

## Board of Directors (in Public)

### Item 3.7

**Subject:** Safeguarding Annual Report 2017/18  
**Date of meeting:** 3<sup>rd</sup> July 2018  
**Prepared by:** Joanne Shaw, Lead Nurse for PFCC and Safeguarding  
**Presented by:** Sue Pemberton, Director of Nursing and Quality  
**Purpose of Paper** To Note

BAF Ref	Impact on BAF
1.1, 1.2	Assurance that the Trust has adequate arrangements in place for the safeguarding of adults and children

#### 1. Executive summary

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 1<sup>st</sup> April 2017 – 31<sup>st</sup> March 2018. 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.

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 patients, visitors or children of patients or staff members). Over the 2017/18 year LHCH has endeavoured to continue to raise the importance of safeguarding for patients and their families to ensure that safeguarding is everybody's priority.

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 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 wilful 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 legislation is currently under review with the law society and the process is expected to change dramatically over the next twelve months with a greater emphasis on the hospitals undertaking more responsibility for the assessment process.

## **2.3 Essential Standards**

Guidance about compliance: Essential Standards of Quality and Safety (CQC, March 2015) is designed to help providers of health and adult social care to comply with the Health and Social Care Act (2008), (Regulated Activities) Regulations 2014, and the CQC (Registration) Regulations 2009. These are the fundamental standards - the standards below which care must never fall. Regulation 13 relates to safeguarding service users from abuse and improper treatment and Regulation 18 relates to notification of other incidents.

Some of these national drivers are referenced throughout this document and are aligned to the work that LHCH has undertaken in response to the documents.

## **2.4 Safeguarding Team Structure**

The Safeguarding Team is now fully established, comprising of:

- Named Doctor for Safeguarding Adults - Dr Anurodh Bhawnani
- Named Doctor for Safeguarding Children - Dr Derick Todd
- Lead Nurse for Safeguarding Adults and Children - Joanne Shaw
- Named Nurse for Safeguarding – Angela McKenna (Since Jan 2018)
- Administrator to support DoLS applications (0.2 WTE / 1 day per week)
- Safeguarding Ambassadors

## **2.5 Governance Structure**

The Lead Nurse for PFCC and Safeguarding 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 Lead Nurse for PFCC and Safeguarding. The Terms of Reference and membership have been reviewed in 2017 to incorporate training requirements.

The Safeguarding Annual Key Performance Indicators [KPIs] 2017/18 were developed by the Clinical Commissioning Group in April 2016, 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 2018.

The KPIs for 2018/19 are now with the Trusts for review and they are similar to those from 2017/18. We are on target for meeting all our KPI objectives for the year.

## **2.6 Safeguarding Adults Strategy 2016-2018**

The safeguarding adult's agenda remains a high priority within LHCH to ensure safe and effective care is provided to the patients that use the services. LHCH developed a Safeguarding Adults Strategy in 2016 that links to the KPIs of the Trust. A new strategy for the next three years will be developed in line with new legislation for MCA and DoLS that we are anticipating from the law commission in 2018.

## **2.7 Safeguarding – Policies**

- Safeguarding Adults Supervision Policy was updated in Feb 2017. 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 2017 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 2017 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 2017
- Domestic Violence policy was updated in 2017
- Hand Control Mittens in Adult Patients Policy has been updated in 2017
- Trust's Protecting Adults at Risk Policy was updated in 2017
- Managing Allegations of Staff Policy was developed and approved in 2016 and updated in 2017

- Safeguarding Children's Policy was also updated and approved in 2017 to include the newly mandated elements that all trust are expected to comply with

### **3.0 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.

The National Framework of Standards for Good Practice and Outcomes (2005) - Standard 5, sets out the expectations of good practice and the levels of accountability organisations have, in ensuring that staff are adequately trained and have the competencies to ensure effective and safe practices are in place, in relation to managing adults at risk.

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

The whole day Safeguarding Ambassador training module commenced in November 2015 and continues bi monthly. The programme has been amended to incorporate PREVENT and domestic violence.

This year we have been further developing some of the Ambassadors and 5 staff attended the National Safeguarding Conference to further enhance and support their role in the clinical areas.

#### **3.1 Training figures for 2017/18**

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 2018 is outlined in tables 1 - 4 below.

Table 1

Area	Ref No	Measure	Detail	Threshold	Q4 Target	Num	Denom	Result
<b>SAFEGUARDING ADULTS ASSURANCE STAFF TRAINING</b>	STA_01	Level 1 Adult Safeguarding Training for all staff (Bournemouth Competencies, 2015)	Percentage of staff who have had training within the past 3 years (to include denominator and numerator) in line with Trust TNA	90% G 80-89 A <80 R	90%	1539	1583	97.2%
	STA_02	Level 2 Adult Safeguarding Training - eligible cohort of staff (Bournemouth Competencies, 2015 )	Percentage of overall identified cohort of staff who have had training within the past 3 years (to include denominator and numerator) in line with Trust TNA	90% G 80-89 A <80 R	90%	1084	1161	93.4%
	STA_03	Level 3 Adult Safeguarding Training - eligible cohort of staff (Bournemouth Competencies, 2015 )	Percentage of overall identified cohort of staff who have had training within the past 3 years (to include denominator and numerator) in line with Trust TNA	90% G 80-89 A <80 R	90%	87	87	100.0%
	STA_04	Level 4 Adult Safeguarding Training - for all relevant staff (Bournemouth Competencies, 2015 )	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% G 80-89 A <80 R	90%	2	2	100.0%

Table 2

Area	Ref No	Measure	Detail	Threshold	Q4 Target	Num	Denom	Result
SAFEGUARDING CHILDRENS'S TRAINING	STC_01	Level 1 Training for all staff (Intercollegiate Document Safeguarding March 2014; Intercollegiate Doc LAC 2015)	Percentage of Staff who have had training within the past 3 years (to include denominator and numerator)in line with Trust TNA	90%	90%	1512	1581	95.6%
	STC_02	Level 2 Training for all relevant staff (Intercollegiate Document Safeguarding March 2014; Intercollegiate Doc LAC 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	90%	90%	1072	1163	92.2%
	STC_03	Level 3 Training for all relevant staff (Intercollegiate Document Safeguarding March 2014; Intercollegiate Doc LAC 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	90%	90%	87	87	100.0%
	STC_04	Level 4 Training for all relevant staff (Intercollegiate Document Safeguarding March 2014; Intercollegiate Doc LAC 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	90%	90%	1	1	100.0%
			<a href="#">Click Here to Refer to Guidance Document 2</a>					
	STA_C1	Executive /Board Training	Percentage of Executive/Board members who have completed safeguarding Children's and Adult Training in accordance with	90% by Q4	90%	13	13	100.0%

Area	Ref No	Measure	Detail	Threshold	Q4 Target	Num	Denom	Result
			Intercollegiate Documents (Intercollegiate Document Safeguarding Children March 2014; Intercollegiate Doc LAC 2015, Intercollegiate Document Adults, March 2016)					
SPECIFIC SAFEGUARDING TRAINING	STS_01	Prevent Strategy/Awareness Training	Percentage of overall Staff who have received Prevent Awareness training in the last 3 years (to include denominator and numerator) Compliance to be monitored each quarter with a trajectory of 90%	90%	90%	1559	1583	98.5%
	STS_02	Prevent Strategy/Health Wrap Training	Percentage of overall identified cohort of staff who have received Prevent Wrap training within the past 3 years (to include denominator and numerator) Compliance to be monitored each quarter with a trajectory of (2017-2018) 90% by year end	90% Year end	90%	1041	1212	85.9%
	STS_03	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	90%	90%	1195	1218	98.1%

Area	Ref No	Measure	Detail	Threshold	Q4 Target	Num	Denom	Result
			denominator and numerator) in line with Trust TNA					

### 3.2 Mental Capacity Act and Deprivation of Liberty Safeguards Training Figures

Table 3

Area	Ref No	Measure	Detail	Threshold	Q4 Target	Num	Denom	Result
<b>SPECIFIC SAFEGUARDING TRAINING</b>	STS_03	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%	1195	1218	98.1%

### 4.3 Dementia Training

LHCH has continued to work with the Liverpool Dementia Action Alliance Charter and a local working group in the delivery and development of dementia training. This group comprises of individuals and organisations that all have the aim of working together, to raise awareness of dementia. This includes encouraging timely diagnosis, supporting those living with dementia and their carers, and working towards making Liverpool dementia friendly, whilst also raising care standards for people with dementia and reducing incidents of abuse and neglect. The Dementia Lead Nurse (Lead Nurse for PFCC and Safeguarding) has successfully met the target of clinical staff to attend Dementia Awareness training (Dementia DO) incorporating Dementia Friends. Training continues to be available to all staff as a mandated requirement for 2017 and patients and their families as well as local community groups. In 2018 LHCH ran back to back sessions for a local school with over 800 children and teachers trained.

### 4.4 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.



In April 2017 a new training target was set by NHS England re prevent WRAP in order to achieve the 85% national target for WRAP (level 3) training, extra training dates were added from October 2017 to end March 2018. Table 4 shows how we have improved over the year. The Local KPIs are for a 90% target hence why this is amber.

With the agreement of Helen Smith, Safeguarding Lead at the CCG, the Mental Health on line training package was introduced on 4th December 2017. Accompanying this was a communications strategy to ensure all eligible staff were made aware of the requirement to complete the training. At the end of March 2018, the training figure for level 3 stood at 85.9%.

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.

Table 4

				Q1			Q2			Q3			Q4		
Area	Ref No	Measure	Threshold	Num	Denom	Result	Num	Denom	Result	Num	Denom	Result	Num	Denom	Result
SPECIFIC SAFEGUARDING TRAINING	STS_01	Prevent Strategy/ Awareness Training	90%	1511	1537	98.3%	1501	1538	97.6%	1532	1553	98.6%	1559	1583	98.5%
	STS_02	Prevent Strategy /Health Wrap Training	90% Year end	82	245	33.5%	237	1210	19.6%	646	1266	51.0%	1041	1212	85.9%



## **5. Monitoring & Analysis of Safeguarding Data**

### **5.1 Safeguarding Contacts**

During 1st April 2017 - 31st March 2018 there were a total of 916 safeguarding contacts made to the Lead Nurse for PFCC and Safeguarding via email, phone and EPR. This is compared to 804 in 2016/17 and 621 in 2015/16 and 56 cases during the same reporting period 2014/15.

This change is mainly due to the training and education of staff and the diverse nature of the Lead Nurse for PFCC and Safeguarding role. This includes the lead roles for safeguarding adults and safeguarding children (in both hospital and community settings), lead role for dementia and lead role for learning disability and mental health. The most common referral is for domestic violence, neglect and Mental Capacity Assessments. Further work is currently being undertaken to look at the referral processes and how we can respond to these themes and trends.

There have been 22 referrals for staff members over the last year, 3 have been for Claire's Law support and a further 16 for domestic violence. 1 case was for Child Sexual Exploitation of a staff member's child. The staff member picked up on the signs from a training session. This is an increase from 9 referrals from staff members the previous year.

### **5.2 Numbers of Referrals – MCA and DoLS**

In 2014 2 referrals were made for DoLS (both in Quarter 3). LHCH has seen a steady increase over the last 2 years in the number of patients who are referred into the service for a Mental Capacity Assessment and therefore potentially a DoLS application. This year, to date, 118 applications have been made, compared to 66 last year (increase of 44%) and 34 applications the previous year. The Trust faces some difficulties with some Local Authorities in the receipt of feedback on whether or not the application is approved or declined. This has been highlighted to the CCG lead nurses. This had led to an increasing demand on safeguarding for the Lead Nurse for PFCC and Safeguarding across LHCH.

## **6. Work Plan Priorities for 2017/18**

- Management of patients with ACHD with learning disabilities
- Development of a database for all contacts
- Learning disabilities and domestic violence information to be provided as part of induction training
- Monitor and improve the percentage of staff who have completed training in Safeguarding Vulnerable Adults and Safeguarding Children Levels 1 and 2
- Domestic abuse training 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 core supervision sessions for Safeguarding Ambassadors
- Further development of Safeguarding Ambassadors
- Further education and training for Trust Board and Governors
- Development of Safeguarding and Learning Disability Champions.

These priorities will be developed into an action plan and monitored by LHCH's Safeguarding Group, alongside the KPIs for 2018/19.

## 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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- Deprivation of Liberty Safeguards (2009) <http://www.gov.uk>
- Essential Standards of Quality and Safety (2015) Care Quality Commission <http://www.cqc>
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- The National Framework for Reporting and Learning from Serious Incidents Requiring Investigation (2010) National Patient Safety Agency <http://www.npsa.nhs.uk>
- 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>

- “Domestic Violence and abuse: how health services, social care and the organisations they work with can respond effectively” NICE PH 50 (February 2014)
- “Introducing Mandatory Reporting for Female Genital Mutilation Consultation” Home Office (December 2014)
- “Introducing Mandatory Reporting for Female Genital Mutilation Consultation - summary of responses” Home Office (February 2015)
- Lampard K & Marsden E (2015) “Themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile” Department of Health <http://www.gov.uk/jimmy-savile-nhs-investigations-lessons-learned>
- “Safeguarding Children and Young People Roles and Competencies for Health Care Staff” Intercollegiate Document 3rd Edition (March 2014)
- “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)