

TOPIC ASSURANCE REPORT Yeovil District Hospital NHS Foundation Trust (YDH)



REPORT DETAILS

ASSESSMENT

Topic	Safeguarding unborn Babies and Children
Topic Lead	Glen Salisbury Head of Safeguarding. Named Nurse Safeguarding Children. Reviewed and adapted by Nicole Mitchell Strategic Lead & Named Nurse for Safeguarding Children to ensure alliance with the SFT annual report
Exec Lead	Hayley Peters
GS Link	Lincoln Andrews
Meeting	Quality Assurance Board
Date	May 2023
Period Covered	April 2022 – March 2023
Previous Reporting	April 2021-March 2022

Recommended levels
BLUE
<p>This report has been rated as blue, due to the merger of Somerset NHS Foundation Trust (SFT) Safeguarding Service (see SFT report) and Yeovil District Hospital (YDH) Safeguarding Team and integration of Policies, Standard Operating Procedures and Process and the alignment of training offer.</p> <p>During this reporting year there has been a successful merger of two Safeguarding Services (YDH and SFT) which took place in November 2022.</p>

COMPLIANCE REQUIREMENTS

Objectives/goals	<p>The purpose of this report is to provide both assurance and evidence to the Quality Assurance Board that during the time period Yeovil District Hospital NHS Foundation Trust were fulfilling their statutory responsibilities. These responsibilities are; to protect children’s right to live in safety, free from abuse and neglect; to protect children from maltreatment and prevent the impairment of children’s health and development; to work with other organisations to prevent and stop the risks and experience of abuse or neglect. This includes working with Somerset Safeguarding Children Partnership’ as required by ‘Working Together to Safeguard Children’ (2018).</p> <p>This report will also inform Somerset ICB commissioners alongside the compliance dashboard relating to Safeguarding Children activities and audits undertaken by the Trusts’ Safeguarding Service during the period 1 April 2022 to 31 March 2023</p>
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	<p>To bring safeguarding unborn babies and children training consistently in line with:</p> <ul style="list-style-type: none"> • Intercollegiate Document (2019) working in accordance with the Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff. • To ensure compliance with the legislative framework of the Children’s Act (1989 and 2004). • Working Together to Safeguard Children (2018) updated (December 2020) • To increase staff awareness and knowledge to Think Family in relation to domestic violence and abuse in line with NICE guidelines (2016) www.nice.org.uk/guidance/qs116 • Domestic Abuse Act (April 2021) • Expectations set out in the NHS England and NHS Somerset ICB July 2022contract. <p>To bring safeguarding supervision consistently in line with:</p> <ul style="list-style-type: none"> • Intercollegiate Document (2019) working in accordance with the Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff. • Working Together to Safeguard Children (2018) updated (December 2020) • Trust Safeguarding Clinical Supervision Policy (2019)
<p>CQC Fundamental Standards</p>	<p>Safeguarding Compliance Standards: Regulation 13: Safeguarding service users from abuse and improper treatment.</p> <p>Summary from the regulation:</p> <p>“Providers must have robust procedures and processes, to prevent people using the service from being abused by staff or other people they may have contact with when using the service, including visitors. Abuse and improper treatment includes care or treatment that is degrading for people and care or treatment that significantly disregards their needs or that involves inappropriate recourse to restraint. For these purposes, 'restraint' includes the use or threat of force, and physical, chemical or mechanical methods of restricting liberty to overcome a person's resistance to the treatment in question”.</p> <p>“Where any form of abuse is suspected, occurs, is discovered, or reported by a third party, the provider must take appropriate action without delay. The action they must take includes investigation and/or referral to the appropriate body. This applies whether the third party reporting an occurrence is internal or external to the provider”.</p> <p>Within the incoming CQC Single Assessment Framework, a new quality statement features as part of the provider commitments under the Safe domain:</p>

	<p><i>'We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.'</i></p> <p>The work of the safeguarding service and the ethos for safeguarding throughout the Trust align with these core aims.</p>
<p>Legislative Requirements</p>	<ul style="list-style-type: none"> • The Children Acts (1989 and 2004) • United Nations Convention on the Rights of the Child (UNCRC) is an international human rights treaty that grants all children and Young People (aged 17 and under) a comprehensive set of rights. The convention has 54 articles in total. Articles 43-54 are about how adults and governments must work together to make sure all children can enjoy all their rights. The UNCRC is supported by legislation that underpins implementation in England. • Every Child Matters (2004 and 2015) • National Service Framework for Children (2004) • Working Together to Safeguard Children (2018), a guide to inter-agency working to safeguard and promote the welfare of children. • Intercollegiate Document (2019) Safeguarding Children and Young People: Roles and Competencies for Health Care Staff • Children and Social Work Act (2017) • CONTEST – Counter Terrorism Strategy (2018) • Modern Slavery Act (2015) • Domestic Abuse Act (2021) • Domestic abuse Statutory Guidance (July 2022)
<p>National Guidance / Assessment Frameworks</p>	<ul style="list-style-type: none"> • Effective support for Children and Families in Somerset guidance 2021 • RCPCH safeguarding document 2006 • RCPCH guidance Perplexing Presentations (PP)/ Fabricated or induced Illness (FII) in Children 2021 • NICE guidelines (CG89) When to suspect child maltreatment 2009 • NICE QS 116 Domestic Violence and Abuse • Domestic violence and abuse multi agency working (PH 50) • Child abuse and neglect (NG76) 2017 • Harmful Sexual Behaviour (NG66) 2016 • Serious Crime Act 2015 • The Health and Care Bill 2021
<p>Trust Policy – key requirements</p>	<p>KEY REQUIREMENTS SUBJECT TO MONITORING</p> <p>The below Policies were enacted post-merger of the SFT and YDH Safeguarding Services prior to this YDH had one overarching Safeguarding and Protection of Children Policy.</p>

	<p>To consistently work within the Safeguarding and Protection of unborn Babies and Children Policy (2021)</p> <ul style="list-style-type: none"> • Assurance that this Policy and processes are safe - Annual audit of safeguarding or child protection process when a Safeguarding/ Child Protection concern has been identified this audit will include a review of the guidance, advice and process undertaken. • Untoward event and incident reporting (Ulysses) - All untoward incidents should be recorded and investigated within the relevant incident reporting processes. • Training and competencies requirements - collation of data for mapped training compliance and competencies. <p>To consistently work within the Safeguarding Clinical Supervision Policy (2019)</p> <ul style="list-style-type: none"> • Assurance that this Policy and processes are safe - Annual audit of safeguarding or child protection process when a Safeguarding/ Child Protection concern has been identified this audit will include a review of the guidance, advice and process undertaken. • Untoward event and incident reporting - All untoward incidents should be recorded and investigated within the relevant incident reporting processes. • Training and safeguarding supervision competency requirements - collation and scrutiny of data for mapped Safeguarding Supervision compliance and competencies <p>To consistently work within the Safeguarding Children and Young People from Child Exploitation Policy (2022)</p> <ul style="list-style-type: none"> • Assurance that policy and processes are safe - Audit of safeguarding and child protection process when CE/CCE has been identified this may include review of Ulysses incidents referencing CE/CCE • Training compliance and competencies requirements - Collation of data for mapped training compliance and competencies
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EXTERNAL ASSURANCE	
External Reviews / Assessments	During this reporting period there were no external reviews/ assessments
External / Internal organisational Audits	During this reporting period there were no external /internal organisational audits undertaken due to capacity of the team balanced with the incident reports/ work stream's that were being reported.
National Audits / Surveys	No National Audits / Surveys were undertaken within the timescale of this report.

INTERNAL ASSURANCE

Gap analysis

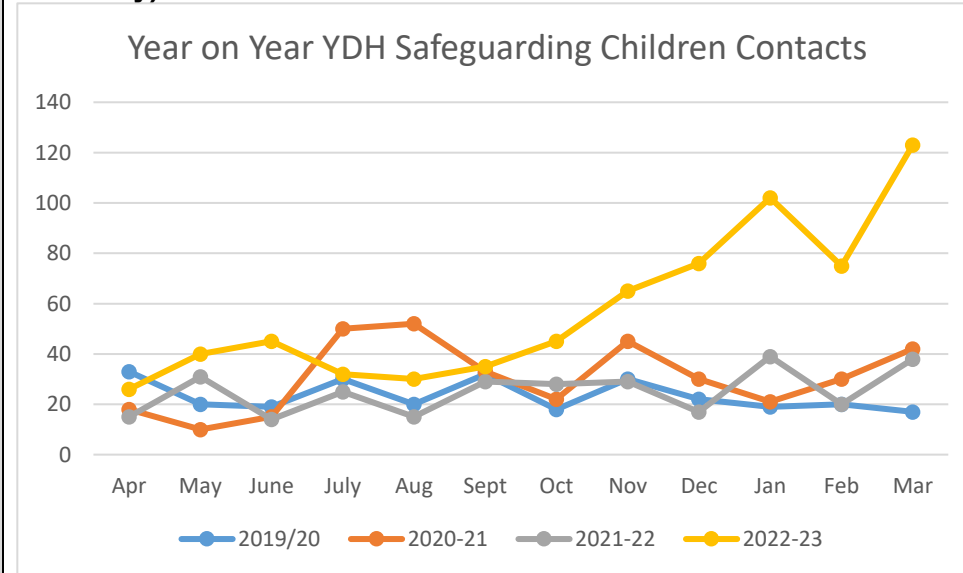
During this reporting period there were no audits undertaken due to capacity of the team balanced with the incident reports/ work stream's that were being reported.

Audit & Measurement

SAFEGUARDING CHILDREN ACTIVITY and CQC Section 7 compliance

Data collection of safeguarding activity undertaken by professionals working with unborn babies and children and their parents' and carers and the Safeguarding Service is required as part of CQC Section 7 outcomes.

Graph 1. Year on Year Safeguarding children activity (excluding maternity)



The data indicates the number of internal referrals to the safeguarding team via the trust incident reporting system (Ulysses). The data does not include other forms of contact e.g., telephone enquiries. This is specific to data recorded up until November 2022 when the two safeguarding teams amalgamated. There is a significant increase in activity recorded from November 2022 as this includes all forms of contacts.

NB – no data available for September 2022.

Table 1. Comparison of data on a month-by-month basis comparing 2020-2021 to 2021-2022

	Total contacts 2021/22	Total Contacts 2022/2023
Apr	15	26
May	31	39
Jun	14	46
Jul	25	33

Aug	15	30
Sep	29	No data available
Oct	28	45
Nov	29	65
Dec	17	76
Jan	39	102
Feb	20	75
Mar	38	123
TOTAL	300	694

Review of data indicates the level of safeguarding activity related to children has increased over the last year compared to the 2020-21 period. However, it is difficult to quantify as not all contacts were recorded. It is acknowledged that from November 2021 – May 2022 the safeguarding children team consisted of one team member only due to long-term sickness of the other full-time practitioner.

**MATERNITY - SAFEGUARDING ACTIVITY
WREN TEAM**

(Women Requiring Extra Nurturing) team have been in operation for a year.

- The team case load women who, due to social circumstances (homelessness, substance and alcohol use, poor mental health, domestic abuse, learning disabilities), may find it difficult to access maternity care. The team seek to ensure women receive equity of care in order to achieve a safe pregnancy and birth.
- Provide a daily duty service responding to safeguarding concerns across maternity services across SFT and YDH
- Triage of all communication/Wren referrals
- Support Safeguarding supervision
- Teaching

The team continue to develop, adapting the service to the needs of women accessing maternity care.

Maternity Safeguarding activity

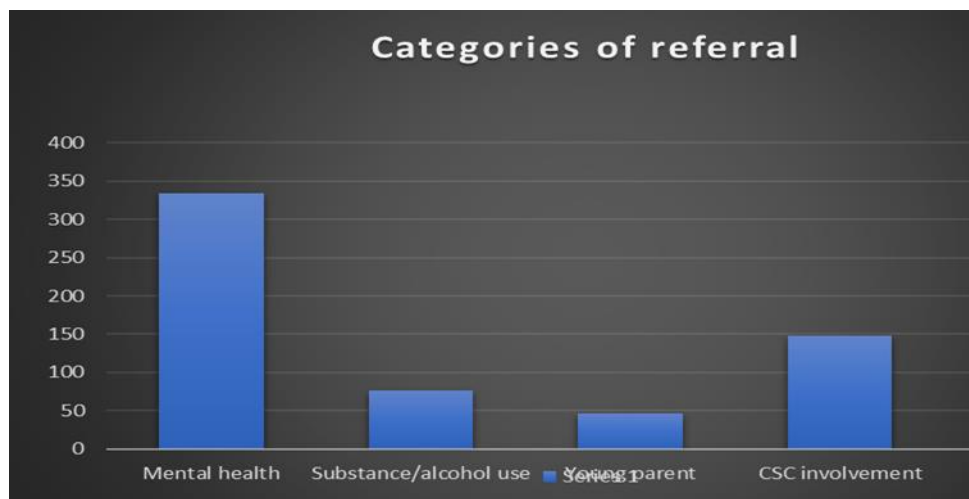
The safeguarding activity has remained similar to the previous year, with a levelling off in the number of communication forms submitted.

Table 2 Comparison of data on a month-by-month basis comparing 2019 - 2023

Year	Number of Communication forms
2019-20	467
2020-21	536
2021-22	434
2022-23	450

From February 2023, a new digital recording system was introduced 'Badgernet'. It is anticipated that this system will capture communication data accurately and provide information directly to GP's and Health Visitors, therefore the separate use of communication forms to share social concerns and risk information has ceased.

Graph 2: Categories of Referral



Concerns reported:

- Mental health n= 334
- Substance use n=76
- Young parent n=47
- Safeguarding n= 148
- Other n=82 (e.g., housing concerns, Female Genital Mutilation, late booking, non-English speaking, ASD diagnosis, Adverse Childhood Experiences, disability, partner concerns, migrant).

Maternity safeguarding incident reporting

There were 23 maternity safeguarding incidents reported during 2022-2023.

- Information sharing n=12.
- Procedure not followed/communication n=8
- Faulty equipment (security tag for baby) n=1
- Serious incident n=1

- Accidental injury n=1.

Communication and procedures not followed are of concern. These were in relation to a failure to share safeguarding information with appropriate teams and not following safeguarding process as per the Maternity Safeguarding SOP. The recurrent theme of not following process will be addressed through a relaunch of the Maternity Safeguarding SOP. This is being reviewed due to changes in process following the introduction of Badgernet.

MATERNITY SERIOUS INCIDENTS

YDH Maternity Services have been involved in one serious incident in relation to Safeguarding in 2022-23. This incident took place at the end of March 2023, therefore, review and investigation continues. Initial learning identified relates to communication and a lack of coordinated response for a family in need of early help. This issue was also identified in 2021-22 annual report following a Local Safeguarding Children Practice Review confirming wider learning is required.

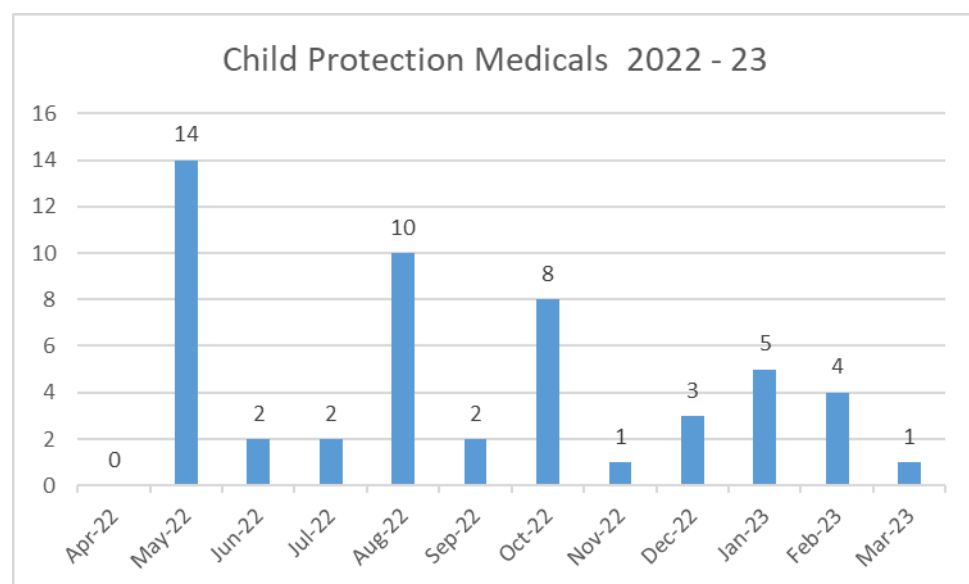
CHILD PROTECTION MEDICALS

Child Protection Medical assessments should always be considered where there has been a disclosure or there is a suspicion of any form of abuse to a child. The medical assessment should demonstrate a holistic approach to the child and assess the child's well-being, including mental health, development and cognitive ability.

52 child protection medicals were undertaken during 2022 -2023 compared to 43 the previous year.

Historic child abuse cases are referred to colleagues in SomersetFT who have the required expertise in such specific child safeguarding processes.

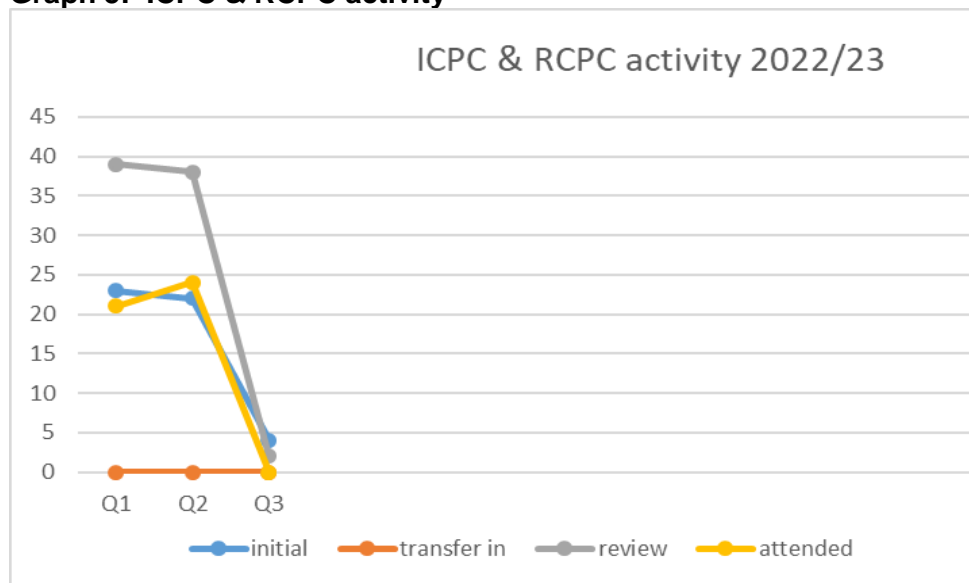
Graph 3: Number of Child Protection Medicals



**Safeguarding Children activity, initial (ICPC) and review (RCPC)
Child Protection conference attendance - CQC outcome 7**

A child protection conference brings together family members (and the child/ren where appropriate), supporters / advocates and those professionals involved with the child and family to make decisions about the child's future safety, health and development.

Graph 5: ICPC & RCPC activity



The variable in Q3 is due to the amalgamation of the two safeguarding teams and change in data recording and process of ICPC /RCPC responses.

Section 47 Strategy Discussions

YDH Safeguarding Team supported almost 100% of Section 47 Strategy Discussions when invited pre-merger of the teams. Best practice is for involved practitioners /services to contribute to Strategy Discussions to support the 'voice of the child' and robust information sharing. Members of the safeguarding team took a lead role in strategy discussions in respect of gathering information, where able discussing the cases with relevant professionals. Safeguarding team members would attend the strategy either to support the practitioner attending or to represent practitioners who did not have the capacity to attend and contribute to the multi-agency Section 47 enquires ensuring that YDH contributed to this process.

Graph 6: Strategy attendance - CQC outcome 7



There are comparable numbers of Strategy Discussions in the last two reporting years, until November 2021 where there has been an exceptional increase this impacted on safeguarding activity within the YDH team and wider trust. There is no clear rationale for this increase at this time and is comparable to SFT Safeguarding Service data.

The graph illustrates a significant drop in this reported activity. It is suspected that this changes is reflective of changes of activity data recording due to the merger of the two teams, and team members familiarising themselves with the new processes and fewer Strategy Discussion occurring in the East of the County

CHILD DEATHS

- There were 18 reported child deaths in the reporting period 2022-2023.
- 7 cases were allocated to the Designated Doctor for Child Death as they lived in the East of the County, there were no child deaths that occurred within the hospital and only one child was brought to the hospital after passing away at home.

The Designated Doctor for Child Death works with the joint Somerset and Pan Dorset CDOP, any learning from the individual case reviews is disseminated at trust, partnership and national level.

REQUESTS FOR CHILDREN SOCIAL CARE (CSC) INVOLVEMENT FOR CHILDREN AT RISK OR SUFFERING HARM

YDH Safeguarding Team predominantly provided the written requests for involvement to Somerset CSC using the Early Help Assessment (EHA) form. Where involved staff completed the form upon submission to CSC, they provided a copy to the Safeguarding Team, this provided a level of assurance on the quality and quantity of requests meeting Somerset Effective Support for Children and Families Guidance.

	<p>Practitioners would access the Safeguarding Service for support and advice when identifying children at risk or suffering significant harm, including when there were professional differences often in the context of requests not considered by Children Social Care to meet threshold for their involvement.</p>
<p>Reporting Structure/ Specialist Committee</p>	<p>SAFEGUARDING OPERATIONAL GROUP</p> <p>The aim of this group, held bi-monthly, was to provide the necessary assurance to demonstrate that the trust is meeting its obligations for regulation with the Care Quality Commission in relation to safeguarding including those with a learning disability. The group consisted of leads from various wards and departments within the Acute Trust. Attendance at the group had declined over recent years. There is a plan for this to be reinvigorated as a merged Trust.</p> <p>This group fed into and received back any actions from the safeguarding Committee.</p> <p>SAFEGUARDING COMMITTEE</p> <p>The SFT Trust Safeguarding Committee replaced the YDH committee from April 2022 as there had not been a YDH Committee for the previous two quarters. The combined Committee met quarterly and works to a defined reporting schedule. The Committee functions with an integrated membership and provides an oversight to all strands of the Integrated Safeguarding Service remit. Areas the Committee continues to work towards include:</p> <p>Safeguarding risk register Dashboard use and reporting. Monitoring Compliance and effectiveness including Audit, outcomes, and quality improvement.</p> <p>The Trust Head of Safeguarding/ Director of Patient Care (Experience, Quality and Safety) prior to the merger of the two teams, represented the trust at the following:</p> <ul style="list-style-type: none"> • Somerset Safeguarding Children Partnership Board and associated sub-groups <p>Methodology to be used for Monitoring:</p> <ul style="list-style-type: none"> • periodic reports to the Somerset Safeguarding Children Partnership Board for inclusion in the Board annual report • Statistical quantitative and qualitative data to the Somerset Safeguarding Children Partnership Board Quality Assurance sub-group
<p>Directorate-level assurance</p>	<p>Governance and Quality Assurance Committee - Safeguarding Quality Report</p>

	Integrated Safeguarding Adults, Children and Young People. Annual Report, Including the Mental Capacity Annual Report.
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POLICY COMPLIANCE	
Policy Status	All relevant safeguarding policies in respect of Safeguarding unborn, babies and children have been aligned to Somerset FT Policies
Policy Compliance	<p>During this reporting period there were no audits undertaken due to capacity of the team balanced with the incident reports/ work stream's that were being reported.</p> <p>Maternity Audits, Policies and SOP's</p> <p>Pre-Birth Tracking Audit</p> <p>The Named Midwife for Safeguarding attends monthly pre-birth tracking meetings with the Operational Managers within Children's Social Care across Somerset. The purpose of the meetings is to review process in relation to the unborn babies subject to CSC assessment, Child in Need Plan and Child Protection Plans. The tracking meetings were audited to identify effectiveness including accurate record keeping. Audit findings confirmed that safeguarding processes for unborn babies are being followed. A number of areas for improvement were identified in relation to the administration of the meetings and these have all been appropriately addressed.</p> <p>Domestic Abuse Enquiry Audit</p> <p>In 2022, Somerset Safeguarding Children Partnership undertook four Rapid Reviews for babies who suffered non-accidental injuries in Somerset. Learning from these reviews indicated that there were missed opportunities to enquire about domestic abuse within the parents' relationship. An audit was therefore conducted in both YDH and MPH to review compliance of midwives asking about domestic abuse. The audit identified YDH was 100% compliant in respect of woman having been asked about their relationship/safety at least once during pregnancy.</p> <p>Pre-Birth Communication SOP</p> <p>This is a multi-professional SOP which sits across Midwifery, Health Visiting and GP Services. This SOP was originally launched in 2019 and has been updated and relaunched in January 2023. The aim of the SOP is to provide all practitioners caring for pregnant women guidance about information sharing in relation to safeguarding. This will be audited in July 2023.</p> <p>INCIDENT REPORTING</p> <p><i>1) All untoward incidents should be recorded and investigated within the relevant incident reporting processes.</i></p>

	<p>Incident reporting supports learning, policy development and risk identification and analysis.</p> <p>Graph 7: Reported Incidents in respect of Safeguarding Children</p> <table border="1"> <caption>Reported Incident year on year.</caption> <thead> <tr> <th>Year</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>2019/20</td> <td>70</td> <td>80</td> <td>70</td> <td>50</td> </tr> <tr> <td>2020/21</td> <td>30</td> <td>140</td> <td>100</td> <td>100</td> </tr> <tr> <td>2021/22</td> <td>60</td> <td>70</td> <td>75</td> <td>100</td> </tr> <tr> <td>2022/23</td> <td>110</td> <td>60</td> <td>190</td> <td>250</td> </tr> </tbody> </table> <p>During Q2 2022 /23 incident reporting inconsistency was evident due to incomplete data recording for one month within this reporting quarter.</p> <p>During 2022/2023 there have been major changes to the way staff access, alert or request Safeguarding support from the Safeguarding Team. Since the merger of the two Safeguarding Services/Teams all trust staff are encouraged to access Safeguarding Service support via Single Point of Contact (SPOC) and utilise the safeguarding template rather than the incident report process.</p>	Year	Q1	Q2	Q3	Q4	2019/20	70	80	70	50	2020/21	30	140	100	100	2021/22	60	70	75	100	2022/23	110	60	190	250
Year	Q1	Q2	Q3	Q4																						
2019/20	70	80	70	50																						
2020/21	30	140	100	100																						
2021/22	60	70	75	100																						
2022/23	110	60	190	250																						
<p>Policy / process development</p>	<p>Policies have been aligned with Somerset FT policies. Full update will be provided within Somerset NHS Foundation Trust Safeguarding Unborn Baby and Children and Annual Report.</p>																									

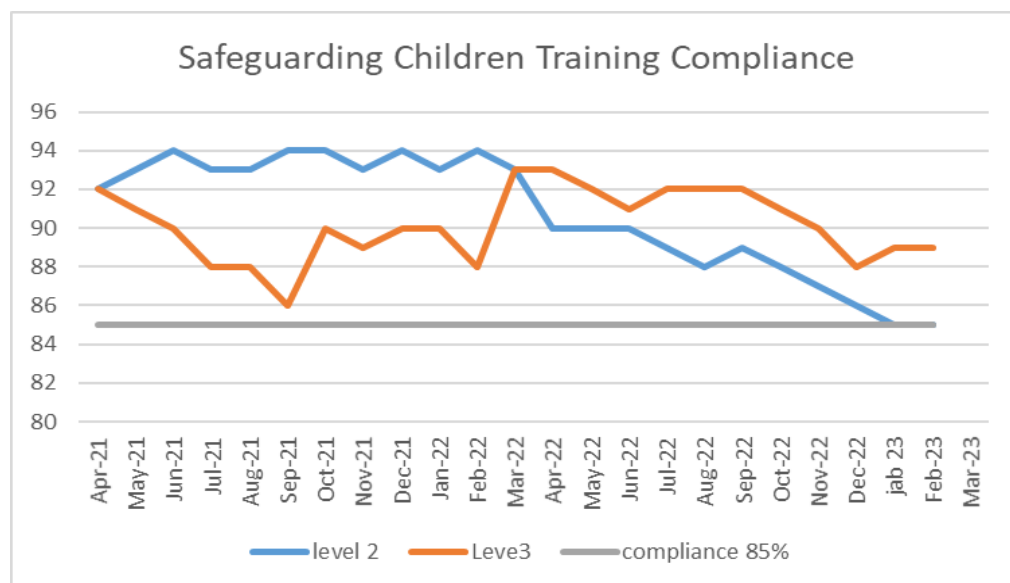
<p>TRAINING AND COMPETENCIES</p>	
<p>Learning Framework</p>	<p>SAFEGUARDING UNBORN BABY CHILDREN TRAINING</p> <p>During the reporting period 2022-2023 the CCG/ICB mandated Training compliance rate continues to be set at 85%. Currently the reported combined Level 1,2 3, Safeguarding children training is above the 85% compliance, but this does not meet reporting standards in place for SFT and significant re-mapping will need to occur to ensure compliance with the intercollegiate guidance.</p> <p>Structures are in place in the post-merger Safeguarding Service to sustain and increase recommended compliance as identified within the Safeguarding</p>

Training Strategy and Action Plan. Oversight of risk will be cited within the Safeguarding Committee Action Log.

Training resources are continuously updated and additional training opportunities have been added to the Safeguarding Service training portfolio, for staff to engage in Continuous Professional Development, in key areas of safeguarding directly linked to learning from serious incidents and Local and National Child Safeguarding Practice Reviews (CSPR).

Training Compliance

Graph 8: Safeguarding Children training compliance



Training compliance in recent months demonstrate a decline, although currently compliance reported is above the required mandate of 85%. The re-mapping will reduce this compliance figure post-merger with SFT. It is acknowledged that there has been a significant amount of work by SFT colleagues undertaken to re-map and align training compliance and competencies in Q4 across YDH and SFT.

Safeguarding Supervision

Safeguarding supervision facilitated by trained Safeguarding Supervisors enables trust staff to analyse risk information, think critically and reflectively and review their understanding of a child’s lived experience and the impact that parental and family behaviours have on unborn babies, children and young people and vulnerable adults.

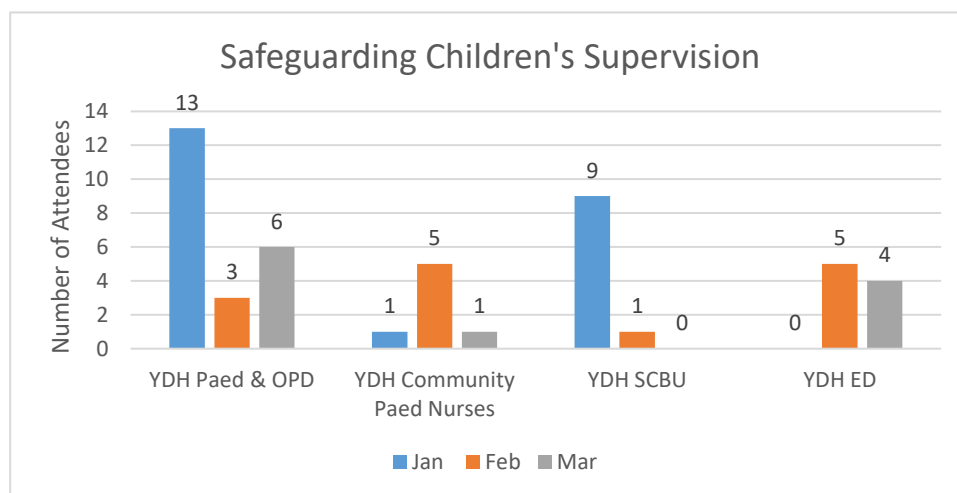
Staff safeguarding supervision had been offered as required / requested by staff within the hospital or identified by safeguarding team members following any reported incident.

Prior to the merger of the Safeguarding Service/ team, Safeguarding Supervision was provided on an ad hoc basis. This was mainly due to the team size and team member’s capacity to commit to a programmed timetable balanced with the incident reports/ work stream’s that were being reported.

During the first quarter of this reporting period, there was significant long-term sickness within the safeguarding team (1.8 WTE) which included the Deputy

Named Nurse for Safeguarding Children, which equates to 50% of the safeguarding children team.

It is acknowledged that since the merger of the two safeguarding teams (YDH and SFT) from November 2022 there has been a substantial commitment by the wider team to provide formal safeguarding supervision for staff who work with unborn babies, children and or their parents / carers. In line with the Safeguarding Supervision Policy



MATERNITY SAFEGUARDING SUPERVISION

Safeguarding supervision is supported by trained supervisors. There are two new additional safeguarding supervisors who provide community midwifery supervision on a quarterly basis (as per Trust policy). Overall compliance for community midwives has increased from 65% in 2021/22 to 83% in 2022/23. There is a plan for two further practitioners to undertake supervision training this year.

Hospital midwives attend supervision sessions as part of their mandatory midwifery training days once a year. In addition, all midwives can access supervision daily by attending a safeguarding drop-in session facilitated by the Deputy Named Midwife for Safeguarding.

ONGOING ISSUES & ACTIONS

<p>Current Issues</p>	<p>Seamless integration of YDH and Somerset FT– this to date has been successful. Roles and work streams, including day to day safeguarding activity, data collection, training, safeguarding supervision, Policy, SOP, audit and strategic development have been aligned. Practitioners and the wider workforce are being supported through this period of transition and change.</p>
<p>Integration status</p>	<p>The Integration of the Safeguarding team with Somerset FT was finalised in November 2022. Planned work streams in respect of the merger have all</p>

	<p>been achieved and development of the Safeguarding Strategy 2023-2026 is in progress.</p> <p>During the reporting period until November 2022 the Safeguarding Service at YDH consisted of:</p> <p>Director for Safeguarding (across SFT and YDH) Head of Safeguarding for YDH Named Doctor for Safeguarding Children (across Somerset FT and YDH)</p> <p>Named Nurse for YDH (position held by Head of Safeguarding) and Deputy Named Nurse for Safeguarding Children</p> <p>Named Midwife and Deputy Named Midwife for Safeguarding (across Somerset FT and YDH) Learning Disability Practitioner 2 x Safeguarding Professionals (adult safeguarding) 1x administrator (1 x full-time) Domestic Abuse Coordinator</p>	
<p>Link to Risk Register</p>		<p>Risk Score</p>
	<p>Maternity Safeguarding and risk</p> <p>Lack of early help for families with additional social needs.</p> <p>The provision for maternity services to be able to provide early help support to families is minimal. This is compounded by an increase in the number of families with additional support needs in Somerset. The maternity management team have been considering ways to mitigate this risk. This includes taking part in a new enhanced parenting pathway where family support workers are employed to undertake some of the early help work with families.</p> <p>Accessibility of information.</p> <p>In September 2022 Public Health Nursing ceased using RiO 7. Previously RiO 7 was accessed by midwifery services to understand risk identified by Health Visiting (HV), Mental Health Services and the Safeguarding Service. Following RiO7 segregation HV information is not easily available to Midwives who do not have access to RiO21 the new health visiting clinical recording system. In mitigation, health visitors now share any risk information with midwifery when they receive a maternity booking form. This process is due to be audited in July 2023 and following this the risk assessment will be reviewed.</p> <p>Maternity Safeguarding Supervision</p> <p>Previously Safeguarding Supervision did not meet recommended compliance. During 2022/2023 the Safeguarding Supervision offer and uptake has improved. There are two additional safeguarding</p>	<p>16</p> <p>4-9</p>

	<p>supervisors in place who provide community midwifery supervision on a quarterly basis (as per Trust Policy). Overall compliance for community midwives has increased from 65% in 2021/22 to 83% in 2022/23. There is a plan for two further practitioners to undertake supervision training this year.</p> <p>Hospital midwives attend supervision sessions as part of their mandatory midwifery training days once a year. In addition, all midwives can access supervision daily by attending a safeguarding drop-in session facilitated by the Deputy Named Midwife for Safeguarding.</p>	
<p>Action Plan Status and monitoring</p>	<p>Going forward all action plans regarding Safeguarding Unborn Babies and Children will have oversight by the Safeguarding Committee, with a whole-Trust coverage.</p>	

<p style="text-align: center;">SIGNIFICANT ACHIEVEMENTS</p>	
<ul style="list-style-type: none"> • YDH Safeguarding Team continued to provide a responsive service under some difficult circumstances including a reduction in staff availability due to long-term sickness. The SFT Safeguarding Service provided the resilience required from April 2022 to the point of the integration of the two safeguarding Services in November 2022. • The Safeguarding Team/ merged Safeguarding Service provided increased resilience to continue to represent the Trust at Somerset Safeguarding Children Partnership meetings supporting collaboration across the partnership (Police, Health and Local Authority) with SFT Named Nurse for Safeguarding Children representing YDH from November 2022 • Joint Named Professional meetings and Safeguarding Senior Leadership Team meetings (adult and children) across Somerset FT and YDH supporting a collegiate approach to safeguarding across the county. This also offered the opportunity for the development of cohesive working relationships with colleagues. • Introduction of the single Point of Contact and Safeguarding enquiry template for Staff to use to support enquiries regarding safeguarding concerns rather than completing a Ulysses incident form. 	

Reference – levels

Green	Blue	Amber	Red
<p>Good systems of assurance that clearly provide evidence that there were no significant issues in the period covered.</p>	<p>Assurance systems in place</p> <p>AND</p> <p>No evidence of any significant issues in the period. Any issues evident are well-managed via clear, monitored plans.</p>	<p>Assurance systems are not adequate to ensure that there were no significant issues in period</p> <p>OR</p> <p>Issues of concern identified. Issues of concern are not accompanied by assurance of clear, monitored plans to address.</p>	<p>No relevant assurance in place</p> <p>OR</p> <p>Serious issues identified that present risks to the Trust and in the absence of an effective plan to address.</p>