University Hospitals Bristol NHS
NHS Foundation Trust

Safeguarding Annual Report

April 2012 – March 2013

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Preface

I am delighted to present the 2012/2013 annual report for safeguarding adults and children. You will see throughout the report that much has been achieved to ensure that vulnerable adults and children in our care are safe and well cared for by a kind and compassionate workforce.

This annual report is also written at a time of change for the Health Service. This has affected how we work with agency colleagues in social care and the police force, resulting in a greater responsibility being placed on health professionals for ensuring that the most vulnerable in our care are protected. Our safeguarding teams continue to support our staff through their expertise and knowledge and deliver training to enable our staff to take on this increased responsibility.

The recent events at Mid Staffordshire Hospital and Winterbourne View are also a stark reminder of the importance of making sure that the most vulnerable adults and children in our care are listened to and have a voice. We all have a duty to our patients and their families to learn the lessons from these terrible events and ensure that they never happen again.

Whilst much has been achieved over the last year, on-going challenges of course remain and ways to tackle these challenges will form part of our 2013/2014 work plan. Our priority as ever, remains the welfare and safety of those most vulnerable in our care.

I would like to take this opportunity to thank staff for all their hard work over the last year and particularly to Carol Sawkins and Linda Davies for their work as our Safeguarding Leads and for writing this report.

Helen Morgan
Acting Chief Nurse
UHBristol Foundation Trust

1. Introduction

University Hospitals Bristol National Health Service (NHS) Foundation Trust understands and acknowledges that safeguarding children and adults is everybody's business and that everyone working in health care has a responsibility to help prevent abuse and to act quickly and proportionately to protect children and adults where abuse is suspected. This annual report will reflect on the key safeguarding activities for children and adults for the period 01 April 2012 to 31 March 2013, incorporating the work of both safeguarding teams, supported by the divisions within the Trust through membership of the Trust Safeguarding Steering Groups.

The safeguarding of all our patients; both adults and children remains a priority for the Trust. Safeguarding is a fundamental component of all care provided. Safeguarding continues to be addressed under one combined agenda following a 'Think Family' approach, with both adults and children's safeguarding retaining specific specialist teams with individual areas of responsibility.

This reporting period has seen many challenges, with changes in the NHS commissioning arrangements, in conjunction with continuing financial austerity and change across other partner agencies. Safeguarding activity continues to highlight a year on year increase. For example, in the complexity of referrals to social care for both adults and children; a greater number of children in Bristol are now subject to a Child Protection Plan or Care Proceedings than ever before.

Maintaining the consistency and quality of all aspects of safeguarding practice across the Trust has been essential during this challenging period. Over the past year the safeguarding arrangements within all areas of the Trust have continued to be strengthened, with a particular focus on ensuring our staff receive an appropriate level of safeguarding training. We know staff that are trained within the area of safeguarding are more likely to identify and support a vulnerable person.

Work plans are in place which follow a joined-up approach viewing safeguarding as a continuum from the unborn baby until older age. The safeguarding agendas are underpinned by the Trust's values; in particular the strong culture of both multi-agency and multi-disciplinary working reflecting the aims of 'Working Together' and 'Respecting Everyone', being a core value to all aspects of safeguarding.

2. Brief Overview of National and Local Safeguarding Drivers

The importance of safeguarding vulnerable patients continues to underpin all the Trust's values and health care activities. This includes recognising staff that may have no direct contact with children may be caring for a parent with behaviours which may impact on their ability to care for a child. Although there may be some fundamental differences within the law, which underpins both adults and children's safeguarding, it is important to appreciate

that safeguarding, should be viewed as a whole; very much following a 'Think Family' agenda. This can be managed successfully together in an organisation where appropriate experts are overseeing policy and practice.

Safeguarding children, young people and the unborn baby, remains 'everyone's responsibility' (Laming, 2009) for all Trust employees, no matter what their role or responsibility. This requirement is further underpinned by the statutory responsibilities outlined within Working Together to Safeguard Children (2010), which is currently being reviewed, and also Section 11 of the Children Act 2004, which requires that NHS organisations must comply with the following eight policy standards:

- Senior management commitment to the importance of safeguarding and promoting children's welfare.
- A clear statement of the agency's responsibilities towards children for all staff.
- A clear line of accountability within the organisation for work on safeguarding and promoting the welfare of children.
- Service developments that take account of the need to safeguard and promote welfare and is informed, where appropriate by the views of children and families.
- Staff trained on safeguarding and promoting the welfare of children for all staff working with or in contact with children and families.
- Safe recruitment procedures in place.
- Effective inter-agency working to safeguard and promote the welfare of children.
- Effective information sharing.

Section 11 self-assessment audits are completed regularly to provide evidence of compliance with the Section 11 requirements to the Local Safeguarding Children Boards.

During this reporting period the government has supported the recommendations of the Munro safeguarding review and all NHS Trusts are signed up to supporting the implementation plan. The main focus of the review has been on the role and impact of social care in keeping children safe and reducing bureaucracy in order to increase the time practitioners are able to work with families to improve outcomes for children.

The health community will need to pay particular attention to:

- Proposed changes to the Common Assessment Framework to make it less bureaucratic and more supportive of multi-agency assessment.
- Future inspection will include all agencies involved in safeguarding being inspected by OFSTED, including a review of local standards and indicators for performance.
- Ensuring that all professional groups and agencies mitigate the impact of the NHS reforms on current arrangements.
- Changes to the Serious Case Review process.
- Supporting Universal Services to manage complex cases in order to reduce the increasing volume of referrals to children's social care.

Safeguarding (Outcome Seven) is a key priority for the Care Quality Commission (CQC), which reflects both our focus on human rights and the requirement within the Health and Social Care Act. Whilst the CQC recognises that there are differences in the statutory basis and policy context between safeguarding of children and adults, they state that for both, that there is an overarching objective of enabling people to live their life free from abuse.

During 2012-13 there have been a number of national happenings with particular relevance to adult safeguarding including: -

- Protection of Freedoms Act 2012 – this act repealed some of the powers of the Safeguarding Vulnerable Groups Act (2006). The work of the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) merged in December 2012 to become the Disclosure and Barring Service (DBS). A new definition of Regulated Activity was drawn up. There will be a more rigorous 'relevancy' test for the police before deciding to disclose information held on the police computers. Controlled activity has been repealed and the minimum age for a DBS is 16. Applicants can challenge the disclosed information.
- The draft Care and Support Bill which sets out a new statutory framework for adult safeguarding clarifying the roles and responsibilities of local authorities and other organisations; and placing a duty of cooperation with safeguarding on the NHS.
- The published Winterbourne View Serious Case Review made a number of recommendations including a call for greater investment in community-based care, outcome-based commissioning for hospitals detaining people with learning disabilities and the use of 'T-supine restraint' to be discontinued at such units. The report also calls for better coordination and information sharing to allow for earlier identification of potential problems and earlier action to be taken.
- Mid Staffordshire NHS Foundation Trust Public Inquiry – Francis Report was published which calls for a 'fundamental change' in culture whereby patients are put first and makes 290 recommendations covering a broad range of issues relating to patient care and safety in the NHS.
- NHS reorganisation - during 2012-13, considerable work was undertaken to prepare for April 2013, when Primary Care Trusts were replaced by more than 200 General Practitioner (GP)-led organisations called Clinical Commissioning Groups (CCGs) which are responsible for almost 60% of the NHS budget. Every GP practice has to belong to a CCG.
- Healthwatch is the new consumer champion for both health and social care; it is an independent organisation, able to employ their own staff and involve volunteers, who should become the influential and effective voice of the public.
- Police and crime commissioners who will ensure an efficient and effective police force in our area have been elected. They set the priorities for the force, decide the budget, and hold the chief constable to account.

3. Summary of Current Arrangements for Safeguarding within University Hospitals Bristol NHS Foundation Trust (UHBristol)

The Trust Board continues to hold ultimate accountability for ensuring that safeguarding responsibilities are met, supported by the Safeguarding Steering Groups, which are chaired by the chief nurse as Executive Lead for Safeguarding. Safeguarding activities continue to be directed on a day-to-day basis by teams of well-established and experienced professionals.

The safeguarding teams work collaboratively with other safeguarding professionals both in a multi-agency and multi-professional approach, locally and across the region. This includes representation at the Bristol, North Somerset and South Gloucestershire Safeguarding Children Boards and the Bristol Safeguarding Adults Board.

Monitoring of safeguarding activity forms part of the Trust governance arrangements and is reported quarterly to the Trust safeguarding steering groups, and also includes data required by the NHS commissioning contracts and the Local Safeguarding Children/Adults Boards. All divisions are represented at both the Children and Adults Trust Safeguarding Steering Groups and have the responsibility for the dissemination of information through their Divisional Boards.

The Trust has in place safeguarding children and adult policies and procedures to guide staff through their contractual responsibilities to protect vulnerable patients which includes, for example, guidance on information sharing, making a referral and how to manage a professional difference of opinion. These policies and procedures are based on current national and local guidance and are reviewed regularly.

Safeguarding children activity across the Trust has historically been supported through the work of the Hospital Based Social Work Team. This reporting period has continued to see changes in the level of service provision, particularly in relation to the role of the ‘liaison social worker’. This change in service is primarily a consequence of the increasing safeguarding activity being undertaken by the Hospital Social Work Team such as the increasing number of court and care proceedings.

The ‘liaison social work role’ previously supported staff in clinical areas across the Trust to manage complex cases, from both neighbouring and regional Local Authorities. To ensure that children are safeguarded whilst in our care and safely transferred or discharged, this role has been increasingly undertaken by the Trust Safeguarding Children’s Team or front line practitioners in clinical areas, including in the Paediatric Intensive Care Unit. The loss of the ‘liaison role’ in midwifery service has resulted in the lack of timely Child Protection Plans in place for unborn babies and delays in pre-birth planning meetings when the baby is to be removed at birth.

A risk assessment has been completed and placed on the Divisional Risk Register reflecting this change in the liaison role between the hospital social workers and the locality social

workers. Some progress has been made through the continuing multi-agency discussions to address the situation and it will continue to be monitored closely in the next reporting period.

The full structure of the Trust's safeguarding arrangements for 2012/13 is detailed in Appendix Four.

4. Summary of Key Safeguarding Achievements of 2012/13

During this reporting period significant progress has been made with both the safeguarding adults and children's work plans and objectives. Key achievements are summarised below:

- Significant progress continues to be made across the Trust in relation to safeguarding training for both adults and children, with more staff than ever before having completed the appropriate level of training.
- A clinical holding/restraint policy and matrix have been developed alongside a training package to support staff in identified high risk areas.
- Joint working with partner agencies to develop and promote safe systems and practice for both children and adults in a challenging and changing safeguarding landscape.
- To support safeguarding, caring for people with learning difficulties has remained high on the agenda, and achieved some excellent results with inter-agency working.
- The Dementia Standards work has also contributed to safeguarding with the implementation of dementia champions, and the 'This is me' document which focuses on the person behind the medical condition, being fully utilised across the Trust.
- The impact of the Independent Domestic Violence Advisers now evidenced to have made a significant contribution in providing a specialist support to high-risk victims of domestic abuse and their children.
- The introduction of an evidence based Infant Safeguarding Assessment Tool for use within the Children's Emergency Department.

A detailed summary of the key activities for this reporting year, according to these commissioning standards, is detailed within the data below.

5. Training

The provision and delivery of safeguarding training for both children and adults remains a key priority for both safeguarding teams, with the requirement that all staff are provided with the appropriate level of training, according to their role and responsibilities. The aim of the safeguarding training is to ensure that every member of staff is aware of their safeguarding responsibilities, recognise abuse and know what to do about it as the minimum requirement.

Compliance with all levels of training has been robustly monitored within the Trust throughout this reporting period. Whilst levels of safeguarding training have improved

steadily throughout this reporting period the required targets for all levels of safeguarding training have yet to be achieved.

5.1 Safeguarding Children's Training Data

Figure 1: Annual Percentage Compliance Rates for Safeguarding Children Training

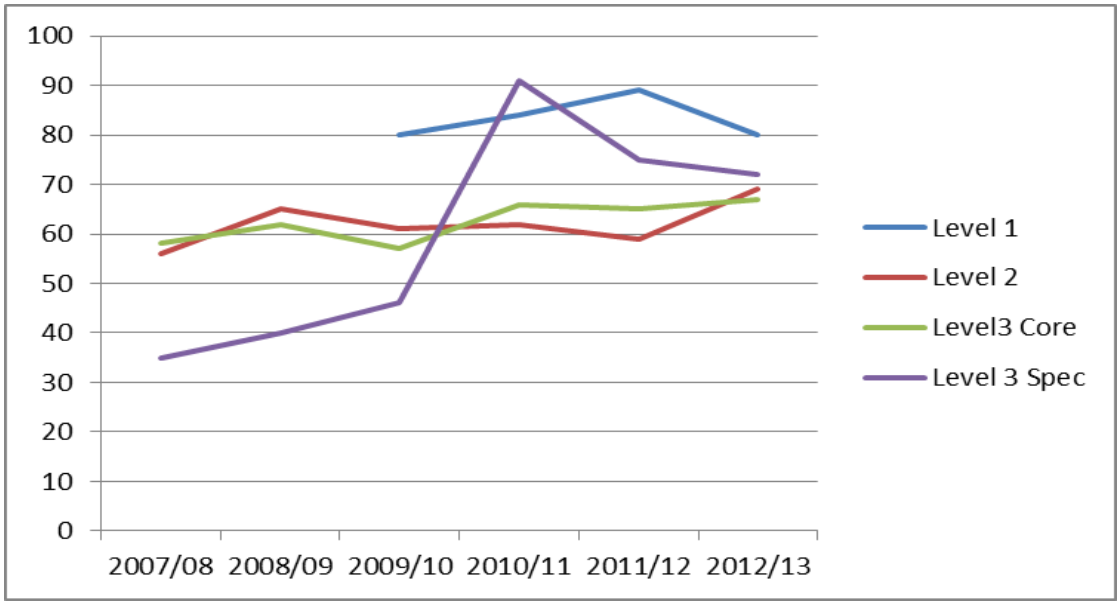


Table One: Annual Percentage Compliance Rates for Safeguarding Children Training

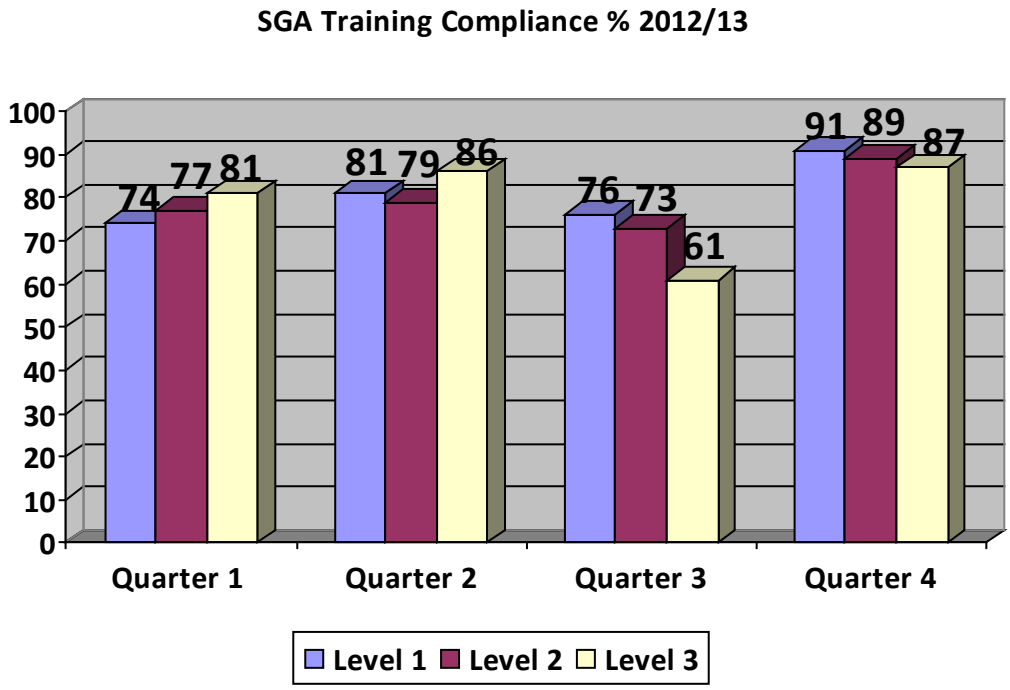
	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Level 1			80	84	89	80
Level 2	56	65	61	62	59	69
Level 3 Core	58	62	57	66	65	67
Level 3 Spec	35	40	46	91	75	72

There is a slow rate of improvement in training compliance and the total number of staff who have now completed safeguarding training has seen a further year on year increase. In practice, this means that an increased number of Trust employees are better able to recognise signs of abuse and more importantly feel more confident in knowing what action to take if they have a concern.

There is a particular problem in recording of compliance for junior medical staff, who rotate through posts during a short time span. The training department has made strides in implementing appropriate recognition of training received elsewhere and providing a focussed package for staff on 'how to' at a practical level at this new workplace. It is anticipated that this will further aid recording of compliance with child protection training.

5.2 Safeguarding Adults Training Data

Figure 2: Annual Percentage Compliance Rates for Safeguarding Adult Training (SGA)



Safeguarding adult training compliance has progressed well during this reporting period. Table 1 demonstrates the increase in compliance throughout this reporting period. At quarter 4 the Trust exceeded its internally set compliance target of 85% in all areas of adult safeguarding training.

5.3 Clinical Holding / Restraint Training

The Trust recognises that all patients should receive care, treatment and support from staff who understand the different forms that restraint can take, whilst respecting dignity and protecting human rights. The requirements of CQC Outcome 7 Regulations also include guidance surrounding restraint/clinical holding practice.

In the proceeding twelve months a Clinical Holding/Physical Interventions Policy has been developed. High risk areas across the Trust, identified from clinical incident reports, were included in the training matrix. A package of training was developed by specialist trainers from the training department. At the end of this reporting period 42% of staff in the identified group had received training.

The plan to take the restraint agenda forward into the next reporting period includes updating the current policy and re-evaluation of the target audience. The current proposal under consideration is for all nursing staff bands 6 & 7 across the Trust to be trained to enable them to 'direct' any situations which require clinical holding or restraint in their specified areas. This will however require an increase training provision with administrative support to deliver this agenda.

5.4 Prevent Training

During this year staff have completed the 'train the trainer' Department of Health course to deliver the Health Wrap training. Delivery of this training to identified staff has commenced and continues to be rolled out.

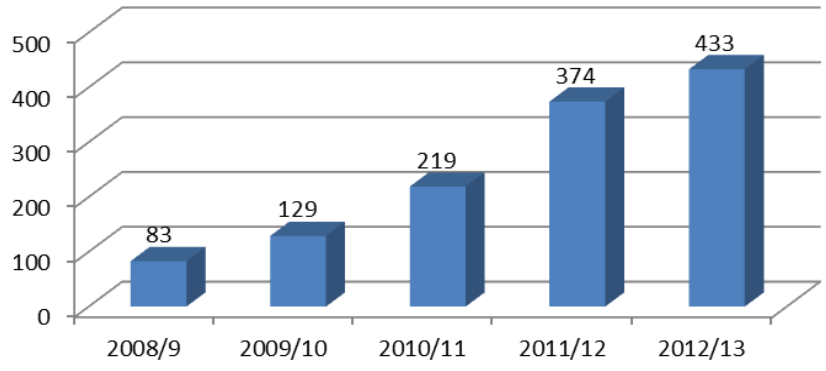
6. Safeguarding Activity Data

A summary of safeguarding activity for both children and adults across the Trust in this reporting period is detailed below.

6.1 Safeguarding Children Activity Data

The ability to recognise safeguarding risks to the unborn baby, children and young person and to know 'what to do' next is an essential component of the Trust's mandatory safeguarding training. Staff are advised during safeguarding training to contact the Child Protection Team if they require advice, support and supervision to manage cases.

Figure 3: Safeguarding Advice given by the Child Protection Team



Number of Contacts for Safeguarding Advice to Child Protection Team

There continues to be a year on year increase in the number of recorded contacts with the child protection health team from practitioners across the Trust, including increasing numbers of call from those working in adult services. (Figure 3)

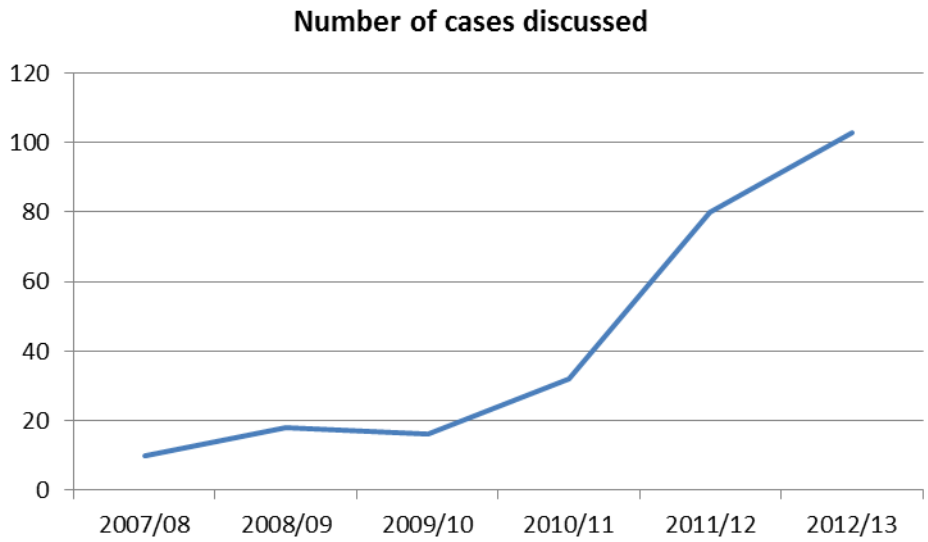
Supervision of Practice

The Child Protection Team also provide safeguarding supervision to practitioners who are responsible for managing their own case loads, primarily the Paediatric Clinical Nurse Specialists and Community Midwives, The provision of safeguarding supervision for staff, both on an ad-hoc and regular basis, is frequently noted to be essential to support staff in effectively protecting children from harm, especially when they are managing complex and challenging cases (Sidebotham *et al*., 2010).

The number of cases discussed at formal supervision sessions continues to rise. This could be a positive reflection of increased awareness by staff both of safeguarding risks within their caseload as well as of the value of the supervision provided by the Safeguarding Team.

To support the expansion and development of a more robust model of supervision across the Trust an external, accredited, two day supervision training course was commissioned by the Nurse Consultant for Safeguarding Children. This course was attended by many safeguarding professionals from across the South West and has equipped additional members of the team with the training in child protection supervision for Trust staff members. The development of the supervision practice will continue to grow.

Figure 4: Provision of Safeguarding Supervision by the Child Protection Team



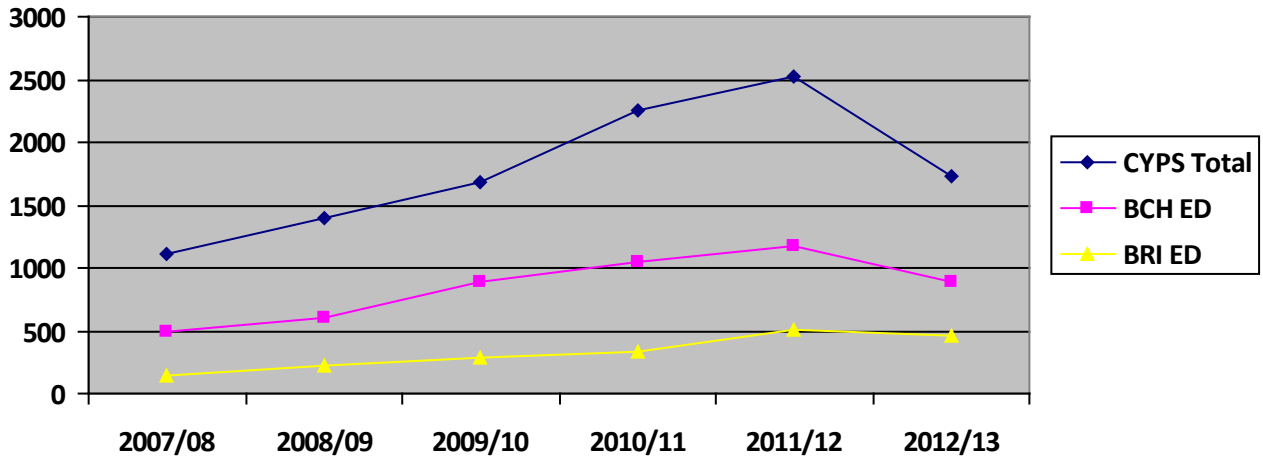
	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
No of cases	10	18	16	32	80	103

This demonstrates a continued increase in the number of cases discussed in formal supervision sessions .This supports staff, for example: Paediatric Clinical Nurse Specialists and Consultants in managing their own caseloads, and ensures as far as possible a high standard of practice.

Referrals to the Hospital Children and Young People's Services (CYPS) Team.

This reporting period of 2012/3 has seen a reduction in the number of safeguarding referrals and contacts to the Hospital Social Work Team from the BRI and Children's Emergency Departments and across the Trust. The majority of the Hospital CYPS team safeguarding caseload work is with unborn babies.

Figure 5: Referrals made to Children and Young People's Services (CYPS)



	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
CYPS Total	1114	1390	1688	2249	2518	1729
BCH ED	500	609	891	1041	1172	885
BRI ED	137	225	284	330	514	462

The total figure is obtained from the CYPS data system, the other two from hospital based records.

Changes in the last year which have contributed to this reduction:

- The introduction of the new electronic social care data management system. The new system, 'Protocol' was introduced in November 2012 and information was migrated across from the existing system 'Paris'. It is possible that the migration of the data alongside different systems of recording information in 'Protocol' may have been a contributing factor.
- The Trust implemented a new patient administration system (Medway) in April 2012 and some of the Emergency Department referrals were not recorded during this period simply because the energy was focused elsewhere. From mid-May 2012, the systems were back to normal.
- More referrals may be being made directly to the social work locality bases due to changes in the hospital social work liaison role over this reporting period.
- The increase in the amount of advice and support provided by the Trust's Child Protection (health) Team to practitioners may result in only the higher threshold

concerns being referred to social care. The ‘lower threshold’ cases are managed within the health arena. This practice is in line with the recommendations of the Munro review (2012) and demonstrates good interagency working. This increase in activity has been illustrated (figure 4 above).

No system exists either across the Trust or within the safeguarding children’s services (CYPS) to collect ALL details of referrals made. The majority of the referrals to CYPS initiate in the emergency department setting but complex regional and ward cases are not recorded other than through the advice given by the child protection health team. A review of the system for the recording of child protection activity across the Trust will be incorporated in the forward plan for 2013/14.

Serious Case Reports and Management Reviews

During this reporting period the Trust has contributed to the following Serious Case/Management Reviews during this reporting period:

- Child H (Wiltshire Local Safeguarding Board), a six month old baby who suffered a number of non-accidental fractures.
- A management case review, including completion of a chronology for the South Gloucestershire Local Safeguarding Children Board in which a mother was suspected of fabricating illness in her child.
- A management case review, including completion of a chronology for a child living in Bath in which a mother was suspected of both fabrication of illness in and non-compliance with treatment for her child.
- Child DG (East Sussex Local Safeguarding Children Board), a child who had previously lived in Bristol and was involved in a critical incident, there was a history of domestic violence in the family.
- Child S (Bristol Local Safeguarding Board) Contribution to systems methodology SCIE review following the death of a 14 year old and concerns were raised about neglectful living conditions.

In each case the management reviews and chronologies were completed within the specified time scales. All the resulting action plans are monitored by the Child Protection Operational Group within the Women’s and Children’s Division. This process is overseen by the Trust Safeguarding Children Steering Group.

6.2 Safeguarding Adults Activity Data

Adult safeguarding activity has continued to grow in this period with a 10% increase in activity form the previous year. Pressure sore (grade 3 and 4) reporting continues to increase the number of alerts being made regarding potential neglect. The majority of alerts

pertain to allegations of abuse in the community prior to admission either in the person's own home or from residential and nursing home settings.

Figure 6

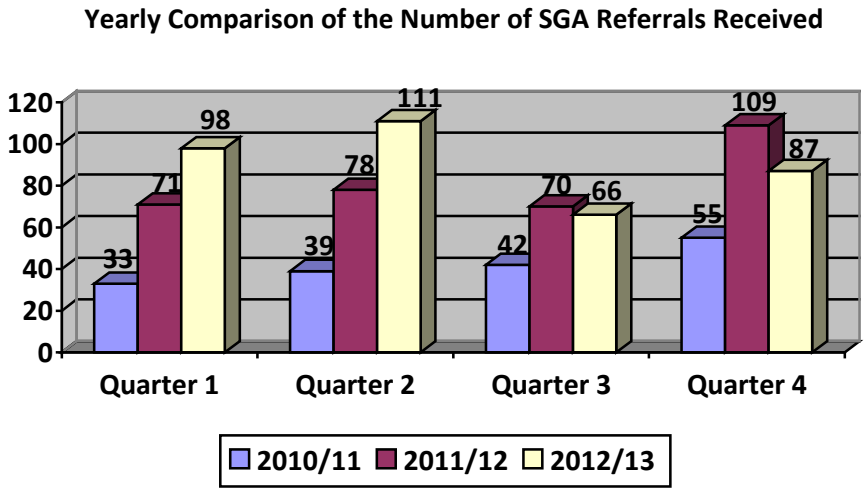


Figure 7

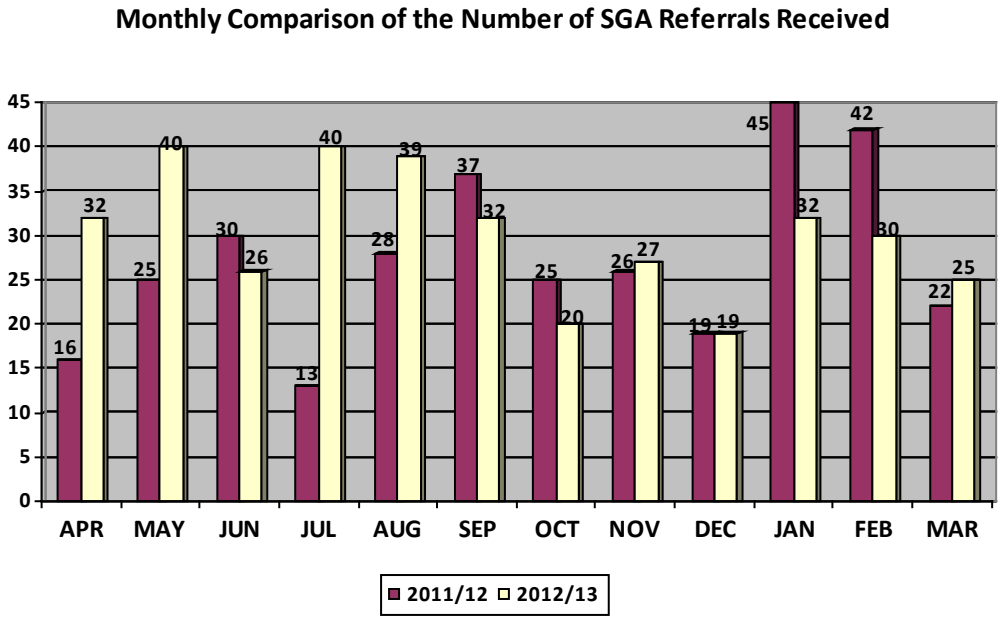


Figure 7 provides an overview of the number of referrals made to the safeguarding adult team from within the Trust on a monthly basis.

Figure 8

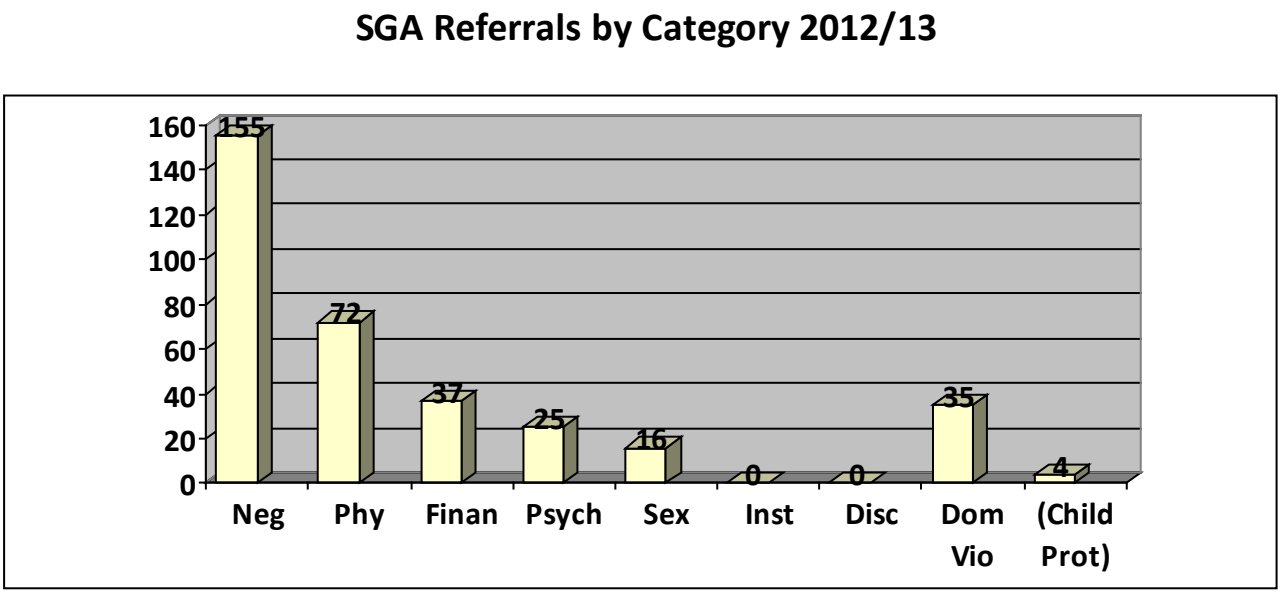
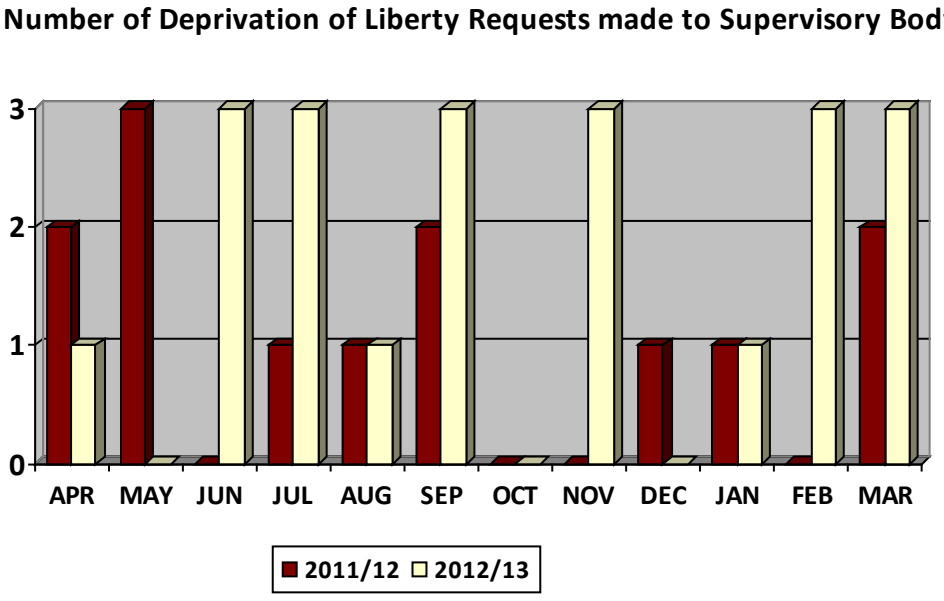


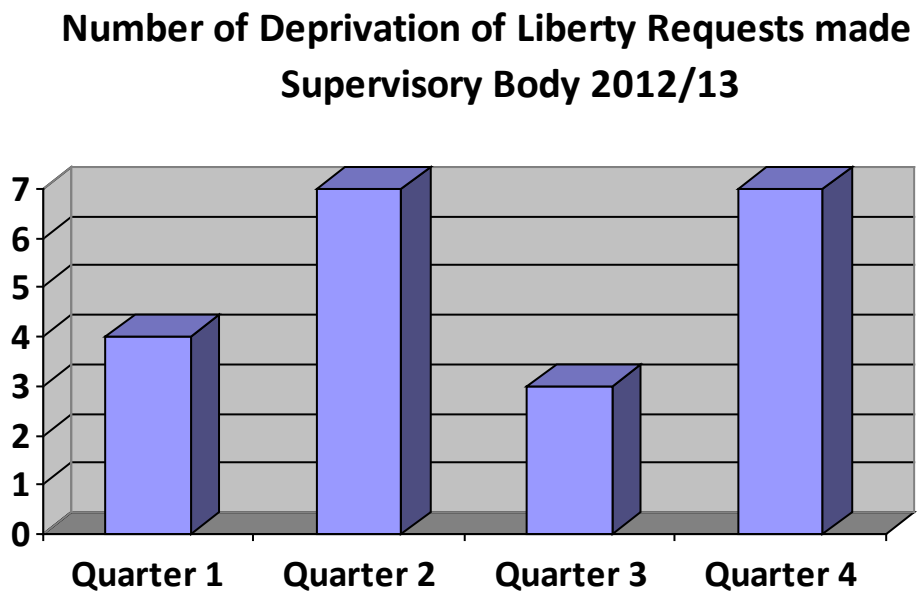
Figure 8 provides data related to the category of abuse alleged to have taken place. The seven categories used are those specified by the Department of Health.

6.3 Deprivation of Liberty Safeguards (DOLS)

Figure 9 shows a 60% increase in the number of DOLS referrals made by the Trust last year. Although it is not possible to be sure, it seems that this increase reflects a growing awareness of DOLS by the clinical teams.



The Deprivation of Liberty Safeguards are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. The safeguards ensure that a hospital only deprives someone of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person when there is no other way to look after them.



7. Safeguarding Performance Monitoring and Quality Assurance

The Trust has in place a robust performance management framework through which safeguarding activities are monitored both internally and externally. This includes:

- Quantitative safeguarding children data reported quarterly to Bristol and South Gloucestershire Local Safeguarding Children Boards and NHS Bristol as a part of compliance with the 'Safeguarding Children: Standards for providers of health services' (2012-13).
- Completion of annual 'Children Act 2004, Section 11 Self-Assessment' (South Glos Local Safeguarding Children Board).
- Monitoring of allegations, complaints and clinical incident forms by the safeguarding leads for further actions to be taken. This enables recognition of possible patterns and trends which in turn informs supervision practice and teaching content.
- A staff safeguarding awareness exercise was repeated across the Trust in adult areas.
- Robust annual audit work plans, for both safeguarding children and adults, are monitored quarterly through the safeguarding steering groups.

Examples from the work plan are detailed below and follow up actions will be included into the safeguarding children audit work plan for 2012-2013.

7.1 Children's Safeguarding Audit Activity

- Audit of information sharing between the Children's Emergency Department and the Primary Care Teams.

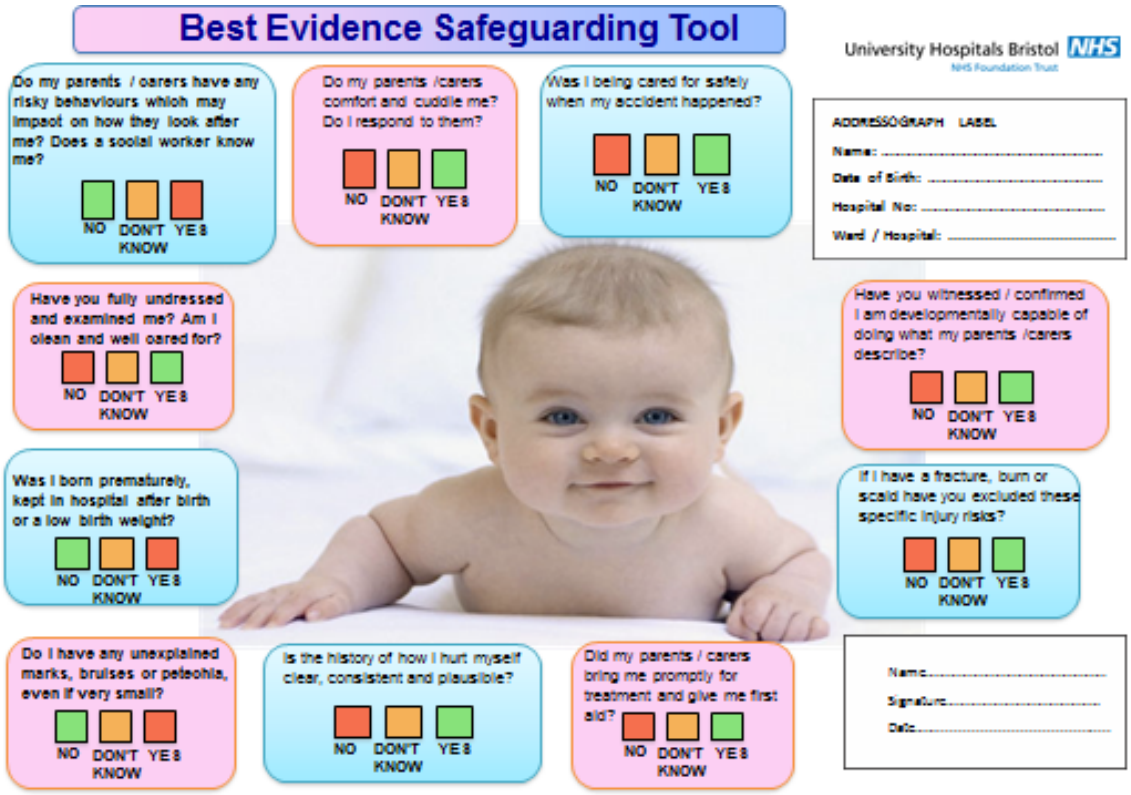
Since 2006 Bristol has undertaken regular audits to review the effectiveness of information sharing between the Children's Emergency Department and the Primary Care Team. The original report highlighted a lack of consistency of information sharing across the city between acute to primary care and between members of the primary health care team. Subsequent audits have indicated improvements.

The target is 100% compliance with the process of effective information sharing between these services. This year's audit demonstrated that 98% of Children's Emergency Department discharge information was cascaded to Health Visitor or School Health Nurse within the specified time frame. The audit will be repeated next year for on-going quality assurance.

- Audit of Children's Emergency Department Safeguarding Infants Practice.

Infancy, defined according to the National Institute for Health and Clinical Excellence (NICE) as being: 'aged less than one year' is frequently reported to be the most vulnerable period of childhood with a greater risk of physical harm. In a study of 189 serious case reviews, detailed in the most recent biennial review, 45% were infants, with a significantly high proportion of these being very young babies. Nearly 30% were aged less than 3 months at the time of the harming incident and half of these were under 1 month (Brandon *et al*., 2009).

An audit of current safeguarding infant practice in the Children's Emergency Department was completed in 2011 which demonstrated several areas for improvement, including the need to fully undress all infants and a more standardised safeguarding approach. Following these findings the Nurse Consultant for Safeguarding Children developed evidence based 'Safeguarding Infant Assessment Tool'.



Further development of the tool was made possible through funding provided by the 'Davison Nursing and Midwifery Scholarship' awarded to the Nurse Consultant for Safeguarding Children in May 2012. The tool was subsequently introduced into the Children's Emergency Department as a pilot study in November 2012. The wider implementation and evaluation of the tool is planned in the next reporting period.

Other assurance and audit activities are detailed and monitored by the Trust Safeguarding Steering Group. These are designed to meet the standards required of monitoring bodies such as the Care Quality Commission, professional bodies such as the College of Emergency Medicine, and to monitor practice development in line with serious case review action plans (e.g. implementation of the Did not Attend Trust policy for children) and other specific practices (e.g. evaluation of completion of inpatient child protection paperwork).

A specific Child Protection agenda item in Women's and Children's Governance meetings is to be developed over the next reporting period to facilitate the involvement of individual clinical areas in demonstrating and maintaining good practice in safeguarding children.

7.2 Adult Safeguarding Audit Activity

The Adult Safeguarding Team has been conducting a running programme of audits regarding the knowledge and skills of the clinical teams in relation to adult protection,

Mental Capacity Act and the Deprivation of Liberty Safeguards. This was conducted throughout this reporting period. Results have been fed back to the teams in real time to highlight to them their areas of good practice. Where teams have not had an adequate understanding they have had extra training with sessions being offered as a bespoke session aimed at the needs of that area.

Adult safeguarding has also been audited externally by the Bristol Adult Safeguarding Board during this period. No direct feedback is received from this audit, however what can be seen from the data compiled across all agencies across Bristol is that the Trust has robust policies and procedures to support the adult safeguarding process and is engaged and committed to adult safeguarding.

8. Midwifery and the Unborn Baby

The named midwife for child protection continues to be supported in her role by a child protection supervisor and a 0.10 wte Band 7 midwife, and safeguarding supervision for community midwives dealing with complex child protection cases is now established. The two drug liaison midwives are also having supervision from the named midwife. It should be noted that the named midwife from the 1st April 2013 has also taken on other commitments to her role and this will be expanded in September 2013. Therefore the named midwife and the chief nurse are monitoring the effect on her named midwife role and will review later this year.

The named midwife represents UHBristol on behalf of the chief nurse at the North Somerset Safeguarding Board.

The midwifery service safeguarding activity for unborn babies continues to increase with more referrals to social services many of which continue to be extremely complex with an increase in the number of removals at birth, for child protection reasons. The police continue to inform the midwifery service when they are called to a domestic violence incident involving a pregnant woman.

The hospital social workers are delivering some education for locality social workers on how hospital procedures may impact on their plans for unborn babies and a standing operating procedure has been written for pre-birth planning meetings in order that all relevant issues are covered in the meetings in the absence of a liaison hospital social worker.

Table 2. Midwifery Safeguarding Activity

	2011/2012	2012/13
Number of unborn babies discussed at case	109	141

conferences /pre-birth meetings		
Number of Common Assessment Frameworks completed	39	17
Number of unborn babies receiving an enhanced midwifery service (not yet Child Protection)	255	333

9. Safeguarding and Domestic Violence / Multi-Agency Risk Assessment Conferences (MARAC)

The need to protect both children, including the unborn baby, and adults from the risks and consequences of domestic violence remains a key priority for the safeguarding teams. The prevalence, characteristics and the associated risks for both adults and children are highlighted as part of the 'Think Family' approach through safeguarding training.

The Safeguarding Children's Team continue to engage fully with the process of Multi-Agency Risk Assessment Conferences (MARAC) which shares information about the risk of serious harm or homicide to people experiencing domestic abuse and their children; these meetings are held once a month for the south of Bristol. The aim in the next reporting period will be to further support the MARAC process in the North and South of the city and raising awareness amongst health practitioners of the process.

Table 3 MARAC Data

Year	MARAC's attended	Cases discussed
2009-2010	12	258
2010-2011	12	249
2011-2012	12	340
2012-2013	12	285

9.1 Independent Domestic Violence Advisor (IDVA) Service Emergency Department

University Hospitals Bristol NHS Foundation Trust provides an IDVA service based in the Bristol Royal Infirmary (BRI) Emergency Department. The BRI IDVA team consists of 1 Senior IDVA and 2 IDVAs (1 full-time and 1 bank IDVA). The IDVA team provides cover 9 am to 5 pm, Monday to Sunday, including bank holidays.

The IDVA's primary work continues to be to engage with complex, high risk cases. In these the individual is at high risk of serious harm and homicide, suffering severe abuse including violent behaviour causing injuries; strangulation; rape and other sexual abuse; stalking; and extreme controlling behaviour.

IDVAs continued to provide training on domestic violence and abuse to Trust employees to raise awareness of issues related to domestic violence; screening techniques, how to use the Risk Indicator Checklist (RIC), with the view to increase referrals into the service.

Co-ordinated Action Against Domestic Abuse (CAADA) Insights is an outcomes measurement service designed specifically for the domestic abuse sector, evidencing many outcomes, including the impact domestic abuse services have on victim safety. The BRI IDVA team continues to collate data through CAADA Insights and have featured in their 2012 policy report, 'A Place of Greater Safety', which highlights that victims identified through health IDVA services were more likely to reflect vulnerable, hard-to-reach groups such as BME women, pregnant victims, younger patients and those with complex needs, including mental health and substance/alcohol misuse issues.

"….the IDVA team is supporting a large proportion of high risk victims with complex needs, many of whom are slipping through the net of other agencies, for example the police or social services" (CAADA, 2012. A place of greater safety. Bristol: CAADA).

Early evidence suggests that victims who are identified through health-based IDVA services experience a shorter length of abuse than victims who are identified by the criminal justice system or those who self-refer. In particular, pregnant victims were most likely to access IDVA support through health professional's referral, and they did so at a much earlier stage of the abusive relationship than clients who were not pregnant. The BRI IDVA service is recognised as benefitting vulnerable victims through ease of access to immediate support from psychiatric liaison and substance misuse specialists.

Since the service went live on the 22nd of April 2011, the IDVA team have received a total **476** referrals (Year 1 n=215; Year 2 n=261), showing a 21% increase in referrals during the last 12 months. 37 victims from Year 2 figures were repeat referrals into the service.

119 out of 261 referrals assessed as high risk of further domestic abuse, generating 112 MARAC referrals during the course of 12 months.

192 Children identified as living in violent households, generating **96** Cause for Concern/CYPS referrals from the BRI Emergency Department.

Research on domestic abuse suggests that it may lead to victims experiencing mental health issues (currently 80% of BRI IDVA service users report having a specific mental health problem).The BRI Emergency Department Mental Health Assessment Matrix has been adapted by colleagues within the BRI Psychiatry Liaison unit (clinic 7) to include a routine method of asking about domestic violence.

10. Safeguarding Resourcing Committee

Meetings commenced in 2010, but membership of the group and the architecture for reporting/accountability was reviewed and formalised in 2012. Terms of reference reviewed and signed off in December 2012.

The purpose of the Committee is to ensure the Trust's safeguarding duties for both adults and children's relating to all resourcing matters are fully considered. The committee comprises of:

Deborah Tunnell – Head of Resourcing and Chair of the Committee

Helen James – Temporary Staffing Bureau Manager

Sue Davis – HR Business Partner, Women's & Children's Division

Glennie Derrick – Voluntary Services Manager

Carol Sawkins – Safeguarding Lead for Children

Anne Berry replaced now by Linda Davies – Safeguarding Lead for Adults

Summary of Activity in Last 12 Months

- The Safeguarding Lead for Children attended the HR Board to discuss the allegation process.
- A definition of safeguarding to support the understanding of when to refer issues of safeguarding to the Safeguarding Leads was written by the Safeguarding Leads and circulated to all HR Business Partners.
- Adverse disclosures - a formal protocol for approving appointments where an individual has an adverse disclosure was agreed and implemented.
- The Trust's supervision guidelines for when an individual takes up post in the absence of their disclosure being received from the DBS (Disclosure and Barring Service) was reviewed with the Medical Director and Chief Nurse.
- PICU audit – An audit of supervision was undertaken where staff have been allowed to take up post in the absence of their disclosure being received from the DBS (Disclosure and Barring Service).
- Volunteer compliance with safeguarding training was reviewed and now formally being reported to the Safeguarding Leads. Fully compliant. Bank compliance with safeguarding training is under review. Formal action plan in place.
- Agency audit – an audit was undertaken of agency compliance with safeguarding training both in terms of frequency and the appropriate level for agency workers. Outcomes reported to the Trust's Safeguarding Board. Further audit being undertaken.

- Section 11 Children Act self-assessment audit undertaken against the South Gloucestershire Safeguarding Children's Board.
- Volunteers Policy – reviewed by Safeguarding Lead for Children's.
- Criminal Record check changes implemented December 2012 reviewed. Ensuing changes were implemented for Bank, volunteers as well as substantive appointments.

Current / on-going activity:

- Review of the Trust's Third Party Protocol around external contactors on Trust premises.
- Review of the NSPCC paper - Towards Safer Organisations paper.
- Agency compliance with safeguarding training.
- TSB's compliance with safeguarding training for Bank staff.

11. Care Quality Commission (CQC) Outcome Seven

The Trust is required to maintain compliance with Care Quality Commission outcome 7, which included the standards of both children and adult safeguarding for the first time. Compliance with this outcome is also required as part of NHS Bristol's Commissioning Standards.

This standard is monitored quarterly within the Trust via the Regulatory Compliance Group. Two main areas of concern remain:

- Compliance with both safeguarding children and adults training and as previously discussed a robust recovery plan has been agreed with the CQC with the requirement to achieve the specified compliance targets by the end of this reporting period.

- Restraint procedures, implementation and training. This training programme will continue until the end of this reporting period and a plan will be developed in the next reporting period to take this work forward.

12. Child Death Overview Panel (CDOP)

The Trust continues to be fully engaged with the Child Death Review Process led by James Fraser as the Designated Doctor and Paediatric Intensive Care Consultant.

The Child Death Overview Panel is an example of effective partnership working across agencies which provide a rigorous overview of all child deaths in or from the West of England, with the overall aim to improve outcomes for children by identifying areas for reducing the risk of preventable deaths.

Full details of the key findings from the Child Death Overview Panel will be published in the West of England Child Death Overview Panel Annual Report for 2013.

13. Learning Disabilities

The population of the South West is approx. 5,229,346 people of which 2% (104, 835) are people with a learning disability. Only approximately 22% of this population are known to statutory services. There are approximately 10 million disabled people in Great Britain covered by the Disability Discrimination Act, which represents around 18% of the wider population.

Every day, over a hundred thousand people are treated in hospital, visit their GP or are cared for by the NHS and Social Care in the South West.

As an acute Trust, our aim and commitment is to improve the health outcomes of people with a learning disability and/or autism in a person-centred way, by:

- Maintaining momentum in improving care and outcomes for people with a learning disability, in the light of the 'Six Lives' Progress Report; and the 'Confidential Inquiry into the Premature Deaths of People with Learning Disabilities' by delivering awareness training Trust wide to raise the profile and status of people with a learning disability in general hospitals.
- Ensuring staff are trained to make reasonable adjustments, communicate effectively and follow the Mental Capacity Act (2005) Code of Practice to ensure full compliance with the law and implementing the Equality Act (2010). Aiming to identify the needs of patients with learning disabilities and to provide a range of support including 'reasonable adjustments' which is monitored monthly.
- Continually developing effective systems and processes, which include 'flagging systems'.
- Maintaining strong links and working partnerships with user groups and local authority in order to improve patient experience.

13.1 Learning Disability Research Studies Confidential Inquiry into Premature Deaths of People with Learning Disabilities (CIPOLD)

Mencap's report *Death by Indifference* described the circumstances surrounding the deaths of six people with learning disabilities who died while they were in the care of the NHS, exposing *'institutional discrimination'.* An Independent Inquiry chaired by Sir Jonathan

Michael followed, which recommended the establishment of the learning disabilities Public Health Observatory, and a time-limited Confidential Inquiry into premature deaths of people with learning disabilities.

The Confidential Inquiry into the Deaths of People with Learning Disabilities (CIPOLD) was tasked with investigating the avoidable or premature deaths of people with learning disabilities through a series of retrospective reviews of deaths. The aim was to review the patterns of care that people received in the period leading up to their deaths, to identify errors or omissions contributing to these deaths, to illustrate evidence of good practice and implement recommendations.

These key recommendations (Appendix One) will be factored into the Learning Disabilities Steering Group for planning and action.

13.2 Bristol Autism Strategy 2012-2015

The Bristol Strategy and Action Plan were produced with the help of both autistic people and also family carers. They were produced in response to the requirements of the Autism Act (2009) and are designed to ensure the local implementation of ‘Fulfilling and Rewarding Lives: The Strategy for Adults with Autism in England’.

The strategy is deliberately ambitious in that it goes beyond the requirements set out in the Autism Act and the associated policy guidance, which only applies to adults. By including the needs of children in this strategy, they hope to do more to support autistic people in realising their potential at all stages of their lives.

As an acute Trust we ensure that raising awareness is high on our agenda providing awareness training for all our new employees at Trust induction and by providing `pop-up’ training to our existing staff. In addition to this, annual training event will continue to incorporate autism awareness training aimed at the link nurses who have expressed an interest within their clinical areas. In order to maintain current levels and progress in the implementation of the strategy quarterly meetings are held in order to action movement and monitor progression. The autism strategy and other useful resources can be found at www.bristol.gov.uk/autism.

14. Dementia Care

Commissioned by the South West Dementia Partnership in 2010, an Expert Reference Group was established. The group developed and agreed a set of eight common standards with the aim of significantly improving services for patients and their carers/families and to provide a level of consistency in care wherever they are cared for.

In July 2012 a lead nurse for dementia was appointed to sustain the momentum in improving the experience for patients with dementia across the Trust.

In 2012/13 we focused on standard 5 (nutrition and hydration needs are well met) and standard 6 (promote the contribution of volunteers). However a considerable amount of progress has been made across all eight Southwest standards in 2012/13 which are summarised in Appendix Three.

Objectives for 2013/14

- Continue to work across all eight of the Southwest Dementia standards.
- Continued focus to achieve the FAIR CQUIN, which is also incorporated into the Fallsafe programme (Trust wide in September 2013).
- To meet the carers component of the National Dementia CQUIN for 2013/14. This has provided the opportunity to actively engage with carers and people with dementia to improve their experience in acute care through facilitating various means of feedback. Events will be held in collaboration with Alzheimer's Society, Carer's Trust, British Red Cross and the Royal Voluntary Service. This will initially focus on informal carers but the hope is that this will extend to formal care services to develop links to pave the way for future developments.
- Develop and implement competent level dementia training within the Trust (scoping exercise has taken place with NHS England – guidance is expected in the autumn 2013).
- Participation in research studies.
- Bristol Alzheimer's and Care of the Elderly (BRACE)- RADAR study.
- University of Cardiff – The Cultural representation of Older People.
- Project within the division of medicine to explore the requirements of increased supervision to our complex frail elderly in-patient population to appropriately manage patient safety risks.
- Develop resources to meet demand for specialist clinical input provided to wards.

15. Mental Health

Significant numbers of people admitted to the general hospital or referred to its outpatients' department will have psychological disorders or mental health problems in addition to the physical disorders that prompted their original referral or admission. The Liaison Psychiatry Service offers a unique range of services to the general hospital, including:

- Mental health assessments
- A range of psychological and psychosocial treatments
- Diagnosis of particular disorders
- The study of psychiatric morbidity in the physically ill
- Advice and assistance in the management of common mental health problems

- Training and education in the recognition, understanding, treatment and management of common mental health problems

It is the intention of the service to provide an interface between mental health services and the general hospital that is efficient, effective, easy to access and responsive, combining research with practice and making its expertise available to colleagues within the general hospital setting (referral data is included in Appendix Three).

16. PREVENT

The Office for Security and Counter Terrorism (OSCT) in the Home Office is responsible for providing strategic direction and governance on CONTEST. As part of CONTEST, the aim of PREVENT is to stop people becoming terrorists or supporting terrorism.

CONTEST is primarily organised around four key principles. Work streams contribute to four programmes, each with a specific objective:

- PURSUE: to stop terrorist attacks
- PREVENT: to stop people becoming terrorists or supporting terrorism
- PROTECT: to strengthen our protection against a terrorist attack
- PREPARE: to mitigate the impact of a terrorist attack.

The Health Service is a key partner in PREVENT and encompasses all parts of the NHS, charitable organisations and private sector bodies which deliver health services to NHS patients.

PREVENT has 3 national objectives:

Objective 1: respond to the ideological challenge of terrorism and the threat we face from those who promote it

Objective 2: prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support

Objective 3: work with sectors and institutions where there are risks of radicalization which we need to address

The Health Sector contribution to PREVENT will focus primarily on Objectives 2 and 3. PREVENT training undertaken in line with Objectives 2 and 3 are known as Health WRAP training.

Why Health care staff?

The overall principle of health is to improve the health and wellbeing through the delivery of healthcare services while safeguarding those individuals who are vulnerable to any form of exploitation. PREVENT is also about protecting individuals.

PREVENT aims to protect those who are vulnerable to exploitation from those who seek to get people to support or commit acts of violence.

Healthcare staff are well placed to recognise individuals, whether patients or staff, who may be vulnerable and therefore more susceptible to radicalisation by violent extremists or terrorists. It is fundamental to our ‘duty of care’ and falls within our safeguarding responsibilities.

Every member of staff has a role to play in protecting and supporting vulnerable individual who pass through our care.

17. Summary

This report summarises the key safeguarding activities and achievements in this reporting period. It has been important to maintain the quality of safeguarding practice across the Trust during a challenging period of change and continuing financial austerity. Multi-agency working in this current environment is difficult as the complexity and numbers of safeguarding cases increases.

Supporting staff in day to day practice through the delivery of high quality training has been essential, underpinned by case management advice and supervision delivered by the Safeguarding Teams.

18. Recommendations and Key Objectives for 2013/14

Whilst there are many pieces of legislation, policy and guidance from multi agencies in the area of safeguarding, the principles of empowerment, protection, prevention, proportionality, partnership and accountability remain the same for all. In order to ensure that the Trust continues to demonstrate learning from experience, and improving standards for vulnerable children and adults the following recommendations are asked to be considered for 2013/2014.

Achieving these objectives in 2013/2014 will be challenging for the Trust, both divisionally and corporately. Progress will be monitored through the Safeguarding Steering Groups, and compliance with the Care Quality Commission Outcome standards will also be monitored. Areas of concern or poor progress will be highlighted through the Trust’s internal governance arrangements as well as being entered on the Trust risk register.

- To continue to follow the training recovery plan as set out, with continued support from all divisions to achieve safeguarding compliance across the Trust.
- To continue to develop a work plan for restraint polices procedures and training which incorporates clinical holding, within the essential training matrix to ensure that compliance impacts positively on our CQC requirements, as well as patient safety.
- To support the government's anti-terrorism strategy 'Prevent' by developing a robust training and awareness plan.
- To promote Transitional Care arrangements for all specialists from Children's to Adult Services with a safeguarding perspective.
- To promote the evidence based 'Safeguarding Infants Assessment Tool' for use by practitioners in other regional Emergency Departments.
- To continue to monitor the potential safeguarding children risks resulting from multiple sets of notes across the Trust.
- To review and update the Trust three year Learning Difficulties Strategy.
- To continue to progress the dementia standards across the Trust.
- To continue to play our part in Serious Case Reviews and Homicide Reviews and action any specific recommendations identified.
- To action recommendations made following Bristol and neighbouring Local Authorities, Ofsted /CQC inspections, both announced and unannounced.
- To further support the MARAC process in both the North and South of the city and to raise staff awareness of the process.
- To develop the process of including safeguarding Children as an agenda item in Women's and Children's Governance meetings to facilitate the involvement of individual clinical areas in demonstrating and maintaining good practice in safeguarding children.
- To develop a care-plan for use with patients detained under DOLS.
- To develop a robust system of feed-back for lessons learnt resulting from safeguarding cases.
- Develop public pages on the Trust internet site for use by other organisations and the general public in relation to safeguarding.
- Work with multi-agency partners to develop local process and procedures for adult safeguarding.
- Develop a training package for governance/patient safety staff.
- Develop an enhanced learning package for on call managers and senior staff who have managerial responsibilities for responding to safeguarding cases.
- Work with multi-agency partners to develop an adult safeguarding media strategy.

Appendix One

Summary of Dementia Key Achievements

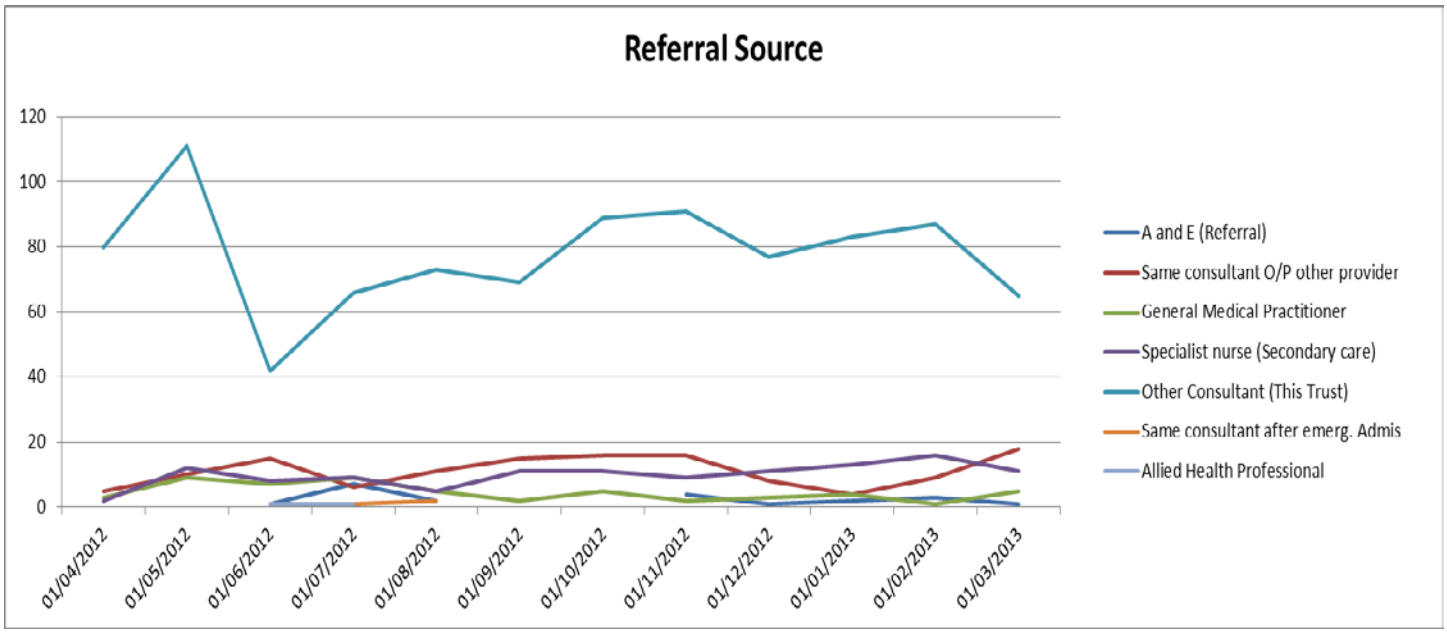
- A Dementia Education Project Lead in post August 2012 (nine month secondment funded by the WRVS) to implement and embed the joint dementia education training matrix. Further funding was secured to support the longer term provision of dementia education.
- Dementia training is now an essential requirement for all staff and has been delivered on all induction programmes since October 2012. We are on target with 65% compliance achieved at the end of March 2013.
- Recruitment and support of over 125 dementia champions across the Trust across all roles, both clinical and non-clinical. Champions conferences are held twice yearly, one of which is run jointly with North Bristol NHS Trust.
- A band 6 Dementia Project Nurse in post since October 2012 to develop, implement and sustain a Befriending Scheme supported by a subgroup of the Trusts Implementation group. This post was initially a one year secondment funded by the WRVS, however funding has been secured for another year. This scheme provides one to one support for older frail patients and those with a dementia. It has been piloted across 3 wards and is now in the process of being extended to other areas.
- Implementation of a visual identification system ('forget-me-not') to alert staff of the person's cognitive impairment.
- Focused work on improving the use of the 'This is me' communication aid and the Abbey pain assessment tool.
- Participation in peer reviews and the National Dementia Audit.
- Annual local dementia audit (November) to map our progress and to inform future work and focus.
- Implementation of the National Dementia CQUIN (Find, assess and investigate, refer). Clerking proforma's have been developed to include the required screening and assessments, and an electronic discharge summary specifically for the 75 year and over population is now in use to record the CQUIN requirements to facilitate audit. We are underachieving on this CQUIN, however a robust plan is in place to address this.
- A clinical alert system and database has been developed to record all patients with a known dementia, to enable future planning and service requirements.
- End of Life project with Palliative care team – flagging those people with dementia nearing the end of their life to the general practitioner and providing advanced care planning information.
- Clinical Lead / lead Nurse have presented both locally, regionally and nationally on UHBristol' s approach to the National CQUIN and driving improvements in dementia care.
- Positive press coverage of dementia work via Care Quality Commission update (March 2013) and radio Bristol.

Appendix Two

Mental Health Referral Information

Month	Female	Male	Grand Total
Apr-12	47	56	103
May-12	67	61	128
Jun-12	55	31	86
Jul-12	58	49	107
Aug-12	64	57	121
Sep-12	64	50	114
Oct-12	58	43	101
Nov-12	63	56	119
Dec-12	33	38	71
Jan-13	62	44	106
Feb-13	52	66	118
Mar-13	63	48	111
Grand Total	**686**	**599**	**1285**

Referral Source



Appendix Three

Safeguarding Arrangements: Organisational Chart

2012/13

Bristol Safeguarding Children's Board

Bristol Safeguarding Adults Board

External Arrangements

Internal Arrangements