

Report to:	Public Board of Directors	Agenda item:	12
Date of Meeting:	4 September 2024		

Title of Report:	Children’s Safeguarding Annual Report
Status:	For approval
Board Sponsor:	Antonia Lynch, Chief Nursing Officer
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Appendices	Appendix 1: Maternity Safeguarding Annual Report Appendix 2: Safeguarding Children Monitoring Form

1. Executive Summary of the Report

This report provides an overview of Safeguarding Children and Maternity Safeguarding activity in the Trust between 1 April 2023 and 31 March 2024.

The Safeguarding Children and Maternity team wish to highlight the following achievements to the Board of Directors:

- Supporting the development of the RUH Vulnerable People Strategy.
- Completion of Prevent training plan and proposal to meet new national standards.
- Quarterly meetings with Child and Adolescent Mental Health Services (CAMHS) participation group to ensure the voice and lived experiences of young people attending the Trust is heard and understood.
- Delivery of 27 full day, face to face safeguarding training sessions to 319 staff during 2023-24.
- Delivery of bespoke Board Level Children and Adult Safeguarding Training in line with the Intercollegiate Document.
- The RUH Maternity Service have been successful in becoming part of phase 2 of the Graded Care Profile 2 Antenatal (GCP2A) pilot.
- Successful implementation of the HOPE Boxes within the RUH Maternity Service and funding for the boxes identified.

Going forward the Safeguarding Children and Young People team will be focusing on the following in 2024/25:

- Development of the Safeguarding Strategy, underpinned by the Vulnerable People Strategy.
- Safeguarding quality assurance walkabouts in both children’s facing and maternity areas and align these with Bath and North East Somerset, Swindon and Wiltshire (BSW) Integrated Care Board (ICB) quality assurance visits.
- Implement and embed the new Prevent training plan.
- Continue to work with data protection leads to ensure that the Trust can implement the sharing of safeguarding information about fathers with GPs, to ensure best practice for safeguarding and promoting the welfare of children.
- Complete phase 2 of the GCP2A pilot.

2.	Recommendations (Note, Approve, Discuss)
The Board of Directors is requested to discuss and approve for publication.	

3.	Legal / Regulatory Implications
<p>Our safeguarding activity encompasses key legislation, guidance including local and national themes and recommendations. As an NHS provider the Trust is required to comply with legislation and statutory guidance, this includes:</p> <ul style="list-style-type: none"> • The Children Act 1989 • The Children Act 2004 • Working Together to Safeguard Children 2023 • Care Quality Commission Fundamental Standard 13: Safeguarding Service Users from Abuse and Improper Treatment - Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13 • Safeguarding Children & Young People: Roles and Competences for Health Care 2019. The Intercollegiate Document 	

4.	Risk (threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)
<p>The safeguarding team wish to highlight and update on the following main risks on the Risk Register:</p> <ul style="list-style-type: none"> • Safeguarding Children Training Level 3 Level 3 training compliance has increased from 86.90% in Q1 to 91.03% in Q4 across the Trust and 86.72% in Q1 to 93.12% in Q4 in Maternity Services only. Maternity compliance was over 90% from Q2 to Q4 inclusive. 27 Level 3 safeguarding children and maternity sessions were delivered to 319 staff and enough training sessions are available to sustain compliance over the 90% threshold. This has been removed from the risk register and will continue to be monitored through the safeguarding governance routes. <p>The safeguarding team have focused on the implementation of additional competences at Level 3 for specialist groups outlined in the Intercollegiate Document (an increase from 8 to 12-16 hours every 3 years and initial starters having 16 hours of training in the first year instead of 8). A proposal has been taken to the Trust Management Executive in Q3, defining the processes and systems that need to be updated on the Learn Together platform. This was agreed and the safeguarding team will finalise this process in 2024/25. The risk has reduced to low.</p> • Safeguarding Information Sharing (SIRS) with GPs The delay in being able to share information about safeguarding and risks regarding fathers with their GPs has been added to the Trust Risk Register related to challenges around Information Governance and data protection barriers. 	

5.	Resources Implications (Financial / Staffing)
None of note.	
6.	Equality and Diversity
<p>Legislation in relation to equality, diversity and human rights should be applied when implementing safeguarding children and young people procedures and processes.</p> <p>The Trust safeguarding arrangements reflect the ethnic, social, religious and sexual diversity of patients and families.</p>	
7.	References to previous reports
Annual Safeguarding Children Report 2022/23.	
8.	Freedom of Information
Public.	
9.	Sustainability
The development of the Safeguarding Strategy aligns to the objectives and values of the Trust Strategy ensuring environmental and financial sustainability are central to safeguarding activity.	
10.	Digital
Digital capability will be a key enabler of success in delivering our Safeguarding Strategy vision and key priorities.	

Safeguarding Children & Young People Annual Report

1 April 2023 - 31 March 2024



Mike Menzies
Named Nurse Safeguarding Children and Young People

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1. Introduction

This report provides an overview of safeguarding children and young people activity undertaken within the Trust between 1 April 2023 and 31 March 2024.

The aim of this report is to provide assurance that safeguarding children and young people activity:

- meets national and local safeguarding standards
- demonstrates a model of continual improvement
- highlights existing or potential risk in relation to statutory responsibilities.

The structure of this report incorporates all safeguarding children standards and performance indicators for key providers of health services 2023-26.

2. Governance and Commitment to Safeguarding Children and Young People

The local safeguarding partnerships are Bath and North East Somerset (BaNES) Community Safety and Safeguarding Partnership (BCSSP) and Wiltshire Safeguarding Vulnerable People's Partnership (SVPP).

The Chief Nursing Officer is the Executive lead responsible for safeguarding within the Trust and a nominated Non-Executive Director is a safeguarding champion. The Deputy Chief Nursing Officer is the nominated deputy lead for safeguarding children and young people. The Associate Director for Vulnerable People leads on the wider safeguarding and vulnerability agenda within the Trust. The Associate Director for Vulnerable People represents the Trust at the SVPP Senior Partners forum.

The Trust supported BCSSP at their development day last year with a focus on the new governance structure and arrangements, which have now been agreed. The Trust have met their statutory responsibilities to the safeguarding partnership and have representation at relevant partnership meetings, and subgroups.

Further monitoring against the Safeguarding Children Standards and Performance Indicators for Providers of Health Services occur through the Clinical Outcomes and Quality Assurance reports that are submitted to BaNES Swindon and Wiltshire Integrated Care Board (BSW ICB) on a quarterly basis. The BSW ICB (BaNES locality) Designated Nurse for Children provides supervision and oversight to the Named Nurse for Children and Young People and the Named Midwife for Safeguarding. The Designated Doctor for Safeguarding in BSW ICB provides quarterly supervision to the Named Doctor for Safeguarding.

Vulnerable People Assurance Committee (VPAC)

There are quarterly internal Joint Safeguarding and Prevent meetings (JSOP), formerly chaired by the Associate Director for Vulnerable People. Chairing arrangements have recently changed and the Named Nurse for Safeguarding Children and Young People, and the Named Professional for Safeguarding Adults

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co-chair the forum and report key highlights to the Associate Director for Vulnerable People, for oversight. There is representation across each Division and appropriate safeguarding leads attend these meetings. Key highlights and reports are taken to the Vulnerable People Assurance Committee (VPAC). This is chaired by the Chief Nursing Officer and there is representation at this meeting from the Non-Executive Director for Safeguarding, Designated Nurse for Safeguarding in BaNES Locality ICB, Associate Director for Vulnerable People, Divisional Directors of Nursing/Director of Midwifery and other senior leaders across the Trust. A highlight report from VPAC is presented to the Quality Governance Committee (renamed as Quality Assurance Committee) and then to the Trust Board by the Chief Nursing Officer.

Care Quality Commission (CQC)

The safeguarding children and maternity team continue to support ongoing work with the CQC lead for the Trust. There was a CQC inspection of the Trust maternity service in Q3 and the Named Midwife for Safeguarding and the Named Nurse for Safeguarding Children and Young People were interviewed as part of the process (see maternity report).

BaNES Section 11 Audit

The Named Nurse for Safeguarding Children and Young People completed a Section 11 audit in September 2023, as part of our 3 yearly cycle of Quality Assurance measures. This was an Avon and Somerset combined regional response from 5 local partnerships including BCSSP. The audit focused on information sharing, engaging with children and young people’s voices and experiences, information sharing including the voice of the father, and transitions from child to adult care. An action plan has been created for each section where appropriate and progress will be reported through VPAC. There was no significant risk identified.

Safeguarding Children and Young People Audits

Safeguarding children and young people audits are included in the Trust Clinical Audit Programme. During the reporting period for this report the following audits were undertaken (for maternity specific audits see maternity report):

- Multi-Agency Under 1s Assurance Audit
- Audit of Safeguarding Children Supervision Policy Compliance
- Safeguarding Knowledge and Skills Audit

Each of the audits has an action plan defined and these are monitored and reported through the internal governance processes and ratified at VPAC.

Emergency Department Safeguarding Reviewing Processes (ED)

There are 2 nurses in the Emergency Department (ED) who review every child/young person under the age of 18 attending and continue to support the safeguarding processes, training and supervision for their workforce. The number of children and young people presenting to ED has increased from 1500 per month in Q1 to 1893 in Q4. The use of the safeguarding screening tool remains consistent at 87% for all children presenting to ED. The reviewing nurses also review 60-70% of all children within 72 hours with the rest completed within one week.

Working Group on 16–17-Year-Old Children Being Admitted Trust-Wide

The Named Nurse for Safeguarding Children and Young People is supporting a working group examining a proposal for 16 and 17-year-olds to be admitted across the Trust instead of to the paediatric ward. This will continue in 2024/25. The potential risks are related to provision of Level 3 training and supervision for those areas that children will potentially be admitted. Further, it is essential that processes for children and young people’s mental health review are robust. The paediatric transitions working group will be facilitating these discussions and an update report on analysis of risk, actions and next steps will be presented to VPAC for oversight and scrutiny.

Paediatric Mental Health Working Group

The group meet quarterly to discuss and share current issues between the ED, paediatric ward, children’s safeguarding team and Children and Adolescent Mental Health (CAMHS) partners. A highlight report is discussed at the Joint Safeguarding and Prevent Operational Group (JSPOG) with key messages are shared at VPAC.

Safeguarding Supervisors Network

The safeguarding team meet quarterly with named supervisors in the Trust to support consistent learning and practice development across the organisation. Updates continue to be discussed at JSPOG and VPAC.

Prevent processes.

The Named Nurse for Safeguarding Children and Young People is the Prevent Lead for the Trust, supported by the Named Professional Adult Safeguarding. The team have reviewed the Prevent training needs in line with the new Core Skills Training Framework and national Prevent Competency Framework. An action plan has been agreed and training proposal completed for ratification and implementation in Q1 2024/25.

3. Policies, Procedures and Guidelines

During 2023/24 several policies have been written or revised to meet local and national requirements. The following policies and protocols have been written or updated within the reporting period:

- Bruising and Injuries to Non-Mobile Babies and Children in line with new BSW guidelines

- Section 85 Policy (where Childrens Social Care must be contacted if babies and children are resident in the Trust for 90 days or over)
- Female Genital Mutilation (FGM) Policy
- One minute/quick read safeguarding guide for skeletal surveys.

4. Appropriate Training, Skills and Competences

Table 1 shows compliance figures for all levels of training during 2023/24 for all staff including maternity.

Subject	Compliance Requirement	Q1 2023-24	Q2 2023/24	Q3 2023/24	Q4 2023/24
Safeguarding Children Level 1	90%	85.50%	86.23%	88.05%	92.21 %
Safeguarding Children Level 2	90%	86.30%	85.71 %	87.34 %	91..65 %
Safeguarding Children Level 3	90%	86.90%	89.22%	89.89%	91.03 %

Table 1: Training Compliance Figures (Including Maternity)

The current Level 3 Safeguarding Children compliance ranged from 86.9% in Q1 to 91.03 % in Q4 Trust-wide. Levels 1 and 2 Children’s Safeguarding training have met the 90% compliance in Q4. The safeguarding team continue to support training compliance with a combination of internal and external training opportunities to sustain the compliance at 90%.

The safeguarding team have focused on the implementation of additional competences at Level 3 for specialist groups outlined in the Intercollegiate Document (an increase from 8 to 12-16 hours every 3 years and initial starters having 16 hours of training in the first year instead of 8). A proposal has been taken to the Trust Management Executive in Q3, defining the processes and systems that need to be updated on the Learn Together platform. This was agreed and the safeguarding team will finalise this process in 2024/25.

The safeguarding children and maternity team delivered 27 full day face to face sessions to 319 staff during 2023-24. Each of the sessions were evaluated, including a self-reported knowledge base pre and post session. There was a consistent increase in practitioners’ knowledge and understanding across the 8 domains evaluated, before and after the training.

5. Effective Supervision and Reflective Practice

The safeguarding team provided quarterly one to one supervision with 32 identified leads across the Trust in 2023/24; 20 in Maternity and 13 across other children’s facing workforce. Current compliance is:

- Children's facing leads supervision: 94.25% (13 leads)
- Maternity leads: 93.50% (20 leads)

Group supervision is embedded across the children's facing workforce with regular supervision being facilitated for the Paediatric Medical team, Chronic Fatigue team, Bath Centre for Pain Services, ED nursing staff, Sexual Health staff, Community Maternity teams, Children's Therapies teams, Paediatric Diabetes team and Paediatric ward nursing staff. Supervision is now facilitated regularly by the Named Doctor for Safeguarding children for ED paediatric medical staff and regular monthly supervision is now embedded for Bath Birthing Centre (BBC).

Additional supervisors were trained in 2023/24 to sustain the supervision agenda. Supervision has been removed from the risk register as all actions are now completed.

6. Effective Multi Agency Working

The Trust actively engages in supporting our external partners in the following:

- Domestic Abuse Multi-Agency Risk Assessment Conference (MARAC) in BaNES and Wiltshire
- Domestic Violence Safeguarding Partnership subgroups
- BaNES Operational Exploitation meeting which highlights those most vulnerable to the Trust
- Drug and Alcohol Working Group with local partners
- Paediatric Mental Health Group
- CAMHS participation group re young people's lived experiences
- Safeguarding partner agency meetings in both BaNES and Wiltshire
- Planning for Joint Targeted Area Inspections (JTAI) working group
- Multi-Agency Sexual Health Risk Assessment Working Group
- BSW Under 1s Assurance Group
- BSW/BaNES and Wiltshire Safeguarding Specialist Network
- National Named Professionals Network
- South West Prevent Network meetings
- Wiltshire SVPP Senior Partners Forum

7. Reporting Serious Incidents

There have been no Serious Incidents reported or investigated by the Safeguarding Children and Young People team in 2023/24.

8. Engaging in Child Safeguarding Practice Reviews (CSPRs)

Rapid Review Requests

The safeguarding team has responded to 11 Rapid Review requests for information from the Trust: 3 from BaNES BCSSP and 8 from Wiltshire SVPP. In the first BaNES case there was no information to share from the Trust as the individual was not known to the Trust. In the subsequent 2 cases, information was shared and both cases progressed to local learning events. There were no practice risks or

concerns raised for the Trust. The learning has been disseminated across the Trust and an ongoing action plan examining Information sharing related to fathers in maternity care (see maternity report). With the Wiltshire partnership requests, one progressed to a learning event and no practice risks were identified for the Trust. Learning and action plans have been created related to babies being cared for out of routine and reinforcing safe sleep guidance. For the other 7 cases there was no information to share as the individuals were not know to the Trust and, therefore, the Trust were not involved in ongoing reviews.

9. Safer Recruitment and Retention of Staff

The Disclosure and Barring Policy has been ratified and published; the policy sets out the requirements of the Trust on checks of criminal records obtained through the Disclosure and Barring Service (DBS).

10. Managing Safeguarding Children Allegations Against Members of Staff

There have been 4 safeguarding allegations against members of staff reported within the Trust in this period related to concerns not consistent with Trust policies and practice supported by the children and young people’s safeguarding team. Appropriate actions and investigations in these cases were taken as required.

11. Engaging Children and Young People, and their Families and Carers

Young people aged 16 plus are encouraged to complete Family and Friends’ feedback independently. Specialist nurses in the diabetes team run parent evenings to engage families in sharing experiences and feedback. The safeguarding team work closely with the Patient Advisory Liaison Service within the Trust to support ongoing issues of a safeguarding nature with young people, families and carers.

12. Organisational Risks

The following risk in relation to safeguarding children and young people is on the Trust risk register, clearly defined with controls and action plans in place to reduce the risk.

- **Safeguarding Children Level 3 Training Compliance**
There are action plans for Level 3 training, to support the Level 3 training needs in the Trust with a particular focus on the additional competences in the Intercollegiate Document increasing from 8 hours to 12-16 hours every 3 years (see section 4 Executive Summary). The risk remains low to the Trust.

13. Achievements 2023/24

- Supporting the Vulnerable People Strategy development across the Trust.
- Completion of Prevent training plan and proposal to meet new national standards.

- Quarterly meetings with CAMHS participation group to ensure the voice of and lived experiences of young people attending the Trust is understood.
- Continued embedding of the supervision model across the Trust. Risk action plan completed. This has now been removed from the risk register.
- The safeguarding children and maternity team delivered 27 full day face to face sessions to 319 staff during 2023-24.
- Level 2 and level 3 safeguarding training now reaching 90% compliance Trust-wide.
- Delivery of bespoke Board Level Children and Adult Safeguarding Training in line with the Intercollegiate Document.
- Team support for BCSSP changes and ensuring attendance at relevant subgroups.
- Learning from audits, and local / national reviews has been shared through training, supervision, local policy and key message updates. Associated action plans are discussed at VPAC.
For example – strengthening the Bruising and Injuries to Non-Mobile Babies and Children policy and one minute guide (in line with new BSW guidelines), has clarified the expected processes ensuring a consistent approach in responding to injuries for non-mobile babies and children. These will be tested in future training evaluations and safeguarding walkabouts.

14. Objectives for 2024/25

- To develop the RUH Safeguarding Strategy underpinned by the Vulnerable People strategy, aligning with Trust objectives and values, and those of the local Safeguarding Partnerships.
- To implement and embed the new Prevent training proposal.
- To re-focus on the quality assurance safeguarding walkabouts in both children’s facing and maternity areas, and align these with BSW ICB quality assurance visits. To ensure the finding of quality assurance activity informs SMART outcomes focused action plans which will be reported to VPAC.
- To continue our work with CAMHS participation group and other platforms to ensure we capture the voice of the children and young people to help inform learning and service development.

Concluding Comments

This report has concentrated on the key safeguarding activity improvements and risks within the organisation. Whilst it has provided an opportunity to capture key activity, it is by no means a full report of achievements of the safeguarding children and young people team and others in the organisation. It is appropriate to acknowledge the achievements of the safeguarding children and young people team, the support of the Executive Lead for Safeguarding, the Associate Director for Vulnerable People, the safeguarding activities of staff and the very positive direction of travel and making a difference to patient experience and patient outcomes.

References

Intercollegiate Document: *Safeguarding Children and Young People, Roles and Competences for Health Care Staff*, London RCPCH, 2019

Working Together to Safeguard Children, London, DSCF, 2023

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Maternity Safeguarding Annual Report 2023/24

1. Governance and Commitment to Safeguarding Children

Maternity and Neonatal Safeguarding Committee (MSC)

The meetings are held on a quarterly basis and chaired by the Deputy Director of Maternity and Neonatal services, with representation across relevant maternity and neonatal services. Key highlights and reports from this are taken to the Vulnerable People's Assurance Committee (VPAC), where key messages from reports, audits and policies shared at the MSC are ratified.

The Community Lotus Team

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

Perinatal Mental Health

The Named Midwife for Safeguarding continues to work closely with the Specialist Perinatal Mental Health midwife to support the ongoing development of the Perinatal Mental Health service. There is also a dedicated mental health service for women who have experienced birth trauma and/or loss of a baby. This is called the Ocean Service.

Safeguarding Children Audits (Maternity)

Safeguarding children and maternity audits are included in the Trust Clinical Audit Programme. During the period the following audits were undertaken:

- Multi-agency Early Help Assessment Audit with BaNES Community Safety and Safeguarding Partnership
- Maternity Spot Check Safeguarding Audit with a Focus on Domestic Abuse Routine Enquiry (96 % of women were asked about Domestic Abuse in their pregnancy)
- Audit of Women with Complex Social Factors
- Maternity Safeguarding Walkabout
- Multi-Agency Vulnerabilities of Under 1s Audit

Audit reports and action plans were submitted to the MSC and VPAC. These are monitored through the audit action tracker and forward plan.

CQC Inspection

There was a CQC inspection of the RUH maternity service in Q3 and the Named Midwife for Safeguarding was interviewed as part of the process. The service was rated as outstanding. The CQC commented that *“Staff understood how to protect women and birthing people from abuse, and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.”*

2. Policies, Procedures and Guidelines

The following policies and guidelines have been written, updated or supported by the maternity safeguarding team, having been ratified via the maternity and VPAC Governance processes:

- Migrant, Asylum Seeking and Refugee Women Guidelines
- Teenage Pregnancy Guideline
- Bruising in Children Policy has been updated to include the process for the use of baby body maps

3. Appropriate Training, Skills and Competences

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

Subject	Compliance Requirement	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24
Safeguarding Children Level 1	90%	94.76 %	95.00 %	96.17 %	96.97 %
Safeguarding Children Level 2	90%	94.57 %	95.47 %	95.74 %	96.30 %
Safeguarding Children Level 3	90%	88.72 %	92.28%	92.02%	93.12 %

Table 1: Maternity Services mandatory training compliance

From Q2 compliance with Level 3 training has reached and maintained the required compliance level of above 90%. Regular face to face sessions in the Education Centre are booked until the end of December 2024, both children’s and maternity specific. Level 1 and 2 Safeguarding Children training figures are also consistently above the compliance requirement of 90% throughout the year.

The maternity safeguarding team continue to support the additional competences requirement as outlined in the children’s report above.

The maternity safeguarding team have delivered 7 maternity specific Level 3 sessions to 82 maternity and neonatal staff in 2023/24. Each of the sessions were evaluated, including a self-reported knowledge base pre and post session. There was a consistent increase in practitioners’ knowledge and understanding across the 8 domains evaluated, before and after the training.

4. Effective Supervision and Reflective Practice

Maternity compliance for the quarterly 1:1 safeguarding supervision with the 20 identified leads has been consistently above the 90% compliance target and has been achieved with the support of the whole safeguarding team.

Group supervision is now well embedded across the community maternity teams. The recruitment and retention midwives have agreed to support group safeguarding

supervision within the acute maternity setting by covering once a month for midwives on Mary ward to allow them to be released to attend sessions.

5. Multi-Agency Working

The Trust and Maternity Safeguarding team actively engages in supporting our external partners in the following:

- Attendance at the quarterly Best Start in Life and Prevention, and Early Intervention Subgroup in BCSSP
- Attendance at the monthly pre-birth tracking meetings in Somerset and Wiltshire
- Attendance at the quarterly Southwest Safeguarding Midwives Network meetings and National Maternity Safeguarding network
- Implementation of Sharing Information Regarding Safeguarding (SIRS) process requesting father’s information at maternity booking from GPs
- Weekly meetings with the BaNES Family Nurse Partnership lead
- Quarterly liaison meetings with the Keynsham area community midwifery team who are employed by University Hospitals Bristol NHS Foundation Trust
- Task and finish group examining maternity services support for Children Looked After and Care Experienced Young People
- Task and finish group with an aim to produce multi-agency guidelines and pathway for giving safe sleep advice to parents across BaNES Swindon and Wiltshire
- Successful bid for the Trust Maternity Services to be part of the second phase of the pilot of the Graded Care Profile 2 Antenatal version (GCP2A)
- Task and finish group led by NHS England, developing a compassionate pathway for the South West area to support mothers and babies who are separated by the family court following the birth
- BSW under 1s Assurance Group.

6. Reporting Serious Incidents

There have been no Serious Incidents reported or investigated by the safeguarding children team in 2023/24 (maternity).

7. Engaging in Child Safeguarding Practice Reviews (CSPR)

There have been 3 rapid review requests involving babies under the age of 1 in 2023/24, none of these met the threshold for a Child Safeguarding Practice Review (CSPR) as there were no operational or safeguarding practice concerns identified.

The Named Midwife for Safeguarding attended a local multi-agency learning event in Q4 involving a woman with a learning disability and autism, who accessed Maternity Services. There were no risk or practice issues identified for the Trust. There was, however, some learning from this review that has been put into a multi-agency action plan and shared through training and supervision.

8. Organisational Risks

The delay in being able to share information about safeguarding regarding fathers with their GPs (SIRS) has been added to the Trust Risk Register related to challenges around Information Governance and data protection barriers. Multiple CSPRs have identified that a lack of safeguarding risk assessment of fathers poses a significant risk to under 1s and have recommended that Maternity services explore how to implement the SIRS process as part of their information sharing and risk assessment.

Managing Safeguarding Children Allegations Against Members of Staff

The Trust received 3 allegations against midwives in 2023/24 regarding concerns not consistent with Trust/Nursing and Midwifery Council (NMC) policies and requirements. Appropriate actions and investigations in these cases were taken as appropriate.

9. Maternity safeguarding Achievements 2023/24

- Compliance with Routine Domestic Abuse Enquiry by midwives continues to improve.
- Successful implementation of the HOPE Boxes within the RUH Maternity Service and funding for the boxes identified.
- The RUH Maternity Service have been successful in becoming part of phase 2 of the GCP2A pilot.
- The Named Midwife for Safeguarding has been involved in multiple task and finish groups both locally and nationally to improve services for women with complex social factors.
- A 2nd Specialist Support midwife has been recruited as a job share. There is now Specialist Support Midwife cover 0.9 whole time equivalent (WTE).
- Learning from audits, in addition to local and national reviews has been shared through training, supervision and local key message updates, with associated action plans discussed at VPAC. For example, routine Domestic Abuse enquiry by midwives is embedded in practice with 96% of women being asked about Domestic Abuse during their pregnancy.

10. Maternity Safeguarding Objectives 2024/25

- To continue to embed safeguarding supervision across maternity in both the community and acute settings.
- To continue to work with the IT lead midwife to improve the recording and storage of maternity safeguarding information.
- To continue to attend the pre-birth tracking meetings and to support these meetings in the BaNES area so that babies on Child in Need (CiN) and Child Protection (CP) plans are effectively safeguarded.
- To continue to work with data protection leads to ensure that the Trust can implement the sharing of safeguarding information about fathers with GPs.
- To complete phase 2 of the GCP2A pilot.

- To be involved as part of the ongoing implementation of the national programme to help people who care for babies' cope with crying (ICON) across the BSW area.

NHS funded service Safeguarding adult and children Monitoring Form 2023-24

- Effective
- Well Led
- Safe
- Responsive
- Caring

NHS Funded Service Name Royal United Hospitals NHS Foundation Trust

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total/ Average
April / May / June	July / Aug / Sept	Oct / Nov / Dec	Jan / Feb / March	

Appropriate Training, Skills, and Competencies - Standard 3 - The minimum training compliance target is 90%.						
New staff joining the organisation and have received Level 1 awareness training - adults and children within 3 months	<i>Number</i>	Not collected at present	Not collected at present	Not collected at present	Not collected at present	
	<i>Percentage</i>	Not applicable	Not applicable	Not applicable	Not applicable	#DIV/0!
Safeguarding adult training level 1 uptake	<i>Number</i>	N/A	N/A	N/A	N/A	
	<i>Percentage</i>	N/A	N/A	N/A	N/A	#DIV/0!

Safeguarding adult training level 2 uptake	<i>Number</i>	N/A	N/A	N/A	N/A	
	<i>Percentage</i>	N/A	N/A	N/A	N/A	#DIV/0!
Safeguarding adult training level 3 uptake	<i>Number</i>	N/A	N/A	N/A	N/A	
	<i>Percentage</i>	N/A	N/A	N/A	N/A	#DIV/0!
Safeguarding adult training level 4 uptake	<i>Number</i>	N/A	N/A	N/A	N/A	
	<i>Percentage</i>	N/A	N/A	N/A	N/A	#DIV/0!
Comments on training						
Safeguarding children training level 1 uptake	<i>Number</i>	5997	6342	6459	5590	
	<i>Percentage</i>	85.5%	86.2%	88.1%	92.2%	88.0%
Safeguarding children training level 2 uptake	<i>Number</i>	4223	4367	4409	3852	
	<i>Percentage</i>	86.3%	85.7%	87.3%	91.7%	87.8%

Safeguarding children training level 3 uptake	<i>Number</i>	698	720	720	690	
	<i>Percentage</i>	86.9%	89.2%	89.9%	91.0%	89.3%
Safeguarding children training level 4 uptake	<i>Number</i>	3	3	3	3	
	<i>Percentage</i>	100.0%	100.0%	100.0%	100.0%	100.0%
Comments on training	Please use this section to add any extra information. For eg: please provide details, if able to, on the number and percentage of Safeguarding Children training update at Core and Specialist level.					
Domestic Violence/ FGM / CSE / Modern Trafficking and Slavery training uptake. Not currently collected but would be obtained through Level 3 (or at earlier levels) records.	<i>Number</i>	698	720	720	690	
	<i>Percentage</i>	86.9%	89.2%	89.9%	91.0%	89.2%
Prevent Level 2 training uptake	<i>Number</i>	6640	6776	6848	5833	
	<i>Percentage</i>	94.6%	92.1%	93.3%	96.2%	94.1%
Prevent Level 3 training uptake	<i>Number</i>	4421	4451	4514	3920	
	<i>Percentage</i>	90.5%	88.1%	89.8%	93.7%	90.5%

MCA DoLS training for all relevant staff	<i>Number</i>	N/A	N/A	N/A	N/A	
	<i>Percentage</i>	N/A	N/A	N/A	N/A	#DIV/0!

Effective Supervision, Reflective Practice & Case Consultation - Standard 4

Supervision sessions received by Safeguarding Specialist Practitioner (level 3 Practitioners) Record Adult, Maternity and Children Supervision separately and by specialist group where appropriate	<i>Number</i>	Children's - 17 Maternity - 22	Children's - 12* Maternity - 18 <small>* 3 practitioners retired or off on long term sick</small>	Children's - 13 Maternity - 18	Children's - 12 Maternity - 20	
	<i>Percentage</i>	Children's - 93% Maternity - 100%	Children's - 92% Maternity - 82%	Children's - 92% Maternity - 88%	Children's - 100% Maternity - 100%	#DIV/0!
Safeguarding supervision received by Sexual Health <u>Only complete if you employ Sexual Health staff</u>	<i>Number</i>	1	1	1	1	
	<i>Percentage</i>	Not collected	Not collected	Not collected	Not collected	#DIV/0!

Comments on implementing this standard

Effective Multi-Agency Working - Standard 5 - only complete if applicable; otherwise submit a nil return

Initial Adult S42 Meetings invited to	<i>Number</i>	N/A	N/A	N/A	N/A	0
Initial Adult S42 Meetings attended	<i>Number</i>	N/A	N/A	N/A	N/A	0
	<i>Percentage</i>	N/A	N/A	N/A	N/A	#DIV/0!

Adult Protection reports requested by Local Authority	<i>Number</i>	N/A	N/A	N/A	N/A	0
Adult Protection reports submitted to the Local authority	<i>Number</i>	N/A	N/A	N/A	N/A	0
	<i>Percentage</i>	N/A	N/A	N/A	N/A	#DIV/0!
Review Meetings invited to	<i>Number</i>	N/A	N/A	N/A	N/A	0
Review Meetings attended	<i>Number</i>	N/A	N/A	N/A	N/A	0
	<i>Percentage</i>	N/A	N/A	N/A	N/A	#DIV/0!
Review Meeting reports requested	<i>Number</i>	N/A	N/A	N/A	N/A	0
Review Meeting reports completed / provided	<i>Number</i>	N/A	N/A	N/A	N/A	0
	<i>Percentage</i>	N/A	N/A	N/A	N/A	0
Safeguarding Adult referrals made using section 42(1) (a) & (b) of the Care Act 2014	<i>Number</i>	N/A	N/A	N/A	N/A	0
Comments on implementing this standard						

Complete children section if you attend any						
CP Strategy Meetings invited to all data available	<i>Number</i>	4	3	2	6	15
CP Strategy Meetings attended	<i>Number</i>	4	3	2	6	
	<i>Percentage</i>	100.0%	100.0%	100.0%	100.0%	100.0%
ICPCs / RCPCs invited to	<i>Number</i>	27	24	44	34	129
ICPCs / RCPCs attended	<i>Number</i>	0	0	0	0	0
	<i>Percentage</i>	0.0%	0.0%	0.0%	0.0%	0.0%
ICPC / RCPC reports requested	<i>Number</i>	0	0	0	0	0
ICPC / RCPC reports submitted to the Local Authority	<i>Number</i>	0	0	0	0	0
	<i>Percentage</i>	0.0%	0.0%	0.0%	0.0%	0.0%
CP Core Groups Invited to	<i>Number</i>	0	0	0	0	0

CP Core Groups attended	<i>Number</i>	0	0	0	0	0
	<i>Percentage</i>	0.0%	0.0%	0.0%	0.0%	0.0%
Referrals to Children's Social Care or / triage or / MASH (depending on locality)	<i>Number</i>	252	292	288	323	1155
Referrals for Early Help, CAF	<i>Number</i>	0	0	0	0	0
Comments on implementing this standard						
Complete midwifery section if you attend any						
Referrals to social care for unborn infants - child protection	<i>Number</i>	57	50	52	33	192
Referrals to social care for unborn infants - Early Help	<i>Number</i>	6	10	6	1	
Referrals to the children's social care for pregnant women under 18 years old	<i>Number</i>	1	1	0	0	
Midwifery referrals to the Family Nurse Partnership, (by Local Authority Area)	<i>Number</i>	BaNES -12 Wilts - 10 Somerset - 1	BaNES - 7 Wilts - 13 Somerset - 3	BaNES - 7 Wilts - 13 Somerset - 2	BaNES - 7 Wilts - 13 Somerset - 1	
Unborn infants subject to a child protection plan	<i>Number</i>	30	26	29	26	

Pregnant women under 18 years subject to a child protection plan	<i>Number</i>	0	0	0	0	
CP Strategy Meetings attended	<i>Number</i>	18	17	16	19	51
ICPCs / RCPCs invited to	<i>Number</i>	25	22	28	20	95
ICPCs / RCPCs attended	<i>Number</i>	25	18	27	20	90
	<i>Percentage</i>	100.0%	72.0%	96.4%	100.0%	92.1%
ICPC / RCPC reports requested	<i>Number</i>	25	22	28	20	95
ICPC / RCPC reports submitted to the Local Authority	<i>Number</i>	25	22	28	20	95
	<i>Percentage</i>	100.0%	100.0%	100.0%	100.0%	100.0%
CP Core Groups Invited to	<i>Number</i>	Not collected at present	38	25	46	109
CP Core Groups attended	<i>Number</i>	44	34	25	46	149
	<i>Percentage</i>	Not collected at present	77.0%	100.0%	100.0%	92.3%

CIN meetings invited to	<i>Number</i>	Not collected at present	31	42	34	73
CIN meetings attended	<i>Number</i>	Not collected at present	28	42.0%	31	28
	<i>Percentage</i>	Not collected at present	87.0%	100.0%	91.2%	281.5%
Comments on implementing this standard						
Children not brought to appointments	<i>Number</i>	Not collected at present	Not collected at present	Not collected at present	Not collected at present	0
	<i>Percentage</i>	Not collected at present	Not collected at present	Not collected at present	Not collected at present	#DIV/0!
Number of adults presenting that are subject to FGM (only complete if you have actioned this)	<i>Number</i>	0	1	1	1	3

Reporting Incidents - Standard 6						
How many incidents were reported as safeguarding concerns? Report by Local Authority area	<i>BANES Number</i>	0	0	0	0	0
	<i>SWINDON Number</i>					0
	<i>WILTSHIRE Number</i>	0	0	0	0	
	<i>outside BSW</i>					0
Engaging in Statutory Reviews and Multi-Agency Working - Standard 7						
Attendance at Partnership Board Meetings (only complete if you attend or are a member of any sub groups)	<i>Number</i>					0
Active SARs (under investigation) (that you are involved in)	<i>BANES Number</i>	N/A	N/A	N/A	N/A	0
	<i>SWINDON Number</i>	N/A	N/A	N/A	N/A	
	<i>WILTSHIRE Number</i>	N/A	N/A	N/A	N/A	0
	<i>outside BSW</i>	N/A	N/A	N/A	N/A	0

Active CSPRs / Rapid Reviews (under investigation) (that you are involved in)	<i>BANES Number</i>	N/A	N/A	N/A	N/A	0
	<i>SWINDON Number</i>	N/A	N/A	N/A	N/A	0
	<i>WILTSHIRE Number</i>	N/A	N/A	N/A	N/A	
	<i>outside BSW</i>	N/A	N/A	N/A	N/A	0
Active DHRs (under investigation) (that you are involved in) Number of cases escalated using the Partnership's escalation policy (submit nil returns if no escalation during this period)	<i>BANES Number</i>	N/A	N/A	N/A	N/A	0
	<i>SWINDON Number</i>	N/A	N/A	N/A	N/A	0
	<i>WILTSHIRE Number</i>	N/A	N/A	N/A	N/A	
	<i>outside BSW</i>	N/A	N/A	N/A	N/A	0

Use of the Safeguarding Partnership Escalation Policy (submit nil returns if no escalation during this period)	<i>BANES Number</i>	0	0	0		0
	<i>SWINDON Number</i>					0
	<i>WILTSHIRE Number</i>	0	0	0		
	<i>outside BSW</i>					0
Managing Safeguarding Allegations Against Staff - Standard 9 and 12						
The number of referrals made to LADO/ DOFA/ PIPOT/Prevent related reported by Local Authority area	<i>BANES Number</i>	2	2	1	1	6
	<i>SWINDON Number</i>					0
	<i>WILTSHIRE Number</i>	0	0	0	0	0
From the number of referrals reported above, how many triggered a section 42 (2) enquiry? Reported by Local Authority area	<i>BANES Number</i>	1	See Safeguarding Adults Report	See Safeguarding Adults Report	See Safeguarding Adults Report	1
	<i>SWINDON Number</i>					0
	<i>WILTSHIRE Number</i>	0	See Safeguarding Adults Report	See Safeguarding Adults Report	See Safeguarding Adults Report	0

Safeguarding Adults criteria are applied to all new category 3 and 4 pressure ulcers - Standard 14						
Pressure ulcers assessed against adult safeguarding criteria, screening tool applied & a safeguarding referral made	<i>BANES Number</i>	N/A	N/A	N/A	N/A	0
	<i>SWINDON Number</i>	N/A	N/A	N/A	N/A	0
	<i>WILTSHIRE Number</i>	N/A	N/A	N/A	N/A	0
Looked After Children (CLA)						
For those providing specific CLA Health services						
Health Assessments carried out - Initial 0-5 years old	<i>BANES Number</i>	N/A	N/A	N/A	N/A	N/A
	<i>SWINDON Number</i>	N/A	N/A	N/A	N/A	N/A
	<i>WILTSHIRE Number</i>	N/A	N/A	N/A	N/A	N/A
Health Assessments carried out - Review 0-5 years old	<i>BANES Number</i>	N/A	N/A	N/A	N/A	N/A
	<i>SWINDON Number</i>	N/A	N/A	N/A	N/A	N/A
	<i>WILTSHIRE Number</i>	N/A	N/A	N/A	N/A	N/A

Health Assessments carried out - Initial 5+ years old	<i>BANES Number</i>	N/A	N/A	N/A	N/A	N/A
	<i>SWINDON Number</i>	N/A	N/A	N/A	N/A	N/A
	<i>WILTSHIRE Number</i>	N/A	N/A	N/A	N/A	N/A
Health Assessments carried out - Review 5+ years old	<i>BANES Number</i>	N/A	N/A	N/A	N/A	N/A
	<i>SWINDON Number</i>	N/A	N/A	N/A	N/A	N/A
	<i>WILTSHIRE Number</i>	N/A	N/A	N/A	N/A	N/A
Initial Health Assessments - Total to be completed	<i>Number</i>	N/A	N/A	N/A	N/A	N/A
Initial Health Assessments completed within 28 days of going into care	<i>Number</i>	N/A	N/A	N/A	N/A	N/A
Initial Health Assessments completed within 28 days of notification	<i>Number</i>	N/A	N/A	N/A	N/A	N/A
Initial Health Assessment Appointments offered within 28 days of notification	<i>Number</i>	N/A	N/A	N/A	N/A	N/A
Number of those children who have declined assessment/ where not brought	<i>Number</i>	N/A	N/A	N/A	N/A	N/A
Onward referrals for health services	<i>Number</i>	N/A	N/A	N/A	N/A	N/A

Annually provide a breakdown of services referred onto i.e., CAMHS, Smoking cessation, SALT, other	<i>CAMHS Number</i>	N/A	N/A	N/A	N/A	N/A
	<i>Smoking cessation Number</i>	N/A	N/A	N/A	N/A	N/A
	<i>SALT Number</i>	N/A	N/A	N/A	N/A	N/A
	<i>Other Number</i>	N/A	N/A	N/A	N/A	N/A
Total CLA open to service	<i>BANES Number</i>	N/A	N/A	N/A	N/A	N/A
	<i>SWINDON Number</i>	N/A	N/A	N/A	N/A	N/A
	<i>WILTSHIRE Number</i>	N/A	N/A	N/A	N/A	N/A
CLA: Out of Area with overdue Assessments	<i>IHAS Number</i>	N/A	N/A	N/A	N/A	N/A
	<i>RHAS Number</i>	N/A	N/A	N/A	N/A	N/A
Adoption Medicals- Initial	<i>Number</i>	N/A	N/A	N/A	N/A	N/A
Adoption Medicals- Follow up/update	<i>Number</i>	N/A	N/A	N/A	N/A	N/A
Requests for Initial Health Assessments from <u>other areas</u> for children placed in Local Authority area.	<i>Number</i>	N/A	N/A	N/A	N/A	N/A
Requests for Review Health Assessments from <u>other areas</u> for children placed in Local Authority area: 0-5 years	<i>Number</i>	N/A	N/A	N/A	N/A	N/A

All other Provider Services who have contact with Children		N/A	N/A	N/A	N/A	N/A
Identified CLA referrals to your service	<i>Number</i>	N/A	N/A	N/A	N/A	N/A
Number of CLA accepted into your service	<i>Number</i>	N/A	N/A	N/A	N/A	N/A
Number of those who Decline/ Where not brought	<i>Number</i>	N/A	N/A	N/A	N/A	N/A
Feedback from CLA users and their carers to your service	<i>Number</i>	N/A	N/A	N/A	N/A	N/A