

Board of Directors (in Public)

Item 3.3

Subject: Safeguarding Annual Report 2016/17
Date of meeting: 30th May 2017
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Presented by: Sue Pemberton, Director of Nursing and Quality

BAF Ref	Impact on BAF
1.1, 1.2	NA

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 1st April 2016 – 31st March 2017. 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.

2. Background

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). Over the 2016/17 year LHCH has endeavoured, under the new leadership, to raise the importance of safeguarding for patients and their families to ensure that safeguarding is everyone'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 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.

3. 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]

In 2013/4 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.

3 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
- Named Nurse for Safeguarding Adults and Children - Joanne Shaw
- Administrator to support DoLS applications (0.2 WTE / 1 day per week)

3.1 Governance Structure

The Lead Nurse for PFCC and Safeguarding Nurse represents the Trust at local Safeguarding Adult and Children's health sub groups.

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 2016 to incorporate training requirements, implementation of national and local guidelines, including the new Care Act.

The Safeguarding Annual Key Performance Indicators [KPIs] 2016/17 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 2016.

The KPIs for 2017/18 are now with the Trusts for review and they are similar to those from 2016/17.

3.2 Safeguarding Adults Strategy 2016-2018

The safeguarding adult 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.

3.3 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 developed at the end of 2015 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 2016 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 2016.
- Trust's Protecting Adults at Risk - Safeguarding Adults Policy is currently being reviewed by the Named Nurse for Safeguarding Adults.
- Managing allegations of staff policy was developed and approved in 2016.
- The safeguarding children's policy was also updated and approved in 2016 to include the newly mandated elements that all trust are expected to comply with: including Child Sexual exploitation CSE, Child Criminal Exploitation CCE as well as the new legislation on Female Genital Mutilation FGM. To date only 1 case of CSE has been reported by the trust, and only 3 cases of FGM have been reported by staff to the safeguarding team since the duty to report became mandated in end of 2015.

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.

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.

4.1 Training figures for 2016/17

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 2017 is outlined in tables 1 - 3 below.

Table 1

SAFEGUARDING ADULTS ASSURANCE STAFF TRAINING	STA_01	Level 1 Adult Safeguarding Training for all staff (Bournemouth Competencies, 2010, -	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 <79 R	90%	1487	1538	96.7%
	STA_02	Level 2 Adult Safeguarding Training - eligible cohort of staff (Bournemouth Competencies, 2010-updated	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 <79 R	90%	932	1116	83.5%
	STA_03	Level 3 Adult Safeguarding Training - eligible cohort of staff (Bournemouth Competencies, 2010-updated	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 <79 R	90%	88	88	100.0%
	STA_04	Level 4 Adult Safeguarding Training - for all relevant staff (Bournemouth Competencies, 2010- updated 2015 Intercollegiate Document Adults, February 2016))	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) 50%	90% G 80-89 A <79 R	90%	6	6	100.0%

This year following a review of induction, it was highlighted that Learning and Development had been reporting induction as meeting level 1 and 2 training needs, however induction will only meet level 1.

All staff whom this affected will now undertake an online e learning pack and will meet the requirements over the next three months.

To date 88 staff throughout LHCH have been trained as Safeguarding Ambassadors (Level 3).

Table 2

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% G 80-89 A <79 R	90%	1306	1365	95.7%
	STC_02	Level 2 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%	1047	1115	93.9%
	STC_03	Level 3 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%	87	87	100.0%
	STC_04	Level 4 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%	7	7	100.0%
	STA_C1 NEW	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% by Q4	90%	6	6	100.0%

4.2 Mental Capacity Act and Deprivation of Liberty Safeguards Training Figures

Table 3

MCA and DOL	
2015/16	96.8

Following the findings of the CQC's monitoring of the use of the MCA and DoLS, a key priority for the Safeguarding lead at LHCH has been to address the educational requirements of the clinical staff.

This has been achieved by the provision of an e-learning package on MCA and DoLS that is designed for all clinical staff that have contact with adults at risk. MCA and DoLS practice seminars were delivered by the Lead Nurse. These training sessions were open to all clinical and non-clinical staff to attend.

4.3 Dementia Training

LHCH has worked with 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 who 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. A new Dementia pathway for LHCH has also been developed.

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. This training is delivered face to face and via e-learning and figures are currently: 95.8% for the Trust.

5. Monitoring & Analysis of Safeguarding Data

5.1 Safeguarding Contacts

During 1st April 2016 - 31st March 2017 there were a total of 804 safeguarding contacts made to the Lead Nurse via email, phone and EPR. This is compared to 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 15 referrals for children over the last year, this is mainly in community services.

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, 66 applications have been made, compared to 34 applications last 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.

5.3 Staff Referrals

LHCH has also received 9 safeguarding referrals for staff members who have required support, 6 of these were for domestic violence in the home. A Safeguarding Ambassador for HR has now been trained to offer support to those staff as much as possible in the work environment. LHCH has been able to offer support in the forms of personal alarms, designated parking in bays that would usually not be permitted, security walking staff to cars etc. 2 further staff members have received support for safeguarding children.

6. Work Plan Priorities for 2017/18

- Management of patients with learning disabilities and mental health needs
- Learning disabilities and domestic violence information to be provided as part of induction training
- Safeguarding training
- Monitor and improve the percentage of staff who have completed training in Safeguarding Vulnerable Adults and Safeguarding Children Levels 1 and 2.
- DoLS application forms to be completed by ward Safeguarding Ambassadors
- Domestic abuse training to be further developed
- Suicide prevention training plan to be developed
- 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
- EPR further development of the adults at risk of abuse sections and delirium
- 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 2017/18.

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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- Safeguarding Vulnerable Groups Act (2006) www.legislation.gov.uk/ukpga/2006
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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)
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- “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)