

Standard Operating Procedure: Managing discharges for families with known safeguarding concerns within the maternity setting.



Trust ref: C19/2024

1. Introduction and overarching policy/guideline

This Standard Operating Procedure (SOP) outlines the necessary steps and protocols for Safeguarding Midwives when dealing with high-risk safeguarding cases that require further clarification, advice, escalation, and information gathering. It is imperative to ensure the safety and well-being of individuals involved.

Please use this in conjunction with the [Safeguarding in Maternity UHL Obstetric Guideline](#)

High-Risk Cases Requiring Further Clarification:

The following criteria signify high-risk cases that necessitate additional scrutiny and intervention before agreeing to a discharge plan:

- Having a previous child removed or no existing children in their care.
- Current domestic abuse, disclosed, and/or recorded by the police Police Protection Notice (PPN).
- Anyone aged 14 and under.
- Concealed pregnancy.
- Anyone presenting within the trust from a different region/trust.
- Current class A substance misuse.
- Homeless, sofa surfing, or no fixed abode.
- Threats of violence towards staff.
- New concerns reported within the hospital environment.
- Vulnerable Adult Risk Management (VARM) in place or a need for a VARM to be convened.
- Non-engagement with midwifery care (DNA 3 or more appointments).
- Trafficking concerns.
- Diagnosed or suspected learning disability.
- Gang association.
- Abuse perpetrated by a parent (father or mother of the unborn child).
- Parents currently open to probation services.
- Sexual offenders.

2. Procedure to follow

Information Gathering:

- Review available information sources such as System One, Nervecentre, E3, and SENS for any relevant maternity, children's, adults, or learning disability-related information.
- Seek to gather comprehensive information on the patient's history, condition, and social circumstances.

Liaising with Partner Agencies:

- Collaborate with relevant partner agencies, including but not limited to the police, social care, probation, health visitors, GPs, schools (for existing children), PMHT (Perinatal Mental Health Team), and mental health services.
- Communicate with these agencies to clarify any additional information that may raise immediate safeguarding concerns.

Escalation Protocol:

- If any of the high-risk criteria are present and concerns persist, escalate the current plan with the involved social worker (as per Standard Operating Procedure: Internal and External Escalations to Social Care for Children's/ unborn Safeguarding, see appendix one for template)
- Next, contact the team manager to discuss the situation and potential next steps.
- Engage in a discussion with the Named Midwife for Safeguarding to assess the situation further.

Safe Plan Determination:

- Collaborate with the relevant agencies and healthcare professionals to determine a safe discharge plan.
- Ensure that the patient's well-being and safety are the top priorities when finalising the discharge plan.

Community Midwife Office Update:

- After determining a safe plan and resolving immediate safeguarding concerns, ensure that the community midwife office is updated on the safeguarding concerns via uho-tr.communitymidwifeoffice@nhs.net
- Share relevant information and coordinate care transitions as needed.

General Guidance:

If there is any uncertainty or hesitation regarding a discharge plan, healthcare professionals should prioritise patient safety and well-being over expedited discharge. It is always safer to seek clarification and escalate concerns rather than agree to a plan that doesn't feel right.

3. 4. Supporting References

[Safeguarding in Maternity UHL Obstetric Guideline](#)

4. 5. Key Words

Safeguarding escalation

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs. As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

CONTACT AND REVIEW DETAILS			
SOP Lead (Name and Title) Maternity Safeguarding Matron		Executive Lead Chief Nurse	
Details of Changes made during review:			
Date	Issue Number	Reviewed By	Description Of Changes (If Any)
April 2024	1		New document

Appendix 1: Maternity Safeguarding Case Escalation

Please return to: maternity.safeguarding@uhl-tr.nhs.uk

THE CHILD PROTECTION CHAIR MUST BE COPIED INTO ALL ESCALATIONS

Patient Name:	Date of Birth:
Hospital Number:	EDD:
Current Safeguarding Level: Please highlight: No Fixed Abode Early Health Assessment Targeted Support Child In Need Child Protection Public Law Outline	Supervision Date:
	Health Visitor:
Date of Internal Escalation:	Allocated Midwife:
Date of Escalation to Social Worker:	
Date of Escalation to Team Manager:	Date of Escalation to Practice Manager:
Date of Escalation to Service Manager:	
Reason for escalation (allocated midwife to practitioner):	
Outcome:	

Name (print):	
Signature:	Date
Further Escalation (Safeguarding midwife to team manager)	
Reason for escalation:	
Outcome:	
Name (print):	
Signature:	Date
Further Escalation (Maternity Matron to Service manager)	
Reason for escalation:	
Outcome:	

