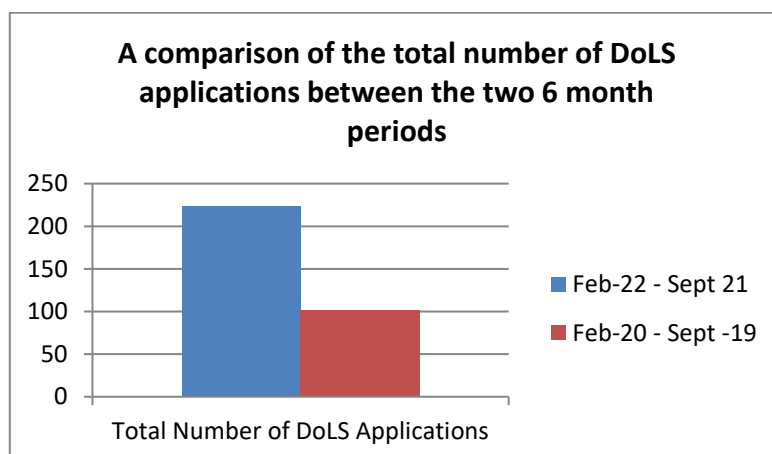
Method:

Quantity – The overall number of DoLS applications and number of DoLS applications per ward for the most recent 6 months (February 2022 back to September 2021) was compared with the number of DoLS, overall and per ward, for same 6 months in the year 2020-2019 (February 2020 back to September 2019). This was compared with the total number of in-patients on any given month to establish percentages of inpatients with DoLS applications. These figures were obtained by contacting the analysts from the HART department.

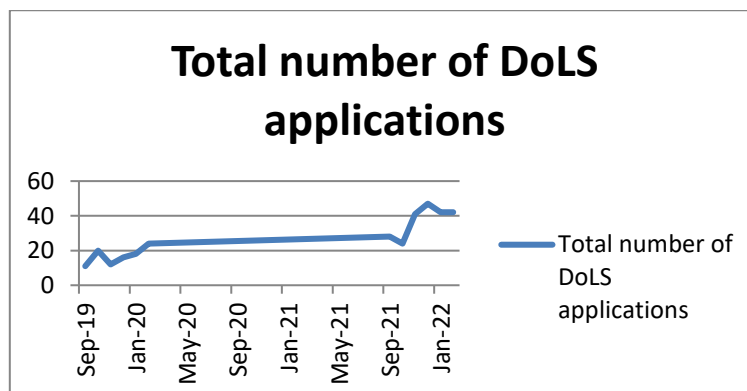
Quality Evaluation – Using our pre-existing DoLS spreadsheets to we randomly selected 5 DoLS applications from each month over the last 6-month period (inclusive of February 2022) and repeated the same random selection process for the same 6 months in the year 2020-2019 (February 2020 back to September 2019). This is a total of 60 DoLS applications. These randomly selected DoLS applications were then assessed and scored using pre-set quality markers and this data inputted into a spreadsheet.

Summary of Selected Results

Quantity Evaluation:

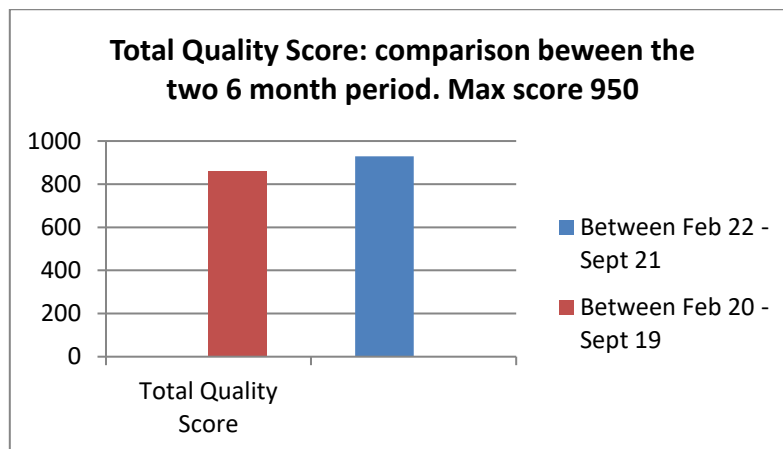


This has increased from 101 to 224 applications an increase of 122%

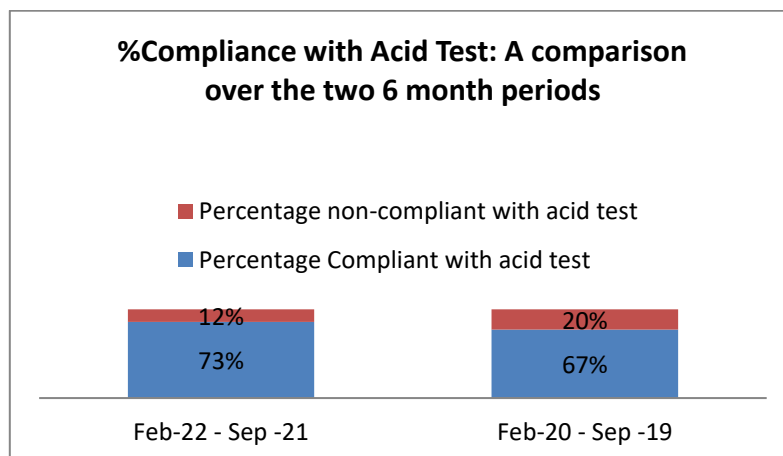


The graph shows the significant increase in applications since the team's inception.

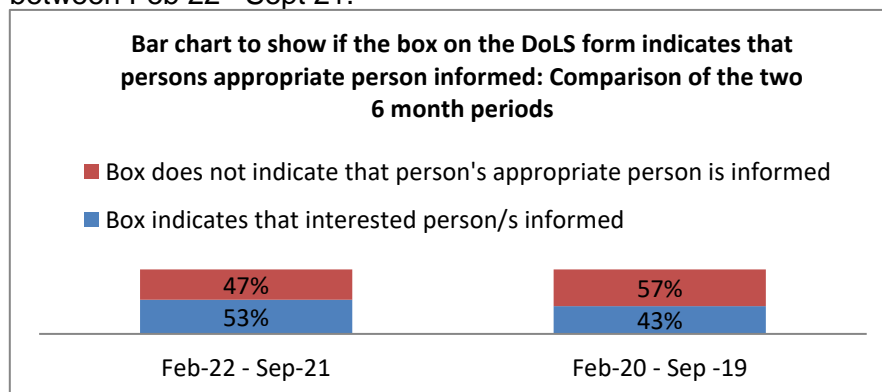
Quality Evaluation:



There has been a slight improvement in quality. However, between Feb 2020 and Sept 2019 the quality was fairly high with a total score of 863 out of 950, compared with 929 out of 950 for the last 6-month period.



An improvement in compliance with the acid test has been made by 8% and our DoLS process would have allowed us to gather extra information and pass on to DCC for the 12% that were non-compliant between Feb 22 –Sept 21.



The number of applications in which the box on the DoLS form indicated that the person's "appropriate person" was informed has improved by 10%, however 47% in the last 6 months were still not informed at the time the form was completed.

Discussion and Conclusion:

The quantity of DoLS applications has significantly increased in the Trust, particularly in the last 4 months. Some of this could be due to the fairly new implementation of the "DoLS identification process" but this cannot be wholly responsible as significant improvements in quantity have also been seen on MAU, Hugh Squire and Victoria, where this particular process has been implemented.

It is difficult to pinpoint the exact reason for the rise, likely a combination of processes the team have put in place. However, it can be determined that the wards in which we have not tried to implement any new processes/had minimal contact with - there has been 0% increase in number of DoLS applications.

It would be useful to evaluate the "Dols identification process" spreadsheet to get some figures about percentages of DoLS per ward when using the number of in-patients for that week, to see how much impact our "Dols identification process" is having. We have only recently started to collect this data.

The biggest percentage increase in DoLS applications per ward (in the last 6 months, compared with two years ago) are MAU, Glossop, Fortescue, Tarka, Hugh Squier, and Capener - in that order.

The wards that have made the biggest number of applications in the last 6 months are Fortescue, Capener, MAU, Staples, Tarka, Glossop, in that order. The percentages of hospital in-patients with a DoLS application are, overall, still low - 3.8% for the last 6 months and only 1% in the same 6-month period two years ago. It is estimated in scoping conducted by the team in preparation for Liberty Protection Safeguards that around 20% of hospital in-patients are being deprived of their Liberty. KGV is in the only one to see a decrease in applications (from 7 applications down to 5).

There has been a slight improvement in the overall quality of the DoLS forms (8% increase) when looking at the overall "quality score" - which is a combination of boxes completed and if the acid test, restrictions, purpose of the DoLS clearly described and interested person/s informed have been completed.

Whilst the improvement is small, the team feel the information that is being provided is more extensive and detailed and, we feel staff's awareness and understanding around DoLS has increased. It may be beneficial in the future for the team to focus on the areas on the DoLS forms that are consistently missed and develop specific training around these areas. We will also consider simplifying the forms for LPS if possible. It may be useful to do further analysis to see if the detail and extent of information provided on the DoLS form has increased (this was not done in this evaluation). It may also be beneficial to do an audit or project around staff's understanding of the DoLS process, and also audit

the information we are currently gathering during our “DoLS identification processes”.

12% of applications in the last 6 months are still not meeting acid test criteria and the bar for this was set fairly low for this evaluation project. The biggest areas of the acid test that were not met are “lacks capacity” and “not free to leave”.

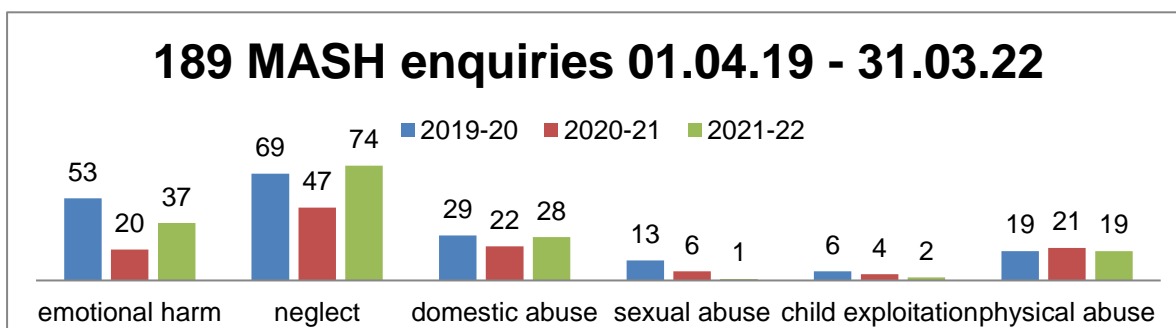
An area that still requires improvement is the percentage of a patient’s “appropriate person” being informed at the time the form was being completed. Over the last 6-month period this was only 53%. There was a valid reason for the 47% not being informed in 32% of these cases. We will consider as a team processes to improve this. One area of focus in this regard is to ensure that night staff are handing over the need for informing the appropriate person to day staff. In relation to the quality of DoLS applications, 9 Boxes have been missed in 20% or more of DoLS applications in the last 6 months, in our evaluation project we referred specifically to these boxes, possible reasons behind this, and actions we could take as a team in response.

As a team we will use the evaluation project to review our workplan and evaluate further actions as necessary.

7.1.4 Safeguarding Children and Young People

MASH Internal Audits

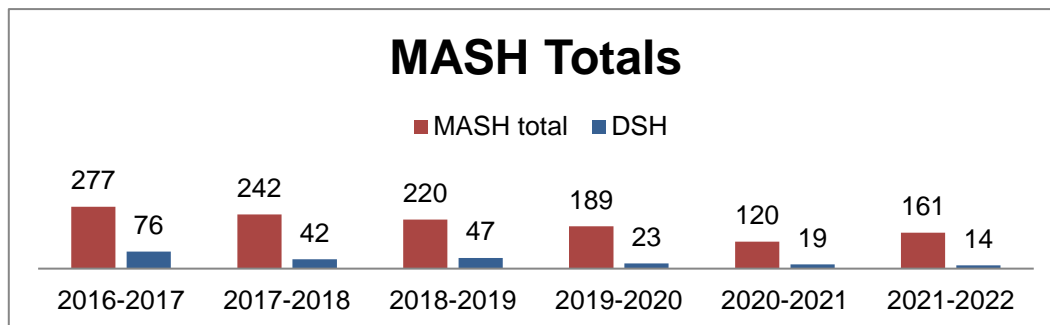
A review of Multi-Agency Safeguarding Hub (MASH) data for the past 3 years was looked at to identify the most common reasons why NDHT staff completed a MASH.



Conclusion:

The number of MASH enquiries has increased compared to last year and is more in line with the number’s pre-pandemic. Neglect continues to be the most common reason for a MASH enquiry in all years. The number of enquiries for sexual abuse and child exploitation has decreased each year. There is little change in the number of referrals due to physical abuse, emotional harm and domestic abuse.

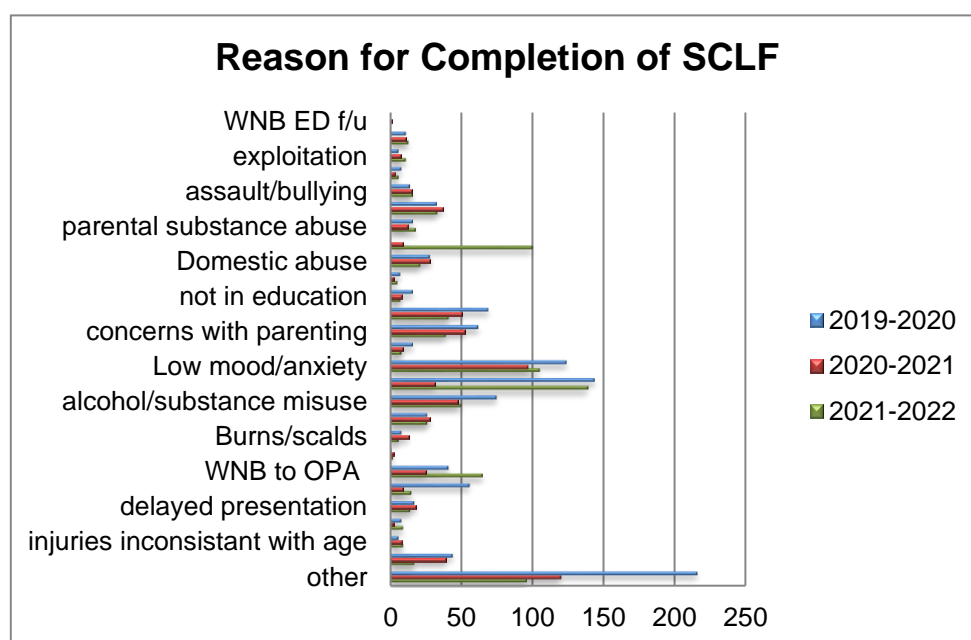
The chart below shows total number of Multi Agency Safeguarding Hub (MASH) enquiries completed by NDHT staff for the past 6 years - Yearly TOTALS 2016-2022 DATA. The chart also shows how many of those enquiries were completed due to deliberate self-harm (DSH).



The number of MASH enquiries has increased compared to last year but below the amount of referrals pre-pandemic years. The number of MASH enquiries completed due to self-harm continues to decrease.

Safeguarding Children Liaison Forms (SCLF) Internal Audit

A review of the Safeguarding Children Liaison Form (SCLF) data for 2021-2022 has been completed to determine the reasons NDHT staff filled out a SCLF. 'Other' shows some of the highest numbers for previous years, this box was usually ticked for children who had a social worker or were a child in care but now a box has been added to the SCLF saying 'has social worker', so we can see in this year's data that 'other' numbers have reduced. Self-harm, overdose and mental health in children again show the larger numbers for all years and a child having a social worker is also one of the main reasons for completion. The main increases compared to last year are self-harm/OD and children not brought to appointments. Self-harm/OD is likely due to the fact the referral the pathways changed for a time during the first year of the pandemic so we were seeing less numbers through the hospital. Again, the number of children now able to have face to face appointments compared to previous year has increased allowing for more opportunity of 'was not brought episodes' but this number is still higher than pre-pandemic year; Covid infections may be influencing the number of missed appointments due to self-isolation rule.



7.1.5 Section 11 Audit

Section 11 (Children Act, 2004) places a statutory duty on organisations to 'make arrangements' to ensure that, in discharging their functions, they have regard to the need to safeguard and promote the welfare of children. Compliance is mandatory.

The Section 11 Audit has not been requested by the DCFP in 2022 but a copy for the Annual report is provided on request.

8 CHILD SAFEGUARDING PRACTICE REVIEWS & SAFEGUARDING ADULT REVIEWS

8.1 Children

Northern Devon Healthcare NHS Trust has not been directly involved in any Child Safeguarding Practice Reviews this year. There have been 2 Rapid Reviews which have resulted in learning events. All learning briefings have been distributed through our network groups, published on the intranet and included in our newsletter.

Targeted online learning sessions have been running throughout COVID as a response to any national and/or Devon wide thematic learning. Bruising or injury in a non-mobile child was a recognised theme last year.

8.2 Adults

The Torbay and Devon Safeguarding Adult Partnership (TDSAP) is completing a Thematic Review of SAR's into 7 people, where Self-Neglect was a feature. This review is being undertaken by Michael Preston-Shute and Susie Bray, national experts in this area of practice. NDHT has been fully engaged in this review and is represented on the panel. A further 3 SAR's have been in progress this year with NDHT engagement.

Link to all published SAR's:

<https://www.devonsafeguardingadultpartnership.org.uk/about/safeguarding-adult-reviews/>

8.3 Domestic Homicide Reviews

There is a link to Published DHR's on the Safer Devon website:

<https://saferdevon.co.uk/domestic-homicide-reviews/>

NDHT completed 2 Domestic Homicide Reviews HR Chronologies.

The Safeguarding Lead also chaired at SAR on behalf of the TDSAP. Learning from SAR's is being cascaded through the county and training opportunities offered throughout the Trust at learning events organised and supported by the NDHT Safeguarding Team.

9 SAFEGUARDING ON INTRANET / BOB

The site is regularly reviewed by the Safeguarding Team and updated legislation, information and guidance are added.

New areas have been added to improve staff experience and access which include a dedicated MCA/LPS page and training pages for Safeguarding Adults/Children and MCA.

10 POLICIES AND PROCEDURES

Policies

The Safeguarding Adults Policy has been completely updated and re-written.

The Child Not Brought Policy has been updated and re-written.

The FGM policy has been updated.

The Supervision of Contact between Child and Parent/Carer when there are Safeguarding Concerns Policy has been written and is awaiting approval from the board.

The Team have supported the review of the Trusts Mental Capacity Act and Deprivations of Liberty Safeguards Policy this year. With the latter, in conjunction with RD&E, ensuring a consistent approach between areas was developed before the joining of our Trusts. The wider Royal Devon MCA/LPS Team will this year begin creating a draft Liberty Protection Safeguards Policy, ready for the inception of LPS in 2023.

11 SAFEGUARDING NEWSLETTER

A safeguarding newsletter has been published during this period in the Autumn and Spring. This newsletter provides national and local information about all aspects of children and adult safeguarding including PREVENT, Modern Slavery, Exploitation, Domestic Abuse and MCA/DoLS. It is distributed electronically via the Trust intranet site (BOB) and is also used by Link Practitioners and Safeguarding Supervisors to support learning and practice. The newsletter supports the safeguarding training requirements of both the Adult and Children Intercollegiate Documents.

12 AREAS OF PRACTICE

12.1 Maternity

The Named Midwife and Complex Care Midwife continue to work closely with the Named Midwife and the wider Safeguarding Team to set, monitor and maintain robust Child Protection arrangements. The role is one of leadership and a key focus has been on developing good working relationships with all stakeholders across different providers; in particular Children's Social Care, Perinatal Mental Health and Early Help Services.

An area of focus for Maternity Services for 2021/22 has been to develop and strengthen the availability and quality of Safeguarding Supervision. This has been a challenge this year and compliance has fallen due to operational pressures and staff shortage. This has been identified as a risk and discussed at the Integrated Safeguarding Committee. A clear pathway of support remains available for all midwives to access Safeguarding Supervision as required.

The Complex Care Midwife attends the Vulnerable Family Meetings held each month with partner agencies, to share information and develop plans for early

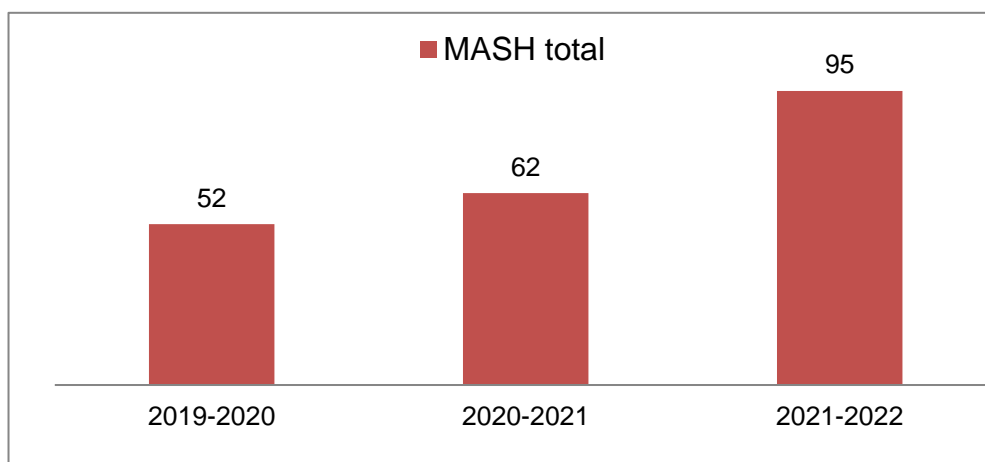
intervention support for women and their families prior to the birth of their babies.

There is a regular annual training update within the mandatory training programme for Midwives and Maternity Care Assistants. Facilitated by the Complex Care Midwife, it provides a comprehensive overview of Safeguarding and Complex Care. This is developed and influenced by DCFP Serious Case Reviews, incorporating, where relevant, any national and or locally identified risks/concerns.

The Health IDVA also provides dedicated Domestic Abuse training at these monthly updates.

COVID-19 has brought into effect many changes at pace across the organisation and this is no different within the maternity setting. With the support of the Nurse Consultant Safeguarding Lead and the Named Midwife, the Safeguarding Supervisors have been able to support Midwives and Maternity Care Assistants to access learning using a blended approach of eLearning, experiential learning, webinars or self-directed learning to achieve the required level of training. The benefits of this learning are numerous; the professional can tailor this to their area of work and their interest but also the learning is often held on a wider platform either regionally or nationally with a wide-ranging wealth of knowledge and experience offered by external agencies. This, in turn, is brought back into our organisation which can only be of benefit to our women and their families.

Total MASH enquiries made by Midwifery Team



Conclusion:

The amount of midwifery referrals made to MASH has significantly increased compared to previous 2 years. This may have been influenced by the role of the complex care midwife. This role involves supporting other staff with complex cases along with delivering training and supervision to help staff develop skills in assessment of risk to unborn. There has also been an increase in the number of safeguarding children supervisors within the maternity department which will be having a positive impact. It would be interesting to unpack the increase in referrals in more depth and to see what impact if any Covid has had.

12.2 Children

12.2.1 Specialist Nurse Safeguarding Children/Early Help

The Specialist Nurse Safeguarding Children (SNSC) continues to have strong links with the early help locality officers and new early help connectors. Participation in online Locality Partnership meetings continued to take place throughout the past year maintaining those strong links between all early help practitioners and multi-agency professionals. The SCNS is an advocate for early help and provides advice and training to staff, as needed, to help support children and families with vulnerabilities that need Early Help. The SCNS reviews all the Safeguarding Children Liaison Forms (SCLF) and MASH enquiries completed by Trust staff and will provide advice and support to staff where needed, escalate concerns if required, liaise with partner agencies or start the early help process when identified.

The Early Help Practitioner Forums in their previous format were cancelled this year due to COVID. Regular updates are received via email which is shared with the relevant professionals within the Trust and added to BOB safeguarding pages. Early Help Champions have been designated within the Special Care Baby Unit and the paediatric ward to help champion early help practices. The SNCS has been offering access to and training on the Right for Children system to specialist nurses. The dietician and specialist diabetes nurses now have access and have completed training.

Links with Public Health Team Leaders have been maintained with quarterly meetings which allows for stronger professional relationships, improved liaison of safeguarding concerns and regular updates of their current changes in service. The SCNS has increased communications and links with designated safeguarding children leads in schools which supports information sharing practices to help best safeguard the child where there are concerns. The SCNS attends team around the family meetings (TAF), when requested, again to help support and close the gap between health and partner agencies in regards to safeguarding information sharing. The SCNS is developing bridges between GP practice safeguarding practitioners and the NDHT Safeguarding Team, again, allowing for stronger partnership working and improved liaison.

The SCNS has been working within paediatric areas attending regular ward meetings to develop awareness of practice, safeguarding processes and supporting safeguarding children supervision. The SCNS has been supporting outpatient departments, mainly the eye clinic, dental services and dietetics with the 'child not brought' process, attending team meetings and providing support. The SCNS spends time trying to support parents/carers to bring their child(ren) to appointments by liaising directly with families if necessary and/or liaising with schools or other early help services that may be supporting the family already.

Attendance at Devon Quality Assurance Delivery Groups has continued to be part of the SCNS role this year, working with partnership agencies in reviewing key themes throughout the year to seek out any multi-agency learning or development needs. The learning from these

reviews is disseminated and shared throughout the Trust and any training development implemented.

The SCNS acts as a bridge for information sharing and support for staff within the Trust, relaying information and liaising with the most relevant staff groups or agencies. A recent example of this is working as part of a TAF to support a young person with obesity. The community children's nurse (CCN) was supported by the SCNS to complete an early help assessment for this family and to apply for additional services and funding support. Although the CCN withdrew care when there was no further role for them the SCNC has continued to work with a family intervention worker to ensure this young person is still getting some support to help manage his weight and to ensure appropriate information sharing to allow for regular assessment of risks. There have been really good examples of multi-agency working and working together to help safeguard the child.

The SCNS helps deliver Level 3 safeguarding children training and does some short training packages often based on current safeguarding themes nationally or locally. The SCNS organised a multi-agency training session on fabricated and/or induced illness delivered by Professor Glaser; over 100 multiagency professionals attended these sessions, half of which were RD&E & NDHT staff.

The Safeguarding Children and Adults Performance Reports are reviewed at the Operational Groups with oversight from the Integrated Safeguarding Committee each quarter.

12.2.2 Multi Agency Safeguarding HUB (MASH) Process

The internal 'App' based form which includes all the fields required by the MASH continues to provide a more intuitive referral form for Staff and has been developed so that the referral process is significantly simplified and is a 'one button' process. The system allows for management and oversight of cases by the Safeguarding team and for data collection. Copies of MASH enquiries are filed in the child's healthcare record and a copy of the MASH enquiry is sent to the child's GP and Health Visitor/School Nurse and CAMHS professionals where appropriate.

Table 1 gives a breakdown of the numbers by department reporting to the MASH

Area	2016/17 Total	2017/18 Total	2018/19 Total	2019/20 Total	2020/21 Total	2021/22 Total
Caroline Thorpe Ward	27	16	20	14	9	5
Consultant Paediatricians	8	5	6	3	1	0
Dental Access Centre	6	1	8	0	1	1
Emergency Department	126	100	82	82	39	38
Genito Urinary Medicine/Family Planning	5	6	14	5	1	2
Maternity/Community Midwives	71	74	56	52	62	95
Minor Injury Units	10	4	4	2	0	0
Named Professional	5	4	14	1	0	0
Orthodontist	0	0	0	0	0	0

Special Care Baby Unit	2	4	1	2	0	1
Other	17	28	15	11	18	14
Total	277	242	220	189	131	161
Deliberate Self-Harm	76	42	47	23	20	14

12.2.3 Safeguarding Children Liaison Form (SCLF) Process

The Safeguarding Children Liaison Form ensures that there is a system in place that supports staff, shares information with GP's, Health Visitors and School Health Nurses, Child and Adolescent Mental Health Services (CAMHS) and partner agencies when they are concerned about a child or parents/carers. The forms are also used when a child has a Social Worker or is a Child in Care. The concern may not warrant a MASH enquiry being submitted, but the child or parents/carers may benefit from Early Help and support from other health providers or partner agencies. This process is now monitored entirely through the new application.

These forms also form an essential part of referring and accessing Early Help support for vulnerable children and families.

These forms are reviewed daily (except for weekends and bank holidays) by the Safeguarding Children Team and within five working days of their receipt by the Safeguarding Children Nurse Specialist. The specialist nurse's quality assure the content and provide feedback directly to staff members. They will also assist in exploring what level of support the family may already be receiving and or refer to early help services where possible.

Table 2 shows the speciality and number of Safeguarding Children Liaison Forms that were submitted between 1st April 2017 and 31st March 2021.

Area	2017/18 Total	2018/19 Total	2019/20 Total	2020/21 Total	2021/22 Total
Caroline Thorpe Ward	103	130	115	105	146
Emergency Department	233	277	352	314	317
Minor Injury Unit's	115	86	87	8	1
Orthoptics	47	11	15	24	34
Other	113	81	15	47	19
Total	611	585	679	498	557
Deliberate Self-Harm	125	136	189	148	154

12.1 Childrens Safeguarding Practice Reviews (CSPR)

NDHT have completed 3 Rapid review chronologies this year. There have been no actions specific to the Trust. Learning from national CSPR's and local Rapid Reviews is shared via the intranet site, through training and via the Link Practitioners as well as incorporated into level 3 training.

12.2 Child Exploitation (including Child Sexual Exploitation (CSE), Criminal Exploitation (CE) and "County Lines")

The Specialist Nurse SARC (Sexual Assault Referral Centres), Sexual Health and Exploitation provides supervision, support and advice for all staff in these services and areas of work. Her responsibility within our team are the Devon & Cornwall Sexual Assault Referral Centres (SARC) – (Exeter SARC is the Paediatric Centre of Excellence for Child Sexual Abuse in Devon and Cornwall) - Sexual Health Services, and children and adults who are at risk of, or are actively, being sexually abused and/or exploited. She has developed innovative practice in this field. She helps to plan and deliver Level 3 Safeguarding Children Training, develop Policies/Standard Operating Procedures, and contributes to the wide range of multi-agency forums (including, Police, Social Care, Education, and Youth Services) that exist to share information with the aim of protecting children, preventing harm and disrupting exploitation networks. She continues to further develop this innovative approach to incorporating frontline health practitioners into the safeguarding processes for children at risk of exploitation and those who are actively being exploited.

Links have been established between this Specialist Safeguarding role and internal areas within NDHT and RD&E through their safeguarding team. These links with Acute Trusts, departments and wards that see children have enabled the teams to identify children who are accessing multiple services within the Trust, have been admitted to the ward and also discussed and highlighted as vulnerable at MACE (Missing and Child Exploitation) meetings. These children have also been identified as having both complex social histories, self-harming behaviour and multiple additional risk factors.

The post holder in addition to supporting clinical teams and dealing with complex safeguarding cases is actively involved in multi-agency partnership developments across the peninsula. She works with senior leaders and is a member of the following forums, working groups and meetings that effect policy development and innovation in safeguarding and wider responses to sexual violence, utilising specialist expertise, experience and knowledge in safeguarding, child and adult sexual and criminal exploitation, sexual health, Sexual and Domestic Violence and further forms of Violence Against Women and Girls. Ensuring effective communication pathways and facilitating appropriate information sharing across both our expanding Acute Trust, Specialist Services and more widely across the peninsula area covered by Devon & Cornwall SARC. Creating effective multi-agency engagement and pro-active work for children and adults in need of safeguarding and protection.

- Integrated Safeguarding Teams across the peninsula
- Executive Leads for Safeguarding CCG/ICS
- Associate Director Unscheduled and Scheduled Care/ Specialist Services
- Designated safeguarding Nurses/ Doctors peninsula wide
- Peninsula wide Children and Families Partnerships and Adult Safeguarding Boards Partnerships
- Devon & Cornwall Police
- Third sector organisations and stakeholders across the peninsula
- Domestic Abuse Organisations across the peninsula, including Domestic and Sexual Violence Lead for Devon CCG
- Safeguarding Leads in partner agencies and Education

- Peninsula wide Multi Agency Safeguarding Hubs and Early Help Leads
- Criminal and sexual exploitation Forums and Chairs
- Domestic Abuse Multi Agency Risk Assessment Conferences/ Multi Agency Public Protection Arrangements peninsula wide
- Devon Missing and Child Exploitation (MACE) forums
- MACE Chairs
- Devon Children and Families Partnership (DCFP) Child Sexual Abuse Working Group
- DCFP Exploitation Group
- DCFP Adolescent Safety Framework Task and Finish Group
- Torbay Safeguarding Children Partnership (TSCP) Harmful Sexual Behaviour Working Group
- Devon and Torbay Anti-Slavery Partnership
- Plymouth Safeguarding Children Partnership Adolescent Safety Framework Health Working Group.

The Specialist Nurse continues to attend the Devon MACE meetings on behalf of NDHT and RD&E and Specialist Services and is the Deputy Chair of the North Panel.

She continues to be actively involved in the DCFP Adolescent Safety Framework which seeks to address Contextual Safeguarding, extra-familial risks to children and young people outside of the home. She is a member of the Monitoring and Implementation Group which is overseeing the implementation and evaluation of this new multi-agency safeguarding framework across Devon.

This has relevance to NDHT as many of these children attend our services as a result of the coping mechanisms they employ, a variety of mental health problems exacerbated by their situation, including alcohol misuse, overdose, self-harm, and suicidal ideation.

The Specialist Safeguarding Nurse (SARC, SH and CE) and the Specialist Safeguarding Nurse (Children) work closely to ensure all MASH enquiries or SCLFs, where there may be actual or a suspicion of Sexual Assault, Child Sexual Abuse and/ or CE/ CSE are reviewed and any other relevant information is gathered to safeguard the child or identify potentially harmful networks.

She represents NDHT at the DCFP Exploitation sub-group, the group has strategic responsibility for the DCFP strategic and operational response to child exploitation including: sexual, criminal, modern slavery and missing children. She is part of the Outcomes Framework Task & Finish Group measuring the impact and difference our exploitation work is having upon children and young people across the partnership.

She deputises for the Nurse Consultant Safeguarding at the Devon and Torbay Anti-Slavery Partnership and the team have contributed to the development of the new Modern Slavery Victim Pathway Protocol.

12.3 Named Doctor Children

In 2021 - 2022, 42 children were seen at North Devon District Hospital for a Child Protection Medical assessment. Compared to the corresponding year, this is a decrease in the numbers of assessments. The total number of MASH enquiries have risen from the previous year but remain below pre-pandemic levels. There is likely to be multifactorial reason for this. The NDHT Child Protection Medical assessment had previously been amended to incorporate recommendations from the 'Good Practice Service Delivery Standards for the Management of Children referred for Child Protection Medical Assessments', RCPCH October 2020. A formal audit of planned to be undertaken in mid- 2022.

12.4 Adolescent Safety Framework (ASF) Devon Children and Families Partnership (DCFP)

This is a multi-agency response to contextual risk for young people across Devon. It has been developed in collaboration with The University of Bedfordshire and Research in Practice. It is based on the work of Dr Carlene Firmin and is a pioneering, contextualised safeguarding approach to managing extra-familial risk to children and young people across Devon.

<https://www.dcfp.org.uk/child-abuse/adolescent-safety-framework-quick-guide/>

We have been an integral part of the development of this and continue to be part of the 'Task and Finish Group'.

As part of its development, evaluation and wider learning for practice, Devon is working with colleagues from Bedfordshire and Kent Universities as part of the Innovate Project. They will be working as embedded researchers over the next 2 years to explore the impact of contextual responses on practice here in Devon (Local Authority Area).

Health, acute and specialist services are a vital part of this response both from a statutory point of view and in recognition of decades of learning that highlight the missed opportunities to safeguard when all agencies are not communicating effectively.

There are several strands to this collaboration in safeguarding children where risk and harm is outside of the home/family.

12.5 Missing and Child Exploitation Forums (MACE)

The [MACE is a multi-agency professional meeting](#). It is aimed at preventing children and young people from being exploited by working together to gather, share and understand information and intelligence in order to identify potential risks and for agencies to use their resources to protect the child or young person. Child exploitation requires a multi-agency response and the [MACE is supported by a diverse membership](#).

They also discuss adults and young people who may be at risk of committing child exploitation and related locations of concern that might be being used for the grooming or exploitation of children, for example a private dwelling, car park, park or hotel. These meetings also discuss the children that have gone missing in the previous month.

Devon has three MACE meetings each month; North, Exeter and South. We attend North and Exeter (representing RD&E at Exeter MACE), receive all

information and contribute to South MACE, for South MACE we research names that are relevant and contribute if necessary.

Devon is a vast geographical and rural area, exploitation does not respect distinct regions and children often move or are trafficked across borders to and from Torbay and South Devon.

The SSN for SARC/SH/CE is the Vice Chair for North MACE; she attends the MACE Chairs meetings monthly ensuring that Health has representation in on-going developments and Terms of Reference.

12.6 Complex Strategies Meetings under ASF

We represent NDHT acute and specialist services and liaise with Torbay, connecting Torbay to Devon exploitation hub. These complex strategies address risk and significant harm outside of the home in the context of all forms of exploitation in relation to specific groups and networks. These meetings are often urgent and dynamic, reflecting our response to escalating risks, for example, stabbings, children and YP going missing and discoveries of large quantities of drugs where children are being exploited by organised criminal gangs.

12.7 Safer Me Plus Child Protection Conferences under ASF

These are the ASF equivalent of Child Protection Conferences where the threshold for Significant Harm has been met and the risk is outside of the family/home. Attendance at these meetings is important as we hold sensitive health information from our acute trusts, sexual health and SARC which, in respecting the young person's human right to privacy, we do not routinely share unless information at the conference assures relevance and proportionality. The YP and parents are also often part of the meeting which further emphasises the need for information to only be sensitively shared where necessary and wherever possible with the YP knowledge and consent.

12.8 Exploitation Hub Critical Moments

The report from the UK Government 'It Was Hard to Escape' highlights three critical moments where thoughtful interventions can result in real change - *Arrest, Injury, Exclusion*.

Injury is one critical moment for children and young people where health professionals can play a key part in safeguarding them and potentially changing their trajectory.

<https://www.gov.uk/government/publications/safeguarding-children-at-risk-from-criminal-exploitation>

We explored this in collaboration with Devon MASH Exploitation Lead, NDHT, RD&E and Torbay Trust. We shared learning and gave assurance to the ASF that children are always viewed as victims, each contact is seen as an opportunity to intervene and support. The new Electronic Patient Record System at the RD&E has enabled us to create alerts for those young people that we know are at high risk or are actively being exploited, this encourages enhanced professional curiosity for these young people in critical moments such as injury and mental health crisis. The further roll out of the new EPR this year will mean that we can also implement this alert system on Northern systems.

The SSN for SARC/SH/CE works closely with the Exploitation Lead in Devon MASH, they are collaborating on a deep dive audit to explore themes, patterns, identify key learning and outcomes for YP subject to all forms of exploitation, both contact and online.

12.9 County Lines

The 2018 Home Office Serious Violence Strategy says that a County Line is:

"...a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas [within the UK], using dedicated mobile phone lines or other form of "deal line". They are likely to exploit children and vulnerable adults to move [and store] the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons."

Devon & Cornwall Police describe this as a dynamic threat which changes constantly. In Devon & Cornwall there are typically 20 active lines operating at any time originating from three main source areas – Merseyside, West Midlands and London.

We contribute to all forums where there is a threat to young people and vulnerable adults. We continue to be involved in many complex strategies and interventions to disrupt and protect.

13 ANTI-SLAVERY/MODERN SLAVERY

The Nurse Consultant Safeguarding Lead is the Modern Slavery lead at NDHT. The Specialist Nurse SARC attends the Devon and Torbay Anti-Slavery Partnership on behalf of NDHT and RD&E. Both Trusts have been involved in Police operations identifying and supporting those being economically and sexually exploited through slavery.

13.1 Devon and Torbay Anti-Slavery Partnership

We continue to work closely with multi-agency partners in this forum and contribute to the work that seeks to address modern slavery, exploitation and trafficking in our region.

14. SEXUAL ASSAULT REFERRAL CENTRE (SARC)

Sexual Assault Referral Centre (SARC) Paediatric Centre of Excellence.

From April 2021 to March 2022 the Adult SARC service in Devon and Cornwall received 944 referrals which is a 18% increase in activity compared to the previous year. Of those 455 we seen for acute medical's in one of our 3 SARC sites. This is an increase of 65% on the previous year.

All referrals received onward referrals to support services including the Independent Sexual Violence Advisor (ISVA) Service, Therapy and Health services.

Over the same period the Paediatric Centre of Excellence received 740 referrals for children across Devon and Cornwall who have experienced sexual harm, compared to 491 the previous year. This is an increase of 51%

Of those children 258 were seen in Exeter for acute or non-acute examination which is an increase of 6% on the previous year. All children referred into the SARC have

their health and therapeutic needs assessed and referrals into appropriate services are made.

14.1 SARC 16/17-year-old Self-Referral Process

This has been successfully implemented. We have seen on average one YP per month through this pathway with consistently positive feedback from the YP, outcomes for YP are currently being formally audited and evaluated.

14.2 Training and Conferences

The Specialist Safeguarding Nurse is part of an innovative multi-agency working group that produced a week long virtual safeguarding conference in November 2021 – ‘Safest’. This hosted keynote addresses and workshops from experts and academics on the theme of safeguarding YP in the online world.

2383 delegates attended from partner agencies across the peninsula.

14.3 Peninsula wide Sex Work/ Prostitution/ Exploitation Working Group

Valuable work continues in partnership with D&C Police Strategic Safeguarding Hub and Anti-Slavery Partnership. Collaboration with police operations and to implement the Harm Reduction Compass/ 5C4P police model, which identifies autonomy and harm as the most significant indicators, addresses harm and vulnerability holistically and combines policing with public health and community-based approaches; this ensures the pathway to assistance and intervention is an integrated multi partnership. The Harm Reduction Compass model is a step forward in progressing police culture around the use of language and in dealing with crimes against sex workers and victims of sexual exploitation/ modern slavery in the most trauma informed and appropriate way.

14.4 Research 2021

The Specialist Safeguarding Nurse SARC conducted an original and unique piece of research in 2021

Harmful Sexual Behaviour Study – in partnership with D&C Police and Devon CSC:

An exploratory Study into the potential relationship between easily available online adult pornography and Harmful Sexual Behaviour (HSB) in children and young people.

The study explores the potential relationship between easily available online adult pornography and Harmful Sexual Behaviour (HSB) in children and young people. Building a dataset of all HSB over a four-month period referred into our SARC showed they represent **39% (N=182) of all cases of CSA referred to SARC**. These cases are used to explore the scale and nature of HSB cases, followed by a deeper analysis of 87 cases in one local authority. The study reflects the current experience of both victims and perpetrators and raises questions about current frameworks and practices with respect to HSB.

This research was presented at the Devon Children and Families Partnership (DCFP) Executive Board. It evidences clear gaps in provision, inconsistent agency responses and the need for systemic enquiry. This builds on our work with the CSA working group. SARC worked with CSC CSA Lead to deliver recommendations for the commissioning of HSB services in Devon. The

implementation of a multi-agency toolkit for assessing HSB is ongoing with the CSA working group.

We have also presented findings to the Children's Commissioner, Centre of Expertise for CSA and at several national and international conferences including the Home Office National Sibling Abuse Conference and Devon Education Leads Conference.

This research highlights our commitment to the part we can play as a service in not only responding to sexual violence but also in its prevention.

14.5 SARC Children's Therapy Service

SARC has a **Children's Support Service**. This is a partnership between The Children's Society, SARC and CAMHS. Within this alliance there are a number of different service offers.

Early Intervention Service

The Children's society provide an Early Intervention Service which gives children and families access to a professional within 2 weeks of referral. The Early Intervention Model or Children and Family Traumatic Stress Intervention (CFTSI) is an evidence-based model which is implemented with the child and the non-offending caregiver. It focuses on increasing communication between child and caregiver about the child's traumatic stress reactions, providing clinical strategies to reduce traumatic stress symptoms and increase self-regulation. In this way, CFTSI not only offers the opportunity for early symptom reduction but also helps the child and caregiver regain control through reduction and mastery of symptoms. CFTSI also provides a seamless introduction to longer-term treatment and other mental health interventions when needed.

1:1 Service

The SARC subcontract The Children's Society to provide a specialist 1:1 service for young people who have experienced sexual harm or at risk of experiencing sexual harm. Our 1:1 support workers are able to 'go to' the child and provide psychoeducation around healthy relationships, risk reduction and support to engage in other services. This service is designed to engage with our hard to reach children and children that are high risk of ongoing harm.

Trauma Focused CBT

In addition, the SARC Children's Trauma service provides Trauma Focused Cognitive Behavioural Therapy (TF-CBT) which is the NICE recommended treatment for trauma in children.

The governance for the SARC Children's Support Service Partnership is provided by DPT who provide our clinical leadership and staff supervision.

Between April 2021 and March 2022 340 children and young people were reviewed in our multiagency weekly triage meeting. 151 went on to receive the Early Intervention Service, 33 accessed the 1:1 service and 61 were referred into the Trauma Focused CBT service.

We are working with commissioners within the system to identify additional funding to support and grow this model as referral rates are increasing and funding within the specialist therapy sector cannot meet demand and is often short term. We also acknowledge that mainstream children's mental health

services have huge waiting lists and are over capacity. Working as an alliance allows us to pool our resources to best meet the needs of the children, and tailor make a support offer. It also means that children are not sitting on multiple waiting lists for services that may not meet their needs of that they do not meet the criteria to access.

15 COURT REQUESTS FOR EVIDENCE AND STATEMENTS

The safeguarding Team have continued to support staff giving evidence in the Family Court via video link. This has allowed the safeguarding team to provide support and guidance for staff to relieve some of the stress associated with court appearances. The numbers of staff required to give statements and provide evidence continues to be high and we have now managed to secure a dedicated room which will be used for court hearings going forward.

The significant rise in the numbers of Family Court summons for our Staff was scrutinised by the Joint Safeguarding Committee to ensure that North Devon was not an outlier in comparison to other Trusts. A paper was presented to the Joint Safeguarding Committee and no risks were identified.

The resource commitment from the Safeguarding Team to provide support, administration and case oversight has been significant.

16 SAFER RECRUITMENT

Ensuring that safer recruitment practice was embedded within the relevant areas has been identified as a key performance indicator.

The Trust has suitable and current policies in place to manage the requirements for checking the Disclosure and Barring Service (DBS) status of staff. However, the Lampard Report (2015) recommended that three-yearly DBS checks should be completed. Three-yearly DBS checks are not currently completed for relevant staff and this potentially places the Trust at risk on safeguarding children matters if the circumstances or backgrounds of relevant staff change.

In addition, whilst the DBS Policy states that, over time, existing employees may need to subscribe to the DBS Update Service, this is not mandatory and is 'encouraged' rather than enforced. Human Resources continue to work on this.

17 ADULTS

17.1 Safeguarding Adult Concerns

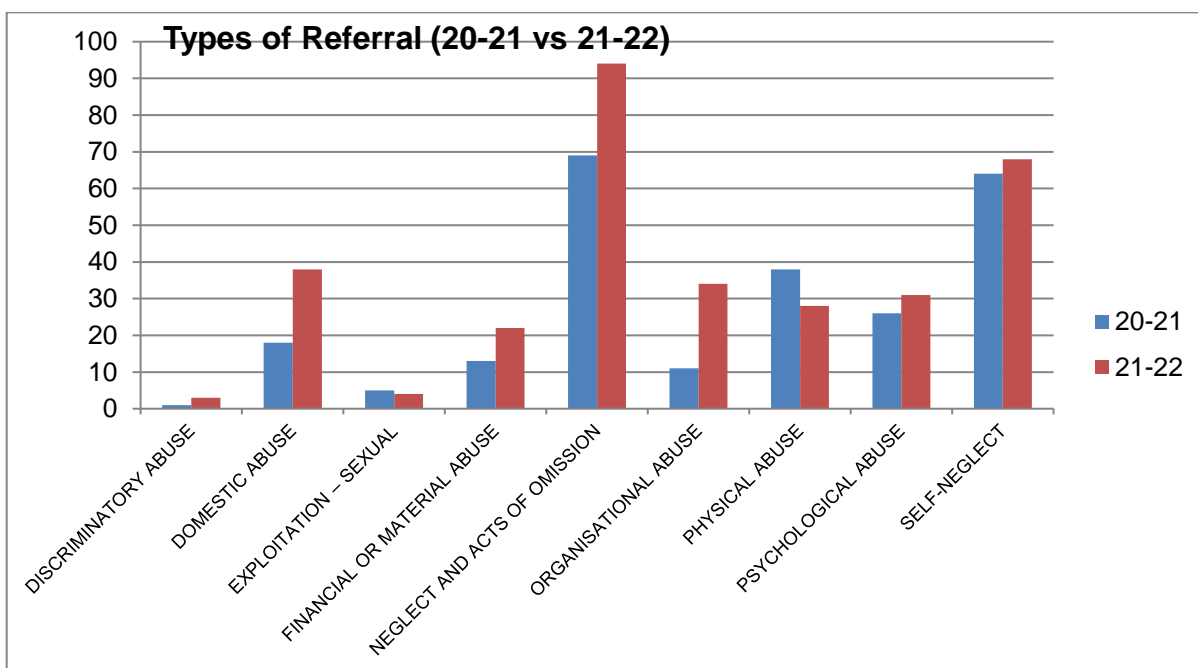
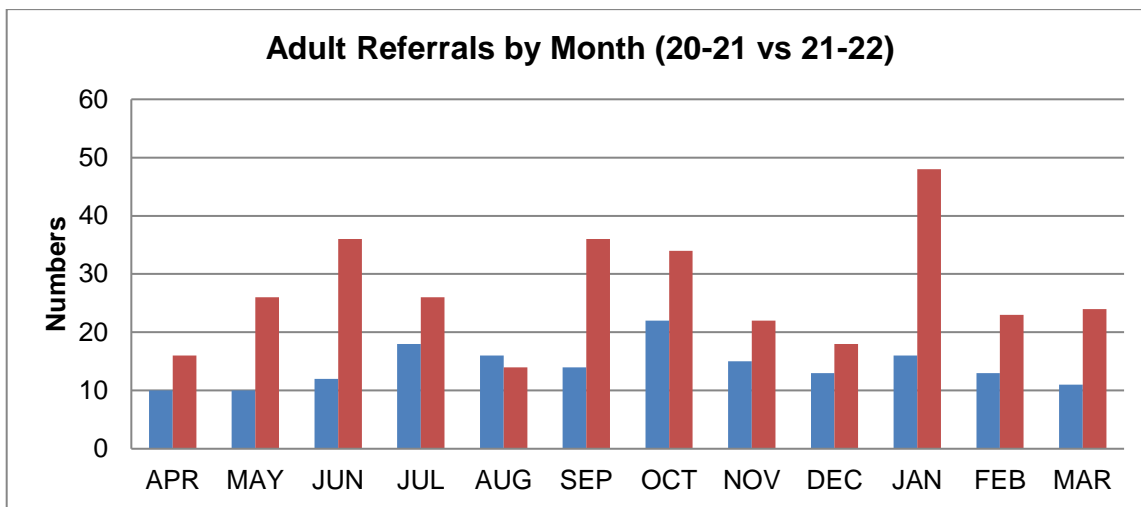
Safeguarding Concerns raised by NDHT to the Local Authority Safeguarding Hub:

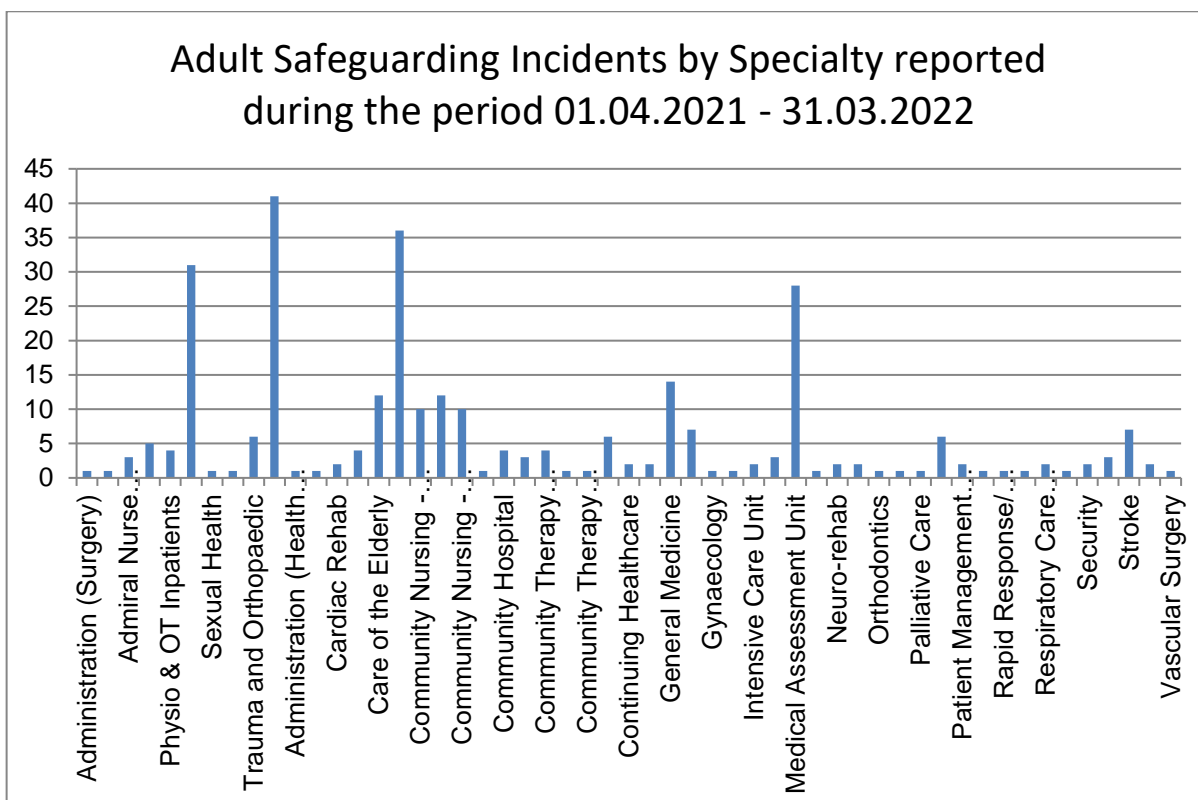
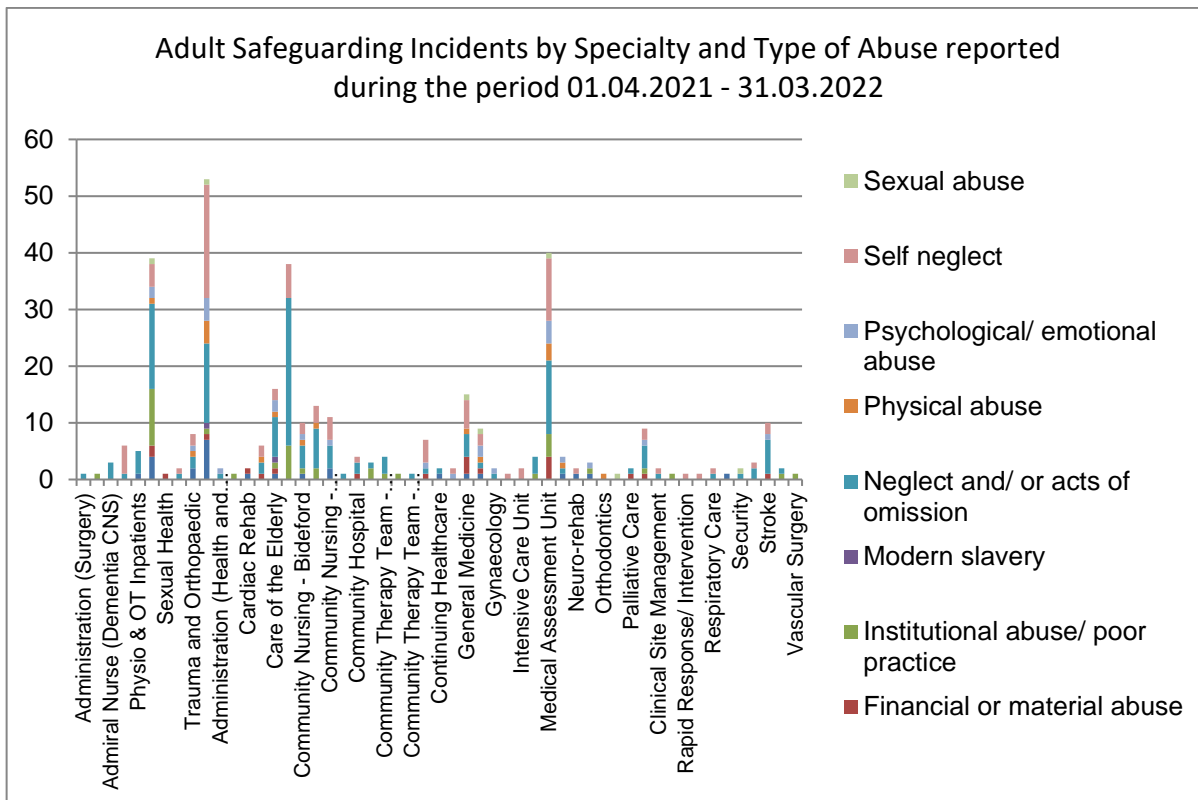
	2017/18	2018/19	2019/20	2020/21	2021-22
Safeguarding Concerns raised by NDHT staff to LA Safeguarding Hub (North)	178	107	163	197	323

Of note there has been a 61% increase in the number of concerns raised by NDHT staff where concerns have been identified for people in our care. We feel this is a direct result of having an on-line application that has made raising

concerns easier and an increase in the safeguarding adults training being delivered by the Integrated Safeguarding Team.

Safeguarding adult concerns raised 2021/22





Safeguarding concerns are raised, in line with legislation and policy, to the local authority. These concerns are triaged by the local authority and the safeguarding response is considered.

17.2 Section 42 Enquiries 'caused out' to NDHT

In 2021-22 the Integrated Safeguarding Team received 18 'Caused Out' enquiries which were investigated and any learning identified was shared at the Safeguarding Adults Operational Groups. Themes were identified and information and training was then developed in line with these themes. The safeguarding newsletter also included information and training which was informed by the S42 enquiries. Themes from the action plans were reviewed at the Operational Group.

The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect.

The Care Act 2014, Section 42 (2) requires a local authority to make statutory enquiries, or cause others to do so, where it has reasonable cause to suspect that an adult with care and support needs is experiencing, or is at risk of, abuse or neglect and as a result of those care and support needs is unable to protect him/herself against the abuse/neglect or the risk of it. A S42(2) enquiry establishes whether any action needs to be taken to prevent or stop abuse or neglect, and if so, what and by whom.

Where the local authority believes that NDHT would be best placed to lead an enquiry this will be 'caused out' with agreement of both agencies.

The integrated safeguarding team work closely with the patient safety team within NDHT to provide assurances in relation to patient safety.

The CCG and CQC are informed where allegations of abuse relate to NDHT services. NDHT meets monthly with the CCG to report progress on S42 (2) enquiries.

There may be learning that is the responsibility of Divisional Leads / Associate Directors of Nursing to action.

Where there is wider learning the operational group will consider recommendations.

There is local authority representation at the operational group meetings providing assurance of external scrutiny.

Learning from S42(2) enquiries are drawn on at local level to support L3 training.

In response to a number of enquiries relating to people with learning disability a focused operational group was held January 2022 with agreed learning and actions. There is continued work to be taken forward within the Trust. Nationally the Oliver McGowan training will become mandatory. This will support development of staff knowledge and skills to reduce risks to those at increased risk.

Another theme drawn from enquiries relates to how we communicate with external care providers on discharge. There is a current QI project being undertaken within NDHT by one of the associate directors of nursing which will provide assurance.

An audit proposal is in draft form to review practice in relation to S42(2) enquiries.

The safeguarding team works towards the six key principles of safeguarding within the organisation and with partner agencies to reduce risks and protect those where safeguarding duties apply.

17.3 Safeguarding Adults Reviews (SARs)

The Torbay and Devon Safeguarding Adult Partnership (TDSAP) have commissioned a Thematic Review of 7 SAR's which have identified Self Neglect by agencies Internal management review (IMR). This review is being undertaken by Michael Preston Shute and Susie Bray national experts in this area of practice. NDHT have worked with the SAR Sub Group and supported a further 3 IMR's.

NDHT have fully engaged with the TDSAP SAR Panels in regard to the SAR's this year and the Safeguarding Lead has acted as an independent chair for a SAR Panel.

Link to all published SARs:

<https://www.devonsafeguardingadultpartnership.org.uk/about/safeguarding-adult-reviews/>

Learning from national and local SAR's is shared via the intranet site, through training and via the Link Practitioners as well as incorporated into level 3 training.

17.4 Domestic Homicide Review

NDHT have provided 2 full chronologies for DHR's this year. No specific actions have been identified for the Trust.

There is a link to Published DHRs on the Safer Devon website

<https://saferdevon.co.uk/domestic-homicide-reviews/>

17.5 Homelessness

The problem of being 'homeless' often presents with multiple intersecting risks to the homeless person, and often is associated with potential self-neglect (Care Act 2014).

Legislation (Homelessness Reduction Act 2017) places a responsibility on health to refer to the Local Authority Housing team if someone presents as homeless.

There has been supportive work in NDHT in ED and the community, and at the May Operational Group one of the Community Clinical Matrons was asked to lead on a 'Task and Finish' group to report back to the Operational Group to consider how services respond to those who are homeless.

Terms of reference agreed, and approved.

Workstreams have included presentation at Big Gov (governance meeting) and an audit reviewing practitioners' understanding of their statutory responsibility in relation the Homelessness Reduction Act. A leaflet has been produced collaboration with other agencies to share information about the Freedom Centre.

Community Clinical Matron to lead on this group going forward and will contact the safeguarding team if needing further advice / specialist input.

17.6 England Illegal Money lending Team (ILMT) (Loan Sharks) Partner Agency

The problem of loan sharks is that it is a 'hidden crime' and involves the illegal lending of money, often requiring high levels of interest to be paid, and can include involvement of organised crime.

The England Illegal Money Lending Team work as 'STOP LOAN SHARKS' within local communities working with partner agencies.

NDHT was the first NHS Trust in the Southwest to be awarded Partner Agency status. This was an achievement recognised at national level by the lead for the IMLT.

We are proud to be working with this national organisation to work towards protecting victims and communities. This is in line with fundamental safeguarding principles of protection, prevention, and partnership working.

17.7 Self-Neglect

Self-neglect is a recognised form of abuse (Department of Health and Social Care, 2022) and can have a wide range of presentation. There are often complex intersecting risks. It is known that self-neglect presents a particular challenge in terms of risk, and there is a higher incidence of prevalence in the South West (Preston-Shoot et al. 2020). There has been a previous South West 'Thematic Review' (Preston-Shoot, 2017) alongside individual safeguarding adult reviews, published on the Torbay and Devon Safeguarding Adults Partnership website and a current Thematic Review looking into seven further SARS being led by Michael Preston-Shoot.

Alongside action planning aligned to learning NDHT safeguarding team have responded to these risks by developing and delivering monthly level 3, specific training to professionals across services.

To develop services further and in a wider context the NDHT is represented on the Devon-wide Trauma Network and Trauma Health subgroup. These groups consider the impact of trauma in the context of impact on people's health. This is a developing area of interest in health and social care and at NDHT we are committed to develop our services to meet service needs aligned to safeguarding practice.

17.8 Staff awareness of the legislation in relation to the Homelessness Reduction Act (2017)

From the 1st October 2018, as part of the Homelessness Reduction Act 2017, hospitals providing inpatient care, Emergency Departments (EDs) and Minor Injury Units (MIU's) are bound by the '[Duty to Refer](#)'. This requires all named public bodies including our NDHT to refer anyone they believe may be homeless, or threatened with homelessness.

As a response to the problem of homelessness in Northern Devon NDHT has established a task and finish group that reports directly to NDHT Safeguarding Adults Operational Group.

To inform the recommendations made by this group it was considered important to have a baseline of knowledge regarding this legislation.

A survey of professionals was been completed to gain an understanding of knowledge base.

The survey found that few staff had knowledge of this legislation.

The survey itself provided an opportunity to share information about responsibilities under this legislation.

The report will be considered by the homeless task and finish group who will make recommendations to the Operational Group to consider.

Background:

Key NDHT clinical staff (in ED and safeguarding team) have been working hard to support those who are homeless, working alongside partner agencies. Service development has included the recent appointment to a commissioned homeless and inclusion health nurse working in the community.

The Homelessness Reduction Act (2017) is part of statutory UK legislation and was implemented 3rd April 2018.

There are responsibilities placed on Local Authorities to support those who are homeless.

There is also a statutory duty on health professionals to make a referral to the local housing team when a homeless patient presents to health services.

This should be with consent (unless the patient lacks capacity to agree to a referral in which case a referral should be considered in line with 'Best Interests').

This is alongside providing a safeguarding response in line with the Care Act 2014 where this is indicated. The Core Principles of safeguarding practice (DHSC, 2021) underpin safeguarding practice, with a responsibility to 'making safeguarding personal: it is important to keep our patients at the centre of decision making.

To support effectively working together across the Trust, aiming to provide a coordinated approach to service provision, a 'homelessness task and finish group' was established to provide leadership and a reporting mechanism to consider NDHT response to the particular needs of those who are homeless. Terms of Reference have been approved by the Safeguarding Adults Operational Group.

There is information on the 'Duty to Refer' available on the NDHT intranet (BOB), and guidance within the NDHT Safeguarding Adults Policy. There has been a presentation at NDHT 'Big Gov' and training on the legislation is included within L3 safeguarding adults training. Information on this legislation was included within the NDHT safeguarding newsletter 2019 which was available for all staff to access.

17.9 Partnership working with Devon and Somerset Fire Service

The risk of fire increases with self-neglect and particular risks are associated with hoarding.

Devon and Somerset Fire Service offer free home safety visits to all who have care needs and to those with children and vulnerable adults in the home. All our patients on community caseloads would qualify.

The consequences of fire are very significant; prevention is by far the best approach. Prevention is a key safeguarding principle (DHSC, 2022).

To support partnership working to reduce risks, we have actively engaged with Devon and Somerset Fire service, inviting their Local Partnership and Community Engagement Lead to present at the Link Practitioners' group (October 2021).

We have also developed information available; detailing risks and how to access fire safety checks on the safeguarding pages of BOB.

18 MENTAL CAPACITY ACT / LIBERTY PROTECTION SAFEGUARDS TEAM

The MCA (2005) has been in force since 2007 and applies to England and Wales. The primary purpose of the MCA is to promote and safeguard decision-making within a legal framework. It does this in two ways:

- By empowering people to make decisions for themselves wherever possible, and by protecting people who lack capacity by providing a flexible framework that places individuals at the heart of the decision-making process.
- By allowing people to plan ahead for a time in the future when they might lack the capacity.

Application of the MCA remains on the Trust risk register where it has been noted that in previous audits that there is a general lack of knowledge in relation to the application of the MCA. There has been an approach to reduce risks in line within the MCA/LPS Teams Work Plan 2021/2022, and actions reported to the Integrated Safeguarding Team Operational Group.

In order to help improve the Trusts compliance in regards to the Mental Capacity Act and Deprivation of Liberty Safeguards and to help prepare the Trust for the transition into Liberty Protection Safeguards next year, the Mental Capacity Act/Liberty Protection Safeguard Team support teams across the wider Trust.

The team's primary aims are to:

- Ensure compliance and good practice in relation to the Mental Capacity Act (2005) including competent capacity assessments aligned to the 5 key principles

- Improve the identification and response to deprivations of liberty within the Trust, ensuring that they are necessary and proportionate in accordance with the Deprivations of Liberty Safeguards.
- Provide responsive guidance around both the MCA and DoLS to teams and practitioners where support is needed.
- Provide training in both these areas to the spectrum of staff across the Trust.
- Providing resources, processes and documentation which lead to greater competences and standards around DoLS and MCA
- To support the Trust with the change from DoLS to LPS to ensure that processes and systems are in place and individuals within the Trust understand their responsibilities as the move to Royal Devon becoming a responsible body occurs.

At NDHT the appointment of the MCA/LPS Lead and Practitioners has allowed the Trust to make good progress in improving knowledge of staff and teams in relation to the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

Highlights this year include:

- MCA/DoLS have now become mandatory sections of the Safeguarding Level 3 training ensuring individuals making DoLS applications are well versed in the fundamentals of the Mental Capacity Act and Deprivation of Liberty Safeguards.
- Awareness campaigns have been completed for the team to encourage staff to contact team members for support and advice for any part of the MCA and DoLS process. In addition, the team have provided additional resources to teams to improve compliance including DoLS templates and flowcharts and Mental Capacity Assessment examples and guides. The team have formed close links with the local authority DoLS team to ensure that training, advice and authorisations are completed in accordance with best practice in this area.
- Advice forms, spreadsheets and processes have been implemented to ensure that information given and actions agreed are recorded and staff and patient queries are collated by the team in order to ascertain trends in areas with high need in specific areas.
- Weekly visits have commenced to those wards identified as having the highest number of DoLS authorisations and Mental Capacity Assessments. The MCA/LPS team have been working to provide practical support to ward staff regarding Acid Test criteria, necessity and proportionality of restrictions and helping teams to complete authorisations in a timely way and in line with legislation and appropriate case law. The team have been liaising with practitioners to identify areas of need in regards to DoLS and to offer bespoke training in regards to DoLS.
- The MCA/LPS team have worked hard to further improve and facilitate resources for teams across the Trust. This has included analysis and improvements made to the Trust Intranet (BOB) in order to ensure information for teams are relevant and accessible. The team have already created and amended multiple guides, flowcharts, examples and documents and will continue to make improvements in the coming year. This will be done in tandem with ward visits to ensure frontline practitioners have resources available to them to improve practice and understanding of legislation.

- The team have identified MCA champions who will be supported with additional training and expertise to improve practice and ensure a constant point of contact between wards and the MCA/LPS team.

19 DEPRIVATION OF LIBERTY SAFEGUARDS (DoLS)

The MCA/LPS team have continued to support NDDH wards on a weekly basis to ensure that the Trust is accurately and continuously aware and recording DoLS authorisations that are made within the Trust. This is then reflected within the DoLS authorisations data which is captured by the team's administrator. These checks ensure wards are reminded to complete extensions to DoLS authorisations and ensure that central records of DoLS authorisations held by the team are accurate.

The MCA/LPS team are copied in to any DoLS authorisations that are made by Trust practitioners to the local authority. In order to ensure that DoLS authorisations are inclusive of all relevant information and that any authorisations requiring additional assistance are supported, the team developed a new DoLS process for the Trust this year with the impacts demonstrated within the teams DoLS evaluation project. This has involved MCA/LPS practitioners ensuring, through ward visits and reviews of documentation, that deprivations made are necessary and proportionate, that sufficient information regarding the care plan and any restrictions are included. The team contact wards to gain additional information and provide this to the local authority, and consider if deprivations require any joint working, priority local authority assessments, or court of protection considerations.

19.1 Liberty Protection Safeguards

Following Parliamentary scrutiny and progress through the UK parliament the Mental Capacity Act (amendment) Bill received Royal Assent in May 2019. Deprivation of Liberty Safeguards (DoLS) is set to be replaced with a scheme known as the Liberty Protection Safeguards (LPS).

The target date for implementation was 1st October 2020 but due to the Covid-19 pandemic the Government delayed the publication of the Code of Practice until March 2022 with LPS introduction estimated to be in April 2023.

Some of the main implications for the Trust are that the local authority will no longer be the supervisory body for all applications and the hospital will become the responsible body and authorise their own DoLS. This will now apply to individuals who are over 16 (previously 18) and deprivations may be transportable between multiple settings.

In order for the Trust to be prepared for this change the MCA/LPS team will be instrumental in setting up systems for logging requests, gathering assessments, pre-authorisation reviews, authorisation records, reviews and renewals. Roles and responsibilities around pre-authorisation reviewers, reviews of deprivations and renewals will also be required. The 2022-23 Workplan for the MCA/LPS team outlines areas for consideration and provide a basis for the team's work in preparing the Trust over the next year.

At NDHT substantial efforts have already been made to increase staff confidence and awareness of MCA and DoLS in preparation for LPS, alongside refining existing reporting mechanisms to ensure we have a robust and user-friendly process in place for April 2023.

19.2 LPS Scoping

To ensure LPS is fully implemented in line with our statutory duty a number of new roles, already instructed through the Act, will need to be created, this year baseline audits have been undertaken to establish an accurate picture of existing DoLS compliance and to measure the estimated impact of LPS implementation.

At NDHT this suggested around 18% of all inpatients require a DoL application. Figures from other Trusts in the South West fall between these figures and indicate that on average 22% of inpatients across the ICS (including RD&E, Plymouth and Torbay) require DoL applications under LPS. DoLS application at NDDH is on average 27 per month. Taking an average scoping figure across all Devon Trusts of 22% of inpatients deprived of their liberty would suggest that, each week under LPS NDDH would need to review 57 applications. Per year this would equate to 2,941 applications at NDDH.

Devon wide organisational and system risks associated with LPS implementation have been mapped this year and NDDH has risks associated with LPS on their Corporate risk register. A Trust risk assessment has been completed to support a business case, which was approved by the Safety and Risk Committee in January 2022.

As the Responsible Body under LPS for all authorisations, there will be a higher expectation of compliance from the Government and CQC that all patients meeting the acid test will be put through the LPS authorisation process.

The team have liaised with Health and social care organisations across the Devon Integrated Care System (ICS) to review the impact of LPS implementation and to identify ways of working in collaboration and partnership to ensure the safety of our patients and staff.

The calculation of required number of roles for LPS at NDDH has been based on the expected demand for the service.

19.3 Business Case 2022

Through our Business Case we have identified, and begun the recruitment process for an expanded MCA/LPS team to meet our status as a responsible body. These roles and their supporting teams are essential to ensure a safe and robust implementation of LPS arrangements by April 2023 and the future sustainability of the services.

Our aim is to successfully embed MCA and DoLS to set the foundations for a successful implementation of LPS from April 2023. We want to ensure staff are confident and competent with DoLS applications prior to the transition to LPS.

Training, development and support is essential and a robust system has been established to ensure mandatory training is provided for all clinical staff and ongoing support is available via the MCA/LPS Lead and their support team. Significant progress has already been made in building relationships, developing staff and reviewing documentation to ensure strong foundations for LPS implementation.

19.4 Governance

We have established an MCA/LPS Joint Operational Group between the RD&E and NDDH to ensure robust Governance and reporting mechanisms are in place. These connections have proved to be invaluable in discussing and planning consistent, robust approaches to policy development, communication, workforce/recruitment and training. Ultimately this will ensure patients receive the same level of LPS service across our locations in Devon. Staff have been educated about the new LPS role and connections with key leads have been established with discussions across the ICS ongoing.

19.5 Court of Protection

The Safeguarding and MCA/LPS team continue to support practitioners with cases which have been referred to Court of Protection. The teams help provide guidance to staff within the Trust so that individuals understand the Court of Protection process and their responsibilities within it. The teams have supported the collation and sharing of records to the courts and the collection of evidence in relation to applications to provide the court with as in depth and accurate picture as is possible.

19.6 MCA/LPS Training

The team have liaised with workforce development to provide monthly training to practitioners. This training encompasses both the Mental Capacity Act and Deprivations of Liberty Safeguards, whilst also providing early preparatory advice around Liberty Protection Safeguards. This is supplemented by targeted training of key wards and practitioners.

The team have created bespoke training packages for key areas and have regular cohorts of established training sessions to groups of Health Care Assistants and the Trust Preceptorship Programme. This ensures that staff that are new to the Trust receive up to date information specifically related to their area of practice. Training in regards to DoLS/MCA/LPS is recorded and fed back to the newly established MCA/LPS Ops Group and the Safeguarding Operational Group.

The team have delivered targeted training sessions to Acute Wards and specific teams, whilst restrictions in regards to Covid-19 have prevented some face-to-face sessions, the team have adapted to continue to reach large numbers of staff through virtual training.

20 PREVENT

Prevent has been a statutory duty for NHS Trusts and Foundation Trusts since 2015 and compliance with the Prevent Duty is a contractual obligation for all NHS service providers. Each NHS Trust and Foundation Trust has an appointed Prevent Lead who acts as the single point of contact and who is responsible for implementing Prevent in their organisation at a local level. Each provider has a duty to ensure they have a Prevent policy plan in place, including Prevent training, both face-to-face and e-learning, for all NHS staff. PREVENT is part of the Government's counter-terrorism strategy CONTEST, which is led by the Home Office. The health sector has a non-enforcement approach to PREVENT and focuses on support for vulnerable individuals and healthcare organisations in helping to stop them becoming terrorists or supporting terrorism. NDHT PREVENT lead is the Nurse Consultant Safeguarding Lead. She attends the Safer England/Torbay and Devon PREVENT Partnership.

PREVENT WRAP training has been delivered across the Trust at bespoke training sessions and as part of the Level 3 safeguarding training.

In 2021-22 the Nurse Consultant Safeguarding Lead and other key members from NDHT joined the RD&E PREVENT Operational Group which became a Joint PREVENT Ops Group to ensure consistency and shared working between the two Trusts. A Prevent risk assessment and action plan were reviewed at this group.

21 DOMESTIC ABUSE

Domestic abuse/violence is defined as any incident of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members, regardless of their gender or sexuality.

It can include, but is not limited to, the following:

- Coercive control
- Psychological and/or emotional abuse
- Physical or sexual abuse
- Financial or economic abuse
- Harassment and stalking
- Online or digital abuse

21.1 Statistics

Almost one in three women aged 16-59 will experience domestic abuse in her lifetime *Office for National Statistics (2019) Domestic abuse in England and Wales overview: November 2019*

Two women a week are killed by a current or former partner in England and Wales alone *Office for National Statistics (2019) Homicide in England and Wales: year ending March 2018 (average taken over 10 years)*

In the year ending March 2019, 1.6 million women experienced domestic abuse *Office for National Statistics (2019) Domestic abuse victim characteristics, England and Wales: year ending March 2019*

Although men and women both suffer domestic abuse, the abuse suffered by women is more physically severe and is more likely to result in injuries and hospitalisation. It is also likely to go on for longer.

Both male and female victims are more likely to be disabled, from black or ethnic minority groups or from low income groups.

Victims of domestic abuse ask for help from professionals an average of five times before receiving effective help to stop the abuse.

Health professional are, therefore, in a unique position to detect and respond to domestic abuse if given the appropriate knowledge, skills and opportunity to do so.

21.2 Training

With this in mind we have continued to try and provide as many patient facing staff with training in domestic abuse as possible. This has largely been delivered by the health Independent Domestic Violence Advisor (IDVA) with the assistance of one of the specialist nurses for safeguarding adults.

Adult safeguarding Level 3, face to face training has resumed with the lifting of some of the restrictions imposed by the pandemic. Having incorporated a robust domestic abuse component within this session we have been able to ensure that staff have received training at this more advanced level.

We also offered a two-hour, monthly session via Teams enabling further staff to be trained.

The IDVA also provides regular updates for maternity and A & E staff and the team can offer bespoke sessions to meet the individual needs of specific teams.

Advice and resources are available to all departments as part of a rolling program or on request.

21.3 Health Independent Domestic Violence Advisor (IDVA)

Since March 2021, when the Trust Board acknowledged the importance of the Health IDVA role to support and enable victims of domestic abuse and sexual violence in both patients and staff, the role was incorporated into the core service. This significant step forward fulfilled the recommendations of the Domestic Abuse Bill (to be re-introduced in 2021) and the Safer Lives Partnership. The nationally recognised research project work that NDHT has undertaken over many years in partnership with North Devon Against Domestic Abuse (NDADA) and the SafeLives Partnerships (SafeLives, *A Cry for Health* (2016) has come to fruition.

Jess Taylor is the Health IDVA. Whilst employed by NDHT, Jess continues to work through North Devon Against Domestic Abuse (NDADA). She receives referrals from all areas within Northern Devon Healthcare NHS Trust (patients & staff).

The Health IDVA attends the Emergency Department at least 3 times a week and regularly attends other wards including the maternity department, the surgical and ambulatory assessment area, stroke and cancer wards (although this has been impacted due to COVID restrictions). She is also continuing to build good relations with other NDHT services based outside of the hospital where informal discussions and support can be offered to staff thereby assisting with any issues/queries and informal training. The Health IDVA has also responded to the challenges of COVID, by supporting NDHT staff at the testing sites/clinics in 5 local towns providing advice and full training packs/resources on the service that is offered by NDADA and advice on disclosures and what to do next.

The Health IDVA continued to deliver 'virtual' Domestic Abuse and sexual violence training sessions with the safeguarding team via TEAMS.

Multi Agency engagement on behalf of NDHT by the Health IDVA:

MARAC - this includes a weekly conference call with the police (in addition to other liaison and multi-agency work as required) to support the highest risk clients, and attendance at the fortnightly MARAC meeting, Child Services, Strategy, ICPC, Child Protection, Child in Need and Early Help.

Other forums attended include the Vulnerable Pregnancy Meeting on a monthly basis, joint client visits with Police and Child services, and adult safeguarding strategies as well as other operational groups.

Referrals and For Information Only received:

	2019 - 2020	2020 – 2021		2021- 2022	
	Referrals	Referrals	For Info Only	Referrals	For Info Only
Quarter 1	34	27	10	29	24
Quarter 2	42	23	29	27	14
Quarter 3	28	26	25	39	20
Quarter 4	28	26	25	35	15

22 ORGANISATIONAL RISKS

22.1 Children

N/A

22.2 Adults

There is currently one risk on the corporate register: 4926

MCA knowledge in the acute and community setting is poor. MCA assessments are not always conducted when capacity is doubted in relation to decisions. DoLS knowledge and compliance is poor against the Mental Capacity Act's legal requirements in the acute and community setting and DoLS applications are not always conducted.

23 FEMALE GENITAL MUTILIATION (FGM)

The Trust continues to report identified cases of FGM in women over 18 years to NHS England. This information will be collated within the Safeguarding Team and then provided for the Informatics Team and sent on an annual basis.

There is a mandatory duty to report children who are victims of FGM or who are suspected of being victims or potential victims to the Police and to Children's Social Care via a MASH enquiry. This is explicit in the Policy which was updated this year.

FGM training has been included in the Level 3 training and an NHS England e-learning module has been sourced which is a mandatory requirement for Midwives and Obstetricians and Gynaecologists within the Trust.

FGM-IS has still not been introduced in 2021 as planned due to continued challenges within maternity services due to COVID. The introduction of FGM-IS will go live in July 2022 alongside the introduction of the new electronic Epic/MyCare patient record.

24 EPIC / MyCare Introduction of Electronic Patient Records

The Integrated Safeguarding Team have worked closely with the EPIC/ MyCare Team and RD&E colleagues to ensure that there is a robust effective and user-friendly electronic patient record, which supports safeguarding and mental capacity/Deprivation of Liberty Safeguards across the Trust. All team members have been engaged in the Safeguarding Epic Work Group. The new electronic system will

be introduced in July 2022 and will cover the new Royal Devon University Healthcare NHS Foundation Trust in both Northern and Eastern sites.

25 OBJECTIVES FOR 2022/2023

The Integrated Safeguarding and MCA team will continue to work across the whole of the Royal Devon University Healthcare NHS Foundation Trust to support staff in all areas of safeguarding adults, children and mental capacity.

There is a comprehensive “rolling” Safeguarding Children Work Plan, Safeguarding Adults Work Plan and MCA/LPS Work Plan in place which sets out the organisation’s priorities in achieving its objectives.

Key areas for focus in 2022/23

The Work Plan for the Safeguarding Adults Operational Group includes:

- Trauma Informed Practice
- Domestic Abuse
- Safeguarding Adults Supervision

The Work Plan for the Safeguarding Children Operational group includes:

- Early Help
- Eating Disorders/Obesity
- Child Exploitation

The Work Plan for the MCA/LPS Operational group includes:

- LPS Implementation
- Training
- IMCA
- MCA Practice
- Application Development

All the Workplans include:

- Safeguarding Team Integration
- My Care

Additionally:

The team will work collaboratively with our sister team in the Eastern Services of the Royal Devon University Healthcare NHS Foundation Trust to develop practice across the geography which shares and develops the best practice, is coherent, consistent and robust and which reflects the needs of the organisation to safeguard and protect adults, children and their families within our care.

- To fully integrate My-Care / Epic electronic patient record into all the safeguarding practice policies and procedures.
- The team will continue to work in partnership with the TDSAB and DCFP to provide commitment and leadership in the safeguarding arena.
- Ensure safeguarding training at Levels 1, 2 and 3 is provided across the Trust and is of high quality, easily accessible and relevant to individual staff groups.

- To review and enhance safeguarding responses within dental services for children and adults with a particular focus on dental neglect and domestic abuse.
- To develop and support the increase in safeguarding support and supervision within Midwifery in partnership with the Named Midwife, Complex Care Midwife and supervisors.
- Support staff to identify, support and refer adults and children at risk of harm, and ensure concerns are reported appropriately.
- Ensure that Trust staff are able to identify any potential Child Exploitation cases and report concerns appropriately; continue to contribute and attend the North Devon and Exeter MACE (Missing and Child Exploitation) Forums and Adolescent Safety Framework.
- Work in partnership with the Devon Children and Family Partnership and Torbay and Devon Safeguarding Adults Partnership to support staff involved with serious case reviews and safeguarding adults' reviews.
- Continue to work with health and social care partners to ensure the most appropriate environment and care is available for children and adolescents with emotional and mental health problems.
- Continue to ensure that relevant staff can access safeguarding children supervision when required as per the Safeguarding Children Supervision Policy.
- To develop a system for safeguarding supervision for staff caring for adults at risk of abuse and neglect.
- Ensure that Trust staff are able to identify adults and children at risk from domestic abuse ensuring that people are supported and appropriately referred to specialist services.
- Ensure all information/guidance relating to safeguarding adults and children is up to date, reflects best practice and is easily accessible to staff across the Trust. To do this by updating the pages on the intranet / BOB, the Intranet safeguarding page which supports the whole Trust.
- Fully participate, review and learn from local and national Children and Adults Child Safeguarding Practice Reviews, Safeguarding Adult Reviews and Thematic reviews.
- To engage in the Devon Children and Family Partnership, including the Quality Assurance Committee, Quality Assurance Learning Committee, Health Sub Group, CSE Chairs Group and Task and Finish Groups as relevant for the Trust.
- To engage in the Torbay and Devon Safeguarding Adults Partnership, including the TDSAP Board, TDSAP Operational Group, TDSAP Performance, Quality and Assurance Sub Group, Learning and Development Sub Group, also the PREVENT, Modern Slavery Partnerships and MCA and South West Health Professionals.
- Ensure key areas of safeguarding adults and children work are audited to gain assurance against key safeguarding documents and standards of practice.
- MCA is audited across the Trust to understand practice and address issues of practice which do not meet national standards.
- To continue to improve the knowledge and understanding for staff regarding Early Help so that children and families are being offered/provided appropriate support for any additional needs identified.
- To improve practice by reviewing incidents and investigations and putting learning into practice through teaching, support and advice.
- To provide excellent services for children and adults accessing the SARC whilst providing the staff safeguarding supervision, support and specialist advice.

26 CONCLUSION

‘Safeguarding our ‘Core Business’

Safeguarding means protecting the ‘*human’s health and wellbeing and reducing risk, to protect their human rights to enable them to live free from harm, abuse and neglect*’.

In the NHS Constitution the first principle that guides the NHS in all it does states: ‘*It has a duty to each and every individual that it serves and must respect their human rights*’.

The statutory requirements for NHS organisations to discharge their safeguarding children and adults’ obligations are enshrined in law and supported by legislation.

Safeguarding forms an integral part of the wider responsibilities of the Trust which meets the requirements of Section 11 of the Children Act 2004 and the Care Act 2014 for adults with care and support needs.

The Government places patients and the quality of their care at the heart of the NHS with a commitment to patient choice, control and accountability, and includes support and protection for those in the most vulnerable situations.

The Integrated Safeguarding and MCA Team commit to providing leadership support, advice and guidance to staff across NDHT, ensuring that the Trust provides the highest level of care to all its patients and their families.

Royal Devon University Healthcare NHS Foundation Trust will continue to strive to ensure that the most vulnerable patients who are less able to protect themselves from harm, neglect or abuse are protected. To support this, we aim to have a workforce that recognises safeguarding is not only ‘Everyone’s Business’ but is our ‘Core Business’.

27 REFERENCES

Links to key documents:

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Available from: <https://www.local.gov.uk/analysis-safeguarding-adult-reviews-april-2017-march-2019> (Accessed 29/1/2021).

The Care Act (2014) Available at: <https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted> (Accessed 30/1/2021).

The Care Act statutory Guidance (2020) Available at: <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance> (Accessed 30/1/2021).

The Human Rights Act (1998) Available from: <https://www.legislation.gov.uk/ukpga/1998/42/contents>. (Accessed 30/1/2021).

Mental Capacity Act (MCA) 2005 Mental Capacity (Amendment) Act 2019

MCA 2005 Code of Practice 2007

Human Rights Act 1998

Safeguarding Adults – Intercollegiate Document 2018

Care Quality Commission Essential Standards 2010

Information sharing – Advice for practitioners providing safeguarding services to children, young people, parents and carers 2018

Safeguarding Adults: Standards for all Providers

DSAP Safeguarding Adult Reviews <https://www.devonsafeguardingadultspartnership.org.uk/>

Devon Homicide Reviews <https://www.devonsafeguardingadultspartnership.org.uk/>

DSAP Thematic Reviews <https://www.devonsafeguardingadultspartnership.org.uk/>

Safeguarding Adults Protocol: Pressure Ulcers and the interface with a Safeguarding Enquiry 2018

[Children and Families Act 2014](#)

[Working Together 2018](#)

[Safeguarding Children and Young People – Intercollegiate Document 2019](#)

[What to do if you're worried a child is being abused – Advice for Practitioners 2015](#)

[Care Quality Commission Essential Standards 2010](#)

[Information sharing – Advice for practitioners providing safeguarding services to children, young people, parents and carers 2018](#)

[Section 11 Children Act 2004](#)

[DCFP Serious Case Reviews](#)

[Devon Homicide Reviews](#)

[DCFP Thematic Reviews](#)

[SafeLives, A Cry For Health \(2016\)](#)

<https://childprotection.rcpch.ac.uk/resources/service-delivery-standards/>

Homelessness Reduction Act 2017: Available at: <https://www.legislation.gov.uk/ukpga/1998/42/contents>

Nursing and Midwifery Council (NMC) (2015) *The Code: Professional standards of practice for nurses, midwives and nursing associates*. London: NMC.

APPENDIX 1: SAFEGUARDING ADULTS GROUP WORK PLAN 2021 – 2022

Action Plan Adult Safeguarding Work Plan 2021-2022		Date Created	March 2021
Plan Owner:	<p>Carolyn Mills Chief Nursing Officer NDHT/RD&E - Executive Director Safeguarding</p> <p>Jason Lugg - Director of Nursing NDHT</p> <p>Anna Brimacombe - Nurse Consultant Safeguarding Lead</p> <p>Alison Bradshaw – Specialist Nurse Safeguarding Adults</p> <p>Mary Fisher - Specialist Nurse Safeguarding Adults</p> <p>TBC – Named Doctor Safeguarding Adults</p>	Date last updated: (and version no)	<p>July 2021 Version 2</p> <p>November 2021 Version 3</p> <p>March 2022 Final Version</p>
Core implementation Group:	Safeguarding Adults Operational Group	Next review due by - Group / Committee: Date:	<p>Joint Integrated Safeguarding Committee</p> <p>31.03.2021</p>

Driver Specific Issue / gap / objective requiring action	Monitoring/ Measurable How we know we have succeeded	Ref	Actions Specific, Achievable Stated clearly, communicated widely	Actions log	Person Responsible	Time-Frame to Achieve Time bound	Status
			Realistic				
Domestic Abuse							
<p>To ensure that, whenever possible, victims of domestic abuse and sexual violence are identified and are offered appropriate support.</p> <p>Staff are aware of the presentation and impact of domestic abuse and are able to respond appropriately.</p>	<p>Information received from NDADA and SPLITZ</p> <p>Minutes form Operational group</p> <p>Number of health Independent Domestic Violence Advisor (IDVA) referral forms completed including 'For information only' notifications</p> <p>Internal Performance figures</p>		<p>Training and awareness raising</p> <p>Ambition – to offer face to face domestic abuse training at level 2 to all patient facing members of staff by December 2022.</p>	<p>March 22: face to face and virtual Teams training is being delivered to as many staff as possible. Midwives have all received this training.</p> <p>Changes in Learn + and joint agreements with RD&E/NDHT L&D team will introduce the DA e-learning Level 2 training to all staff as mandatory after joint training is adopted in July 2022.</p>	<p>ABrim A Brad JT</p>	<p>December 2021</p>	<p>B</p>

Driver Specific Issue / gap / objective requiring action	Monitoring/ Measurable How we know we have succeeded	Ref	Actions Specific, Achievable Stated clearly, communicated widely	Actions log	Person Responsible	Time-Frame to Achieve Time bound	Status
				Realistic			
<p>NDHT employ approximately 3,600 staff & RD&E 9,200.</p> <p>It is likely, therefore, that over 3000 staff have been or are affected by domestic abuse.</p>	<p>Health IDVA activity data</p> <p>Audit of initial health assessment question 'Do you feel safe at home?'</p>		<p>A member of the integrated safeguarding team, in conjunction with the health IDVA will deliver a monthly Domestic Abuse awareness session at level 2. This will be via Teams until face to face training is permitted.</p> <p>Level 3 training to resume august 2021, to include DA training.</p>	<p>Face to face virtual training is being delivered every month.</p> <p>DA training is being delivered to the Midwifery teams each month as part of their annual update</p> <p>L3 training F2F has recommended</p>	<p>ABrim A Brad JT</p>	<p>December 2021</p>	G
			<p>The integrated safeguarding team will support the 'trained trainers' to deliver the Domestic Abuse level 2 training package to their teams – to include ensuring that the presentation and resources are available and current and collation of training data.</p>	<p>Nov 2021</p> <p>Due to capacity issues on the wards and dept. the trainers have not had the capacity to deliver this training.</p> <p>Plan to refresh this in March 2022</p> <p>Training is being supported by the IDVA and SG team</p>	<p>ABrim A Brad JT</p>	<p>December 2021</p>	

Driver Specific Issue / gap / objective requiring action	Monitoring/ Measurable How we know we have succeeded	Ref	Actions Specific, Achievable Stated clearly, communicated widely	Actions log	Person Responsible	Time-Frame to Achieve Time bound	Status
				Realistic			
				March 2022 Change's to the training provision for Level 2 DA will mean that there is no requirement for these trainers. They will be offered an opportunity to become Champions. Transferred new actions to 2022-23 work plan			
			The integrated safeguarding team and health IDVA will continue to offer bespoke sessions to teams on request.	See above	A Brad JT	December 2021	G
			To continue to raise awareness about domestic abuse by disseminating information and updates from recognised sources, such as the domestic abuse commissioner's office, through the	Nov 2021 Complete. Business as usual 2022 Newsletters/ BOB	A Brad JT	December 2021	G

Driver Specific Issue / gap / objective requiring action	Monitoring/ Measurable How we know we have succeeded	Ref	Actions Specific, Achievable Stated clearly, communicated widely	Actions log	Person Responsible	Time-Frame to Achieve Time bound	Status
				Realistic			
			safeguarding newsletter, the safeguarding operational group and via BOB (staff intranet).				
			NDHT integrated safeguarding team & IDVA to continue to raise awareness through poster distribution and departmental visits.	Nov 2021 Complete. Business as usual 2022	A Brad JT	December 2021	G
			To plan and deliver a series of targeted updates during the 2021 16 days of action (dependent on any Covid restrictions at the time).	Nov 2021 Complete. Business as usual 2022 BOB has been updated	A Brad JT	December 2021	G
			Continue to review and update the domestic abuse information/learning materials contained within the safeguarding pages of BOB.	Nov 2021 Complete. Business as usual 2022	A Brad JT	December 2021	G

Driver Specific Issue / gap / objective requiring action	Monitoring/ Measurable How we know we have succeeded	Ref	Actions Specific, Achievable Stated clearly, communicated widely	Actions log	Person Responsible	Time-Frame to Achieve Time bound	Status
				Realistic			
			As staff receive basic domestic abuse training move towards the inclusion of the 'do you feel safe at home?' question in all episodic patient assessments.	Nov 2021 On-going	A Brim A Brads JT	March 2022	B
			Information & resources Continue to ensure that each area is supplied with written materials for North Devon Against Domestic Abuse (NDADA), posters, leaflets and 'bar codes' that are up to date. Update the resource pack on BOB as new/updated resources become available.	Nov 2021 Complete. Business as usual 2022	A Brad JT	December 2021	G
			Staff The HR team have received level 2 training in domestic abuse and are able to advise managers in line with the staff domestic abuse policy.	Nov 2021 Complete. Business as usual 2022	A Brim A Brad	March 2022	G

Driver Specific Issue / gap / objective requiring action	Monitoring/ Measurable How we know we have succeeded	Ref	Actions Specific, Achievable Stated clearly, communicated widely	Actions log	Person Responsible	Time-Frame to Achieve Time bound	Status
				Realistic			
			Raise awareness about staff being victims of DA within training and through distribution of resources. Continue to promote the health IDVA for support to staff.				
			Independent Domestic Violence Advisor Continue to highlight the work of the health IDVA and to promote appropriate referrals	Nov 2021 On-going	A Brad JT	March 2022	B
			Specialist Nurse to provide line management and supervision for the Health IDVA.	Nov 2021 On-going	A Brad	March 2022	B
			Develop the role of the IDVA to give broad support to NDHT and prioritise only specific cases requiring individual case work.	Nov 2021 On-going	A Brim ABrad NDADA	March 2022	B

Driver Specific Issue / gap / objective requiring action	Monitoring/ Measurable How we know we have succeeded	Ref	Actions Specific, Achievable Stated clearly, communicated widely	Actions log	Person Responsible	Time-Frame to Achieve Time bound	Status
				Realistic			
			(Other cases can be referred to SPLITZ)				
			Policy Review NDHT domestic abuse policy to reflect Pathfinder guidance. Action cards (quick reference cards) to be developed to accompany.	Complete	A Brad A Brim	June 2021	G
Availability of performance data	End of year performance report		Manage performance report for all referrals and disclosures to DV services from NDHT	Nov 2021 – On-going	A Brad JT Admin	March 2022	B
Restriction and restraint							
Review of some incidents where restraint has been used has raised concerns in regard to:	Restriction and restraint working group minutes presented at the Ops group.		Specialist Nurse input to R&R task & finish group. The task and finish group are to review and update:	July 2021 Paul Schofield (Associate Director of Nursing) is now chair of this group. The first meeting of the updated group has taken place and the policy is being reviewed.	A Brad	March 2022	B

Driver Specific Issue / gap / objective requiring action	Monitoring/ Measurable How we know we have succeeded	Ref	Actions Specific, Achievable Stated clearly, communicated widely	Actions log	Person Responsible	Time-Frame to Achieve Time bound	Status
				Realistic			
Assessment and the appropriateness of interventions Definitive care planning by medical staff NDHT oversight of staff undertaking restrictive practices but who are not employed by NDHT in terms of training and policy/procedure Relevant legislation/guidance is not being robustly applied in practice	Audit of Safeguarding practice		<ul style="list-style-type: none"> • NDHT restrictive practices policy • Training • Datix - how incidents of restraint can be consistently reported 	Nov 2021 Policy being re written and almost complete. This will include a review of training offer.			
	Feedback to Ops group from Specialist Nurse member of working group.						
	DSAP Peer review of Sec 42 enquiries		Audit of Safeguarding practice to include review of R&R.	Completed by Mike Cousins Health and Safety Lead	AB/MF	Dec 2022	G
	Monitoring of Deprivation of Liberty Safeguards applications (to become Liberty Protection Safeguards)		Update Link Practitioners and supervisors with latest information and guidance.	Nov 2021 Complete. Business as usual 2022	A Brad	March 2022	B
Review/audit of incidents reported on Datix where restraint has been a feature		Continue to work with clinicians within the Trust to inform practice when R&R is considered and used for patients with Dementia or cognitive impairment.	Ongoing Nov 2021 Complete. Business as usual 2022	IST in conjunction with LPS/MCA team	March 2022	B	

Driver Specific Issue / gap / objective requiring action	Monitoring/ Measurable How we know we have succeeded	Ref	Actions Specific, Achievable Stated clearly, communicated widely	Actions log Realistic	Person Responsible	Time-Frame to Achieve Time bound	Status
Self-Neglect							
In a National Thematic Review (Preston-Shoot et al 2020) self-neglect accounted for 58% of all SARS in the South West. This is consistent with an earlier South West review (Preston-Shoot 2017) and with the evidence within the Trust with self-neglect alongside 'Neglects and Acts of omission' the largest in number of cases by abuse within Datix and concerns raised.	Training records Supervision records are monitored.		Ensure staff can identify concerns in relation to self-neglect and have the confidence to act on their levels of concern knowing what to do about this. This will be achieved through provision of specific training on self-neglect. Monthly Level 3 training and tailored training to individual teams.	Nov 2021 Complete. Business as usual 2022	IST	Ongoing 2022	B
	Design and undertake sample audit of community cases to review recognition and practice when supporting patients who self-neglect		Design and complete audit	Audit registered 25/11/2021	IST	Revised to Dec 2021	B
			Improve record keeping so decision making is recorded and assessment outcomes are clearly evidenced. Measured via audit above	Audit registered 25/11/2021	IST	Revised to Dec 2021	B
Plan to develop staff knowledge and skills around risks of patients who present with self-neglect in line with learning from published	Safeguarding Enquiries audit.		The provision of safeguarding supervision to be supported.	Nov 2021 Safeguarding supervisors Update day provided face to face training. Poor uptake due to capacity issues.	IST	Ongoing	G

Driver Specific Issue / gap / objective requiring action	Monitoring/ Measurable How we know we have succeeded	Ref	Actions Specific, Achievable Stated clearly, communicated widely	Actions log	Person Responsible	Time-Frame to Achieve Time bound	Status
				Realistic			
literature (Preston-Shoot et al 2020)	Monitor through supervision records			See supervision within work plan			
Proposed Integration							
Scoping and preparation for safeguarding team integration.	Completion of Corporate Due Diligence Report.		Gather all information to complete Corporate Due Diligence report and use to 'take stock' of existing safeguarding team work.	Nov 2021 – Ongoing	ABrim	April 2021	G
	Completion of Corporate Due Diligence Joint NDHT/RD&E Risk Assessment		Joint meetings / liaison opportunities to understand each team processes.	Nov 2021 – Ongoing	ABrim	March 2022	B
			Joint 'team development days'	Nov 2021 – Ongoing	ABrim	March 2022	B
	Joint working arrangements across the Safeguarding service		Skills and SWOT analysis of each team/individual.	Nov 2021 – On-going	ABrim	March 2022	B
			Type coach for teams or alternative team development opportunities to be secured from RD&E.	Nov 2021- Type coach-plans were put in place	ABrim	June 2021	B

Driver Specific Issue / gap / objective requiring action	Monitoring/ Measurable How we know we have succeeded	Ref	Actions Specific, Achievable Stated clearly, communicated widely	Actions log	Person Responsible	Time-Frame to Achieve Time bound	Status
				Realistic			
				but event coordinator has not made contact.			
COVID Response							
The COVID-19 pandemic has had far reaching implications to health and social care provision and this has impacted safeguarding practice.	Performance report		Admin to maintain performance report monthly.	Nov 2021 – On-going	IST	March 2022	B
	Monitor and report to Operational group data relating to incidents, concerns, and enquiries raised to establish if any themes / trends.		Reporting of themes and trends to Operational group.	Nov 2021 – On-going	IST	March 2022	B
	Operational Group Minutes Safeguarding Adults Audit		Any emerging evidence of increase in incidents and concerns to be shared with LA and CCG partners through operational group.	Nov 2021 – On-going	IST	March 2022	B
Core Business	Business as usual	Completed by all members of the Integrated Safeguarding Team			Review at Financial year 2022		

Driver Specific Issue / gap / objective requiring action	Monitoring/ Measurable How we know we have succeeded	Ref	Actions Specific, Achievable Stated clearly, communicated widely	Actions log	Person Responsible	Time-Frame to Achieve Time bound	Status
				Realistic			
Investigate, Manage and report on Section 42 Enquires 'caused out' to NDHT	Completed Section 42 enquiries with closure from CCG and LA. Action Plan log monitoring		Monitor and record all Section 42 Enquiries which are caused out to NDHT		ABrim MF A Brad	March 2022	B
			Manage Section 42 process internally within NDHT in line with NDHT governance team and agreed processes. Including: Agreeing immediate actions and investigation. Identify investigation leads. Improve quality of Section 42 investigation reports through feedback following peer review and TDSAP MACA audits Specialist nurses to support Investigation process and report writing.		ABrim MF A Brad	March 2022	B

Driver Specific Issue / gap / objective requiring action	Monitoring/ Measurable How we know we have succeeded	Ref	Actions Specific, Achievable Stated clearly, communicated widely	Actions log	Person Responsible	Time-Frame to Achieve Time bound	Status
				Realistic			
			Establish a quarterly review of the Section 42 recommendations & action log by the SG Operational Group.		ABrim MF A Brad	March 2022	B
			Manage and maintain Section 42 Action log.		ABrim MF A Brad	March 2022	B
			Identify and present themes identified from Section 42 at Operational group.		ABrim MF A Brad	March 2022	B
			Include themes and learning from Section 42 enquiries into Level 2 and 3 SGA training		ABrim MF A Brad	March 2022	B
Training							
All staff should receive safeguarding training in accordance with the	Training compliance is monitored by the training department.		Training to be delivered in alignment with the intercollegiate document.	Content and delivery to be agreed through Safeguarding Operational group.	SG OPS Group	March 2022	B

Driver Specific Issue / gap / objective requiring action	Monitoring/ Measurable How we know we have succeeded	Ref	Actions Specific, Achievable Stated clearly, communicated widely	Actions log	Person Responsible	Time-Frame to Achieve Time bound	Status
				Realistic			
intercollegiate document.			Domestic abuse training to be delivered as DA section in this document.	Content and delivery to be agreed through Safeguarding Operational group.		March 2022	B
			MCA/DoLS & LPS training to be delivered as MCA section in this document.	Content and delivery to be agreed through the MCA/LPS Operational group.	SG OPS Group	March 2022	B
			Update and develop new packages of SG L3 training to support staff needs and in line with National and Local learning. Face to face training to resume August 2021.		SG OPS Group	March 2022	B
			Continue to deliver Level 3 training via: Virtual face to face training (TEAMS/ZOOM) Bespoke sessions in and around clinical settings.		Workforce/ L&D	March 2022	B
			Advertise and develop and encourage the use of the 'training declaration' to capture L3 training.	Discuss to see if this can be incorporated with new Trust LMS.	SG OPS Group	March 2022	B
			Develop a new CPD system which captures SG learning and training		IST/ABri/App Design/L&D	March 2022	B

Driver Specific Issue / gap / objective requiring action	Monitoring/ Measurable How we know we have succeeded	Ref	Actions Specific, Achievable Stated clearly, communicated widely	Actions log	Person Responsible	Time-Frame to Achieve Time bound	Status
				Realistic			
			so compliance is monitored in 'real time'.				
			Work with TDSAP Learning and Improvement Sub Group.		IST/ABri	March 2022	B
			Manage and maintain the BOB Safeguarding training pages.		IST	March 2022	B
Audit							
Audit	Published Audits accepted and approved by ISC		Undertake follow up audit of Safeguarding Adults Process. Include questions to capture the impact of Covid 19 as action plan from safeguarding audit.		ABrim MF A Brad	Dec 2021	B
			Audit of Domestic Abuse referrals to the IDVA and for information only notifications.		IST	Nov 2021	B

Driver Specific Issue / gap / objective requiring action	Monitoring/ Measurable How we know we have succeeded	Ref	Actions Specific, Achievable Stated clearly, communicated widely	Actions log	Person Responsible	Time-Frame to Achieve Time bound	Status
				Realistic			
Policies							
Ensure Policies are reviewed and updated so they reflect the most up to date national and local guidance in order to support and guide staff.	Updated Polices are approved by the ISC		Develop and monitor a process which alerts the Team to Policies which are due to become out of date.		ABrim SG Adults Admin	July 2021	B
			Supervision Policy	Delay due to Covid-19 as Supervisors have been unable to have the 2 nd part of their training.	ABrim	Propose Sept 2021	B
			Domestic Abuse Policy		ABrim A Brad	May 2021	B
			Domestic Abuse for Staff Policy		ABrim A Brad	July 2021	B
MCA							
Improvement needed in Trusts compliance with the MCA	Monitor progress of the MCA/LPS team through the Safeguarding Adults Operational group until		Integrated Safeguarding Team members to support the MCA/LPS team to improve and develop practice across NDHT.	Actions will be captured by MCA/LPS team.	A Brim IST	Review March 2022	B

Driver Specific Issue / gap / objective requiring action	Monitoring/ Measurable How we know we have succeeded	Ref	Actions Specific, Achievable Stated clearly, communicated widely	Actions log	Person Responsible	Time-Frame to Achieve Time bound	Status
				Realistic			
	dedicated MCA/LPS Operational Group is established.		Work alongside the MCA/LPS team to ensure safeguarding and MCA are supporting 'making safeguarding personal' across NDHT.				
Link Practitioner/Safeguarding Supervisor Link Practitioner Network Group							
Safeguarding team to maintain support to Link Practitioner/ Safeguarding Supervisor Link Practitioner Network Groups.	Notes of Link Practitioners Network group meetings submitted to SGA Operational Group.		SGA Administrator to send safeguarding information and opportunities to Link practitioners between meeting dates for cascade to staff.		SG Admin	March 2022	B
			Supervisors are provided with group supervision at Link Practitioner meetings and offered 1:1 supervision as requested. Provide annual supervisors update day.		SG Admin	March 2022	B
	Supervision Documentation form LPS Link Practitioner Meetings.		Provide all new Supervisors with a dedicated ½ day to review and develop local safeguarding processes and their responsibilities.	To resume Sept 2021	A Brim	March 2022	B
	Supervision performance figures are shared with the Ops Group		Develop safeguarding supervision processes for Staff supervising adult facing patients / requiring level 3 adults training	To resume following supervisor's training / refresher sessions	A Brim	March 2022	B

Driver Specific Issue / gap / objective requiring action	Monitoring/ Measurable How we know we have succeeded	Ref	Actions Specific, Achievable Stated clearly, communicated widely	Actions log	Person Responsible	Time-Frame to Achieve Time bound	Status
				Realistic			
			SGA Admin to administer Link Practitioner meetings which will be held quarterly.		SG Admin	March 2022	B
The system for identifying, referring and supporting adults with care and support needs when there are safeguarding risks							
The system for identifying, referring and supporting adults with care and support needs when there are safeguarding risks is robust and understood by all staff across the Trust.	Monitor and manage all safeguarding enquires, requests for advice and support information and investigation requests.		Integrated Safeguarding Team to monitor all submissions to Adult Social Care (Care Direct) Safeguarding within 5 working days.		IST	On-going March 2022	B
	Performance reports to Operational Group. Care Direct (Safeguarding Adult Enquiry Form)		Specialist Nurses Safeguarding to provide feedback to Staff members with advice and support regarding actions.		MF ABrad ABrim	On-going March 2022	B
			IST to ensure the SG spread sheet is updated when any safeguarding concern is identified.		IST	On-going March 2022	B
	Audit		IST to ensure that recommendations and actions are recorded and progress is monitored on the Actions tracker and reviewed by the operational group bi-monthly.		IST	March 2022	
	Integrated Safeguarding Team members to attend Devon Safeguarding Adult Board and Sub groups.		Ensure a robust system is in place across the Trust, performance measures developed and reported through the quarterly safeguarding report.		ABrim	On-going March 2022	B

Driver Specific Issue / gap / objective requiring action	Monitoring/ Measurable How we know we have succeeded	Ref	Actions Specific, Achievable Stated clearly, communicated widely	Actions log	Person Responsible	Time-Frame to Achieve Time bound	Status
				Realistic			
	IST to monitor LA referrals. Performance reporting to Operational group Monthly.		Participate in relevant meetings: TDSAP Board TDSAP Quality Assurance Group TDSAP Learning and Improvement Group TDSAP Operational Delivery Group TDSAP MACA Group		ABrim ABrad MF	On-going March 2022	B
			Safeguarding Adults Leads Health Network group.		ABrim	On-going March 2022	B
			NDHT continues to respond to requests for information, (and participate as part of a multi-agency response when required) from DSAP with regard to DHR and SAR and complex adult abuse cases.		IST	On-going March 2022	B
			Learning is shared with the TDSAP and wider health community to inform processes and practice locality and nationally		IST	On-going March 2022	B
			Continue to develop the safeguarding adult intranet site to be an easy resource.		IST	On-going March 2022	B
			Information sharing in the Community Huddles – Collaboration with Locality Lead as a link to the Independent Care Sector.		S W-D IST	On-going March 2022	B

Key:			
Person responsible			
Carolyn Mills	CM	Alison Bradshaw	ABrad
Integrated Safeguarding Team	IST	Mary Fisher	MF
Jason Lugg	JL	Pete Deadman	PD
Anna Brimacombe	ABrim	North Devon Against Domestic Abuse	NDADA
Safeguarding Administrator	SG Admin	Liberty Protection Safeguards/Mental Capacity Act Team	LPS/MCA

Status tracking		
Complete	Green	G
On plan	Blue	B
Risks slippage	Amber	A
Barriers – not achieved	Red	R

References:

Links to key documents:

Mental Capacity Act (MCA) 2005 Mental Capacity (Amendment) Act 2019

MCA 2005 Code of Practice 2007

Care Act 2014

Human Rights Act 1998

Mental Health Act 2017

Safeguarding Adults – Intercollegiate Document 2018

Care Quality Commission Essential Standards 2010

Information sharing – Advice for practitioners providing safeguarding services to children, young people, parents and carers 2018

Safeguarding Adults: Standards for all Providers

DSAP Safeguarding Adult Reviews <https://www.devonsafeguardingadultspartnership.org.uk/about/safeguarding-adult-reviews/>

Devon Homicide Reviews <https://www.devonsafeguardingadultspartnership.org.uk/about/safeguarding-adult-reviews/>

DSAP Thematic Reviews <https://www.devonsafeguardingadultspartnership.org.uk/about/safeguarding-adult-reviews/>

Safeguarding Adults Protocol: Pressure Ulcers and the interface with a Safeguarding Enquiry 2018

Care Act Statutory Guidance (2016) <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

APPENDIX 2: SAFEGUARDING CHILDREN GROUP WORK PLAN 2021 - 2022

Action Plan Children's Safeguarding Work Plan 2021-2022	Date Created March 2021
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Plan Owner:	Anna Brimacombe – Nurse Consultant Safeguarding Lead Louise Barraclough Specialist Nurse SARC/Sexual Health Exploitation Laura Lethaby Specialist Nurse Safeguarding Children Angela Whitfield - Named Midwife Dr Chris Poh – Named Doctor Child Protection Jason Lugg - Director of Nursing	Date last updated: (and version no)	Version 1: April 2021 Version 2: July 2021 Version 3; November 2021 Version 4. February 2022
Core implementation Group:	NDHT Safeguarding Children Operational Group	Next review due by - Group / Committee: Date:	Joint Integrated Safeguarding Committee May 2021

Driver Specific Issue / gap / objective requiring action	Monitoring/ Measurable How we know we have succeeded	Ref	Actions Specific, Achievable Stated clearly, communicated widely	Action Log Realistic	Person Responsible	Time-Frame to Achieve Timebound	Status
Harmful Sexual Behaviour –	Completion of scoping exercise with statutory partners Children's		Deep dive into 10 cases, SARC, CSC and Police records.		LB	Sept 2021	G

Driver Specific Issue / gap / objective requiring action	Monitoring/ Measurable How we know we have succeeded	Ref	Actions Specific, Achievable Stated clearly, communicated widely	Action Log Realistic	Person Responsible	Time-Frame to Achieve Timebound	Status
HSB between children consistently represents 30% of referrals to and contacts with Paediatric SARC.	Social Care and Police. Numbers of children referred identified and referred as a result of HSB, both those being harmed and those displaying HSB.		Triangulate data and identify current short-term responses to and outcomes for children.	On-going	LB	Sept 2021	B
	Tracking of cases to monitor agency responses and outcomes for children affected.		Triangulate data to identify longer term responses to and outcomes for these children.	On-going	LB	March 2022	B
			Findings to be shared with CCG, CSC and Police to inform HSB services needs assessment.	On-going	LB	March 2022	B
There has been an increase in the identification of Fabricated Induced Illness and perplexing/medically unexplained symptoms.	Completion of Multi Agency Impact (MAI) on Right for Children		Complete MAI Chronologies as requested.	Complete	IST LL	March 2022	G
			Support the review of cases when there are medically unexplained symptoms and or multiple attendances which are perplexing	On-going	IST LL	March 2022	B
			Review the RCPCH new guidance for management of FII and ensure	Complete	IST LL	Dec 2021	G

Driver Specific Issue / gap / objective requiring action	Monitoring/ Measurable How we know we have succeeded	Ref	Actions Specific, Achievable Stated clearly, communicated widely	Action Log Realistic	Person Responsible	Time-Frame to Achieve Timebound	Status
	Audit of CP Reports. Training records Operational Group Meeting minutes.		opportunities for information sharing.				
			Update and develop teaching and learning packages.	FII training /conference has been arranged and to be delivered Sept 2021	IST LL	Dec 2021	G
			Review CP Policy and procedures	March 2022 Update; Integration of Polices is planned for 01/04/22 – 01/10/22 action to be transferred to 22-23 work plan.	IST LL	March 2022	B
			Provide supervision to Staff when there are perplexing/medically unexplained symptoms.	On-going	IST LL	March 2021	B
Scoping and preparation for safeguarding team integration.	Completion of Corporate Due Diligence Report.		Gather all information to complete Corporate Due Diligence report and use to 'take stock' of existing safeguarding team work.	Complete	AB	April 2021	G
	Completion of Corporate Due Diligence Joint		Gather all information to complete Corporate Due Diligence report and use to 'take stock' of existing safeguarding team work.	Complete	AB	April 2021	G

Driver Specific Issue / gap / objective requiring action	Monitoring/ Measurable How we know we have succeeded	Ref	Actions Specific, Achievable Stated clearly, communicated widely	Action Log Realistic	Person Responsible	Time-Frame to Achieve Timebound	Status
	NDHT/RD&E Risk Assessment Joint working arrangements across the Safeguarding service		Joint meetings / liaison opportunities to understand each team processes. Joint 'team development days' Skills and SWOT analysis of each team/individual	On-going 11/2021 No update as workforce have not progressed Not progressed No support from L&D forthcoming after July 11/2021 No update as workforce have not progressed See above	AB AB AB	April 2022 April 2022 June 2022	B A A
During Covid 19 there has been a national increase in the number of infants and non-mobile children presenting with non-accidental injuries. Ensure robust systems are in place to adequately protect non-mobile infants	Training records Supervision records Audit of Supervision provision		Teaching and learning packages – including learning from serious case reviews Review of Policy and procedures in line with SWCPP	On-going. 11/2021 Covered in L3 face to face training monthly Dependant on SWCPP update Due for update in Nov 2021.	IST/LL IST/LL	March 2022 March 2022	B G

Driver Specific Issue / gap / objective requiring action	Monitoring/ Measurable How we know we have succeeded	Ref	Actions Specific, Achievable Stated clearly, communicated widely	Action Log Realistic	Person Responsible	Time-Frame to Achieve Timebound	Status
and children who use services across NDHT services – ensuring staff are aware of family vulnerabilities that may increase risk of harm and increase staff awareness of early help services or strategies that may help reduce that risk.	Staff feedback		Partnership working to recognise current themes and initiatives	11/2021 On-going through Quality Assurance Delivery Group	IST/LL	March 2022	B
	NDHT Safeguarding Newsletter		Review and update the Child Protection Medicals guidance.	Completed July 2021	Dr RR	May 2021	G
To develop and improve trauma Informed practice. Increased awareness of any underlying contributory factor to diagnosis/ symptoms/ engagement issues/ risks and so improve clinical outcomes.	Early help practices/referrals Staff training Records		Adverse Childhood Experiences and trauma awareness training/information packages.	11/2021 LL and early Help manager has provided training to Paediatrician. Covered in L3 training face to face Early help sessions being delivered virtually before F2F	IST	March 2022	G
	Voice of the child		Multi agency partnership working – access to early help plans/RFC.	On-going	IST	March 2022	B

Driver Specific Issue / gap / objective requiring action	Monitoring/ Measurable How we know we have succeeded	Ref	Actions Specific, Achievable Stated clearly, communicated widely	Action Log Realistic	Person Responsible	Time-Frame to Achieve Timebound	Status
For clinical staff to have some core skills in managing disclosures well and access to resources that support their practice.			Provide opportunities for patient stories to be shared during Peer Review and Supervision to develop practice.	On-going Activity in L3 training	IST / Dr CP	March 2022	B
Statutory requirements of the Mental Capacity (Amendment) Act 2019 require that children between the ages of 16-18 are subject to Liberty Protection Safeguards (LPS). NDHT becomes a Responsible Body in April 2022 when these	Safeguarding Children Operational Group. MCA/LPS Operational Group. Monitor MCA/LPS training delivery for Children's workforce		MCA/LPS Team to develop and deliver training for Children's workforce in preparation for LPS implementation.	Plans in place 11/21 MCA/LPS lead has provided training to Paediatric Staff on CTW Consultant Paediatricians have been offered training opportunity	PD / MCA/LPS Team AB	March 2022	G
			Ensure processes to alert MCA/LPS Team to children that are deprived of their liberty.	Direct liaison with MCA/LPS team in place.	PD / MCA/LPS Team AB	March 2022	G

Driver Specific Issue / gap / objective requiring action	Monitoring/ Measurable How we know we have succeeded	Ref	Actions Specific, Achievable Stated clearly, communicated widely	Action Log Realistic	Person Responsible	Time-Frame to Achieve Timebound	Status
requirements come into place.			Provide support and guidance to clinical areas who primarily care for children and young people.	In progress	PD / MCA/LPS Team AB	March 2022	B
			Receive briefing from MCA/LPS Lead at Ops Group quarterly.	On-going	PD / MCA/LPS Team AB	March 2022	B
AUDIT PLAN							
Audit Plan 2021-22 to review practice and establish learning	Undertake audits and present findings to the SG Children Operational Group	7.1	16-17 years SARC	Quarterly Audit	LB	March 2022	B
		7.2	Safeguarding Supervision	March 2022: In progress	SA/AB	July 2021	G
		7.3	Maternity / Safeguarding identification and referral pathways	Delayed due to Operational pressures. Oct 2021	AW/ CCMW	Sept 2021	R

Driver Specific Issue / gap / objective requiring action	Monitoring/ Measurable How we know we have succeeded	Ref	Actions Specific, Achievable Stated clearly, communicated widely	Action Log Realistic	Person Responsible	Time-Frame to Achieve Timebound	Status
				March 2022 Not progressed due to Operational and Staffing pressures; Maternity Risk Assessment in place			
		7.4	Fathers/Significant males Audit	Delayed due to Operational pressures. Oct 2021 March 2022 Not progressed due to Operational and Staffing pressures; Maternity Risk Assessment in place	Maternity	May 2021	R
		7.5	DCFP QADG reviews/audit requirements	As per DCFP Audit work plan	AB/LL/LB	March 2022	B
			Q 1 and Q 2 Covid 19	Completed	AB/LL/LB	Sept 2021	G
			Q3 Children out of education	Completed	AB/LL/LB	Dec 2021	G
			Q4 Children with eating disorders including Obesity	On-going Transfer to 22-23 work plan	AB/LL/LB	March 2022	G
			MASH quality and quantity	Complete	LL/LB	March 2022	G
			ED/MIU attendances – infants under <1yr	Delayed due to Operational pressures until March 2022	LL	March 2022	G

Driver Specific Issue / gap / objective requiring action	Monitoring/ Measurable How we know we have succeeded	Ref	Actions Specific, Achievable Stated clearly, communicated widely	Action Log Realistic	Person Responsible	Time-Frame to Achieve Timebound	Status
			Child not Brought Audit	Ongoing- not complete transfer to 22-23 work plan	All department managers LL	March 2022	B
CORE BUSINESS Business as usual. Review at financial year end 2022							
System for identifying children with a safeguarding risk is robust and understood by all staff across the Trust	MASH/SCLF forms Performance report	5.1	Monitor the timeliness and content of MASH forms and SCLFs ensuring a robust feedback loop to individuals/departments completing the forms. Dissemination of new threshold tool.	All Team Members	Integrated Safeguarding Team LL/LB/AB	March 2022	B
5.2	CP-IS Monitor effectiveness and practice of CP-IS checks in ED and MIU						
In partnership with DCFP collate the learning from current	Minutes and Action from Sub Groups including:	6.1	Participate in relevant meetings for any future CSE cases		Integrated Safeguarding Team	March 2022	B

Driver Specific Issue / gap / objective requiring action	Monitoring/ Measurable How we know we have succeeded	Ref	Actions Specific, Achievable Stated clearly, communicated widely	Action Log Realistic	Person Responsible	Time-Frame to Achieve Timebound	Status
safeguarding incidents and safeguarding reviews to identify themes and trends in order to inform practice.	Quality Assurance Delivery Group MACE Chairs Group Child Sexual Abuse sub- group	6.2	The Specialist Nurse Safeguarding SARC/Sexual Health and Exploitation attends the MACE forums and is the Deputy Chair.		LL/LB/AB		
	Adolescent Safety and Risk sub group	6.3	Specialist Nurse Safeguarding SARC/Sexual health and Exploitation attends the forums and issues/learning discussed at Operational Group meeting.				
	Completed review reports Actions Plans Terms of Reference	6.4	Actions from MACE or strategy meetings must be completed and fed back to the chair.				
	Annual Report	6.5	Data is collected and collated to identify the numbers of children being cared for by the Trust as a result of CSA.				
		6.6	Data is shared with the DCFP and wider health community to inform processes and practice locality and nationally.				
	March 2022	B					

Driver Specific Issue / gap / objective requiring action	Monitoring/ Measurable How we know we have succeeded	Ref	Actions Specific, Achievable Stated clearly, communicated widely	Action Log Realistic	Person Responsible	Time-Frame to Achieve Timebound	Status
		6.7	Ensure that Trust staff are able to identify children at risk from Child Criminal Exploitation.			March 2022	B
		6.8	NDHT continues to respond to requests for information about complex child abuse cases and Safer Me assessments as part of DCFP Adolescent Safety framework.				
		6.9	QADG	Monthly	AB	March 2022	B
		6.10	CSE Sub Group	Monthly	LB	March 2022	B
		6.11	CSA Sub Group	Monthly	LB	March 2022	B
			MACE Chairs Meeting	Monthly	LB	March 2022	
		6.12	ASF Task and Finish Group	Monthly	LB	March 2022	B
		6.13	DCFP Locality Partnership Forum	Bi weekly	LL	March 2022	B
			Covid Response Partnership	Monthly			

Driver Specific Issue / gap / objective requiring action	Monitoring/ Measurable How we know we have succeeded	Ref	Actions Specific, Achievable Stated clearly, communicated widely	Action Log Realistic	Person Responsible	Time-Frame to Achieve Timebound	Status
To ensure effective regular safeguarding supervision to all staff working directly with Children and Young people on a regular basis.	Monitor compliance Feedback from staff receiving safeguarding supervision update and initial training.	8.1	Ensure a robust system for safeguarding children supervision is in place across the Trust as per the Supervision Policy, performance measures developed and reported through the quarterly safeguarding report.		IST	March 2022	B
	Feedback from staff re their views on the supervision provision.	8.2	Provide regular safeguarding supervision and peer review for Paediatricians.		RR	March 2022	B
	Audit results	8.3	Provide Emergency Department and Obstetric Consultants access to safeguarding supervision on request.		RR	March 2022	B
		8.4	Provide bi annual safeguarding updates including case reviews for Emergency Department and Obstetric Medical staff.		RR	March 2022	B

Driver Specific Issue / gap / objective requiring action	Monitoring/ Measurable How we know we have succeeded	Ref	Actions Specific, Achievable Stated clearly, communicated widely	Action Log Realistic	Person Responsible	Time-Frame to Achieve Timebound	Status
Safeguarding Children Training	Monitor progress through the Safeguarding Children's Operational Group.	9.1	Monitor the use of and recording of information used to record L3 training on Annual Declaration.		L&D/AB	March 2022	B
		9.3	Develop and deliver 'virtual' face to face training sessions at Level 3 which can be accessed by Staff.		L&D/IST/AB	March 2022	B
		9.4	Learning from Child Safeguarding Practice Reviews will continue to be included in training materials for Level 2 and 3 Safeguarding Children training.		IST	March 2021	B
		9.5	Learning & Development Team to support the Integrated Safeguarding Team with Teams training and Teams training delivery.		L&D	March 2021	B
		9.6	Monitor and develop a training application to capture information currently recorded in the Annual Declaration		L&D	March 2021	B
		9.7	Develop posters which advertise the internal training		IST LL	May 2021	B

Driver Specific Issue / gap / objective requiring action	Monitoring/ Measurable How we know we have succeeded	Ref	Actions Specific, Achievable Stated clearly, communicated widely	Action Log Realistic	Person Responsible	Time-Frame to Achieve Timebound	Status
			provision to be displayed on Caroline Thorpe Ward and ED				
		9.8	Produce bi-annual joint Safeguarding Newsletter with adults and children.		IST	April 2021	B
						October 2021	B
Maternity - Safeguarding pre-birth children and their families.	Review progress at the Safeguarding Children Operational Group		Review the process and structure of Safeguarding Supervision in maternity		Named Midwife AW	March 2021	B
	Safeguarding Supervision in Maternity;		Enable both individual and group supervision sessions are available to the teams		AW	March 2021	B
			Review compliance at bi- monthly Safeguarding Supervisors meetings		AW	March 2021	B
			Demonstrate compliance of Safeguarding Supervision in line with current guidance, by using an accurate database		AW	March 2021	B
To ensure appropriate multi agency 'early help' support for complex and vulnerable families pre- birth	Minutes from Vulnerable pregnancy meetings. Audit of VPM and outcomes		Monthly: Vulnerable Pregnancy meetings Research and attend the vulnerable pregnancy meetings to ensure robust and timely safeguarding		Named Midwife/ AW Complex Care Midwife/ TBC	March 2021	B

Driver Specific Issue / gap / objective requiring action	Monitoring/ Measurable How we know we have succeeded	Ref	Actions Specific, Achievable Stated clearly, communicated widely	Action Log Realistic	Person Responsible	Time-Frame to Achieve Timebound	Status
			information is shared in a multi-agency framework to provide 'early help' support.				
To record and ensure accurate safeguarding information is captured and available when safeguarding concerns are identified pre-birth.	Review progress at the Safeguarding Children Operational Group Performance report		Manage and ensure the Maternity spread sheet information. Monitor the timeliness and content of MASH forms and SCLFs ensuring a robust feedback loop to Midwives completing the forms.		Midwife/ AW Complex Care Midwife/ TBC Maternity Admin	March 2021	B

Name	Initial	Job Title
Anna Brimacombe	AB	Nurse Consultant Safeguarding Lead
Louise Barraclough	LB	Specialist Nurse Safeguarding SARC Sexual health and Exploitation
Laura Lethaby	LL	Specialist Nurse Safeguarding Children and Young People
Jason Lugg	JL	Director of Nursing NDHT
Carolyn Mills	CM	Chief Nursing Officer NDHT/RD&E
Angela Whitfield	AW	Named Midwife
Jodie Vickers	JV	Complex Care Midwife
Jess Taylor	JT	Health Independent Domestic Abuse Advocate (IDVA)
Andrew Cox	AC	Learning and Development Safeguarding Link (TBC)
Learning and Development	L&D	
Safeguarding Admin	SA	
Integrated Safeguarding Team	IST	
TBC		Emergency Dept Children Sister Safeguarding Lead
Pete Deadman	PD	MCA/LPS Lead

Links to key documents:

[Children and Families Act 2014](#)

[Working Together 2018](#)

[Safeguarding Children and Young People – Intercollegiate Document 2019](#)

[What to do if you're worried a child is being abused – Advice for Practitioners 2015](#)

[Care Quality Commission Essential Standards 2010](#)

[Information sharing – Advice for practitioners providing safeguarding services to children, young people, parents and carers 2018](#)

[Section 11 Children Act 2004](#)

[DCFP Serious Case Reviews](#)

[Devon Homicide Reviews](#)

[DCFP Thematic Reviews](#)

Section 11 of the Children Act 2004 places a duty on all health organisations to make arrangements to ensure that, in discharging their functions, they have regard to the need to safeguard and promote the welfare of children.