

**INTERNAL SAFEGUARDING BOARD
REPORT
19th December 2019**

Item

Purpose Information
Action
Monitoring

Title Statistics to outline Domestic Abuse Activity by the Hospital IDVA

Author Kathy Bonney, Head of Safeguarding

Executive sponsor Chris Pearson, Director of Nursing

Summary: This report provides a summary of activity in relation to Domestic Abuse and the role of the Independent Domestic Violence Advisor (IDVA), and Sexual Abuse and the role of the Health Sexual Violence Liaison Officer (HSVA) within ELHT for Q3 October – December 2019

Recommendation: The report is for information to outline the activity in relation to how the Trust supports those experiencing domestic abuse or sexual abuse

Report linkages

<p>Related strategic aim and corporate objective</p>	<p>Put safety and quality at the heart of everything we do</p> <p>Invest in and develop our workforce</p> <p>Work with key stakeholders to develop effective partnerships</p> <p>Encourage innovation and pathway reform, and deliver best practice</p>
<p>Related to key risks identified on assurance framework</p>	<p>Transformation schemes fail to deliver their anticipated benefits, thereby impeding the Trust’s ability to deliver safe personal and effective care.</p> <p>Recruitment and workforce planning fail to deliver the Trust objectives</p> <p>Lack of effective engagement within the partnership organisations of the Integrated care System (ICS) for Lancashire and South Cumbria and the Integrated Care Partnership (ICP) for Pennine Lancashire results in a reduced ability to improve the health and wellbeing of our communities.</p> <p>The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line with the Single Oversight Framework.</p> <p>The Trust fails to earn significant autonomy and maintain a</p>

positive reputational standing as a result of failure to fulfil regulatory requirements

Impact

Legal	Yes	Financial	No
Equality	Yes	Confidentiality	No

Previously considered by: Office of the Police and Crime Commission

The Role of the Hospital IDVA & ISVA

INTRODUCTION

The Hospital Independent Domestic Violence Advisor (IDVA) was appointed to the Trust in September 2018 using joint funding from the Office of the Police and Crime Commission, the Community Safety Partnership (BWD) and existing hours of a Band 6 post within the Safeguarding Team. The post became vacant from April 2019 and we appointed Tracey Dewe as our new Hospital IDVA. In October 2019 we were informed by the Office of the Police and Crime Commissioner that the funding has been extended for a further year until March 2021.

In addition we were successfully supported to be part of the Lime Culture Pilot and we appointed a Health Sexual Violence Liaison Officer (HSVLO) who started with ELHT in February 2019, Mo Fay. Mo's role is to support people referred specifically in relation to Sexual Abuse. We were informed that the Sexual Violence Liaison Officer's post has been granted additional funding as the Lime Culture pilot is extended for a further 2 years. Mo has now completed her training as an Independent Sexual Violence Liaison Advisor (ISVA) and going forward will be the Hospital ISVA. Congratulations are extended to Mo for gaining this prestigious qualification.

Commitment to these posts means that East Lancashire Hospitals NHS Trust can move further forward with our ability to recognise and support people who are experiencing domestic and sexual abuse. Prior to the appointment of the IDVA and ISVA, the specialist domestic abuse support we were able to offer our patients has been variable, and it has mainly been provided by the safeguarding team, with a referral in to external specialist domestic abuse services if needed.

There is a need to increase awareness amongst staff of domestic abuse and sexual abuse. Due to this raised awareness we anticipate an increase in the number of patients referred.

ACTIVITY

The information below offers an insight in to the activity relating to Domestic Abuse, and especially the role of the Hospital IDVA. It shows that the role has led to a high number of referrals for specialist support and advice. The trends are clear to see and they mirror the findings in similar organisations identified within 'A Cry For Health' published by SafeLives in 2016.

Support and supervision for the IDVA has been provided by The Wish Centre with whom the Trust has an excellent partnership and working relationship.

The ISVA post is part of a wider pilot and supervision is provided by the ISVA from Blackpool, and again we can see an increase in the number of referrals.

Special thanks are extended to the Office of the Police and Crime Commissioner (OPCC) for their commitment and support for the development of these roles within ELHT, and to Julie and Lisa at Blackpool Acute Trust for their support.

As the funding has been extended for the ISVA we have completed an honorary contract for Mo that supports the governance arrangements within ELHT.

IMPACT

Since the appointment of the Hospital IDVA in September 2018, and the ISVA in February 2019, we have seen an increase in the number of referrals each quarter. This is evident of increased

awareness of the role as more clinical staff are recognising domestic abuse and sexual abuse and making more referrals. The opportunity for clinical staff to work alongside the Hospital IDVA and ISVA with their patients is of great value as our approach to safeguarding within the Trust is to have a strong presence to support experiential learning. Already this is evident, and our intention to replicate the success of the IDVA post with the role of the ISVA is apparent..

East Lancashire Hospitals NHS Trust

East Lancashire Hospitals NHS Trust's vision is to be widely recognised for providing safe, personal and effective care. This is done by achieving our objectives to:

- put safety and quality at the heart of everything we do
- invest in and develop our workforce
- work with key stakeholders to develop effective partnerships
- encourage innovation and pathway reform and deliver best practice
- become a successful Foundation Trust.

Safeguarding is at the heart of the Trust's vision

The Trust's objectives are underpinned by values. There is commitment in all our activities and interactions to:

- put patients first
- respect the individual
- act with integrity
- serve the community, and
- promote positive change.

Safeguarding is at the heart of the Trust's objectives

CASE STUDY

Irene, aged 74, attended the Minor Injuries Unit (MIU) at Accrington Victoria Hospital, with a fractured arm stating her husband had poked her in an argument. The injuries were not consistent with the explanation. The nurse took Irene to a quiet space and asked if she would speak to Tracey, our Hospital IDVA, and she consented. Due to the level of concern Tracey attended the MIU within the hour. Irene insisted that her husband had 'only poked' it and that she wouldn't be saying anything else. However she appeared very fearful and was crying. Tracey asked if she was scared of her husband and she replied that lately he had been more abusive and she **was** scared now. She had no children and they were quite isolated as her husband didn't like family members, such as Irene's sister visiting, and would cause an argument with them so that they would leave.

Tracey and Irene talked about refuge however she totally declined this. The Safelives risk assessment was completed with her and although she wouldn't answer some of the questions, the level of concern was so great that I referred into MARAC on professional judgement. I also contacted Lancashire Victim Support (LVS) while I was with her and set up a password for them to contact her.

Irene gave consent for me to speak to her sister and tell her what had happened, we did this together and her sister said that Irene should come to her house. We therefore arranged for a taxi to take Irene.

When she attended fracture clinic a few weeks later Tracey was there to meet her, along with the social worker. Irene is still with her husband and states that she will be staying with him. However she is engaging with services and has a community IDVA. The social worker contacted Irene's husband's GP and asked them to call him in for an appointment as there were concerns about his mental health. We also offered to have the police come to the hospital however she declined this. She did however state that she would tell the police if he hurt her further.

Irene said she felt more empowered because she now knows her options and that she can ring the police if needed.

This case stuck with Tracey due to the acceptance of the victim that this was her life and that she couldn't change it. Options are given and advice offered however as an IDVA it is always really difficult to walk away knowing that the victim is going back into the abuse.

REFERRALS

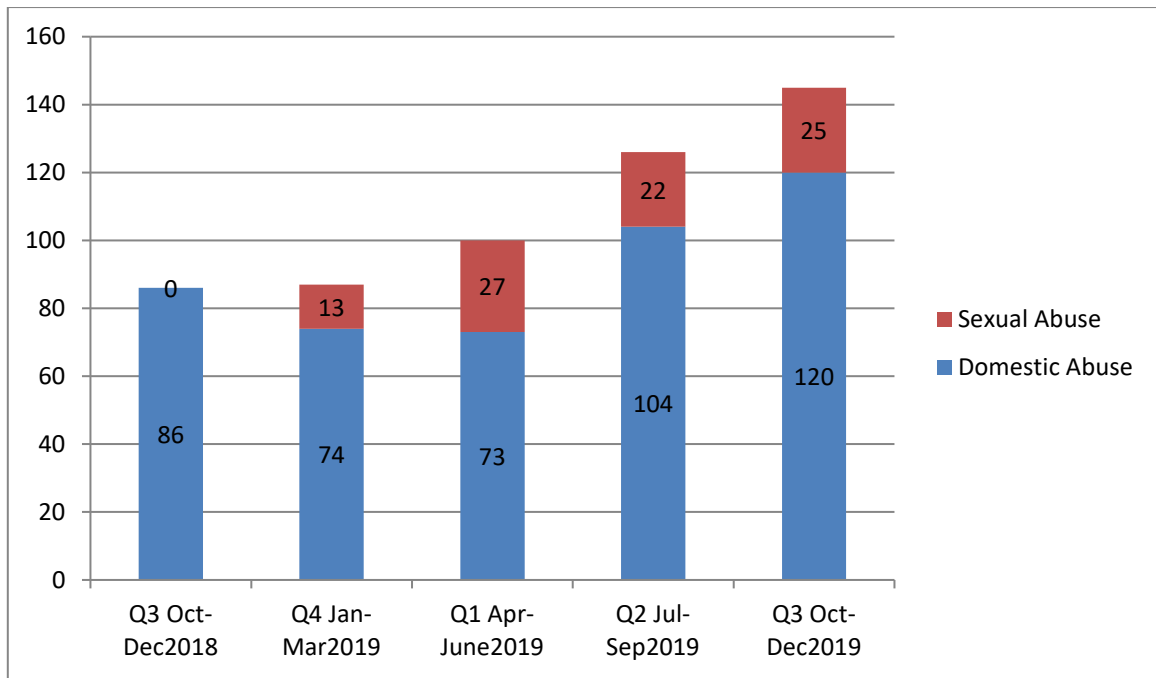
In Q3 (October - November 2019) there was a total of **145** patients referred to the Hospital IDVA and/or ISVA, 18% (**n:25**) of whom disclosed sexual abuse.

For a number of reasons, namely those listed below, the Hospital IDVA and ISVA may not see patients in our care:-

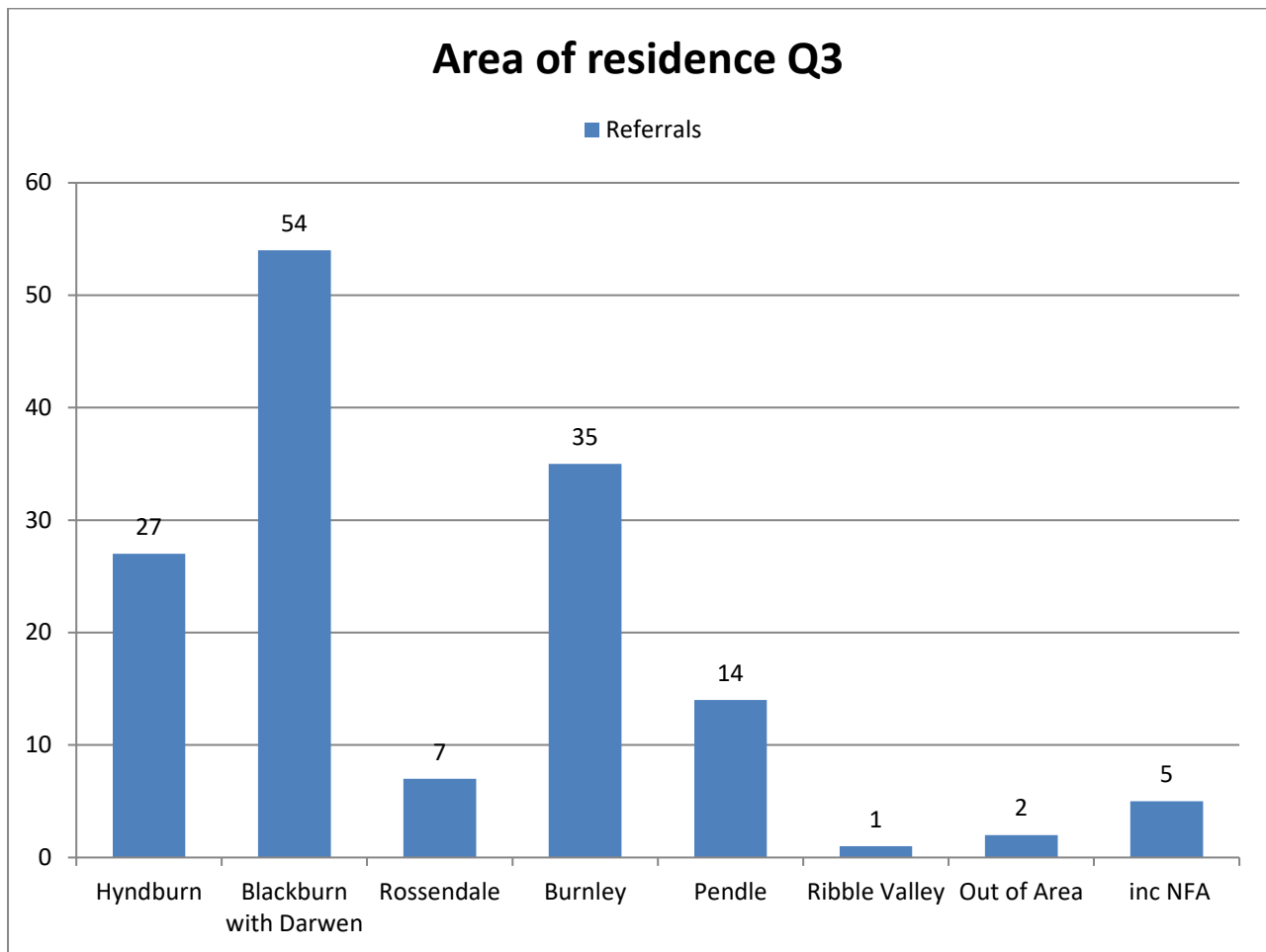
- the fact we are a 24 hour service,
- some groups of staff will see patients and complete the whole referral process
- patients may choose not to see the Hospital IDVA or ISVA,
- Some patients already have a Community IDVA or ISVA
- patients may not have the opportunity to see the IDVA or ISVA,
- or staff do not recognise when a referral to the IDVA or ISVA is needed

The additional patients not seen by the Hospital IDVA or ISVA (but referred in to safeguarding) are recorded on the Hospital Safeguarding databases, usually because there may be concerns about children or unborn babies for pregnant women. This information may come to us through police reports or alerts from other professionals, and the individuals concerned are engaged with specialist services already and do not require the hospital IDVA or ISVA to get involved.

The graph below demonstrates direct referrals to the IDVA and ISVA within the Safeguarding Team at ELHT. *Please note, sexual abuse was not separated out from domestic abuse until January 2019.



The chart below demonstrates the area of residence for the patients seen by the IDVA or ISVA, and you will see it includes a small number from out of area and also a small number with no fixed abode.



SOURCE OF REFERRALS

The clinical areas from where referrals were made are outlined below. The IDVA and ISVA roles are established within the Safeguarding Team, based with the adult practitioners and specialists. Close working arrangements are also in place with the safeguarding children specialist practitioners within the team. Therefore referrals come directly to Mo and Tracey when staff contact the Safeguarding Office.

The table below identifies the sources of referrals and the specific referrals for sexual abuse are recorded in red, whilst domestic abuse (with no disclosures of sexual abuse) are recorded in blue.

In the absence of an IDVA or ISVA other members of the team pick up the referrals and specialist advice is sought when needed.

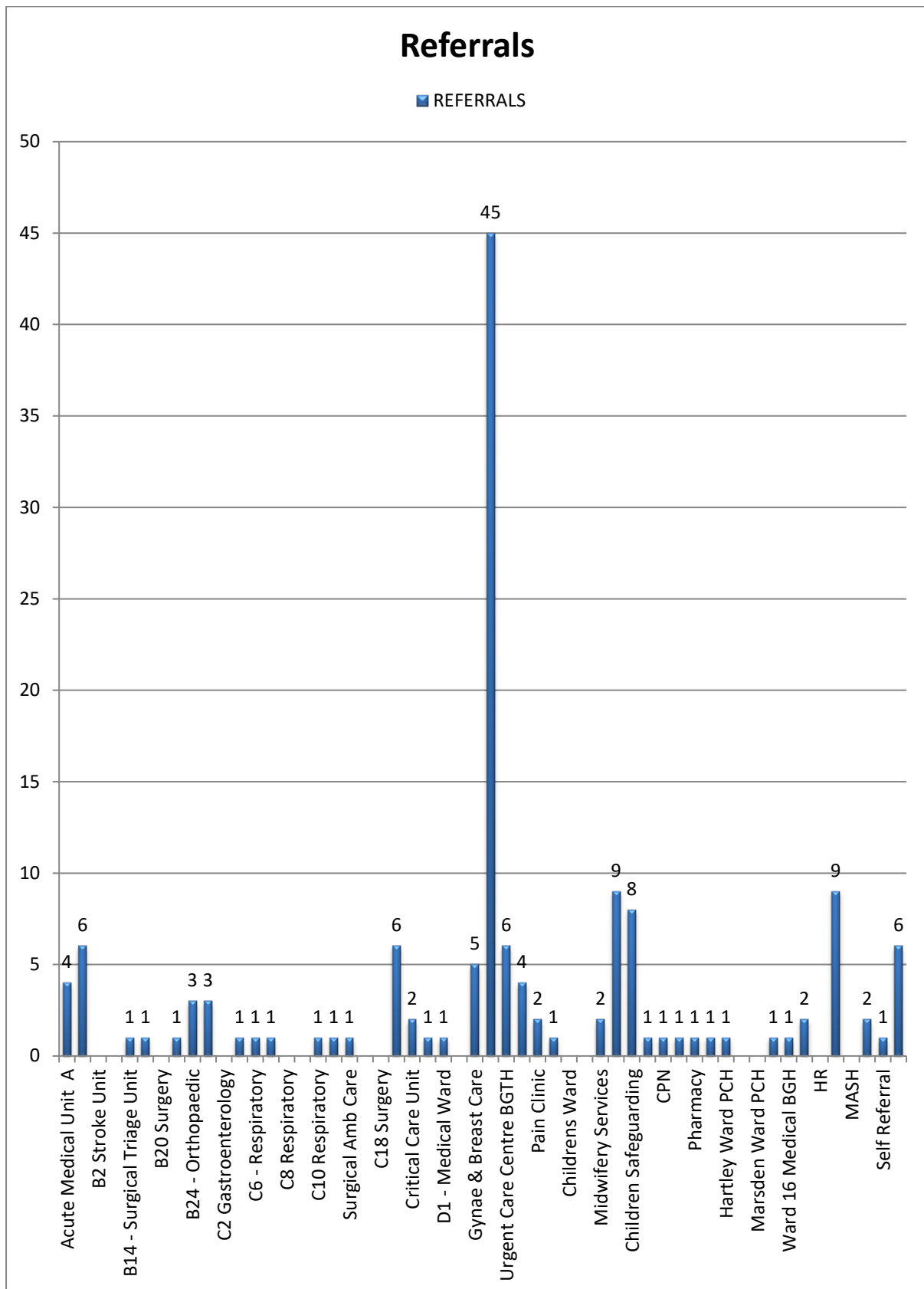
The majority of referrals (61%) have been from the Emergency Department and Urgent Care Centres, which are usually the first point of access in to the hospital as part of the unscheduled care pathways. The Emergency /UCC staff are skilled up on all matters of safeguarding as part of their roles.

It is interesting to see that the acute services that comprise Acute Medical Units and Surgical Triage Unit have made 20 referrals between them – again these units can be the first place on our admission pathways where people access our services. Being able to respond to referrals from such acute areas is vital to contribute to the clinical plans for admission, or the initial safety plans for those who do not need admission.

Womens and Childrens services have made 10 referrals, but these are directly to the IDVA or ISVA. In addition to these referrals our women's and children's services have also supported 121 families directly as recorded above. We have specialist midwives, and enhanced midwifery teams who work directly with specialist community services, including domestic abuse services, mental health teams and substance misuse services. Many of these families are usually known to specialist services, however, we practice routine enquiry for pregnant women during their ante-natal period where they are asked about domestic abuse. This normally is done at their 16 week scan appointment, but we also have robust policies that support asking women who book late or had a concealed pregnancy and don't access maternity services until very late on, sometimes presenting for the first time when they are in labour. We also have access to interpretation services for women whose first language isn't English, and we can link in to some very specialist community services for BME women in our area.

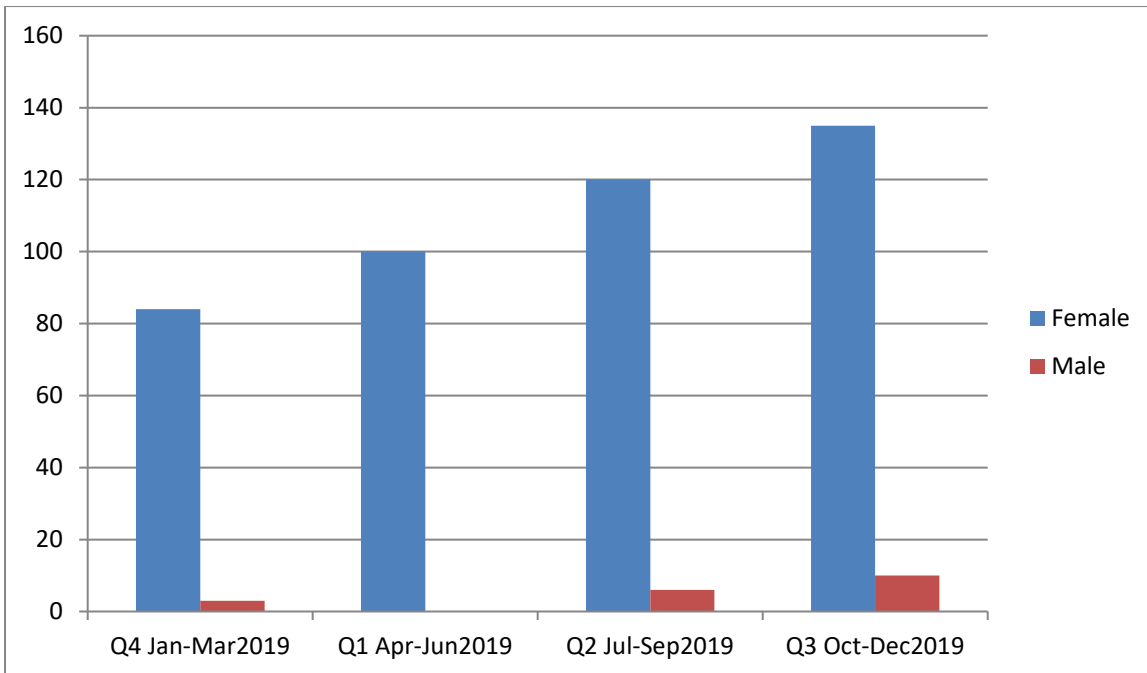
It is positive to see medical and surgical wards making referrals to the IDVA and ISVA. This is an indication that the roles are becoming known across the Trust. The acute medical and surgical wards are based at the Royal Blackburn Teaching Hospital, and it is positive to see referrals from the wards at Burnley General Hospital also. We have 3 other community hospitals but anticipate fewer referrals as most patients within these settings have been in-patients at the Royal Blackburn Teaching Hospital prior to transfer to the community. We are however very much aware that we are seeing a national rise in the reporting of domestic abuse in older people. Patients in our care may start to become anxious prior to discharge and this can be normal for a number of reasons. However, we have had patients in the past within the community hospitals who have disclosed domestic abuse just before they are due to be discharged. See data below regarding age range of people who access the IDVA or ISVA.

As the year unfolds we can analyse the source of referrals and utilise the data to ensure areas from which we receive no referrals are targeted for education and training.



Gender

As expected the majority of the people referred to the IDVA and ISVA are female. In Q2 there were 10 men referred, which is the highest number of referrals so far. The number of referrals for men may continue to increase as awareness is raised. Links to specialist providers for male victims are already established, and men can also be directed to other resources for that specialist information and support. It is positive to see this number of referrals from men as they are less likely to report abuse and seek the help they need.



Staff Support

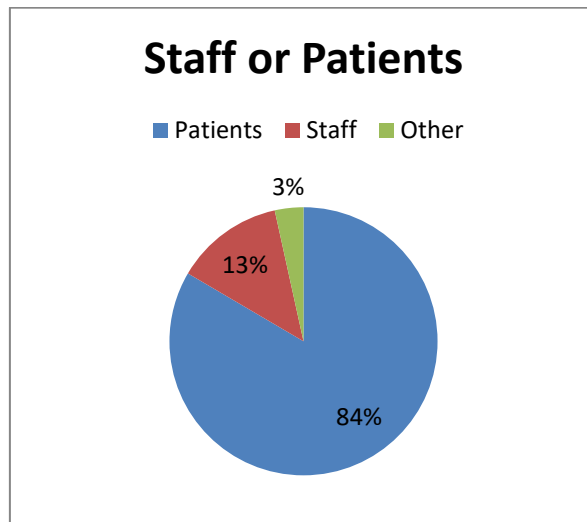


East Lancashire Hospitals NHS Trust employ over 8000 staff, as well as providing services to thousands of patients across 5 hospital sites and the community. We have award-winning maternity services, women's health and children's services, as well as medical, surgical, community and rehabilitation services. We support patients and staff, and the results of the numbers are below. Again, these numbers are similar to what was found within the SafeLives pilot.

We have developed policies specifically for patients but also for staff who are experiencing domestic abuse, and these have been used very positively to support people to access help and advice. Continued support is given from the Specialist Domestic Abuse Services within the community, and positive relationships are being established.

For staff, we also have a network of people who have experienced domestic abuse and are in a position to offer peer support. This has proved extremely effective, and we have staff who have been well-supported and this has had a direct impact on positive health and well-being. It is important to mention that the staff organisations, including Unison and the Royal College of Nursing provide some fantastic support to staff who are experiencing domestic abuse, ranging from help and advice from welfare officers to financial help from a hardship fund.

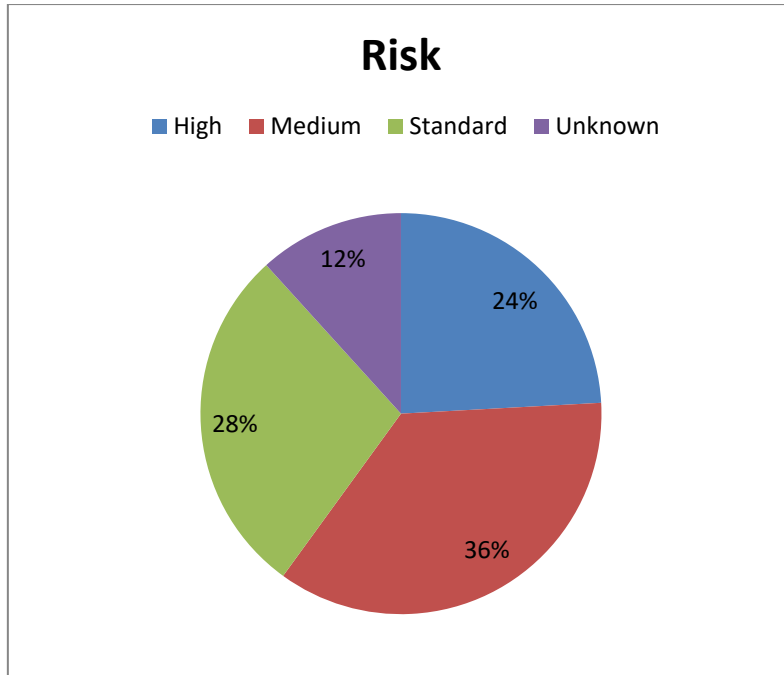
In Q3 we saw a significant increase in the number of staff referred to us compared to previous quarters. Out of 145 referrals 19 ((13%) were staff, 121 (83%) were patients and 5 (4%) were others - 'Other' may include family members, or significant others to the patient.



Level of Risk

The Hospital IDVA and ISVA have worked in many other settings including community settings, hospitals, refuges and other specialist services. It has been extremely noticeable to the IDVAs and ISVAs appointed how many more people there are at high risk, with additional complex needs. In Q3 there were 35 people (24%) were assessed as High Risk, and a further 52 PEOPLE (36%) were assessed as Medium Risk. 41 people (28%) were recorded as standard risk – this is an interesting figure as we were keen to see more people disclosing abuse when they are still at a lower risk, and in Q2 and Q3 this has happened. 17 patients (12%) were not categorised in relation to risk – this may be because their formal risk was not assessed, for example they may not wish to engage in the formal assessment process. The numbers without a risk assessment are quite high, and will need closer management going forward.

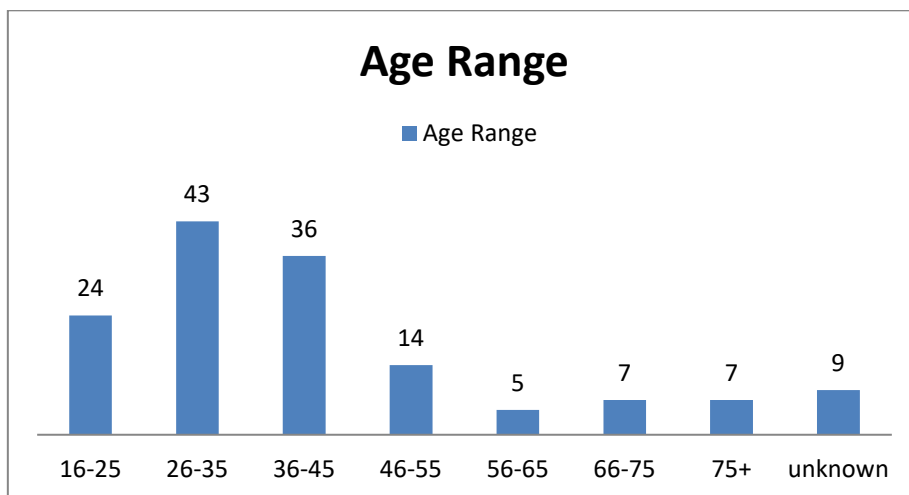
The complexity of the needs of many of these patients requires some intense involvement by the Hospital IDVA and ISVA, and close partnership working with other specialist agencies to ensure patients and families are safeguarded accordingly. It will be interesting to see how these figures continue to change as the roles of the Hospital IDVA and ISVA become more established; we would like to see even more people referred earlier presenting as a low/standard risk, which already appears to be an emerging pattern



Age Range

So far most people are within the younger age range, with a total of 67 people between 16 – 35 years in Q3

The national picture is starting to show an increase in the reporting of domestic abuse incidents involving older people. This is also being seen within our own Trust, and as the role of the Hospital IDVA and ISVA becomes more established within our older people's services we anticipate an increase in the number of older people referred to us. 14 patients were over 66 years old (7 of whom were over the age of 75 years). This is a huge increase and it is probably linked to raising awareness across the clinical areas



Mental Health & Substance Misuse

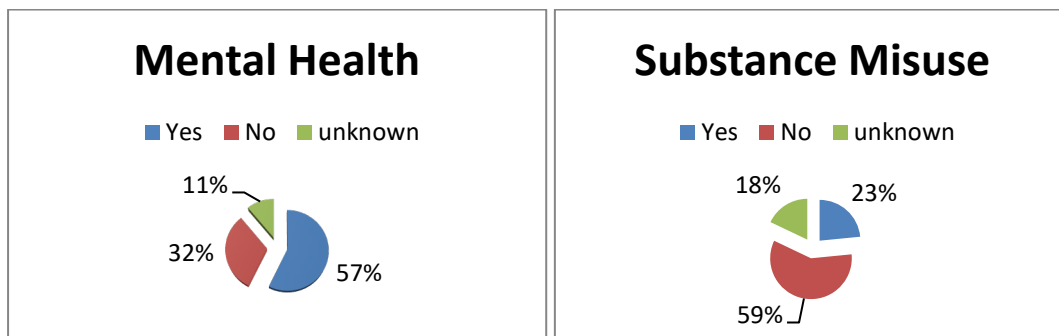
The correlation between mental health and domestic or sexual abuse is widely recognised; there may be a perpetrator who is mentally unwell, and this has been evident in many domestic homicide reviews nationally. Also we are seeing victims of domestic abuse who are mentally unwell, and in many cases domestic abuse is a contributory factor.

In May 2019 SafeLives published 'Safe and Well: Mental Health and Domestic Abuse'. This report highlights the issues, and the correlation between Domestic Abuse, Sexual Abuse and Mental Health. It also demonstrates the increase in substance misuse and risk of self-harm and suicide in association with Domestic Abuse. The report offers recommendations which will help break down the barriers to people getting the right help and support when it is needed. We will incorporate this in to work streams around mental health with a view to strengthening what we can offer as a Trust.

Our own statistics reflect what is being reported in 'Safe and Well'. In Q3 83 people (57%) referred for Domestic or Sexual abuse had mental health needs. This is a real concern as we are also seeing more patients across the whole safeguarding team of this vulnerable group of people being abused, and also where abuse has had a direct impact on exacerbating problems associated with their mental health and well-being.

Work is currently in progress to strengthen the support given to those who present with mental health needs within ELHT, and specifically how best we can support these people through multi-agency safeguarding channels.

In Q3 34 (23%) of people referred to the IDVA or ISVA had a known problem with substance misuse, some of which was partly due to domestic abuse.



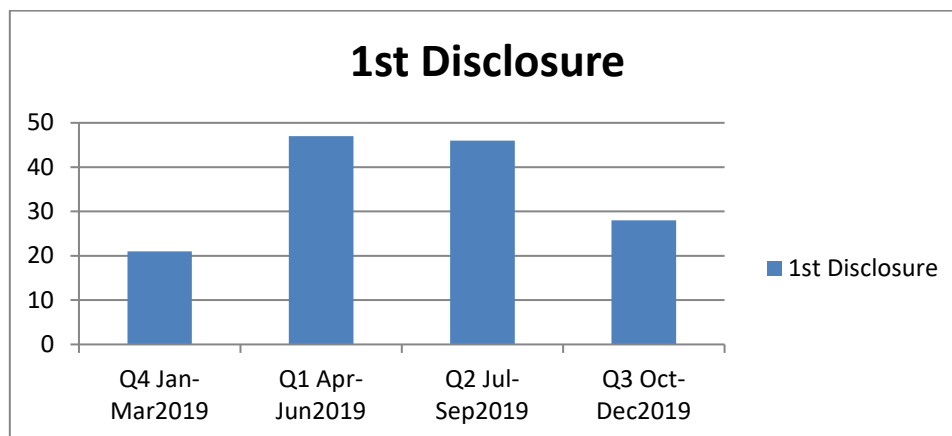
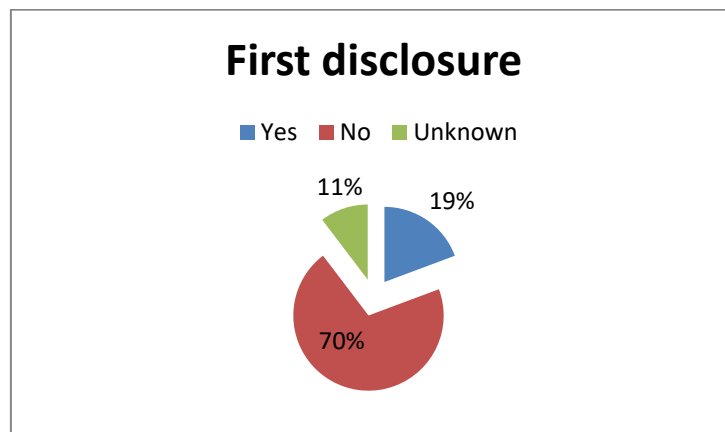
HISTORY

We are seeing a high rate of first disclosure. Women's Aid report, as a result of their injuries, 23% of high-risk victims attend A&E many times in the year before getting effective help. Within ELHT we aim to stop this by raising awareness and seeing the patient while they are still in hospital, thus ensuring they are given all their options. If the patient is admitted then we can work with them directly to complete safety planning. This may be the first time the person has had the chance to disclose and we don't any missed opportunities.

Since January 2019 we have seen an increase in the number of first disclosures of abuse and it was our aim to increase the number of people who make their first disclosure within our services by

raising awareness of the specialists we have available. This is being done with the use of posters and leaflets, as well as through staff promoting the role. Between January and December 2019 we have seen a total of **142** first disclosures (quarterly break down of the figures can be found in the graph below) This is really positive and demonstrates how the opportunity to disclose domestic abuse in a safe environment can lead to the right support.

SafeLives (2016) found that on average patients with access to a Hospital IDVA disclosed domestic abuse up to 6 months earlier than those who disclosed in the community. This may make a difference on the level of risk and hopefully people will disclose and seek help before the level of risk is high. The information above in relation to risk does correlate with these findings.



THE VOICE OF THE INDIVIDUALS

In October 2019 we started to collect qualitative information to bring the voice of the individuals we support in to the reporting process. Within ELHT we agreed to record the patient outcomes to offer some narrative around the data.. Following discussions within the OPCC steering group our own team have looked at some key questions that can be asked as part of the individual patient consultation, without being a separate questionnaire that may put barriers up for the patient. These are based on what patients are telling us what they want, and are outlined below:

Do you feel safer?

Do you feel less frightened ?

Do you feel less anxious?

Do you have enough information to make a choice for yourself/ your family?

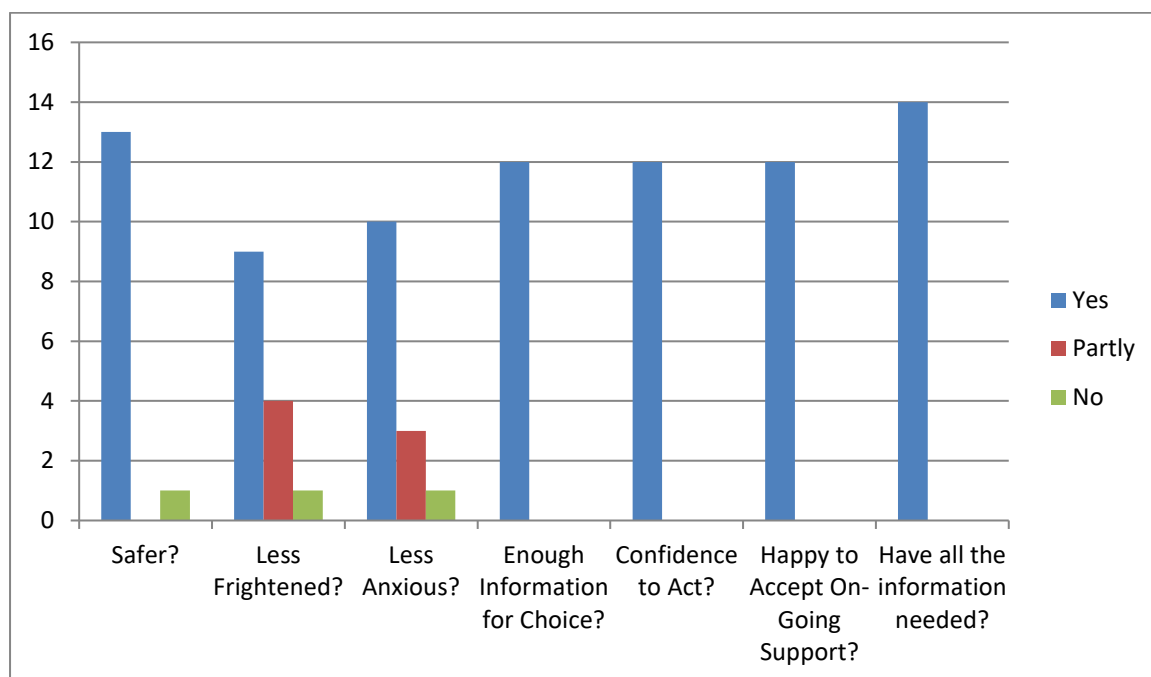
Do you feel confident now you have more information to act?

Are you happy to accept on-going support/referral?

Do you feel you have all of the information you need?

We will review the questions and certainly the outcomes as we continue to strive for all of our patients who are referred to the IDVA and ISVA to have all of these needs met.

RESULTS OF PATIENT OUTCOMES



The results were really positive and recorded by 14 patients in total. If there isn't an answer yes, partly or no then the question was not applicable or not answered. In percentages the following apply:

Do you feel safer? **93%**

Do you feel less frightened ? **64%**

Do you feel less anxious? **71%**

Do you have enough information to make a choice for yourself/ your family? **86%**

Do you feel confident now you have more information to act? **86%**

Are you happy to accept on-going support/referral? **86%**

Do you feel you have all of the information you need? **100%**

In addition the individuals have an opportunity to add any comments and the following were added :

- much happier now and feeling more positive, settled in my own house and feeling happy, thank you for the help and support
- Tracey helped me at an appointment I thought my ex would come to he didn't but having support was wonderful in case he did
- I feel better about being at work and cannot thank you enough
- still going through the abuse at home, but having someone to talk to is invaluable
- I was very scared to tell people what is happening but feel better now I have, Tracey was kind and listened
- Tracey helped me in hospital, we put a plan together to keep me safe, I am in a refuge and worried about being in hospital
- talked me through my options but also know there is help if I am having a bad day
- We just want to say thank you both for all your support with ** over the past week and ** yesterday, it has helped to fill in the gaps and allow us work together (Wish Centre)
- Tracey called my housing and explained the situation, I was referred into marac for ongoing support
- got me some support for my drug habit and asked me if I am ok
- helped me apply for civil options and feel better I have someone to talk to. Referred me to marac as I am high risk
- thank you so so much
- early days but with support I will get there
- Tracey came to hospital at Accrington to see me straight away and made sure I was safe and talked to me
- called the police with me

We will continue to monitor the outcomes and the comments, and strengthen the support we give to people who are experiencing domestic or sexual abuse.

ON-GOING DEVELOPMENTS

- a) The Steering Group chaired by Kathrin Slater, Victims and Vulnerable People Officer from Lancashire Police and Crime Commissioner's Office has now come to a close as the project has been established. This will be replaced with a review meeting every quarter to check that the developments continue. Diane Disley will represent ELHT on this group and ensure the work stays on track.
- b) The Lime Culture Pilot in relation to the Health Sexual Violence Liaison Officer has been evaluated and The Lime Culture Report should be published soon, and we will be in a position to respond to any recommendations. (Not published at the time of this report)
- c) The IDVA and ISVA will continue to strengthen the links with clinical staff, provide training and raise awareness. They are both already such valuable members of the safeguarding team and are well-respected and appreciated.

- d) 10 staff from ELHT have attended an event on the 25th November in relation to the Lime Culture Pilot and found it positive. We will continue to work alongside Lime Culture and the Blackpool Leads
- e) The development of a Hospital Pathway for supporting people who are victims of sexual abuse / assault has been commenced and we have been able to contribute to the development of this pathway. Once it is finalised we will promote the pathway throughout the Trust and the intention is for clinicians to be in a position to know exactly what to do to gain the right support with the right service for people following sexual assault.
- f) The Sexual Violence Liaison Officer has now completed her Lime Culture ISVA training and has passed. Congratulations Mo, who is now a qualified ISVA
- g) The Head of Safeguarding, Kathy, and Tracey the IDVA, spoke at a national conference on domestic abuse in February 2020 in London as follows:

Holistic support in hospitals: Developing the role of the Hospital IDVA

- The role of the Hospital IDVA – gap analysis of ‘A Cry for Health’
- The Hospital IDVA within the Safeguarding team
- The Patient Journey – from disclosure to discharge...and beyond
- Supporting Staff who are experiencing Domestic Abuse
 - Case Study – Julia

Proceeds raised from speaking at the conference will be transferred in to the charitable funds for us to buy essential items for our patients, such as personal alarms.

Feedback was very positive and there was a lot of interest in the work we do at ELHT.

- h) Following on from winning the SafeLives Star of the Month last year, Kathy has also been invited to London on the 12th February 2020 as a guest of SafeLives to a reception and lunch to be held at Clarence House by kind invitation of Her Royal Highness, The Duchess of Cornwall. The purpose is ‘to reflect on joint achievements from the last fifteen years, celebrate our personal and organisational contribution to that and consider what the next fifteen years will need to contain if we’re to get closer to our mission of ending domestic abuse, for everyone and for good.’ Kathy is very proud to represent our team and ELHT.
- i) We will continue to invest in reviewing the national reports, resources and statistics to see if we are demonstrating whether the role of the IDVA and ISVA is effective in an acute hospital. Initial findings tell us that this is the case, and we are very keen to see other health organisations have the same proactive approach towards these valuable roles. If we asked the question of the staff who work with the IDVA and ISVA, we have no doubt that they already consider these roles vital to meet the needs of those experiencing or at risk of domestic abuse and sexual assault. This was evident at the focus groups held by the Lime Culture Leads.

CONCLUSION

The numbers of patients referred to the Hospital IDVA or ISVA tell the story that our staff within ELHT are recognising domestic abuse and sexual abuse and that they know about the support they can access for these patients (even if it is through the safeguarding team which is a well-established team in an organisation where safeguarding is well-embedded).

The profiles of the patients who are referred are aligned to the national picture and we are mirroring the themes and trends that we see across the UK.

East Lancashire Hospitals NHS Trust is aiming to demonstrate the continued need for these specialist posts within our services, as we are finding we have a key role to play in the Domestic and Sexual Abuse multi-agency agenda and we are in a position to make a positive difference to the lives of so many people.

Kathy Bonney RN MSc

Head of Safeguarding 10th February 2020