

Board of Directors (in Public)

Item 2.7*

Subject: Safeguarding Annual Report 2020/21
Date of meeting: Tuesday 27th July 2021
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Presented by: Sue Pemberton, Director of Nursing and Quality

BAF Reference	Impact on BAF
BAF 1	Assurance in respect of safeguarding practices

Level of assurance (please tick one)					
<i>To be used when the content of the report provides evidence of assurance</i>					
<input checked="" type="checkbox"/>	Acceptable assurance Controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/>	Partial assurance Controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/>	Low assurance Evidence indicates poor effectiveness of controls

1. Introduction

Liverpool Heart and Chest Hospital (LHCH) has a statutory responsibility for ensuring that the services provided by their organisation have safe and effective systems in place which safeguard adults, children and young people at risk of abuse, neglect and exploitation. The aim of this report is to summarise the safeguarding activity within LHCH during the period 2020/21. This activity was analysed against set objectives which are in line with Liverpool Safeguarding Adult Board (LSAB) and Liverpool Safeguarding Children reporting requirements and National/Legal requirements e.g., Care Act 2014, Children Act 1989/2004 and set actions for the next year (2021-2022).

Furthermore, the report aims to:

- ❖ Provide assurance to the Board of Directors that the Trust is fulfilling its safeguarding obligations.

- ❖ Assure service commissioners & regulators e.g., CQC and NHS Improvement that the Trust's activity over the year has developed in terms of preventing abuse and reducing harm; as well as embedding MCA/DOLs into clinical practice using the model of 'Making Safeguarding Personal' and ensuring that the 'Voice of the Child' is heard.
- ❖ Appraise the Trust staff & managers regarding the activity and function of the safeguarding team and the support it provides to operational and clinical service delivery.
- ❖ Ensure that patients, families and carers know that safeguarding of children and adults is a Trust priority.

The report will also provide an overview of developments within the safeguarding arena, both locally and nationally over the last 12 months. Highlighting how these developments have impacted upon the service provided by the Trust and how we work as a partnership to ensure the patients and their families accessing services within LHCH, are protected.

As an NHS Foundation Trust, Liverpool Heart and Chest Hospital [LHCH] has a duty to ensure robust systems are in place to appropriately safeguard those who require it. This includes adults at risk, children and young adults who may be at risk from abuse (be it from their patients, visitors or children of patients or staff members).

LHCH has introduced measures at all levels to ensure that it is doing everything it can to prevent the abuse or neglect of the people and their carers who use the Trust services. LHCH has now established processes, by way of the Trust's Protecting Adults at Risk - Safeguarding Adults Policy, Safeguarding Adults and Children's training for Safeguarding Ambassadors and safeguarding referrals via EPR. The Trust ensures there is a timely and proportionate response when allegations of abuse or neglect are raised.

2. National Context

2.1 CSE (Child Sexual Exploitation)

Child sexual exploitation (CSE) is a form of sexual, emotional and physical abuse which involves the manipulation and/or coercion of a child/young person under the age of 18 into sexually activity. This may be with technology.

CSE continues to be a priority across Cheshire and Merseyside. The team have raised further awareness of CSE across the organisation, strengthening the resources available and training across all areas. CSE training is now incorporated into the Care Certificate training as well as Safeguarding Ambassador level 3 training days.

Moving forward work around child exploitation will continue in 2020 -2021 but with a key focus on county lines and criminal exploitation. Especially with the continued rise with Gun and Knife crime across Merseyside.

2.2 FGM (Female Genital Mutilation)

The Serious Crime Act 2015 introduced mandatory reporting by regulated professionals from October 2015. In order to ensure compliance with legislation, and to provide assurance to the board that LHCH colleagues are competent and confident to recognise and respond appropriately, FGM remains a key focus in Safeguarding

Think Family approach and training. This has ensured all staff starting employment at the Trust have the knowledge and skills to recognise and report FGM as per legal and safeguarding processes.

The 'FGM: Mufti agency protocol and risk assessment tool is available on the staff intranet, FGM forms part of level 3 Safeguarding Ambassador training.

2.3 Modern Slavery

Modern Slavery was introduced as a separate category of abuse in the relation to adults at risk under the Care Act in 2014. It involves the recruitment, movement, harbouring or receiving of children, or adults through the use of force, coercion, and abuse of vulnerability, deception or other means for the purpose of exploitation. Individuals may be trafficked into, out of or within the United Kingdom. They may be trafficked for a number of reasons including sexual exploitation, forced labour, domestic servitude and organ harvesting.

The Modern Slavery Act 2015 identifies Modern Slavery as a national and local priority. Local safeguarding adult boards require assurance that staff are required to be able to identify and respond appropriately to potential modern slavery and know when and where to refer concerns. SFHFT staff will work with survivors of modern slavery.

During 2021/2022 LHCH will continue to develop our annual position statement in relation to Modern Slavery and be alert to any new or increased modern slavery risks within operational activity and supply chains. There will be a continued focus on staff understanding and responding to any concerns or disclosures of Modern Slavery. Any emerging or heightened risks in the organisation due to Covid-19 will be risk assessed and escalated.

2.4 MCA/DOLs

A key area for development here at LHCH has been around the need to promote enhanced best interest's decision making – this is being developed further by the operational Safeguarding Nurse.

A key issue to be considered in the forthcoming year is that of legislative change around MCA and the move towards Liberty Protection Safeguards (LPS) to replace DoLS. This will likely have a significant impact on working practice, with associated resource issues.

Moving into 2021-22 the Trust will need to refocus the delivery of the actions identified in response to the new legislation, and be able to deliver clear evidence, across all disciplines, that objectives are being met. Emphasis will be placed on further development of audit activity, and on preparation for the introduction of Liberty Protection Safeguards.

2.5 Making Safeguarding Personal (MSP)

In this year we have built on our activity from 2020-2021 by continuing to implement change within person centred care and to seek assurance on safeguarding practice to promote the delivery of excellent care and treatment for the safeguarding of adults

who have needs for care and support. This is also aligned to the work programme around MCA and DoLS to ensure activity is co-terminus and which can begin to maximise outcomes and reduce duplicity.

A focus of 2021-2022 will be to support the continued development of meaningful discussions which are person led, that mean they engage the adult (or their representative) in a conversation about how best to respond to individual safeguarding concerns. These conversations will then be recorded for audit in the EPR. During 2021-2022 Trust mandatory training will support completion of MSP safeguarding referrals identifying how people want to improve or resolve their circumstances and evidence engagement with people about the outcomes they want

2.6 Domestic Abuse

The Trust has continued to review the current service provision and ways we can improve the quality-of-care delivery we provide to survivors of domestic violence by

- Support for the recognition and response of staff where there are concerns/disclosures of domestic abuse,
- The transition of care to primary care and the engagement with wrap around services for survivors and /or families where there is an identified need/risk,
- Improvement in the health outcomes for survivors and/or families including the voice of survivors (adult/child).

The Safeguarding team led on the introduction of the 'Ask ANI 'scheme
The government has launched the Ask for ANI (Action Needed Immediately) codeword scheme to enable victims of domestic abuse to access immediate help from the police, or other support services, from the safety of their local pharmacy.

The staff in the pharmacy department are supporting the Ask for ANI codeword scheme, they will contact the Safeguarding team or escalate to the police if needed.

The Trust continues to strengthen its approach to supporting staff that are affected by domestic abuse and the confidence in staff and managers seeking support for their health and wellbeing and in support and safety planning for managers and staff has continued to grow during with more staff reporting domestic violence to the safeguarding team than ever before.

3. Safeguarding Team Structure

The Safeguarding Team is now fully established, comprising of:

- Named Doctor for Safeguarding Adults and Children - Dr Petra Jenkins
- Head of Nursing, Quality and Safeguarding Adults and Children - Joanne Shaw
- Operational Lead Nurse for Safeguarding – Angela McKenna
- Safeguarding administrator – Terri Marshall

3.1 Governance Structure

The Head of Nursing, Quality and Safeguarding or the operational nurse represents the Trust at local Safeguarding Adult and Children's health subgroups, for Liverpool and Knowsley and the policies and procedures working group.

The Safeguarding Group meets bi-monthly and is chaired by the Trust's Operational lead nurse. The Terms of Reference and membership have been reviewed in 2020 to incorporate new training requirements around children in care.

The Safeguarding Annual Key Performance Indicators [KPIs] 2020/21 were developed by the Clinical Commissioning Group to identify the key priorities and actions for the Safeguarding Team. The progress of the work plan is reviewed at quarterly meetings. We are on target for meeting all our KPI objectives for the year.

3.2 Safeguarding – Policies

All 15 Safeguarding policies have been updated and ratified via the Safeguarding Steering group during 2020-2021. These include-

- Safeguarding Adults Supervision Policy was updated in 2021. The purpose of this Policy is to provide a framework for practice which outlines the principles and functions underpinning supervision within the context of safeguarding across LHCH. The Policy provides specific guidance on the development and implementation of support and safeguarding supervision within LHCH.
- Mental Capacity Act (2005) Policy was updated in 2021 to provide staff with guidance on how to implement the MCA in practice.
- Deprivation of Liberty Safeguard Policy was also developed in 2015 and was updated in 2021 with legislation for 16/17-year-olds. The Policy strengthens the guidance provided in the Trust's Protecting Adults at Risk Policy
- Domestic Violence policy was updated in 2021.
- Hand Control Mittens in Adult Patients Policy has been updated in 2021.
- Trust's Protecting Adults at Risk Policy was updated in 2021.
- Managing Allegations of Staff Policy was developed and approved in 2016 and updated in 2021.
- Safeguarding Children's Policy was also updated and approved in 2021 to include the newly mandated elements that all trust is expected to comply with around children in care.

4. Training and Education

LHCH is committed to ensuring that all staff receive the correct level of training, to ensure adults and children at risk, receive the right care and are safe, whilst in our care. The organisation also promotes an interagency approach to training and development in relation to adults at risk.

Safeguarding training contributes to the achievement of the CQC Fundamental Standards.

The full day and half day refresher Safeguarding Ambassador training module commenced in November 2015 and continues bimonthly. The programme has been amended to incorporate PREVENT and domestic violence.

4.1 Training figures for 2020/21

During the reporting period LHCH worked towards achieving compliance for all levels of Safeguarding Children's and Adults training.

Each Division is responsible for monitoring and maintaining training compliance for their staff groups. Training compliance is readily accessible for individual staff and managers to view by the electronic reporting system. LHCH compliance for year ending March 2021 is outlined in Table 1.

Table 1

STA_1	Level 1 Adult Safeguarding Training for all staff (Bournemouth Competencies 2015/Intercollegiate document 2018)	Percentage of staff who have had training within the past 3 years (to include denominator and numerator) in line with Trust TNA	96.1%
STA_2	Level 2 Adult Safeguarding Training - eligible cohort of staff (Bournemouth Competencies 2015 /Intercollegiate document 2018)	Percentage of staff requiring training who have completed training within the past 3 years (to include denominator and numerator) in line with Trust TNA	96.5%
STA_3	Level 3 Adult Safeguarding Training - eligible cohort of staff (Bournemouth Competencies 2015 /Intercollegiate document 2018)	Percentage of staff requiring training who have completed training within the past 3 years (to include denominator and numerator) in line with Trust TNA	100.0%
STA_4	Level 4 Adult Safeguarding Training - for all relevant staff (Bournemouth Competencies 2015/Intercollegiate document 2018)	TNA Q1: Compliance to be measured Q4 - Percentage of overall identified cohort of staff who have had training within the past 3 years (End of year count include numerator and denominator)	100.0%
SCT_1	Level 1 Children Training for all staff (Intercollegiate Document Safeguarding March 2014	Percentage of staff who have had training within the past 3 years (to include denominator and numerator)in line with Trust TNA	93.4%

STC_2	Level 2 Children Training for all relevant staff (Intercollegiate Document Safeguarding March 2014	Percentage of staff requiring training who have completed the training within the past 3 years (to include denominator and numerator) in line with Trust TNA	96.8%
STC_3	Level 3 children Training for all relevant staff (Intercollegiate Document Safeguarding March 2014	Percentage of staff requiring training who have completed the training within the last 3 years (to include denominator and numerator) in line with Trust TNA	100.0%
STC_4	Level 4 Children Training for all relevant staff (Intercollegiate Document Safeguarding March 2014	Percentage of Staff requiring training who have completed the training within the last 3 years (to include denominator and numerator) in line with Trust TNA	100.0%

4.2 PREVENT

NHS organisations are required to provide awareness raising sessions for staff about PREVENT which aims to stop people becoming terrorists or supporting terrorism. It is recognised that vulnerable individuals may be targeted for recruitment into violent extremism and this is therefore a safeguarding issue in the context of the wider responsibility of all agencies to safeguard and promote welfare.

The training target set by NHS England re PREVENT WRAP is 85% which is a national target for WRAP (level 3) training. The CCG's have set a target of 90%.

STS_1	Prevent Strategy/Awareness Training	Percentage of overall Staff who have received Prevent Awareness training in the last 3 years (to include denominator and numerator) in line with Trust TNA Compliance to be monitored each quarter with a trajectory of 90%	97.2%
STS_2	Prevent Strategy/HealthWrap Training	Percentage of overall identified cohort of staff who have received Prevent Wrap training within the past 3 years (to include denominator and numerator) in line with Trust TNA	89.5%

To ensure maximum coverage with the training, the face to face sessions are continuing for the foreseeable future. Communications are continuing to raise awareness of the requirement for eligible staff to complete the training.

5. Monitoring & Analysis of Safeguarding Data

5.1 Safeguarding Contacts

- During the review period of 1st April 2020 - 31st March 2021 the Safeguarding Team created 593 patient contact records on the Safeguarding Database, with a total of 763 referrals received. Of 593 contacts created, 131 patients had multiple referrals to the team. Referrals are received by the team via email, phone, face to face and electronic referral through EPR. The most common referrals for patients relate to Delirium, Deprivation of Liberty Safeguards, Confusion, Mental Capacity, Mental health, Low Mood, Suicide Ideation and Learning Disability/Difficulty.

In addition, the team have received 268 staff referrals relating to Escalated Internet Searches via IT Security, Dementia Support, Domestic Abuse/Allegations of Abuse, Child Concerns, Family Dynamic/Family Issues, Mental Health, Social Concerns, Staff Feeling Overworked, Mental Capacity, Stalking, Social Media Posts, Bullying and Harassment, Suicide Ideation, Low Mood.

Further work is currently being undertaken to look at the referral processes and how we can respond to these themes and trends.

- The Trust has participated in one serious case review during the review period within Knowsley community services.
- No patients have been referred to LEDER.
- The Trust has recently set up a staff carers support group to aid staff who have caring responsibilities across the Trust.

5.2 COVID 19

At the end of March and into April and May of the 2020/21 reporting period, COVID19 remained a national issue, this impacted upon the safeguarding and vulnerability agendas. Some processes were streamlined and some delayed whilst we focused upon ensuring the safety and wellbeing of all patients attending our hospitals. The team remained in place during covid and the service was not affected.

As a result there has been oversight and monitoring with in the multi-agency forums the Trust link with, part of the 2021/22 agenda moving forward will be to review and analyse the impact of COVID 19 upon children, young people and adults and learn any identified lessons. This learning will be responded to throughout the next reporting period and summarised within the annual report for 2021/22.

5. Work Plan Priorities for 2021/22

COVID-19 is having a detrimental impact on the safety and lives of both adults and children. For many home may not be a safe place and the weeks or months of self-

isolation and working from home may be a dangerous and deeply difficult time, with routes to support and safety being shut down or limited.

This has raised concern both nationally and locally of safeguarding and domestic abuse increasing significantly for adults and children. The Trust recognises it is paramount that safeguarding remains a top priority within our care and service delivery and that we work to keep the systemic safety nets in place and implement recovery plans within different patterns of working over the coming months.

In acknowledging the work that has already taken place and seeks to strengthen our approach to 2020-2021 the integrated safeguarding team have set targets alongside the Strategic objectives of the Trust, ensuring that safeguarding supports the trust in delivering of the objectives these will be:

To provide world class outstanding care

Develop and implement the organisational legislative responsibilities to Liberty Protection Safeguards (LPS).

Increasing value

Safeguarding priorities during 2021/2022 will continue to ensure where there are safeguarding concerns adults, children and carers are recognised as partners in the outcomes they wish to happen. This will focus around Making Safeguarding Personal and the Voice of the Child.

Developing people

Focus during 2021/2022 on how organisationally LHCH supports the health and wellbeing of its workforce particularly in relation to domestic abuse and mental health.

Advancing quality and outcomes

Continue to embed organisational learning through mandatory training, serious incidents and adult/child reviews.

Improving population health by looking at Learnt lessons from the COVID19 pandemic and where possible use the learning to inform the way forward in terms of working with children, young people and vulnerable adults.

Leading through collaboration

Working with the regional health subgroups to further develop and monitor the changes in safeguarding and development of new practice as a collaborative

These priorities will be developed into an action plan and monitored by LHCH's Safeguarding Steering Group, alongside the KPIs for 2021/22.

7. Recommendations

The Board of Directors to receive assurance that appropriate safeguards are in place to protect adults and children in LHCH in line with national and local directives and legislation related to safeguarding adults and children at risk.

8. References

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- The Safeguarding Adults: A National Framework of Standards for Good Practice and Outcomes in Adult Protection Work (2005). The Association of Directors of Adult Social Services <http://www.adass.org.uk>
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- "Safeguarding Vulnerable People in the Reformed NHS" Accountability and Assurance Framework. NHS Commissioning Board. (March 2013)
- The London Child Sexual Exploitation Operating Protocol 2nd Edition (March 2015)
- "Tackling FGM in the UK - Intercollegiate recommendations for identifying, recording and reporting" RCM (November 2013)
- "Working Together to Safeguard Children - a guide to inter-agency working to safeguard and promote the welfare of children" HM Government (March 2015)