MARIE STOPES UK

Marie Stopes UK

Safeguarding Annual Report 2019

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Foreword

Welcome to the Marie Stopes UK Safeguarding Report 2019. In it, you will find a comprehensive review of our safeguarding work, alongside a summary of the huge strides we have made in this area in the last year.

As a healthcare provider, we have a regulatory duty to identify and protect at-risk patients and their families, by ensuring we have effective systems and processes in place.

I am extremely proud of the approach we are taking. The effectiveness of which is demonstrated by the sheer number of people we are supporting, and the many interventions we have introduced to ensure the safety of our most vulnerable patients.

During 2019, we further embedded and strengthened our safeguarding arrangements, to improve the way we assess patients, to get better at identifying safeguarding issues and to make sure our teams are supporting people in the most appropriate and helpful way.

Last year, we talked about the need to continue examining the effectiveness of our practice and evolve the quality of our policies, guidance and training to better identify those at risk and improve how we support them. We can now clearly see the result of that work with safeguarding disclosures increasing in 2019 by 93% and with 887 referrals made to external agencies.

Such a significant rise cannot be explained by changing demographics alone. It has come about, we believe, as a result of the considerable efforts we have made to improve the safeguarding skills of our healthcare professionals, who are now better equipped in their consultations with patients and, therefore, better able to identify and report on any safeguarding concerns.

In 2019, safeguarding disclosures increased by 93% and 887 referrals were made to external agencies.

Other key developments in 2019

In the last year, we have continued to develop our risk assessments and improve safeguarding training. We have also continued to monitor team knowledge of safeguarding through our Compliance Monitoring Programme. This includes assessing the non-healthcare professionals working in our One Call contact centre, who have received enhanced safeguarding training. We know that people are more likely to disclose safeguarding issues over the phone than face to face, and our agents are now more confident and better able to pick up on these when patients call to book appointments with us.

We have worked with several external partners in the last year to broaden our knowledge and jointly support patients, and to develop pathways to reach people who may otherwise struggle to access services and help.

We have improved access for young people who need our services, by ensuring they are treated as adults, able to make their own decisions about accessing counselling or treatment.

Nationally, we have stayed alert to developments in legislation where relevant to safeguarding in abortion. Of note, NHS England has identified the need to explore different perspectives of safeguarding, through:

- **Trauma-informed care,** a framework that involves understanding, recognising, and responding to the effects of all types of trauma; emphasises physical, psychological and emotional safety for both consumers and providers; and helps survivors to rebuild a sense of control and empowerment
- **Think Family Strategy,** which promotes co-ordinated thinking and delivery of services to safeguard children, young people, adults and their families and carers, so that they do not exist, or operate, in isolation from one another
- **Contextual safeguarding,** an approach to child protection that recognises children and young people as being vulnerable to abuse outside the family environment, through activities such as child sexual exploitation, drug dealing or knife crime.

I am pleased to report that we have made good progress against each of these areas: working with our partners on Early Intervention Pathways using the Trauma-Informed Model; adopting the Think Family Strategy to influence the wider safeguarding risks for others around our patients; and introducing contextual safeguarding as a key topic in our Level 3 Safeguarding training.

In 2019, we successfully advocated to remove barriers to accessing safe and legal abortion care for some of our most vulnerable patients. This included the groundbreaking decriminalisation of abortion in Northern Ireland, which begins the process of Northern Irish women being able to access care without having to travel to another country.

We advocated for safe access zones outside abortion clinics in the UK as well. In 2019, we saw the Court of Appeal uphold the safe access zone outside our Clinic in Ealing, thanks to the overwhelming evidence of the detrimental impact of anti-abortion activities on our patients, teams and local residents. The presence of anti-abortion groups outside clinics poses a risk of psychological and emotional abuse, discriminatory abuse, bullying and harassment, whether intentional or not.

Some of the activities are explicit, some more subtle, but this activity is clearly a form of discrimination against women, targeted street harassment, an attempt at reproductive coercion to continue pregnancy, and ultimately a safeguarding issue that needs to be addressed nationally.

Reflecting on 2019, there is much to talk about that underlines how we are meeting our regulatory duty to identify and safeguard significant numbers of patients and their families using robust systems and processes.

We are committed to going beyond those duties, to ensure that any patient using our service not only receives the treatment they need, but also the kind of value that makes a demonstrable difference to their lives, and that keeps them safe and well long after they leave us.

Nicola Moore

Director of Quality and Governance
and Executive Safeguarding Lead

Key safeguarding developments in 2019

Robust structure

- We have done more in the last year to develop a robust and experienced safeguarding structure (with an Executive Lead, Named Doctor and Named Nurse for Safeguarding Children and Adults) to ensure the organisation benefits from clear strategic direction.
- Each Marie Stopes UK Centre has a named Safeguarding Lead, who is responsible for safeguarding support and management. This includes organising safeguarding supervision and facilitating partnerships with local services.
- Our One Call contact centre also has a Named Nurse for Safeguarding, who is helping to improve the way we approach safeguarding there, from initial patient contact to creating an early intervention culture.

Young Person's Pathway

- We have developed a Young Person's Pathway to remove barriers for young people requiring abortion care.
- This was developed using feedback from young people (with the help of our partner agency Brook).

Enhanced training

- We reviewed our Safeguarding Training Needs Assessment in line with the Intercollegiate Document (Adults and Children) (Royal College of Nursing, 2018, Royal College of Nursing, 2019)
- Our bespoke Level 3 Safeguarding training, tailored to abortion care, has been in place a year and receives consistently positive feedback. It uses the Signs of Safety model (Turnell and Edwards, 1999) with the same safeguarding language as our social care partners.
- We arranged Mental Capacity Assessment training for all our clinical colleagues, incorporating new legislation.
- We developed six Female Genital Mutilation (FGM) e-learning modules to help clinical colleagues become FGM Health Advocates for patients who have been a victim of FGM.
- We are running Domestic Abuse, Stalking and Harassment (DASH) and Spotting the Signs (Brook, 2016) Child Sexual Exploitation Risk Assessment training for all our nurses and midwives to help them assess vulnerable patients effectively.
- All practitioners delivering our Level 3 Safeguarding training are NSPCC-qualified trainers.
- All practitioners delivering Domestic Abuse, Stalking and Harassment (DASH) risk assessmen training are qualified DASH 'train the trainers', trained by Laura Richards, creator of the tool.

Safeguarding supervision

- All patient-facing colleagues had group safeguarding supervision in 2019, delivered by their Named Nurse and Named Doctor for Safeguarding.
- All Centre Safeguarding Leads received Safeguarding Supervision training to equip them with the skills needed to deliver safeguarding supervision in their areas in 2020.

Clear risk assessments

- Safeguarding risk assessments are now completed for every patient who attends a Marie Stopes Centre or Clinic, using a red, amber or green (RAG) rating to determine our next steps.
- DASH and Spotting the Signs additional risk assessments are embedded into our practice, with clear guidance on when these need be completed for high risk patients. The DASH assessment has been updated to include extra questions on stalking and honour-based violence.
- Patients who need additional risk assessments are allocated an 'extended safeguarding slot' (a double appointment) to give nurses and midwives enough time to provide the support they need.

Very significant safeguarding cases

- We have been involved in a number of very significant safeguarding cases where we have worked with multiple agencies to provide care for high risk children and adults.

Updated policies

- We developed new safeguarding policies, and improved existing ones, to meet the demands of a changing safeguarding landscape in 2019. This includes a Working with Transgender Patients' Policy to achieve greater equality in our service provision; and a new Mental Capacity Policy and resources, to include easy access abortion information, factsheets and a patient passport, and incorporate new Mental Capacity Act (2019) legislation.
- We adapted our Safeguarding Compliance Monitoring Programme questions to meet the demands of a changing safeguarding landscape and assess how we work with multi-agencies.

Key safeguarding developments in 2019

Partnerships

- We have developed a close working relationship with the Modern Slavery / Human Trafficking Unit. Colleagues from the unit kindly reviewed our training and safeguarding risk assessments, and we have shared intelligence on victims of modern slavery / human trafficking who have used our services.
- We are working with the charity Doctors of the World to provide abortions for patients seeking asylum.
- We are working with a national charity on early intervention services for vulnerable groups experiencing exploitation.
- We are working with a sexual health provider and planning a cyclical pathway for easy referral of vulnerable young people requiring abortion or contraceptive care.
- We have created communication pathways to improve how we work with other abortion providers in the UK (BPAS, NUPAS and the NHS), to help safeguard vulnerable patients seeking abortion care elsewhere.

Equality Impact Assessments

- We have developed an Equality Impact Assessment for each area we work in, to tailor safeguarding to each area's demographics.
- We have won a bid to provide abortion services in south-west Devon, and developed a tailored safeguarding mobilisation plan (using the area's Equality Impact Assessment), to tailor our safeguarding provision to the needs of the community before the service launches in 2020.

Events and publications

- We attended the National Safeguarding Conference, Female Genital Mutilation Round Table Meeting at the House of Commons, Modern Slavery Unit Meetings and National Maternity Safeguarding Network.
- We have published media resources on reproductive coercion.
- Our first annual Safeguarding Report (published last year) was well received by CCGs and other external stakeholders.

2. Introduction

We have produced this Safeguarding Report, first and foremost, to provide our internal and external stakeholders assurance of the progress and outcomes of safeguarding work undertaken at Marie Stopes UK in 2019.

We have also summarised the processes and procedures we have in place to protect the safety and welfare of young people and adults in our care.

As well as reflecting on progress made in 2019, we have outlined our safeguarding plans for 2020, and included some anonymised patient stories to show the impact of our work in individual safeguarding cases.

Health-related organisations providing services are expected to undertake a Section 11 Audit for their local safeguarding partners (previously the Local Safeguarding Children's Boards / Local Safeguarding Adult's Boards and now Multi-Agency Partnership Arrangements). This report also acts as our Section 11 assurance, outlining our quality assurance and processes with regard to our statutory duty to safeguarding children and vulnerable adults. It gives a critical analysis of our safeguarding arrangements, and provides transparent dialogue regarding gaps and the actions being taken to address them.

3. Background

Marie Stopes UK is a charity that provides sexual health services, including abortions, vasectomies and contraception. Everyone working in our organisation has a statutory responsibility to safeguard and protect the children and adults who access our care, irrespective of whether they work predominantly with children or adults (in accordance with the Care Act (2014) and Children Act (2004)).

The changing safeguarding climate in 2019 has led us to shift the way we think about our services, from considering ourselves solely as a provider of sexual health services, to an organisation that also offers a protective service. We are in contact with many patients who are otherwise on the edge of services, who come to us in the hope we can help them in more ways than with just their reproductive health.

Many patients come to us at a very vulnerable time in their lives, when they feel frightened and out of control – not just because of unintended pregnancy but because of wider issues in their lives. They could also, for example, be experiencing:

- Domestic abuse
- Exploitation
- Honour-based or serious violence
- Substance abuse
- Modern slavery
- Homelessness or
- Illegal immigration.

We have a duty to ensure the safety of every person who uses our services, from their initial contact with us through our One Call contact centre, to the way we manage their treatment, involve other agencies and discharge them back into the community.

The changing safeguarding climate in 2019 has led us to shift the way we think about our services, from considering ourselves solely as a provider of sexual health services, to an organisation that also offers a protective service.

We refer vulnerable patients onto many different agencies nationally, as part of our safeguarding work. This includes referrals to agencies who can help our patients access additional support (like help with travel or funding), as well as agencies we collaborate with on assessments and care planning.

We would like to thank all the agencies we have worked with in 2019 and will continue to work with in 2020. These include:

- Social Services
- The Police
- General Practitioners
- Charities supporting homelessness, domestic abuse, culturally specific abuse, immigrants, mental health and modern slavery
- The Abortion Support Network
- The Modern Slavery Unit
- Brook
- School nurses and health visitors
- Sexual Assault Referral Centres
- NHS hospitals, midwifery services and named professionals
- CCG Commissioning Groups and designated safeguarding professionals
- Learning disabilities teams
- Advocates e.g. Mental Health, Looked After Children and Mental Capacity

We care for patients across the UK, through Centres based in Manchester, Leeds, Bristol, Essex, Maidstone, South London and West London and their 39 associated Early Medical Units (EMUs) that provide Early Medical Abortion in accessible localities e.g. Devon, Bournemouth, Blackpool, Southend. Each of our Centres has similarities in safeguarding, but also unique population demographics.

We use Equality Impact Assessments (and assessments of recent local data such as Joint Strategic Needs Assessments (JSNA) and Health and Wellbeing Board Reports) to help us understand our local communities and develop a clear picture of local health and social needs, to better tailor our care provision and to identify relevant partnership working.

We take the same approach in our outreach clinics. Each Centre has EMUs linked to it, and they are often located in areas where access to main cities may be difficult, such as remote parts of Devon. These clinics often have very different patient demographics to the Centre they are linked to.

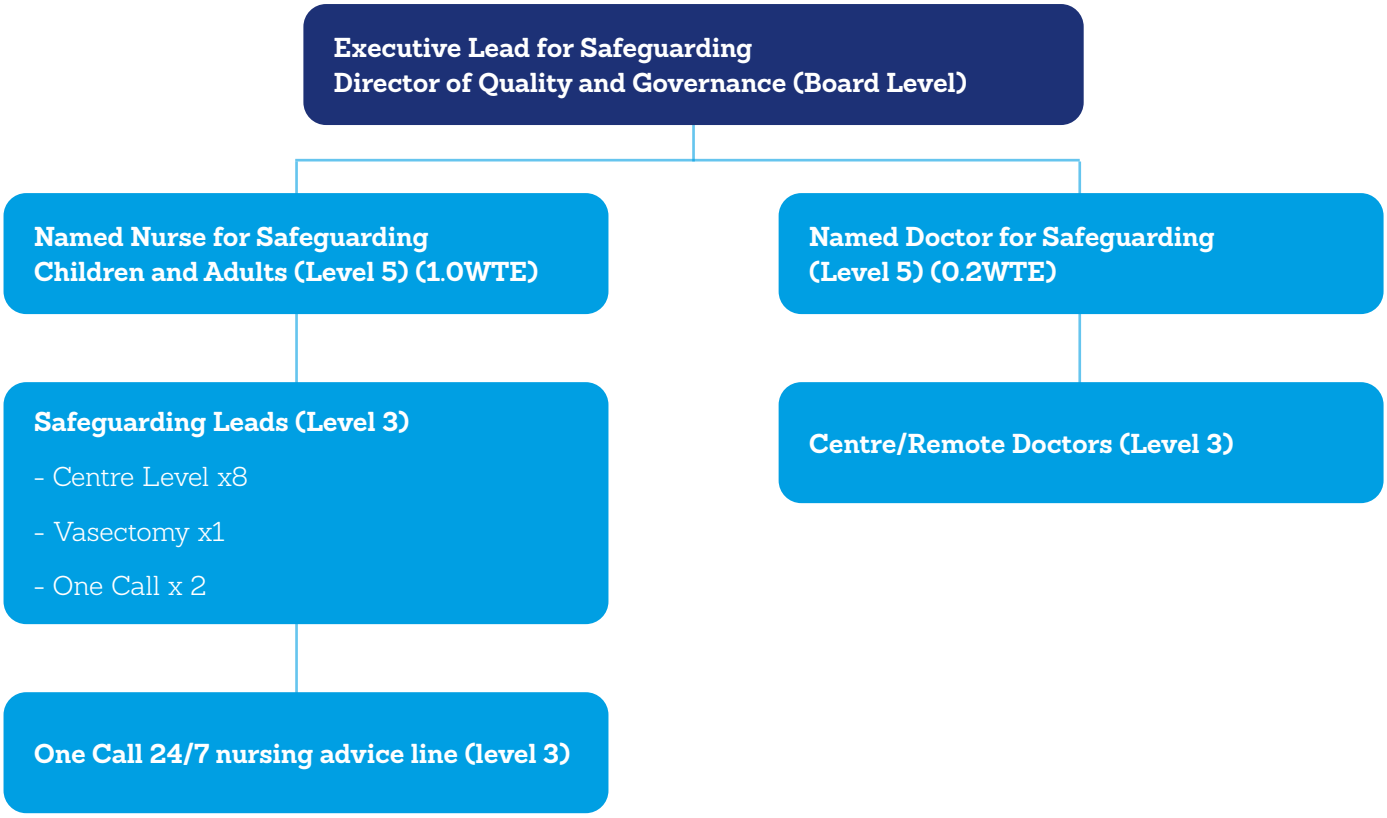
We are now encouraging EMUs to start conducting Equality Impact Assessments to increase knowledge of their locality and shape their local service delivery.

4. Safeguarding Structure

Our safeguarding work at Marie Stopes UK is underpinned by a clear safeguarding structure (see diagram 1). Safeguarding is embedded at every level of our organisation, from our Executive Management Team to our Centres and One Call contact centre.

This structure ensures we always have on-call safeguarding support available for our patients and that the way we manage and escalate cases is simple, safe and effective. The way we structure safeguarding is a vital part of ensuring we are 'Well Led'.

Diagram 1: Safeguarding structure



This structure has been designed in line with NHS England's (2019) Safeguarding Guidance, which states that "every NHS Provider will require a Safeguarding Lead and/or a Named Professional for safeguarding children, young people and adults' with a responsibility for child sexual abuse, exploitation, mental capacity, deprivation of liberty and Prevent." Although meant for NHS providers, we have chosen to follow this, by having a Named Nurse and Doctor for Safeguarding, given the high number of vulnerable patients that we encounter as a provider of NHS sexual health services.

5. Safeguarding in Context

5.1 National context

The NHS England's (2019) safeguarding agenda focused on the following areas:

- Domestic abuse
- Mental capacity
- Health and justice
- Rape and sexual assault
- Child sexual exploitation
- Prevent
- Female genital mutilation
- Looked after children
- Modern slavery.

We will be touching on all of these themes in this report as they also reflect the main safeguarding issues we see with our patients, which have driven much of our safeguarding work in 2019.

Safeguarding vulnerable adults and children continues to be high on the government's agenda, with a changing climate involving: trauma-informed care, contextual safeguarding and a 'think family' approach to issues such as exploitation and serious violence.

It is clear that new and innovative ways of working with vulnerable patients are needed given the way communities are shifting. Issues around knife crime, gang violence and county lines, children living in poverty, domestic abuse and coercive control continue to increase, alongside ever-changing technological advances and the use of social media in abuse and exploitation. These are all factors that are having an impact on safeguarding and the approach we take to identify and manage issues.

The Contextual Safeguarding Approach (Firmin, 2017), which we are now using with our patients, takes a different approach to safeguarding, that moves away from the patient's immediate family as being seen as the main contributor and place to 'fix' issues – looking instead to the wider community to find ways to protect an individual. This is particularly valuable for young people whose environment has a key impact on their wellbeing.

We are now using contextual safeguarding to consider the communities and areas vulnerable patients live in, the schools they attend and the people they socialise with, as part of our work. We are also using the model to risk assess abuse and exploitation in a more detailed way, so that onward referrals can be better managed. See the sections on Equality Impact Assessments and Horizon Scanning for more on this.

5.2 Charity context

The Round Table Report (Safeguarding for Charities, 2019) highlighted safeguarding in the charity sector as being particularly challenging. This is often because vulnerable patients require multi-faceted support and issues may be uncovered that are unrelated to the charity's main business.

It is not always easy to draw a line under what falls within the charity's remit, where their responsibilities end, and when referrals need to be made elsewhere, particularly with charities often working with many other providers who each have their own agenda, local priorities and safeguarding thresholds.

We have certainly experienced these challenges in our safeguarding work, and in 2019 we developed Multi-Agency Working Pathways, both nationally and locally to improve how we support vulnerable patients, as well as helping us work with our partners more effectively. We talk more about this in the following chapters.

The Round Table Report (Safeguarding for Charities, 2019) stated, in particular, that good safeguarding in charities needed to have the following in place:

- A 'values-led' safeguarding practice
- Safeguarding on every agenda
- A diverse executive board with a wide range of life experiences
- Co-produced work, with those who have experienced safeguarding issues and their families
- Clear communication about safeguarding issues with all involved
- Prioritisation for funding for safeguarding training
- Understand that 'zero' safeguarding complaints are not ok – it means people don't know how or when to come forward
- A data-driven approach to dealing with safeguarding complaints
- Policies in place for assurance, monitoring and managing risk
- Any safeguarding failure seen as an opportunity to improve.

We are pleased to say we are currently meeting every one of these stipulations:

Our Board is made up of individuals with diverse professional and personal safeguarding experience, with every member passionate about protecting our most vulnerable patients.

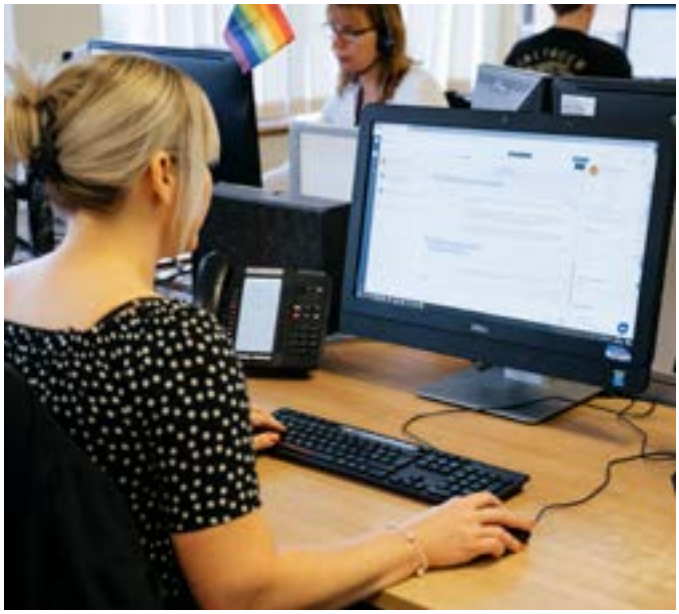
Safeguarding is on the agenda of all our Executive Management Team meetings, as well as local meetings such as clinical huddles, operational huddles, team meetings and governance meetings.

We have invested in high quality safeguarding training that is bespoke to an abortion service and delivered by NSPCC-qualified trainers.

We have also embedded a strong culture of learning, with incident reporting integral to how we work. This includes safeguarding and identifying areas of development, which are then fully investigated and shared with the whole organisation. Many of our new policies and factsheets are created from reported incidents, as part of our continual focus on service improvement.

Our new Multi-Agency Working Pathways are helping to improve how we support vulnerable patients and how we work with our partners.

6. Safeguarding within Marie Stopes UK- call centre



6.1 One Call

Each patient's journey into Marie Stopes UK begins with our One Call booking centre in Bristol, which takes all our inbound calls. We take calls predominantly from UK patients, but also have patients accessing our services from further afield, such as Ireland, Saudi Arabia and Malta. Patients call One Call to book their initial appointment and for subsequent health consultations after a positive pregnancy test. They can then choose to book to have an abortion with us.

6.1.1 Safeguarding disclosures at One Call

We have seen a steady increase in the number of safeguarding disclosures being picked up by our One Call agents over the last 3 years. In 2019, there was a marked increase, in particular.

1041
Safeguarding disclosures per month

93%
increase in safeguarding disclosures from 2018

8
under 13 year-old patients safeguarded

100%
of young people monitored by the One Call Safeguarding Team

Diagram 2 on the next page shows that our call centre agents identified an average of 1,041 safeguarding disclosures a month. This represents an increase of 93% on 2018, when an average of 539 disclosures were picked up each month.

We have identified a number of factors that may have resulted in such a significant increase. Namely that:

- We have introduced enhanced safeguarding training at One Call, which means that our call centre agents are now better placed to identify, and report safeguarding disclosures.
- Our One Call Safeguarding Team is also well established. The team is integrated within the call centre (working on the 'shop floor' with our agents) and are a source of support and 'on the job' discussion.
- Our Right Care team (for clinically complex patients) has included safeguarding in its parameters, improving access for patients with multiple issues.

It is also widely acknowledged that safeguarding issues are on the increase nationally. NHS Digital (2019) reported an increase of 5.2% in adult safeguarding concerns compared to 2018. Conversely, for children's safeguarding there has been a reduction of 1% in children requiring Child in Need plans and 3% fewer children requiring Child Protection plans (Department for Education, 2019). This doesn't mean that the number of vulnerable children has reduced, but rather that the thresholds for them accessing social care have gone up. It can also be argued that national austerity has left more children not receiving the care they need. They are then more likely to attend services such as ours themselves, or be bought to our attention by a parent or carer.

This data relates to One Call disclosures only. See section 6 for safeguarding disclosures in our Centres. Diagrams 3 and 4 further compare date from 2019 with date from 2018 demonstrating our improvement in the identification and monitoring of safeguarding issues.

Diagram 2: Total One Call Safeguarding activity 2019

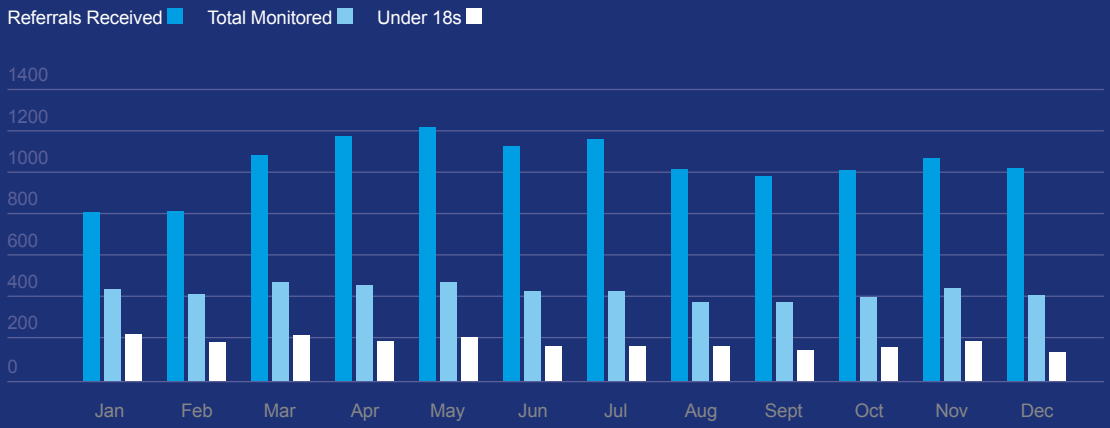


Diagram 3: 2019 Safeguarding disclosures requiring onward management and monitoring of under 18 year old patients compared with 2018

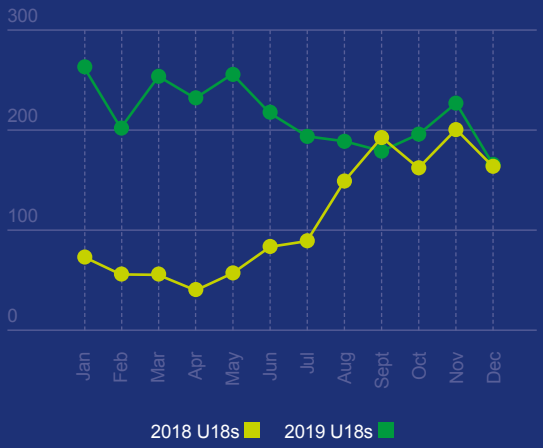
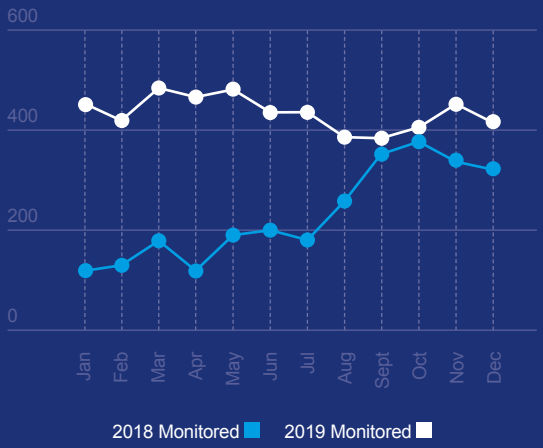


Diagram 4: 2019 Safeguarding disclosures requiring onward management and monitoring compared with 2018 patients



6.1.2 Safeguarding referrals for young people at One Call

The number of under 18s we have referred onto partner agencies has stayed largely consistent since we started reporting in November 2018.

Our One Call Safeguarding Team continues to monitor every under 18-year-old who contacts us, to follow up on those who don't attend or weren't brought for treatment, and identify any challenges with appointments, safeguarding issues or referrals for continuing pregnancies.

The number of under 13s who contacted One Call rose from 1 in 2018 to 8 in 2019. Our agents followed our Under 13-Year-Old Patient's Pathway with these patients, which sets out our process for managing their initial care and referrals to the Police, social services, GPs and the NHS. Although we don't treat patients younger than 13, we take our duty of care very seriously in safeguarding victims of statutory rape.

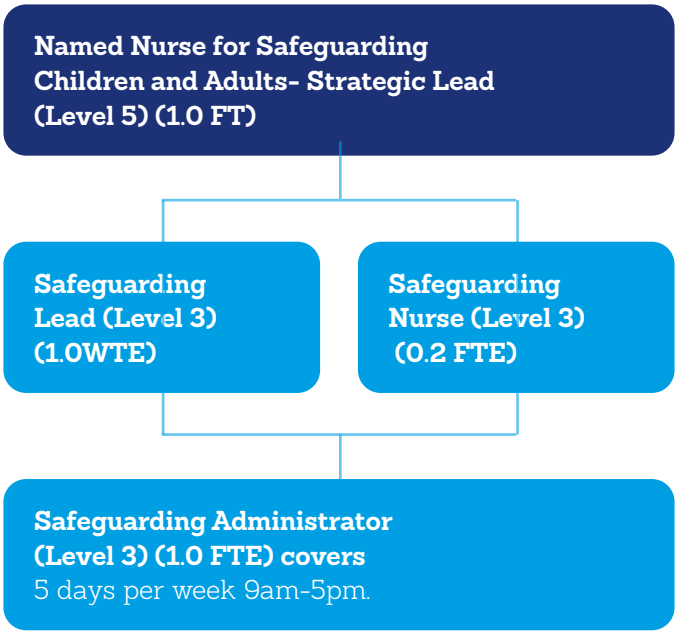
In line with our Under 13-Year-Old Pathway, in 2019 we ensured that every patient aged between 10 and 12 years was safeguarded within 30 minutes of their initial call.

We would like to thank the Police and social services for their consistently rapid response in all of these cases. We have been involved in onward intelligence and prosecutions in some of these, where pregnancy was the result of exploitation and/or familial sexual abuse.

6.1.3 One Call Safeguarding Team

If a patient discloses a safeguarding issue to one of our call centre agents, it is then flagged to our One Call Safeguarding Team, using a referral system. Because of the sharp increase in safeguarding disclosures (see Diagram 5) we saw in 2019, we expanded this team, from just a Named Nurse and Safeguarding Coordinator, to a full team of experienced and trained colleagues.

Diagram 5: Our new One Call Safeguarding Team structure



We recruited individuals to these new roles with significant safeguarding experience, including practitioners from the Police and health backgrounds, with specialisms in public health, rape and sexual assault and working with young people.

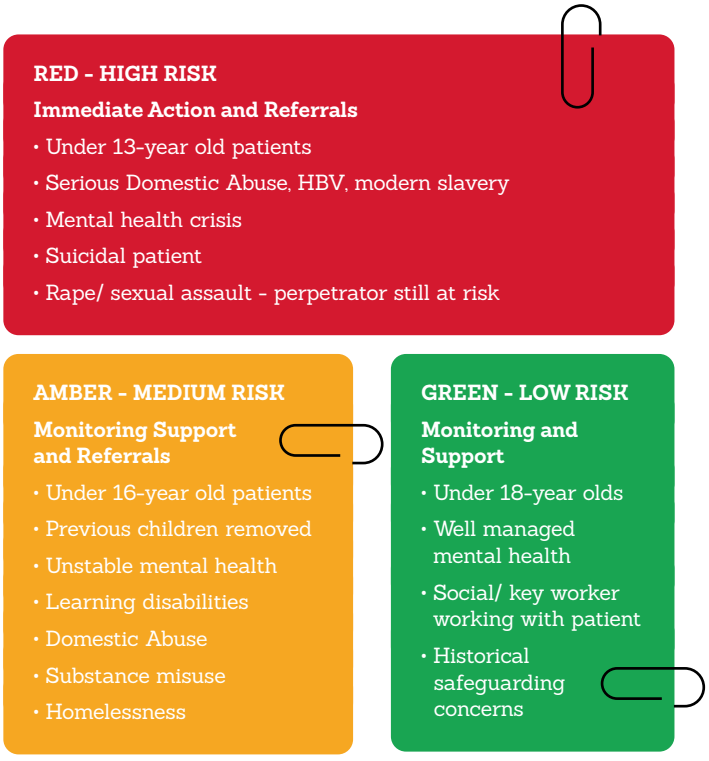
This enhanced expertise is having a positive impact on the way we manage safeguarding disclosures and enabling more of our patients to access early intervention support.

Since we expanded the team, we have introduced a triage system to help manage the high numbers of internal safeguarding referrals. Each referral is given a RAG (red, amber, green) rating according to risk, to ensure the most vulnerable patients are actioned quickly, with an appropriate response from an experienced safeguarding practitioner (see adjacent image). We have developed a document explaining this process, to help our administrative safeguarding staff identify high, medium and low risk cases in a consistent and accountable way.

Having a larger One Call Safeguarding Team has also led to improved liaison between One Call and our Centres. Any patients who disclose significant safeguarding concerns to a call centre agent now go to our Centre with full disclosure documentation, a care plan, actions already taken and an extended appointment slot, if needed. This is improving quality of care, as Centres now have better information and more time to focus on these patients in often busy clinics.

Our One Call Safeguarding Team also works with external agencies to ensure patients are well supported throughout their journey. This includes UK-wide social services, the Police, school nurses, health visitors, independent mental health advocates, domestic abuse charities, sexual assault referral centres and the Abortion Support Network.

The One Call Safeguarding Team was involved in managing a number of significant safeguarding incidents in 2019, including a case involving an international human trafficking ring and another involving a very young child. Our team supported the Police with surveillance and gathering legal information to help prosecute perpetrators.



6.1.4 Safeguarding training at One Call

Safeguarding training has now become an integral part of our induction for everyone working at One Call, including our call centre agents, operational managers, nurses and administrative staff.

In 2019, we ran safeguarding and mental capacity workshops for all call centre colleagues, facilitated by our Named Nurse for Safeguarding. We brought long standing staff up to speed with the new expectations of safeguarding in our organisation and the support available to them.

Since the training, we have seen an increase in the number of safeguarding referrals being made via One Call, and more detailed information now being captured as part of those referrals.

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One Call patient story

Mila is 14 and pregnant. Her uncle rings our One Call contact centre asking for an appointment and requesting to pay in private and that the services be strictly confidential. He gives in-depth information about Mila's menstrual cycle. The call is logged by the call centre agent as an urgent safeguarding referral. The Safeguarding Team triages the referral as 'red', meaning the case needs immediate review and action is required.

The Safeguarding Leads at One Call take the decision to breach confidentiality because of the risk of significant harm to Mila. They can't ascertain if Mila is safe as she is currently with her 'uncle' and they can't determine whether he is a risk. Calls are made to social services, where Mila is known as a child on a Child Protection Plan. An immediate strategy meeting is held, and Police and social services go into the community to trace Mila and make sure she is safe.

Mila is supported to attend our Centre with her social worker the following week. Our One Call Safeguarding Team coordinates the care plan for the Centre, so they are well prepared when she attends with the appropriate Spotting the Signs assessments and information on saving products of conception for DNA analysis as part of a Police investigation. We also include external agencies in her discharge plan.

7. Safeguarding in Right Care

Safeguarding included in Right Care

Well Led service with medical, safeguarding and operational leadership

Thrice weekly clinical escalation calls to discuss our most vulnerable patients awaiting treatment

Right Care is our team that manages how we care for patients with complex health issues. They are responsible for assessing whether such patients would be better, and more safely, cared for by us or the NHS.

Many patients with health complexities also have safeguarding issues, and these are often linked. For example, we might see a patient who needs to be treated in the NHS as they are unable to abstain from heroin use for 24 hours.

We made a number of improvements to Right Care in 2019 to ensure the team is 'well led', with the 'right practitioners' providing the 'right care' to our most vulnerable patients.

The team is now headed up by an Associate Clinical Director, Named Nurse for Safeguarding and experienced Operational Team Manager, complemented by a skilled team of administrators, Safeguarding Leads and governance partners.

Since adding in this extra level of leadership, the team has started holding a Right Care Clinical Escalation Call three times a week, which acts as a multi-disciplinary decision-making forum for our most complex patients. They discuss issues such as onward referrals, involvement of external healthcare professionals, NHS capacity, safeguarding needs, travel and finance. The calls are helping ensure the care we offer to our Right Care patients is preemptive rather than reactive, and the new process has reduced waiting and placement times for our most vulnerable patients.

Taking a more multi-disciplinary approach means we are also now better able to support patients to maintain their pregnancy choices, by:

- Preventing continuing unintended pregnancies because of late presentation
- Reducing waiting times, and
- Addressing travel issues or delays in referrals to NHS providers.

These issues can be particularly problematic for patients with safeguarding issues, where situations such as poverty, abuse, substance misuse, homelessness or poor mental health can make it difficult to get to late-stage appointments quickly, particularly if travel and an overnight stay is involved.

Because of these issues, vulnerable women need the robust and coordinated approach we provide through Right Care. Our team is on hand to help patients with any extra support they might need, whether that's help arranging travel or accommodation, contacting CCGs for funding support, conducting strategy meetings with other healthcare professionals or providing extra contact.

Due to the difficulties regarding late-stage abortion placement nationally, we now look after all late-stage patients through our Right Care team, even those without any health issues. Using our Right Care Pathway, we are pleased to say we were able to secure appointments for all late-stage patients who contacted us.

Using our Right Care Pathway, we secured appointments for all late-stage patients who contacted us.

One Call patient story

Kirsty is 25 and wants an abortion at 20 weeks. She is a vulnerable patient and there are concerns raised about her mental capacity due to a significant learning disability. Kirsty has fallen pregnant after being raped, and the Police are involved. Kirsty's mum calls us for an appointment and Kirsty is immediately referred to our Right Care team.

We arrange an appointment for Kirsty a week later. The Right Care team discusses her case the next day on the Right Care Escalation Call and puts together a care plan. The patient's GP, midwife and social worker are involved to gather professional opinions on Kirsty's mental capacity and support needs. An urgent referral is made to the local Learning Disabilities Team and an Independent Mental Capacity Advocate.

A mental capacity easy access surgical abortion leaflet is given to the advocate, who goes to see Kirsty at home to help her understand all the information. The advocate completes a report giving an opinion of Kirsty's understanding.

A strategy meeting is held with all external agencies to ensure care is coordinated. A surgeon is briefed on Kirsty's needs and care plan before she attends our Centre. We arrange for a taxi to support Kirsty and her mum to travel for her treatment.

Kirsty attends the Centre supported by her mum and a Learning Disabilities Nurse. A mental capacity assessment is completed by two doctors with Kirsty. Kirsty can understand what an abortion is and what will happen if she proceeds. She can retain and weigh up the information to decide and can communicate that decision to her doctors.

Kirsty is successfully treated at our Centre. An easy read guide is provided to her and her Learning Disabilities Nurse regarding an implant she comes back to be fitted with once she has had time to process this information.

8. Safeguarding within Marie Stopes UK Centres and Clinics

133
adults referred to adult services

73
patients referred for FGM support

19%
increase of disclosures in Centres and Clinics

28%
increase in referrals to external services

230
children and unborn children referred to children's' services

Once a patient has disclosed a safeguarding issue to one of our call centre agents, if they then want treatment, we refer them to a Marie Stopes UK Centre or Clinic.

As part of this process, they are seen by a Level 3 safeguarding-trained registered nurse or midwife, who completes an adult or young person-specific safeguarding risk assessment.

If they make further disclosures at this stage, these are then logged onto our incident reporting system Datix, which is held separately from our One Call safeguarding data, to enable Centres to manage their own referrals.

The table on the next page shows the total number of safeguarding disclosures identified in our Centres in 2019, and the subsequent referrals to external partners. It also summarises the main safeguarding themes we see with our patients.

We received 1,851 safeguarding disclosures in our Centres in 2018. This increased by 19% in 2019, to 2,197. Onward referrals to external partners have also gone up, by 28%, from 391 in 2018, to 500 in 2019.

As discussed above, the national context with regard to safeguarding and austerity is likely to have contributed to this increase, but also the work we have done since 2018 to improve our safeguarding training, supervision, policies and risk assessments for domestic abuse and child sexual exploitation.

Essentially our teams are now better equipped to identify safeguarding cases, which means we are now supporting many more vulnerable patients, alongside our core services.

Our teams are now better equipped to identify safeguarding cases, which means we are now supporting many more vulnerable patients.

Table 1- Please note this data relates to safeguarding disclosures for our Centres only in 2019. Our One Call safeguarding data is in section 6.

Themes of safeguarding concern	No of cases identified	No of cases meeting criteria for external referrals	Key themes identified	Dialogue
Adult	907	133	14 x coercion 626 x domestic abuse 301 x emotional / psychological / mental health 2 x grooming 6 x modern day slavery and human trafficking 28 x neglect 1 x online abuse 2 x radicalisation 73 x sexual abuse / exploitation	Increase of safeguarding referrals from 92
Child	894	230	59 x child sexual exploitation 390 x domestic abuse 115 x emotional / mental health 87 x neglect 31 x physical abuse 3 x child trafficking 207 x unborn	Youngest age documented - 10 years old
Female genital mutilation	195	73	Category 1 - 41 Category 2 - 17 Category 3 - 11 Category 4 - 6 Category unknown - 120	Category subheading included in 2019 and has given us a greater understanding of frequent types Indicates many women do not know what type they have had in childhood Since 2018, referrals of FGM have doubled
Scanned over limit	194	6	Of the 111 cases where gestation was recorded: 39 were 24-25 weeks 48 were 25-30 weeks 17 were over 30 weeks 7 were 23-24 weeks but had the wrong appointment or medical history restrictions	Our New Continuing Pregnancy Policy means we now refer all patients who scan over the legal limit to the NHS
Yearly total	**2,197**	**500**		

8.1.1 Domestic abuse

69%
of adult safeguarding disclosures were about domestic abuse

26%
of child safeguarding disclosures were about domestic abuse

66%
of clinical colleagues were trained in DASH risk assessments

23
DASH risk assessments carried out

Domestic abuse is the most common safeguarding disclosure or concern we identify with patients accessing our One Call contact centre and treatment Centres:

- 69% of all adult safeguarding disclosures (where a patient has no children at home) relate to domestic abuse.
- 26% of all children safeguarding referrals include domestic abuse. This could relate to violence to the child themselves, a violent situation within their family, or risk of violence to an unborn child in a continuing pregnancy.

In response to this, we have recruited a Safeguarding Lead at One Call, who has a background in the Police, domestic abuse and sexual assault, to give us greater capacity to support vulnerable patients when they first contact us.

We also created a Domestic Abuse, Stalking and Harassment Risk Assessment (DASH) training package, to support our DASH. This assessment is completed by a nurse or midwife for any patients who disclose significant domestic abuse.

Following the successful roll-out of our DASH training, in May 2019 we added a new DASH tab to our incident reporting system, Datix. Nurses and midwives can now check a simple tick box once this assessment has been completed. Since we introduced this, DASH risk assessments have been completed for 23 patients experiencing high risk domestic abuse.

We have also taken steps in our Centres to begin working more closely with local domestic abuse services. For example in Bristol, we have an excellent working relationship with Next Link, a fantastic charity that helps patients who have been, or are currently, being impacted by domestic abuse, supporting them with their mental health and housing. In West London, our team has a similarly close relationship with Southall Black Sisters, a longstanding community service that supports black and minority women experiencing domestic violence.

Working with specialist partner agencies is a crucial part of enhancing the support we provide for women experiencing domestic violence, and helping us coordinate their care in a joined-up way.

We work with partners to access a range of extra support for patients, including:

- Help arranging travel to attend their appointments
- Organising chaperones or advocates
- Organising emergency accommodation to help them leave a violent relationship
- Providing support for patients continuing with a pregnancy who need to leave their relationship to protect their unborn child.

Domestic abuse patient story

Jamila discloses that her husband, a Police officer, is physically abusive and exhibits controlling and coercive behaviour, which has been ongoing for ten years. Jamila has two children from a previous relationship and her husband is using this as part of his manipulation and control, threatening to tell people that she is an abusive parent. Jamila is scared what he will do and wants to leave him. She shares that her husband is also abusing his powers as a Police officer, using confiscated phones to contact her and making threats about her family.

Action 1: Our One Call Safeguarding Team provides phone support to Jamila and advises her of her options. A DASH risk assessment is completed and a MARAC referral sent because of the high risk of violence. Consent is given to us to contact a local domestic abuse charity who arrange to meet Jamila at a face-to-face appointment.

Action 2: Jamila attends our Centre and we complete a safeguarding risk assessment. Her children are safeguarded to social services and her husband is reported to his Police force for abuses of power. The Domestic Abuse Advocate from the charity arrives and sits with Jamila to discuss her options to make her and her children safe. They agree to meet in the next few days. Jamila receives her abortion and is discharged.

Action 3: We are contacted three months later as part of the prosecution of the perpetrator due to his abuses of power. With consent from Jamila, we successfully support her in this process.

8.3.2. Mental health

33%
of adult safeguarding disclosures were about domestic abuse

13%
of child safeguarding disclosures were about domestic abuse

42
Mental Health First Aiders trained

2
Mental Health specific factsheets created to aid colleagues in supporting patients

The second most common safeguarding issue we identify with patients relates to poor mental health. This includes patients who may be experiencing anxiety or depression, through to individuals who are sectioned under the Mental Health Act. Mental health disclosures accounted for 33% of adult safeguarding concerns and 13% of child safeguarding concerns in 2019.

In response to this need, we have developed Mental Health Crisis and Significant Incident factsheets for colleagues to support for patients experiencing mental health problems.

These can be given to patients, and they include a list of support agencies people can contact in a crisis, including mental health crisis teams. Patients could be suicidal, experiencing psychosis or have suffered a significant event while with us that affects their mental health, such as scanning over the legal limit, emergency transfer or passing visible products of conception.

Our Centres are taking a proactive approach to supporting patients with their mental health. In Manchester, for example, we have been working with Manchester Mind, sharing resources and making referrals for patients requiring additional support. We are also signposting patients to online and text-based mental health support services. We plan to do more in 2020 to help patients access more individualised counselling, including online support.

In January 2019, Marie Stopes UK became part of the Mental Health First Aid England programme, to train designated mental health first aiders across our organisation. This has resulted with 42 colleagues recruited and trained during the year, across a range of roles including clinicians, One Call agents and administrators. Our mental health first aiders are now working with colleagues to support patients and staff alike who are struggling with anxiety and/or depression. Successes have already been noted, with colleagues feeling more able to intervene, talk and signpost without stigma.

8.3.3. Patients scanning over the legal limit

194
patients scanned over the legal limit

13%
new did not attend/was not brought policy created

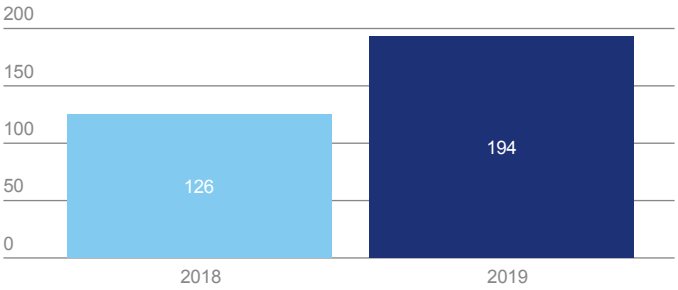
42
continuing pregnancies

100%
of patients scanned over the legal limit were referred to community services

We worked with 194 patients who scanned over the legal limit in 2019. This has gone up from 126 in 2018.

There is no national data to explain this increase, but we know that patients scanning over the legal limit also tend to be more vulnerable, often living more chaotic lives and possibly misusing drugs or alcohol. Other patients scanning over the legal limit have given cultural or religious reasons as to why pregnancy may be not accepted, or were in the younger age group.

Patients who scanned over the legal limit



We created two new policies in 2019 in response to seeing more patients in this category, including two patients who attempted to conceal or self-terminate their pregnancy.

New Continuing Pregnancy Policy

The first of these new policies, our new Continuing Pregnancy Policy, sets out our robust referral process for women scanning over the legal limit, who express ambivalence or do not arrive for treatment. The policy outlines the steps we go through to ensure these patients receive adequate support and that all relevant services are contacted to ensure they are picked up by community services when they leave us. The policy stipulates that:

- Discussion will take place with the patient (using our continuing pregnancy resources), where we will discuss next steps and different options, such as urgent antenatal care and adoption
- Referrals will be made to a GP and a Safeguarding Midwife in the patient's registered area (even if they don't consent)
- We will include the contact details for any referral agencies in our documentation, and the named professional the patient is being handed over to
- Referral will be made to social services for continuing pregnancies, if there are possible safeguarding concerns or the patient is a young person (even if they don't consent).

Did Not Attend / Was Not Bought Policy

We also developed a new Did Not Attend / Was Not Bought (DNA/ WNB) policy, to set out our process for supporting patients who DNA/WNB to appointments, where there are concerns that their gestation is progressing and no antenatal care has been sought.

The policy stipulates that:

- All patients who are 19 weeks' pregnant and over, even those with no other issues, will be referred to antenatal care if they DNA/WNB. This may be without their consent (although we will always seek this if we can) to avoid concealed pregnancy. We will support patients to seek antenatal care themselves if possible, and will confirm that this has happened so that we can discharge patients safely to community services.
- Patients who DNA/WNB at any gestation, who have safeguarding issues, will be referred after five DNAs or if they have reached 19 weeks, so that we can arrange for support to help them attend appointments and antenatal care can be arranged as a priority.

Continuing pregnancy patient story

Lea comes to her appointment at our West London Centre. She estimates she is ten weeks' pregnant and is booked for a medical abortion. When scanned, Lea is 27+3 weeks' gestation. She is extremely distressed and struggles to understand that she won't be able to have an abortion. She shares that her parents will 'kill her' if they find out she is pregnant.

Action 1: Following our Continuing Pregnancy Policy, Lea is given time to sit with a nurse and discuss her next steps. She tells the nurse she comes from a strict religious family and her family will be extremely angry that she has had sex outside of marriage. She is worried they will react badly and her risk using the DASH and Honour Based Violence (HBV) risk assessments is deemed to be high.

Action 2: An urgent referral is made to her local Safeguarding Midwife and GP to help her access antenatal care as soon as possible. Safeguarding concerns are shared with them about the risk of HBV. The midwife makes an appointment to see Lea the next day in a safe community location.

Action 3: A call is also made to the Police, with Lea's consent, to discuss her disclosure and continuing pregnancy. The Police speak to Lea and attend the Centre the same day to talk to her in a safe location. While waiting for Police to arrive, a local support group is found, who support South Indian women suffering from HBV. They also speak to Lea and discuss options to plan for her safety and refuge. They arrange to meet her at her antenatal appointment the next day and a strategy meeting will take place to agree next steps. Lea is safely discharged to community care with expert agencies, and Lea is offered counselling if she needs it.

9. Policies And Guidance

3
new policies created

2
existing policies reviewed

7
factsheets created

9.1 Policies

We have updated, and added to, our safeguarding policies and procedures in the last year, creating a comprehensive suite.

Policies are available to all our colleagues to refer to on our intranet. Everyone working at Marie Stopes UK is expected to follow these policies to ensure we provide safe, consistent and high-quality care for all our patients.

We reviewed, developed and consulted on the following policies in 2019, in line with national policy and guidance:

- Safeguarding Children and Young People Policy (2018) v4
- Domestic Abuse Policy (2018) v1.2
- DNA / WNB Policy (2019) v1.0
- Continuing Pregnancy Policy (2019) v1.0
- Safeguarding Supervision Policy (2019) v1.0.

9.2 Factsheets

This year, we also developed some new safeguarding factsheets (using an easy-to-read single page format), which again all colleagues can access on the intranet.

These cover topics such as evidence-based discussions on safeguarding issues, with clear flowcharts, processes and support service details. Several of the new sheets have been developed in response to safeguarding incidents.

New factsheets

- Significant incidents
- Continuing pregnancy
- Rape and sexual assault
- Mental health crisis
- Drugs and alcohol
- Safeguarding supervision
- Managing low level and historical safeguarding.

10. Training

93%

mandatory training compliance rate for 2019

New DASH and CSE training package

New iProgress to Safeguarding learning and development programme

New Safeguarding Supervision training package

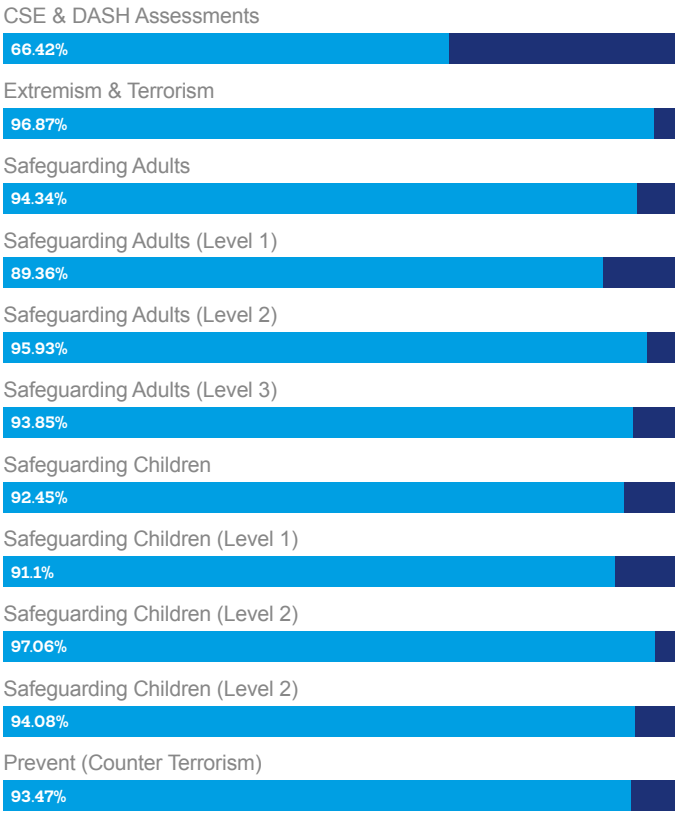
Safeguarding training is an essential pillar of our safeguarding work. Every person working with us receives training on it, so that we can be confident that all our teams have the skills and confidence to recognise safeguarding issues, and know how to assess patients and refer them on.

10.1. Safeguarding training performance

We monitor the level of safeguarding training being completed across the organisation, as part of our Safeguarding Key Performance Indicators (KPIs), which we then report on, and review, weekly through i-Learn on our Kallidus platform.

We made excellent progress in 2019, with 93% of colleagues completing their required level of safeguarding training, against our target of 85%.

The chart below shows the percentage of colleagues completing our different safeguarding training packages.



Overall compliance is currently 92.64%

We are planning to roll out our DASH and CSE courses to 85% of colleagues in 2020. We think they are vital, to add another level of safeguarding knowledge and skills into our teams, so we will be encouraging colleagues to take part.

Safeguarding core training package

We offer the following core safeguarding training modules (for everyone at Marie Stopes UK to complete):

- Safeguarding Level 1 and 2 (e-learning)
- Safeguarding Level 3 (face to face for clinical and patient facing operational colleagues)
- Safeguarding Level 4,5 and 6 (sought from accredited external providers).

We also developed a bespoke, one-day Safeguarding Level 3 for Children and Adults course in 2019, which has been well received. We have updated it since it was introduced to incorporate reference to some national serious case reviews and safeguarding cases. The training is delivered by clinical educators and our Named Nurse for Safeguarding, who are all NSPCC-recognised safeguarding 'train the trainers'.

Talking about our safeguarding training, colleagues have said:

"Referral process seems clearer"

"Informative and made relevant to my role"

"A wealth of experience and knowledge in case study discussions"

"I feel more aware of the little things to assess"

"I feel much more confident in assessment and referral processes"

"First time learning about thresholds and I will use this going forward"

10.2 Other face-to-face safeguarding training

We developed other new safeguarding training packages in 2019 as well:

- **A Domestic Abuse, Harassment, and Stalking Risk Assessment (DASH)** package. All our DASH trainers have completed the DASH Train The Trainer course with the creator of DASH, Laura Richards. Since introducing this training, we have seen an increase in the number of DASHs being completed and the subsequent number of referrals being made to a multi-agency, risk assessment conference (MARAC) or other agencies such as the Police or social services.
- **A Child Sexual Exploitation (CSE) 'Spotting the Signs' risk assessment package,** to support colleagues completing risk assessments for young people at risk of CSE and understanding next steps for vulnerable patients.
- **A new iProgress programme for Safeguarding Leads** to help them progress to a Named Nurse role. This is a self-directed learning booklet with supported and assessed activities and tasks to help Leads step into more senior aspects of their role.
- **Mental Health First Aid England training** to help us support patients and staff struggling with mental health issues including anxiety, depression and suicidal thoughts.

10.3 Safeguarding online training packages

As well as our face-to-face courses, we also offer online training in:

- Female genital mutilation
- Child sexual exploitation
- Drugs and alcohol assessment
- Modern slavery
- Prevent
- Mental capacity.

10.4 Training Needs Analysis

Following the publication of the Intercollegiate Document (Adults and Children) in 2019, we carried out a Safeguarding Training Needs Analysis in October 2019. This was conducted by a panel, made up of our Named Nurse and Doctor for Safeguarding, Learning and Development Team and Executive Director for Quality and Governance.

The panel discussed every job role at Marie Stopes UK and used the intercollegiate document to structure the level of safeguarding training that each role needs to meet. We have now aligned our training to national guidance and created a consistent training schedule that is easy for everyone to follow.

11. Safeguarding Supervision

Safeguarding Supervision Policy implemented

75%

of Centres acheived safeguarding supervision every quarter of 2019

Another significant piece of work this year has been the development of our Safeguarding Supervision Programme, which has been designed specifically to meet the needs of colleagues working in the high-paced and emotive environment of abortion care.

We acknowledge the importance of safeguarding supervision in allowing us to provide expert advice, reflection and support, promote outstanding practice, and make changes to our processes and service where needed (Working Together to Safeguard Children, 2018). We want to promote a learning culture where honesty is valued and lessons are learnt and built upon. Safeguarding supervision is a natural extension of this.

Safeguarding Supervision Training for all our Safeguarding Leads is delivered one to one by our Named Nurse or Doctor for Safeguarding or our Learning and Development Team, this innovative training incorporates a mix of self-directed learning, one-to-one meetings, role play, shadowing other supervisors and a peer supervision buddy system.

We have now published an improved Safeguarding Supervision Policy, which we are implementing. This sets out a structure we are trialling where all face-to-face clinical colleagues will now receive quarterly safeguarding supervision in groups and one to one. These sessions will be delivered alternately by our Named Nurse or Doctor and the Safeguarding Leads in our Centres.

We are taking a two-phase approach to embed the new policy, with 2019 seeing the roll out of quarterly group supervision to our Centres with our Named Nurse or Doctor. This has been largely successful, with a few issues in some Centres around scheduling in supervision alongside busy caseloads, and other learning requirements and staff sickness. See Table 2 on next page.

To help with this work, we have developed a bespoke training package to support our Safeguarding Leads to deliver one-to-one supervision. Inspired by the Restorative Supervision Model (Wonnacot, 2017), we are introducing a therapeutic approach to supervision, where colleagues' emotions are managed alongside opportunities for reflection and development. We deemed this model to be the most suitable, given the emotive subject area we work in and the complexity of the safeguarding we encounter daily.

After completing the training, Safeguarding Leads will deliver one-to-one safeguarding supervision to every clinical colleague in their Centres twice a year. Our Named Nurse or Doctor for Safeguarding will also provide group supervision twice a year.

Table 2: Supervision compliance

Regions	QTR 1 (Jan- Mar 2019)	QTR 2 (Apr- Jun 2019)	QTR 3 (Jul- Sept 2019)	QTR 4 (Oct- Dec 2019)
Manchester	N/A	100%	100%	100%
Leeds	N/A	100%	100%	0%
Bristol	N/A	100%	100%	100%
South London	N/A	100%	100%	100%
West London	N/A	100%	100%	100%
Essex	N/A	100%	100%	100%
Maidstone	N/A	0%	100%	0%

Of our Centres, 75% met their target for safeguarding supervision and 100% of our Centres provided supervision at least once in the year. Where Centres didn't meet this requirement, there were staffing issues or leadership changes.

Safeguarding supervision takes place as part of a Centre's monthly team meetings. So, if it doesn't happen one quarter, it can be challenging to rearrange it in a timeframe that is suits both the Centre and Named Nurse or Doctor. To help with this, safeguarding supervision is now being discussed as part of the weekly clinical huddle (chaired by the Associate Director of Nursing) and missed sessions are pre-empted before they happen. We are aiming for safeguarding supervision to take place every quarter in 100% of our Centres in 2020.

12. Safeguarding Compliance

Our Compliance Monitoring Programme (CMP) acts as a useful tool to help us identify areas for improvement in relation to how we manage safeguarding

New CMP questions developed to better assess safeguarding assurance

90% Safeguarding compliance average in CMP

Safeguarding supervision now incorporated into CMP

We monitor our Centres to check that patient care complies with our safeguarding policies and procedures.

Each Centre is responsible for conducting its own quarterly survey, as part of our Safeguarding Compliance Monitoring Programme (CMP), analysing their local data and implementing any recommended actions. This process has been crucial in helping us to pinpoint and replicate good clinical practice and lessons we can learn from.

We updated our CMP questions in 2019 in line with our improved safeguarding policies and procedures, to cover:

- Safeguarding supervision
- Safeguarding proformas
- Awareness of safeguarding named professionals
- Multi-disciplinary team liaison
- Referral pathways
- The Safeguarding presence in Centres (eg. posters and attendance from external agencies).

Compliance with our policies varied throughout 2019 but overall we achieved our 85% target. Table 3 shows how our Centres complied with our CMP audit.

Table 3 - CMP data averages for 2019

In 2019, identified areas for improvement were around safeguarding supervision, which was expected given that the programme was in the initial implementation stages. It is being embedded further in 2020 (see section 11).

In 2018, we identified the need to improve our multi-disciplinary liaison with external agencies. This improved significantly in our 2019 CMP, with Centres making concerted efforts to network in their local communities to benefit their patients.

13. CQC Feedback and CCG Quality Reviews

CQC commended Centres multi-disciplinary work

'Good' rating across all Marie Stopes UK Centres

CCG representative attends Safeguarding Group meetings

13.1 Care Quality Commission (CQC) feedback

We had two Care Quality Commission inspections in 2019, in Leeds and South London.

We are pleased to say that both Centres were rated 'Good' in all areas, with Leeds receiving 'Outstanding' in 'Well Led'. This means that all Marie Stopes UK Centres are now rated as 'Good' overall.

Safeguarding practices shone in both Centres, with the CQC identifying good collaborative approaches with wider community agencies. Specific reference was made to a local safeguarding project in one Centre, where colleagues worked closely with the local authority and Police to share information on child sexual exploitation.

The CQC also acknowledged the responsiveness of our colleagues in dealing with challenging safeguarding cases, supporting our robust leadership and safeguarding training structure.

"Managers and specialists were available at the end of the phone if staff needed help or support with other issues such as safeguarding. Staff told us they found it easy to access any help needed and specialists and managers were responsive and supportive."

We look forward to demonstrating the progress we have made with regard to safeguarding in future inspections.

The CQC said: "Staff and managers had developed contacts with local CASH services, (mental health) crisis management teams, prison services, homeless services, safeguarding teams and the Police regarding information sharing for vulnerable patients and topics such as domestic violence."

13.2 Clinical Commissioning Group (CCG) Quality Reviews

We provide abortion, vasectomy and sexual health services to patients from over 140 Clinical Commissioning Groups (CCGs) nationally. Our Named Nurse for Safeguarding works with our CCGs to provide assurance on safeguarding. CCGs receive regular updates from us on safeguarding concerns and referrals for their patients. They also carry out quality assurance visits to their local Centres.

We have invited CCGs to join our quarterly Safeguarding Group meetings, and colleagues from North Central London CCG have attended all meetings in 2019. We see these meetings as a valuable forum to support and share learning on vulnerable patients, and welcome all CCGs who would like to participate to do so.

This year we worked with CCGs on planned safeguarding changes to our Young Person's Pathway. They gave us useful feedback, which we then incorporated into our new pathway, to ensure it meets the needs of both CCGs and young patients.

We have received no concerns from CCGs regarding our safeguarding processes and management in 2019.

14. Partnership Working

We work closely with partner agencies on safeguarding (in accordance with Working Together to Safeguard Children (2018), and we have taken significant steps in 2019 to build on these relationships. This includes work at a local level and nationally, to create new pathways to improve patient care.

In particular, we have developed strong links with:

- **The Modern Slavery/ Human Trafficking Unit through Project AIDANT.** Led by the National Crime Agency, this project brings together multiple agencies to strengthen the way modern slavery and human trafficking is tackled. Our Named Safeguarding practitioners, and professionals from the National Crime Agency, have shared experiences to increase intelligence and support high risk patients. We were asked as an abortion provider what we saw as being the main indicators of modern slavery and human trafficking, for example a patient paying for treatment in cash, the same males bringing multiple patients for treatment, patients not knowing where they live, not having a GP, not speaking English or arriving with pre-prepared statements. We also discussed what abortion providers need from emergency services to safeguard vulnerable patients. The National Crime Agency kindly reviewed our training and safeguarding risk assessments to assess the quality of care we provide to patients who may be victims of exploitation. We will be building on this partnership further in 2020.
- **Brook, a charity that works with young people,** with whom we already have a close relationship. 2019 has seen this relationship develop further, with Brook now adopting Young Person's surveys and referrals on period poverty and contraception. We will be creating a new pathway in 2020 for the most vulnerable young people requiring ongoing contraception support.
- **A national children's charity, who support the most vulnerable children and young people in the UK.** As an abortion provider, we come into contact with young patients at a very challenging time, when experiencing an unwanted pregnancy. We are now working with a charity to pilot an early intervention project in South London to address unmet need in supporting patients who do not meet the threshold for other services. We have involved patients in designing the proposed pathway to find out what they need from us.
- **Doctors of the World, who support vunerable displaced patients who have limited or no access to public healthcare.** Collaborative work began in 2019 to create a bespoke pathway for patients requiring abortion care who have no access to public funds. We have begun sharing information on particularly vulnerable patients.
- **The Abortion Support Network, who have been supporting women in Poland** as part of the Abortion without Borders programme. We have provided support for women who are travelling for treatment, by creating a pathway to help them access abortions safely and promptly. There is now a clear process for sharing medical information and helping patients access translation services and same-day appointments.

Partnership case study

A male calls into our call centre under the guise of an interpreter. He wishes to book in three Cantonese-speaking Chinese patients, and to pay privately in cash. On the call he says he works at a GP surgery - however music and inappropriate shouting is heard in the background that raises further concern. Urgent appointments are made to keep contact with the women and the call is logged with our Safeguarding Team.

The call is triaged as high risk, with urgent action required. Calls are made to the Police and Home Office with concerns of modern slavery / human trafficking. Call recordings and information are shared to support the investigation.

The three women's care is coordinated, with the help of the Police and Home Office, up until their appointments. To reduce their anxiety about attending for treatment, the Police agree to place the women under surveillance and their properties are found to be known trafficking addresses. The Police identify the perpetrators as being part of a large human trafficking ring.

The women attend our Centres, who are prepared for their arrival with independent interpreters, modern slavery advice, awareness to log accompanying persons' details and CCTV footage. Safeguarding risk assessments are completed, with the help of an interpreter, who asks specific questions about modern slavery and support available. The patients deny this is the situation and come with pre-prepared scripts including clearly documented information. Clear conversations are held about the abortion treatment to understand if the women are being coerced and to ensure the procedure is their own choice. Two of the patients are successfully and safely treated and discharged home under Police surveillance. A Police operation is carried out on the addresses and with our evidence the human trafficking ring is disrupted and the patients are safeguarded.

The third patient states she does not want an abortion and wants to continue the her pregnancy. Referrals are made in accordance with our Continuing Pregnancy Pathway to her GP, safeguarding midwives and social services to ensure the mother and unborn child are safeguarded in the community.

15. In Year Initiatives

Young Person's Pathway developed to reduce barriers for under 18's

DASH and CSE risk assessment embedded into standard in-centre safeguarding consultation for high risk patients

Positive feedback mechanism to praise excellent safeguarding practice and share outstanding practice to encourage learning

Improvement in internal safeguarding communications

16.1 Young Person's Pathway

We wanted to improve and streamline the care teenagers receive from us nationally, so in 2019 we developed a new pathway for patients aged 18 years and under.

Starting with a robust review of the initial pathway, we worked with specialist clinical practitioners within Marie Stopes UK who have experience of working with young people (from Family Nurse Partnership and Brook backgrounds). This gave us a good foundation to work from and make improvements, based on first-hand experience of what young people, as patients and clients, prefer regarding their healthcare.

We then created a Young Person's feedback survey, which our partner agency Brook trialled for us in two locations in the north and south of the UK, to gather feedback around the country. We had 20 young service users respond and we adapted the pathway in line with their input.

The new pathway stipulates that:

- Young people will now be assessed for treatment based on capacity rather than age
- 16 and 17-year-olds will have a phone consultation for a health assessment and medical abortion the same day
- Under 16s will have a face-to-face consultation for a health assessment and medical abortion the same day
- We will offer extended 45-minute time slots for under 16s in our Centres
- There will no longer be a 24-hour 'cooling off' period, which used to mean multiple face-to-face appointments – if young patients have the capacity to decide, they will be free to make choices about their own treatment and the timeframe that suits them
- We can offer young patients appointments over the phone, provided that there are no other contraindications such as capacity concerns or a high risk safeguarding issue
- Young patients will be offered non-compulsory counselling, delivered face to face or on the phone
- Young people can now attend smaller outreach clinics to access medical abortions more easily in more remote communities
- We have strengthened our Young Person's Safeguarding Proforma, and will use Brook's Spotting the Signs CSE risk assessments, if needed.

The new pathway has proved very effective so far, with both patients and Centres saying that it has resulted in easier access for young people. Younger patients have fed back that they feel more supported and appreciate being able to access appointments that mean they don't miss school and don't have to tell people if they don't want to. They also told us that getting an abortion feels less threatening now as they are able to access treatment in more accessible local clinics.

We will be gathering official feedback in the form of a survey, once the pathway has been in place six months, to check if we need to make further adjustments.

Young Person's Survey

They said:

"Having lots of face to face appointments is hard because you would have to suffer and tell someone you may not want to for transport"

"I have difficulties in not being able to afford travelling to the Centre"

"I live in South Wales when I am home and I am unsure if there are clinics around there- I would have to go to a GP where the wait for an appointment would be very long"

"Abortions can be extremely scary, and I would need support from a nurse"

15.2 DASH risk assessment tool and domestic abuse

Our Domestic Abuse Stalking Honour Based Violence (DASH) risk assessment is proving an effective tool in our work with high risk patients.

We started using it in 2018 and in 2019 65% of all colleagues have now received DASH training and are proficient and confident in its use.

Data from 2019 shows that 47 DASH risk assessments resulted in a MARAC referral for the most significant domestic abuse cases, which were incidents where we had concerns of serious harm to a patient, children or the wider community.

15.3 Right Care

See Section 7 for information on the changes we have made to our Right Care Pathway and our work to further embed safeguarding processes in the team.

15.4 Safeguarding communications

Our Safeguarding Team is taking the lead on improving our communications on safeguarding. They are working to ensure developments such as policy updates, significant incidents and legal / government updates are shared with all our teams.

Safeguarding communication currently happens through the following channels:

Contact	Frequency	Members
Complaints, Litigation, Incidents, Patient Safety and Safeguarding (CLIPS) meeting	Weekly	• Clinical and operational leadership from Marie Stopes UK Centres • Executive Management Team subject experts (eg on safeguarding, infection control, health and safety, and governance) • Executive Leads (e.g. Director of Nursing)
Safeguarding Group Meeting	Quarterly	• Safeguarding Leads • Clinical Service Matrons • Executive Safeguarding Team (Named Nurse/Doctor for Safeguarding and Director of Governance) • Attendance from CCG Safeguarding Leads encouraged
Clinical huddle	Weekly	• Clinical Service Matrons • Director of Nursing • Nursing subject experts (eg on safeguarding, sexual health and infection control)
Safeguarding supervision	Quarterly	• Named Nurse/Doctor for Safeguarding • Everyone working in our Centres (including operational, clinical, administrative and leadership colleagues)
Doctors Forum	Quarterly	• Named Doctor for Safeguarding • Doctors and surgeons • Executive Doctor Team (Medical Director)
Quality Sub Committee	Quarterly	• Executive Management Team subject experts (eg on safeguarding, infection control, health and safety, and governance) • Executive Leads (Director of Nursing, Director of Governance, Commercial Operations Director)
Local Integrated Governance Meeting	Quarterly	• Executive Management Team subject experts (eg on safeguarding, infection control, health and safety, and governance) • Clinical leadership from Marie Stopes UK Centres • Operational leadership from Marie Stopes UK Centres and regional area
Safeguarding bulletin	Bimonthly	• Everyone in Marie Stopes UK
Safeguarding Hub	Ad hoc updates	• Everyone in Marie Stopes UK

15.5 Safeguarding performance rewards

We are keen to reward and display excellence in safeguarding, and instil a culture of outstanding work and role modelling in this area. We now award a ‘safeguarding star’ in our safeguarding bulletin, give colleagues Perkbox rewards for excellent safeguarding work, and share positive case studies in our weekly Complaints, Litigation, Incidents, Patient Safety and Safeguarding (CLIPS) call.

16. Key Risks

16.1 Staffing

Our Safeguarding Leadership Team remained unchanged in 2019. The team are present and well known throughout the organisation and are responsible for strategically driving improvement and change, while also providing accessible and friendly support on safeguarding issues.

The majority of our Safeguarding Leads have been a consistently working in our Centres for a while. However, some Centres have relatively new-to-post Leads who are being intensively supported and coached in their new role.

As in many sectors of health care, staffing continues to be an issue. With this in mind we are working hard to ensure all Safeguarding Leads' time is ring-fenced where possible.

Recruitment continues in 2020 and our Learning and Development team has developed a new Preceptorship Programme to attract and prepare newly-qualified nurses and midwives in their role. We are now welcoming student nurses and midwives for elective placements which we hope will garner interest in the abortion field.

16.2 Increase in safeguarding numbers

We are now identifying, and referring on, increasing numbers of safeguarding cases across Marie Stopes UK. That number is growing each month, and this clearly brings new challenges for us in terms of resources and capacity.

If numbers continue to rise at the same rate, our already busy Safeguarding Team will be under increasing pressure. We will continue to monitor demand and our capacity for managing safeguarding effectively in 2020, to mitigate any risks.

16.3 NHS late-stage abortion provision

Providing late-stage surgical abortion provision for patients presenting at over 18 weeks' gestation is another challenge, particularly for patients requiring NHS treatment because of complex health care needs.

Nationally across all abortion providers including the NHS, there are a number of reasons for this lack of provision, including: fewer surgeons being available who can operate to the legal limit, fewer new surgeons coming into the field, and later-stage surgeons just working for a small pool of providers in specific geographical areas. Finding suitable alternative abortion provision outside of Marie Stopes UK can also be impacted by annual leave, sickness and training among small lists of late-stage surgeons in the NHS.

In 2019 we supported several patients with complex needs to access a late-stage NHS abortion, who coincidentaly had issues with:

- Honour-based violence
- Significant mental health issues
- Drugs and alcohol issues
- Children or no childcare support
- Physical disabilities
- Learning disabilities
- Being a full time carer for the family
- Suffering from domestic abuse
- Being under 13.

An issue for vulnerable patients requiring a late-stage surgical abortion in the NHS is that most provision is in London. Travelling away from home can be difficult, with patients frequently coming from as far as Manchester, Leeds and Devon, meaning over four hours of travel each way. Patients have to be able to navigate public transport, have a support person with them for discharge, and cope with a one or two night stay in a hotel.

Extended travel and overnight stays can also place a further risk on vulnerable patients' safety, and in some cases, obtaining treatment feels so difficult to a patient that they decide to continue with an unwanted pregnancy.

Late-stage abortion cases require a significant level of continued risk assessment, coordination and involvement of multiple departments. This coordination is funded by us and draws on significant resources. As well as involvement from the whole of our Right Care team, senior clinicians meet to discuss vulnerable late-stage patients three times a week in clinical meetings, to ensure they are kept safe and given choices about their care.

The limited late-stage provision issue raises concerns that abortion care is not equal for all patients in the UK, and that the most vulnerable are most at risk from these arrangements. This is something that is being discussed with NHS England and NHS Improvement.

17. Horizon Scanning

Looking into 2020, we plan to continue with many of the improvements detailed in this report.

We have also identified a number of new areas we want to focus on, that will help us to further enhance the care we provide to vulnerable patients.

17.1 Contraception for vulnerable patients

We know that some vulnerable patients leave our Centres after an abortion declining any form of contraception. We want to do more work in 2020 to try and address this.

We have identified that particularly vulnerable patients include:

- Under 18-year olds
- Patients having multiple abortions in one year
- Patients with drug or alcohol issues
- Patients with significant mental health concerns
- Patients who have had children removed.

We are now in early discussions with a contraceptive provider to plan a pathway for this group of patients, which aims to ensure they are offered appropriate support in the community once they have been discharged. This will be a cyclical pathway offering easy and collaborative referral for vulnerable young people who require an abortion or contraceptive care.

17.2 Contextual safeguarding

Contextual safeguarding, is a new approach to safeguarding, that we have started using in 2019, to assess, support and intervene, where young people are at risk of significant harm.

Contextual safeguarding moves away from traditional models that focus on immediate family to consider the extra-familial (beyond the family) instead (Firmin et al, 2016, Working Together to Safeguard Children, 2018).

We are now using this contextual approach in our work with local communities and partnerships agencies to help us support young people and disrupt abuse.

We will be developing training in 2020 to raise awareness of contextual safeguarding issues, namely that:

- Relationships outside the family, formed in neighbourhoods, schools and online, can be violent and abusive
- Peer-on-peer abuse can be challenging to identify and manage
- Contextual safeguarding impacts on both child and adolescent mental health.

17.3 New patient records system

We invested in 2019 in a new patient record system, and this will be launched in 2020.

This system will bring marked improvements for safeguarding and our Safeguarding Executive Team has been involved in the mapping process at every step. Features, such as safeguarding alerts, safeguarding work lists (removing the need for Datix and spreadsheets) and online referral forms (removing paper forms and scanning) should bring significant improvements in safety netting, management and reporting.

Colleagues will need to learn the new system as this will be used to record safeguarding cases and their management. Our current safety netting processes will remain in place until the system is tried and tested.

17.4 Safeguarding supervision

We are confident that our new Safeguarding Supervision Policy, which we began rolling out at the end of 2019 / beginning of 2020, will help our nurses to feel more confident and supported in their safeguarding work. More regular supervision will mean that they have 'protected time' to discuss cases and safeguarding topics to further develop their practice.

We anticipate the new policy will take some time to fully embed and Safeguarding Leads may need time to develop their new skills as safeguarding supervisors. It may also be challenging to schedule supervision within busy caseloads. We are keeping a close eye on this and providing support to maintain the momentum and ensure regular supervision is prioritised.

17.5 Multi-disciplinary working

We placed an emphasis on developing our multi-disciplinary links in 2019 and plan to build on this further in 2020.

We are now creating Equality Impact Assessments that will allow us to conduct specialist assessments of local communities, to tailor how we work with our partners and create new pathways for vulnerable women. We are also planning some joint programmes with partner agencies to provide early intervention services we hope to launch in 2020.

We are about to start running a number of new abortion contracts in the south-west of England, and are launching a pilot as part of this, to develop safeguarding links and strategies before we open our Centres. We are keen to embed localised safeguarding into the new communities we will be working in, in a way that is tailored to the needs of the patients in each area. We will also be auditing our other Centres around the UK to assess their multi-disciplinary work and partnerships, and asking them to update us on this in quarterly Safeguarding Group Meetings to keep this activity prioritised.

17.6 Making Safeguarding Personal Toolkit

January saw the launch of our Making Safeguarding Personal Toolkit (2020). This includes audit tools for organisations to ensure that safeguarding is individualised and meets the needs of our patients.

We will be adding to this toolkit, as part of our service planning for 2020, to include more information on:

- Safeguarding information and advice
- 6 core principles “I”- statements
- Motivational interviewing
- Characteristics of good recording checklists.

17.7 NSPCC Safeguarding Standards

The NSPCC Safeguarding Standards (2019) was published last year, setting out clear safeguarding and child protection standards for the voluntary and community sector. We will be using these in 2020 to structure and further evaluate our safeguarding practice.

As well as giving us a useful framework to assess our safeguarding activities against, the standards mean we now have more of a structure to use to confidently try out new service delivery options to support children and young people.

We will be completing this survey in quarter 1 of the new year, to reflect on where we are now and develop an ongoing plan for improvement. This will be reviewed and shared in next year’s report.

18. Conclusion

2019 has been a particularly busy year for safeguarding work at Marie Stopes UK.

We have managed more cases, with limited resources and changing patient complexities. This, combined with similarly strained community services to refer into, has made the year a challenging one.

Despite this, our resilience and ability to adapt has allowed our teams across the business to provide excellent safeguarding care to our most vulnerable patients. We hope the many examples in this report illustrate that we are consistently achieving high quality practice and evolving our management in line with strategic safeguarding developments at the same time as managing an ever rising cohort of challenging safeguarding cases.

In the last year, we have invested in supporting our teams to offer a high level of safeguarding provision to our patients through their whole care pathway – from their initial contact with us at our One Call contact centre, to the treatment they receive in our Centres, to their discharge out into the community.

We have developed new policies and bespoke training, involved service users in design, worked with external partners, and been involved in high profile safeguarding cases alongside usual business.

Given this increased focus and greater involvement in safeguarding, executive discussion over the year has concluded that Marie Stopes UK now not only offers abortion, vasectomy and contraceptive services, but also expert safeguarding as a fourth strand of care.

We predict 2020 will continue to be as busy, and acknowledge that there is still more to be done to improve the way we work with our most vulnerable patients.

We have come a long way in the last three years to get to where we are now: providing a ‘Good’ level of safeguarding support right across our organisation.

We are proud of this result, but want to go further. So, in the next 12 months, we will be maintaining our focus on safeguarding, and continuing to invest in new projects and resources, with the aim of taking our work in this area to ‘Outstanding’. It is the right thing to do, and we have the culture, resources and tenacity to do it.

We look forward to sharing our progress and achievements with you in next year’s report.

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