

Board of Directors (in Public)

Item 2.7*

Subject: Safeguarding Annual Report 2019/20
Date of meeting: 28th July 2020
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Presented by: Susan Pemberton - Director of Nursing

| BAF Ref | Impact on BAF |
|---------|---------------|
| WC1 | None |

1. Introduction

The purpose of this annual report is to provide assurance to the Board of Directors that appropriate safeguards are in place to protect adults and children in Liverpool Heart and Chest Hospital. This includes ensuring that mental capacity, Deprivation of Liberty Safeguards, learning disabilities and dementia awareness are considered and that staff in the organisation are aware of their responsibilities in these areas and their role in safeguarding patients. This report refers to the period 1st April 2019 – 31st March 2020. In addition, the report identifies the Trust's progress on meeting national and local priorities and identifies key objectives for further development in the year to come. The annual report covers the national policy context and describes how this has been transferred into local practice. In addition on 10th February 2020 a quality visit was undertaken by the commissioners in relation to safeguarding in LHCH (appendix one). This report provides additional external assurance regarding the standards in the Trust.

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, children and young adults who may be at risk from abuse or neglect (these may be 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

A number of reports and guidance have been published to support the existing legislation to ensure further development in the field of safeguarding continues and ensures sustained support in achieving safeguarding for all client groups who may be at risk of abuse. These include but are not limited to:

The Mental Capacity Act (2005) introduced a legal framework for protecting the welfare and finances of vulnerable adults who lack mental capacity, creating the criminal offences of ill treatment and willful neglect.

2.1 The Care Act (2014)

The Care Act has, for the first time, placed Safeguarding Adult Boards on a statutory footing and put in place specific requirements for both the membership of the Board as well as its role and function moving forward. The Act aims to create a legal framework so that key organisations and individuals with responsibilities for adult safeguarding, can agree on how they must work together, and what roles they must play, to keep adults at risk safe.

2.2 Monitoring the use of the Mental Capacity Act [MCA] and Deprivation of Liberty Safeguards [DoLS]

A national report for MCA and DoLS recognised that over the previous years since the introduction of the MCA, the recurring themes included persistently low numbers of DoLS applications and lack of understanding and awareness of the MCA, as a potential barrier to good practice.

However, March 2014 was a watershed in the history of the MCA including DoLS and marked the start of major changes to the way the safeguards are used. The House of Lords highlighted the need to improve understanding of the MCA, while the Supreme Court judgement clarified the definition of when people are being deprived of their liberty. This element has had an impact in LHCH and since this new legislation we have seen increasing numbers of referrals for DoLS applications year on year.

The new Liberty protection safeguards legislation is due to come into force with a greater emphasis on the hospitals undertaking more responsibility for the assessment process. Due to covid 19 the implementation has been delayed and is expected to come into force in 2021 not 2020 as previously planned.

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, EECS, PFCC Administrator – Terri Marshall

• Governance Structure

The Head of Nursing, Quality and Safeguarding or the operational nurse represents the Trust at local Safeguarding Adult and Children's health sub groups, MCA and DoLS Forum and CSE working group.

The Safeguarding Group meets bi-monthly and is chaired by the Trust's Head of Nursing, Quality and Safeguarding. The Terms of Reference and membership have been reviewed in 2019 to incorporate new training requirements.

The Safeguarding Annual Key Performance Indicators [KPIs] 2019/20 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 and is for closure in March 2020 but due to COVID 19 this has not yet been undertaken. We are on target for meeting all our KPI objectives for the year.

- Safeguarding – Policies

- Safeguarding Adults Supervision Policy was updated in 2019. 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 2019 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 2019 with legislation for 16/17 year olds. The Policy strengthens the guidance provided in the Trust's Protecting Adults at Risk Policy
- Chaperone Policy was also updated in 2019
- Domestic Violence policy was updated in 2019
- Hand Control Mittens in Adult Patients Policy has been updated in 2019
- Trust's Protecting Adults at Risk Policy was updated in 2019
- Managing Allegations of Staff Policy was developed and approved in 2016 and updated in 2019
- Safeguarding Children's Policy was also updated and approved in 2019 to include the newly mandated elements that all trust are expected to comply with.

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.

Safeguarding Ambassador Training commenced in November 2015. The programme has been reviewed and the training now takes place monthly. This alternates between half day refresher training for staff who have received full training previously and full day training for new staff.

- Training figures for 2019/20

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 and the Athena web portal. LHCH compliance for year ending March 2020 is outlined below.

| | | | | | | | |
|--------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|------|------|--------|
| 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 | 90% | 90% | 447 | 470 | 95.1% |
| 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 | 90% | 90% | 1094 | 1188 | 92.1% |
| 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 | 90% | 90% | 90 | 90 | 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) | 90% | 90% | 1 | 1 | 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 | 90% | 90% | 473 | 453 | 104.4% |
| 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 | 90% | 90% | 1125 | 1192 | 94.4% |
| 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 | 90% | 90% | 90 | 90 | 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 | 90% | 90% | 1 | 1 | 100.0% |
| STHV_1 | Health Visitor trained to level 3 (as per Intercollegiate Doc 2014) | Percentage of Health Visitors trained (as per Intercollegiate guidance, 2014) | 90% | 90% | N/A | N/A | - |

| | | | | | | | |
|--------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------|------|------|---------------------------------------------|
| CICT_1 | Level 1 Children in Care Training for all staff - (Intercollegiate Doc LAC March 2015) | Percentage of Staff who have had training within the past 3 years (to include denominator and numerator) in line with Trust TNA *Compliance Thresholds remain 90% for Trusts with specific CiC commissioned service. Incremental thresholds to be introduced in 2020/21 for ALL other Trusts | 90% | 0% | N/A | N/A | - |
| CICT_2 | Level 2 Children in Care Training for all relevant staff (Intercollegiate Doc LAC March 2015) | 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 * See compliance details as per CICT_1 | 90% | 0% | N/A | N/A | - |
| CICT_3 | Level 3 Children in Care Training for all relevant staff (Intercollegiate Doc LAC March 2015) | 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 * See compliance details as per CICT_1 | 90% | 0% | N/A | N/A | - |
| CICT_4 | Level 4 Children in Care Training for all relevant staff (Intercollegiate Doc LAC March 2015) | 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 * See compliance details as per CICT_1 | 90% | 0% | N/A | N/A | - |
| STA_C1 | Executive /Board Training | Percentage of Executive/Board members who have completed safeguarding Childrens and Adult Training in accordance with Intercollegiate Documents (Intercollegiate Document Safeguarding Children March 2014; Intercollegiate Doc LAC 2015, Intercollegiate Document Adults, March 2016) | 90% | 90% By Q4 | | | Do not input to this cell use Num and Denom |
| 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% | 90% | 90% | 1593 | 1658 | 96.1% |
| 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 | 90% | 90% | 1203 | 1300 | 92.5% |
| STS_3 | Mental Capacity Act & Deprivation of Liberty Safeguards (2005) | Percentage of overall identified cohort of staff who have received Mental Capacity Act and Deprivation of Liberty Safeguards training within the past 3 years (to include denominator and numerator) in line with Trust TNA | 90% | 90% | 1158 | 1196 | 96.8% |
| STS_4 | CE Awareness training | Percentage of overall identified cohort of staff who have received (CE) Child Exploitation Awareness Safeguards training within the past 3 years (to include denominator and numerator) in line with Trust TNA | 90% | 90% | 90 | 90 | 100.0% |
| STS_5 | CE targeted training | Percentage of staff who have completed the training within the last 3 years (to include denominator and numerator) in line with Trust | 90% | 90% | 90 | 90 | 100.0% |
| STS_6 | Domestic Abuse Training | Percentage of staff who have completed Domestic Abuse Training within Children and Adults Safeguarding Training | 90% | 90% | 90 | 90 | 100.0% |

- **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%. In 2019/20, the organisation achieved 96.1% for staff trained at basic level; level 3 training was 92.5% of eligible staff trained.

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 1st April 2019 - 31st March 2020 there were a total of 695 safeguarding contacts made to the team via email, phone and EPR. The most common referrals are for Mental Health, Mental Capacity, delirium, confusion, cognitive impairments, LD and reasonable adjustments.
- The trust has undertaken one serious case review this year relating to an LD patient. The learning for this has been shared Trust wide.
- The team have been made aware of 8 external community referrals.
- There have been 8 referrals for staff members over the last year.

The development of a safeguarding database has now been completed. The database will allow the team to create a combined record per patient to streamline record keeping and ensure that a complete record is viewable per patient and will demonstrate a complete history for all visits to LHCH. The purpose of the database is to make the contact process more efficient and allow more accurate data to be compiled for future annual reports and any other ad hoc reports, the database allows the team to record referrals by area, type etc. The database will also allow the team to record contacts for both staff and patients in a secure application with the ability to give permissions and security rights to certain senior staff within the organisation.

6. Work Plan Priorities for 2020/21

- Management of patients with ACHD who have learning disabilities
- Enhance learning disabilities information to be provided as part of level 3 safeguarding training
- Domestic abuse training to be further developed for staff
- Safeguarding E-Safety information to be further developed for staff
- Annual self-assessment for safeguarding to be undertaken
- Child sexual exploitation training and voice of the child to be further developed
- Further development of Safeguarding Ambassador role
- Further education and training for Trust Board and Governors
- Development of new liberty protection safeguards

- Restraint – working alongside the trusts LSMS, development of policy to ensure safe practice and security of staff and patients.
- Continue discussions regarding mental health support for patients

These priorities will be developed into an action plan and monitored by LHCH's Safeguarding Steering Group, alongside the KPIs for 2020/21.

7. Safeguarding Site Assurance Visit – Liverpool CCG

On 10th February 2020 the trusts safeguarding service was reviewed externally by Liverpool CCG. The review entailed a rigorous review of policies, procedures and safeguarding case studies. The trust has recently received positive feedback from the assessment team, please see appendix 1.

8. 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.

9. References

- Deprivation of Liberty Safeguards (2009) <http://www.gov.uk>
- Mental Capacity Act (2005) <http://www.legislation.gov.uk/uk>
- Monitoring the use of the Mental Capacity Act Deprivation of Liberty Safeguards in 2013/14 (2015) Care Quality Commission <http://www.cqc>
- The Care Act (2014) <http://www.dh.gov.uk>

Appendix one

NHS Liverpool CCG

Liverpool Heart & Chest NHS Foundation Trust Safeguarding Quality Visit

10 February 2020

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Liverpool Heart & Chest NHS Foundation Trust – Safeguarding Quality Visit

1.Introduction

1.1 Clinical Commissioning Groups (CCGs) and NHS England/ Improvement (NHSE/I) have a statutory responsibility for ensuring safe systems of care that safeguard children and adults at risk of abuse and neglect. NHS Liverpool CCG works in partnership with other commissioners and providers of health and social care services, statutory and voluntary organisations to improve outcomes for adults at risk, children and young people. It works to ensure that patients and their families get timely and appropriate care that ensures they are kept safe from harm and that their care is safe, fair and equitable provision of public resources.

1.2 The Care Act 2014 has reformed the law relating to care and support for adults, the law relating to support for carers and has provided a legal basis for safeguarding adults from abuse and neglect. The Children Act 2004-Section 11 places a duty on key bodies to ensure that in discharging their functions they have regard to safeguarding and promoting the welfare of children.

2.NHS Liverpool CCG

2.1 As part of the Quality schedule 2019/20 reporting year NHS Liverpool CCG Safeguarding Team introduced a revised safeguarding assurance framework with a focus on quality rather than performance measures as an additional means of seeking assurance from commissioned providers that they are meeting their safeguarding adults and children statutory duties.

2.2 Health Providers complete a self-assessment against the Cheshire and Merseyside Safeguarding Commissioning Standards 2019-20 and provide quarterly data against safeguarding key performance indicators (KPIs) as part of their contractual requirements; areas of noncompliance continue to require remedial action plans. The submitted information and evidence is reviewed and underpins the Safeguarding Quality Visit. Verbal feedback is provided by NHS Liverpool CCG Safeguarding Team on conclusion of the Site Visit with formal feedback to the Trust and CCG subsequent to this as per agreed governance arrangements.

2.3 NHS Liverpool CCG have linked with safeguarding colleagues from both South Sefton & Knowsley CCGs in recognition that there are some joint commissioning arrangements, including the offer of participation in the Quality Visit however NHS Liverpool CCG undertook the safeguarding quality visit without input from the other CCGs.

3.Background – Liverpool Heart & Chest NHS Foundation Trust

3.1 Liverpool Heart and Chest Hospital became an NHS Foundation Trust in December 2009. The trust is situated in Liverpool and provides specialist heart and chest services for the North West of England, including North Wales and the Isle of Man. The trust serves a catchment area of 2.8 million people, spanning Merseyside, Cheshire, North Wales and the Isle of Man and increasingly receive referrals from outside these areas. In 2018 the trust acquired the regional congenital heart disease service.

3.2 They provide a full range of heart and chest services except for organ transplantation. Services include;

- The implantation of pacemakers and other devices and treatments used to control and restore the normal rhythm of the heart (arrhythmia management). Surgical procedures used to bypass coronary arteries, replace the valves of the heart, and complex surgical correction of the major vessels in the chest (cardiac surgery).
- Surgical procedures used to treat many major diseases affecting the lungs; these can include partial or complete lung removal.
- Surgical procedures used to treat many diseases affecting the gullet and stomach (thoracic surgery). The trust also provided drug management of asthma, chronic obstructive pulmonary disease and cystic fibrosis (respiratory medicine).

3.3 The trust has 183 inpatient beds across nine inpatient wards. In addition to this, they run 266 outpatient's clinics per week including 115 physical healthcare clinics. From June 2017 to May 2018 the trust had 10,470 inpatient admissions, 75,107 outpatient attendances (20% increase) and 204 patient deaths (5% increase). The trust has 1,647 staff which includes 146 medical staff and 496 nursing staff.

3.4 The hospital provides:

- ✓ Medical care;
- ✓ Surgery;
- ✓ Critical Care;
- ✓ End of life care;
- ✓ Community services;
- ✓ Outpatients

4. Care Quality Commission (CQC) Inspection

4.1 The latest CQC inspection was carried out 5th to 7th February 2019. The inspection concluded that Liverpool Heart & Chest Foundation Trust were '**outstanding**' in the following areas; Caring, Responsive and Well-Led. The inspection considered that the rating of Good should be applied to the domain of Safety and Effectiveness.

4.2 The report stated that although staff had not received up-to-date mandatory training in all safety systems, processes and practices and compliance for medical staff was particularly low. There was insufficient training for medical staff with regard to Deprivation of Liberty safeguarding and the Mental Capacity Act 2005. CQC reported this had been recognised and actions put into place to increase access to training. Liverpool Heart & Chest Foundation Trust reported this has now improved and medical staff training compliance has been achieved for 2019/20.

4.3 The report also stated that; 'Leaders were aware of the challenges in the organisation to ensure quality of care and patient safety. There was an oversight framework to manage performance. The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. Patients were protected by a strong comprehensive safety system that all staff were aware of and worked to achieve. All staff worked well together to maintain patient safety and meet individual needs'.

4.4 Since the CQC visit action has been taken to address all of the recommended areas. Training of medical staff has since consistently been above the compliance threshold of 90%.

5.NHS Liverpool CCG Safeguarding Quality Visit 10 February 2020

5.1 It is recognised that undertaking a safeguarding quality visit would not, in itself, provide NHS Liverpool CCG with assurance that commissioned services are meeting their safeguarding statutory requirements. Safeguarding Quality visits provide reassurance and is only one element of the quality assurance framework, therefore a more triangulated approach has been adopted.

To inform the Safeguarding Quality visit the following was used:

- ✓ Key lines of Enquiry from the review of the Commissioning Standards 2019/20
- ✓ Cases randomly chosen from a selection provided by Liverpool Heart & Chest NHS Foundation Trust
- ✓ NHS Liverpool CCG Quality Schedule submission for Quarter 2 2019/20 of safeguarding key performance indicators
- ✓ Review of IT systems

5.2 Purpose

5.2.1 The purpose of this report is to provide a summary of the Safeguarding Quality visit undertaken by NHS Liverpool CCG on 10 February 2020 to gain a more detailed understanding of how Liverpool Heart & Chest NHS Foundation Trust is meeting statutory safeguarding requirements. The report also offers Points to Consider to support the Trust in discharging its safeguarding duties.

5.3 Safeguarding Key Performance Indicator (KPI) Data

5.3.1 Throughout the last reporting year, the submitted KPI data has shown that Liverpool Heart & Chest NHS Foundation Trust has achieved overall '**reasonable assurance**' throughout the year. All the Trust policies and procedures were up to date, legislatively compliant and in line with national guidance. Adult and children clinical supervision compliance thresholds had been achieved with multi-agency engagement when necessary during the 2018/19 reporting period.

| Organisation | Q1 (2018/19) Assurance rating | | | Q2 (2018/19) Assurance rating | | | Q3 (2018/19) Assurance rating | | | Q4 (2018/19) Assurance rating | | |
|--------------|----------------------------------|---|---|----------------------------------|---|---|----------------------------------|---|---|----------------------------------|---|---|
| | C | A | T | C | A | T | C | A | T | C | A | T |
| Training | | | ↔ | | | ↔ | | | ↔ | | | ↔ |
| Gov P&P | | | ↔ | | | ↔ | | | ↔ | | | ↔ |
| Multi Agency | | | ↑ | | | ↔ | | | ↔ | | | ↔ |
| Supervision | | | ↔ | | | ↔ | | | ↑ | | | ↔ |
| Audit Tool | | | ↔ | | | ↔ | | | ↔ | | | ↔ |
| LAC | | | ↔ | | | ↔ | | | ↔ | | | ↔ |
| Overall | | | ↔ | | | ↔ | | | ↔ | | | ↔ |

Key: C- Children. A- Adult. T- Trajectory.

5.3.2. The Trust reported with Q3 and Q4's 2018/19 submission there had been a national problem with the Trusts OLM learning system where staff were not able to access the different safeguarding

training levels and mandatory training requirements for the Trust. This had an impact on the reported adults and children safeguarding compliance figures for Prevent Awareness and Children level 2 training compliance.

5.3.3 This has been rectified and safeguarding compliance thresholds reported during 2019/20 reporting period has consistently achieved '**significance assurance**' for all areas for safeguarding adult and children training, policies, multi-agency engagement and clinical supervision.

5.4 Commissioning Standards 2018/19

5.4.1 NHS England North's CCG safeguarding assurance process 2016/17 was designed to be a supportive process to ensure that all CCGs and Provider Organisations across NHS England North region were meeting their statutory requirements to safeguard children, young people and adults at risk. Following discussions with NHS England North Safeguarding Leads and Designated Nurses it was agreed that Cheshire & Merseyside Designated Nurses would review and develop a more reflective safeguarding assurance tool to be used across the Cheshire & Merseyside foot print for 2019/20.

5.4.2 NHS Liverpool CCG agreed to utilise the Cheshire & Merseyside Commissioning Standards Assurance process during 2019/20. Providers complete a self-assessment against 100 safeguarding standards and submit as part of the reporting Quality schedule. NHS Liverpool CCG Designated Safeguarding Professionals review the commissioning standards and associated evidence submitted from Providers; from this, Key Lines of Enquiry (KLOE) are identified to underpin the Providers Safeguarding Quality Site Visit.

5.4.3 Liverpool Heart & Chest NHS Foundation Trust submitted their Commissioning Standards as per the Key Performance Indicators (KPI) schedule. Evidence was provided against each of the commissioning standards.

5.5 Liverpool Heart & Chest NHS Foundation Trust Achievements & Challenges

5.5.1 It is important to record and acknowledge the work undertaken by the Safeguarding team in leading safeguarding across the organisation.

5.5.2 The Trust's commitment to safeguarding was evidenced by the presentation led by the Head of Nursing Clinical Services & Safeguarding given as part of the Safeguarding Quality Visit. This allowed an opportunity for discussion and to acknowledge areas of good practice alongside areas requiring further development.

5.6 resenation

5.6.1 The Trust Safeguarding Annual Report 2018/19 has been ratified at Trust Board. The Head of Nursing Clinical Services & Safeguarding presentation provided an overview of the Organisation and how the safeguarding team has developed over the last few years and the impact this has had for Liverpool Heart & Chest Hospital. More recently the team have recruited a Safeguarding Administrator post to support the introduction of the Liberty Protection Safeguards due for publication later this year. All Ward Nurse Managers have received level 3 safeguarding training and take on the out of hours lead role for safeguarding.

The team consists of:

- ✓ The Head of Nursing Clinical Services & Safeguarding
- ✓ Named Doctor for Safeguarding Adults & Children
- ✓ Matron
- ✓ Safeguarding, EECS & PFCC Administrator



5.6.2 The presentation clearly highlighted how safeguarding is integrated into everyday practice. The escalation process outlined 'ward to board assurance' and the implementation of the safety huddle process is providing a vehicle to discuss the safeguarding agenda on a daily basis.

5.6.3 The group discussion highlighted the complex layers of safeguarding Liverpool Heart & Chest NHS Foundation Trust address. This is due to the secondary and tertiary services provided by Liverpool Heart & Chest NHS Foundation Trust to Merseyside, Cheshire, North Wales and the Isle of Man; crossing a number of Local Authority boundaries and working with a number of Safeguarding Board's policies and procedures.

5.6.4 The number of referrals made to the safeguarding team were discussed, it highlighted that within the last reporting year (2018-19) 964 safeguarding contacts via email, phone or electronically had been made to the Safeguarding Nursing Team, this was an increase of 258 referrals from the preceding year and it appeared that the numbers were set to increase again for 2019 / 2020. It was felt by the safeguarding team that the increased number of referrals was reflective of an informed workforce.

5.6.5 There were 16 referrals for staff members during the same reporting period. The Director of Nursing reported the Board is sighted on all cases involving professionals and any serious safeguarding concerns or incidents.

5.6.6 Multiple examples of good practice were given during the presentation including:

- 3 year project gaining pre-operative consent for people with a learning disability within home setting.
- Listening and learning from patient stories/ patient voices

The Director of Nursing reported Staff wellbeing was becoming an increasing area of concern that required attention. This was recognised by the number of requests for support relating to domestic violence referrals, staff accessing food bank vouchers and staff having additional carer responsibilities at home. A number of support network initiatives have been developed:

- Staff Carer's Group April 2019
- Deputy Director of Nursing leading Big Health Project
- LH&CH Staff Health & Wellbeing Centre

5.7 Executive Oversight of Safeguarding

5.7.1 The Director of Nursing has the executive lead for safeguarding within the Trust. The Director of Nursing meets with the Head of Nursing Clinical Services & Safeguarding on a regular basis and reports back any relevant safeguarding issues to the Executive Board.

5.7.2 The Head of Nursing Clinical Services & Safeguarding is the strategic lead for Safeguarding.

5.7.3 The Head of Nursing Clinical Services & Safeguarding produces quarterly reports which are presented to the Divisional Governance meeting. Key issues from this report are then reported to Divisional Board and Executive Board as necessary.

5.7.4 Liverpool Heart & Chest Hospital NHS Foundation Trust has a Safeguarding Governance meeting which provides the strategic and operational oversight to safeguarding within the organisation.

5.7.5 It was clear that the Executive Team understood the Safeguarding Service. There was a drive from the Head of Nursing Clinical Services & Safeguarding to try and introduce more innovative practice and be responsive rather than reactive to safeguarding.

Points to Consider:

1. *LCCG safeguarding team to raise the issue of staff well-being with the social prescribing lead at LCCG.*
2. *Presentation to be made to the Safeguarding Provider Network on ways of safeguarding staff and developing well-being of staff.*

5.8 Operational Oversight

5.8.1 The safeguarding operational leads for the organisation are the Named Nurse for Safeguarding and the Named Doctor for Safeguarding who are supported by the named strategic safeguarding lead Head of Nursing Clinical Services & Safeguarding.

5.8.2 The safeguarding team provide the safeguarding leadership to staff across the Trust. There is a network of Safeguarding Ambassadors who meet on a bi-monthly basis; the meetings are facilitated by the Head of Nursing Clinical Services & Safeguarding and the Named Nurse for safeguarding who ensure that effective information sharing and clinical supervision at an operational level is achieved.

5.8.3 The Safeguarding Nursing team operate a system of duty nurse who will provide reactive supervision to staff across the trust where there is an urgent safeguarding need identified; working alongside the frontline staff to formulate a plan to reduce any immediate risk and plan for long term safety of the child or vulnerable adult. Out of hours support is provided by the Hospital Co-coordinator and or Ward Nurse Manager.

5.8.4 Safeguarding policies/procedures are first discussed at Safeguarding Action Group and then ratified at Trust Board. The Head Nurse for Clinical Services and Safeguarding described how they can escalate issues to the Director of Nursing and Executive on a daily basis via the Safety Huddle held each morning. The Director of Nursing agreed the open communication network between the safeguarding team and herself keeps provides lots of assurance, she knows that there is a visible and responsive safeguarding team.

5.8.5 It was evident within the review of the Commissioning Standards information that safeguarding principles are being embedded across organisational operation policies and procedures.

5.8.6 The Trust is an exemplar learning organisation with numerous examples of Trust wide learning evidence. A recent serious incident involving a patient with learning disabilities showed how clearly the Trust engaged the patient and their family to listen and learn and change practice having impact trust wide.

5.8.7 Internal Systems

The safeguarding team reported they are presently developing IT systems to have safeguarding information held together. They have developed a Corporate Drive holding all safeguarding cases with restrictive access and only accessible by named staff i.e. Director of Nursing, Deputy Director of Nursing and Safeguarding team members.

Points to Consider:

- 1. Continue the development of the IT systems to ensure that safeguarding information is held together.**

5.10 Quality Assurance utilising Case File Review

5.10.1 Cases referred to Safeguarding team have been included as part of the Safeguarding Quality Visit. Reviewing cases can provide a valuable insight into how safeguarding policy is underpinning practice and demonstrate how safeguarding is being embedded across the organisation. The CCG spent time reviewing the cases identified to understand how safeguarding was embedded into practice.

5.10.2 A review of case files considered particular areas of practice inclusive of:-

- ✓ Quality of internal referrals to safeguarding team and subsequent responses.
- ✓ Need/implementation of escalation pathways.
- ✓ Overall outcome for child/adult following safeguarding interventions.
- ✓ Multi-agency engagement including quality of reports.
- ✓ Supervision of staff involved in safeguarding cases.
- ✓ Implementation of change – how do the Trust effect improvements for children, adults and families utilising learning from cases.

5.10.3 Emergent themes were evident and highlighted the complex nature of safeguarding. Multi-factorial issues such as so-called honour based abuse; modern day slavery, poor home conditions, domestic abuse, lack of mental capacity; mental health issues and homelessness were all evident in the cases reviewed.

5.10.4 Through the case file discussion it became evident that the majority of referrals made to the Trust Safeguarding team will not result in onward referral to external agencies. Around 10% of referrals made to the team will result in further referral to social care. It was felt that although the actual number of external referrals was low the mechanism of referring to the Trust Safeguarding team enabled quality referrals and interventions to be made.

5.10.5 In the cases that were reviewed there was clear evidence that the referrals that had been made had resulted in tangible improved outcomes for the patients. The outcomes included movement into refuge, appropriate mental health support and social care support being put in place.

5.10.6 Due to the low number of referrals into the safeguarding team that result in external referral there was limited evidence of extensive multi-agency engagement for example attendance at case conferences. For each case however there was clear documentation of the actions that had been taken, the rationale for the actions and the expected outcomes for the patient.

5.10.7 Two of the ten case files reviewed contained evidence that safeguarding supervision had been provided to the practitioners involved in the case. It was reported that the two cases that had supervision were particularly complex. In the other eight cases supervision had not been required and this was in accordance with the trust supervision policy.

5.10.8 In the cases that were reviewed it was evident that the staff from the trust had exercised the principles of making safeguarding personal. There were also several cases where staff had demonstrated appropriate professional curiosity and had pursued information to ensure that they fully understood the patient's circumstances and support that they required. It was also clear that

The safeguarding team understood contextual safeguarding and how this altered the safeguarding needs of the patient.

Points to Consider

- 1. Given the small number of cases that require safeguarding supervision within the trust consideration should be given to how learning is achieved from more routine cases.*

6. Summary and Next Steps

6.1 Liverpool Heart & Chest NHS Foundation Trust is discharging its statutory safeguarding responsibilities.

6.2 Good governance structures are in place which allows the Executive Board to be made aware of safeguarding issues and escalation from ward to board level is evidenced.

6.3 Well established leadership with defined safeguarding processes in place.

6.4 Attendance at multi agency /partnership meetings is evidenced.

6.5 The content of this report should be read in conjunction with CCG feedback from Commissioning Standards submission and Quarterly KPIs reports. It is expected that an action plan will be produced by the Trust in response to the above.

7. Commissioning Standards 2019-20 QV Final



Commissioning
Standards 19_20 - Up

8. References

<https://www.cqc.org.uk>

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Safeguarding Children and Young people: Roles and Competences for Healthcare Staff (2014)

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