

Board of Directors (Public) Item 10

Board Paper

Subject: Annual Report 2013/2014 – Safeguarding Vulnerable Adults and Children
Date of meeting: 27th January 2015
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Data Quality Rating	BAF Ref	Impact on BAF risk rating
Bronze	1,2	None

1. Introduction

The purpose of this paper is to provide the Board of Directors with an overview and assurance of the annual work undertaken for the safeguarding agenda at LHCH.

As an NHS Foundation Trust, we have a duty to ensure robust systems are in place to appropriately safeguard those who require it. This includes vulnerable adults, children and young adults who may be at risk from abuse be they patients, visitors or children of patients or staff members. The Care Quality Commission has a responsibility to inspect and monitor registered providers of health care across sixteen outcomes, with two outcomes directly relating to the Mental Capacity Act and safeguarding, specifically:-

Outcome 2 - before people are given any examination, care, treatment or support, they should be asked if they agree to it.

Outcome 7 - people should be protected from abuse and staff should respect their human rights.

From April 2015, the new CQC standards will be implemented which will replace the essential standards of quality and safety; this will include a regulation to safeguard service users from abuse.

The Trust has a Named Nurse for Safeguarding Children, a Named Nurse for Safeguarding Vulnerable Adults, a Named Doctor for Safeguarding

Children and a Named Doctor for Safeguarding Vulnerable Adults. The Named Nurses meet regularly with the Executive Lead for Safeguarding (Executive Director of Nursing).

The Trust has representation on the Child Protection Advisory Group, Local Safeguarding Children Board Training and Development sub group and the Local Safeguarding Adults Board and health subgroup and is able to share best practice and to contribute to local policy via these groups.

2. Background

The Trust has a multi professional safeguarding group which meets on a quarterly basis. The terms of reference and membership have been reviewed to incorporate training requirements, implementation of national and local guidelines. The wider safeguarding agenda is informed by reference to best practice as advised in:

- National Service Framework for Children
- A Review of Care provision Within Acute Services
- Winterbourne View Report
- The Children's Act (2004) and associated guidance
- The Protection of Children in England: Progress report and Action Plan (2009)
- NICE – When to suspect Child Maltreatment (Clinical Guideline 89)
- Working Together to Safeguard Children (2010)
- Review of “No Secrets” (DH 2010)

The CCG expects each organisation to undertake an annual reporting process and be appraised against the document, encompassing 60 standards. For organisations that have no Accident and Emergency Department, the adherence to such a plan has proven difficult due to the low numbers of patients that have safeguarding risks. The documents can be found in *Appendix 1*.

3. Issues

3.1 Safeguarding Review: The Director of Nursing (DNS) requested an external review of safeguarding provision within the Trust in September 2014. The DNS was reviewing the senior nursing structure in the trust and was keen to ensure that the safeguarding roles within the structure were fit for purpose and felt that this was an opportunity to review safeguarding in its entirety.

The following areas were reviewed:

- Child Protection
- Safeguarding adults at risk of abuse
- Mental Capacity Act
- Mental Capacity Act Deprivation of Liberty Safeguards
- Prevent

The key findings from the report identified:-

Positive Practice

- All staff spoken to identified safeguarding those at risk of abuse as an essential aspect of their role. Within interviews and the walkabout all staff questioned identified their responsibility to alert any concern they identified relating to a potential safeguarding issue. The reviewer had confidence all staff would report the concern to the team leader, line manager or senior nurse on duty.
- The organisation has developed specific policies that relate to under 1's being accommodated in the hospital to enable them to remain with parents who require treatment.
- The organisation appears to have a robust system for identification and reporting of hospital acquired grade III or IV pressure ulcers onto StEIS. It is acknowledged within the organisation that any hospital acquired grade III or IV pressure ulcer must be reported to the Local Authority to be considered under safeguarding multi agency procedures.
- A programme for 'PREVENT' has been rolled out across the trust with a current compliance rate of 29%. This is a positive achievement since the commencement of the roll out in 2013.
- The senior nurse team did acknowledge the importance of implementing the Supreme Court ruling, and informed the reviewer that a local solicitors firm had been commissioned to deliver training sessions to senior clinicians and specific managers within the organisation. This work stream remains on-going and the reviewer is assured that the organisation is committed to implement the revised definition of deprivation into clinical practice.

Recommendations for Improvement:

The external review set out 12 key recommendations for improvement which have been set out in an action plan (see *appendix 2*) These include:

- The separation of the safeguarding role of the Assistant Directors of Nursing and developed as an individual role to provide expert knowledge, advice and support to front line staff, managers, senior nurse leadership team and the Board of Directors. This responsibility has moved from the current named nurses to Joanne Shaw, Assistant Director of Nursing for Patient Experience from 5th January 2015.
- A Trust lead for implementation of the Mental Capacity Act is identified which is Joanne Shaw.
- The allocation of Named Doctor for safeguarding children programmed activity and job plan is reviewed to ensure it is in line with Working Together to Safeguard Children (2013). This is Dr Walshaw. It would be best practice to undertake a similar review of the programmed activity and job plan for Named Doctor for safeguarding adults. (There has been a change in the Named Doctor in 2014. This moves from Dr G Russell, Medical Director to Dr M Desmond, Consultant Anaesthetist)

- Training across all areas of safeguarding requires review and development to ensure staff at all levels and job roles are aware of their individual responsibility in relation to safeguarding children and adults at risk of abuse.
- Safeguarding supervision is a requirement of Working Together to Safeguard Children (2013) and a safeguarding supervision policy requires development within the organisation.

The report can be found in *Appendix 3* and the improvement work identified has been formulated into an action plan in *Appendix 2*.

3.2 Deprivation of Liberties (DOLS) and Mental Capacity Act Training

Due to the new legislation set out in March 2014 by the High Court, significant work has been undertaken at Trust level with clinicians and nursing staff alike to increase knowledge and skills in managing patients requiring a DOLS / MCA application. A DoLS facilitator has been put in place to research what the high court rulings mean for Liverpool Heart & Chest Hospital. This is a member of the risk management team. They have undertaken the role and has attended seminars and training courses run by Hill Dickinson and Liverpool City Council to learn more about mental health, mental capacity and the deprivation of liberty safeguards. (DoLS)

3.3 Safeguarding Referrals

In 2013/14, there were a total of 46 Safeguarding Vulnerable Adults and 11 Safeguarding Children in-house notifications made to the Safeguarding Nurses which resulted in 18 referrals to Social Services being made. Of these 8 resulted in a referral on to Care-Line.

There have been no Common Assessment Framework referrals completed for Safeguarding Children concerns. There have been no Child Death or Serious Case reviews in the Trust in 2013/14.

3.4 Safeguarding Policies

The Trust has robust policies and processes in place for Safeguarding Children, Admission of Children, Safeguarding Vulnerable Adults and Mental Capacity. Two of the policies have been reviewed throughout the course of 2013/14 to ensure that relevant local and national guidance is incorporated when appropriate. The other policies are in date and will be reassessed throughout the year as per plan.

The dedicated Safeguarding section of the Trust Intranet is regularly updated to enable staff to access up to date guidance, information and patient and family information leaflets, in line with national and local guidance.

3.5 Safeguarding Training

Learning and Development provide quarterly figures on update of training and this is reviewed by the ADNS and the Safeguarding Committee. Compliance with training is reported on a quarterly basis to the CCG. Training figures are below.

Safeguarding Children Level 1	Safeguarding Children Level 2	Safeguarding Adults Part A	Safeguarding Adults Part B
96%	81%	91%	92%

3.6 Dementia

Significant training has been offered and delivered to trust staff and to the public regarding dementia training since February 2014. As the UK recognises an increased number of patients with dementia the Trust are working hard to ensure that staff are competent to manage patients and support carers in the best way possible. This work forms part of the safeguarding referrals to the Safeguarding Nurses where concerns are raised and action plans need to be put in place.

In total, 46 dementia training sessions have been delivered and 422 staff and 340 members of the public trained.

3.7 Progress and Priorities

- Management of patients with Learning Disabilities (LD) (carried over from 12/13) –This has been discussed at the Safeguarding group and significant work has been undertaken:-
 - Patients are identified within the PAS and EPR systems if they have LD
 - Pictorial menus have been compiled
 - Use of hospital passports (Northwest initiative)
 - Care partner initiated
 - Mental capacity assessments completed
 - An LD assessment is currently being reviewed for use on the patients arrival
- Patients requiring extra support are highlighted to the ADNS and extra support is given to staff, patients and families / carers. Positive feedback has been given to ward staff following this by the families.
- Learning disabilities and domestic violence information provided as part of induction training.
- Monitor and improve the percentage of staff who have completed training in safeguarding vulnerable adults and safeguarding children Level 1 and 2.
- Information has been provided at ward level regarding best interest meetings, mental capacity act and deprivation of liberties and what is expected.
- Work in progress regarding care of patients with dementia and their carers.

3.8 Safeguarding Priorities for the year 2014/15

Priorities for 2014/15/16 have been incorporated into the Action Plan (Appendix 3). Progress against the Plan will be monitored by the Safeguarding Committee.

3.9 Summary

This paper provides assurance of the work undertaken in 2013/14 to progress the safeguarding agenda across the Trust. The Safeguarding review has identified the main issues to be prioritised for 2014/15 and these are detailed in the action plan in Appendix 3.

3.10 Recommendations

To receive assurance of the work undertaken to date in relation to safeguarding adults and children and the standards of safeguarding within the Trust.