

## Board of Director Public

### Item 2.2

**Subject:** Safeguarding Annual Report 2024/2025

**Date of Meeting:** 10<sup>th</sup> June 2025

**Prepared by:** Angela McKenna, Lead Nurse Safeguarding Adults & Children

**Presented by:** Joan Matthews DoN Quality and Safety

**Purpose of report:** For Noting

BAF Ref	Impact on BAF
1	N/A

<b>Level of Assurance (please tick)</b> To be used to provide the Board / Committee with a guide on the extent of assurance and evidence of assurance provided within the report		<input checked="" type="checkbox"/>
<b>Level of Assurance</b>	<b>Description</b>	
<b>High</b>	There is a strong system of internal control which has been effectively designed to meet the system objectives, and that controls are consistently applied in all areas reviewed.	<input type="checkbox"/>
<b>Substantial</b>	There is a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently.	<input checked="" type="checkbox"/>
<b>Moderate</b>	There is an adequate system of internal control, however, in some areas weakness in design and/or inconsistent application of controls puts the achievement and some aspects of the system objectives at risk.	<input type="checkbox"/>
<b>Limited</b>	There is a compromised system of internal control as weaknesses in the design and / or inconsistent application of controls puts the achievement of the system objectives at risk.	<input type="checkbox"/>
<b>No</b>	There is an inadequate system of internal control as weaknesses in control, and/or consistent non-compliance with controls could/has resulted in failure to achieve the system objectives.	<input type="checkbox"/>

## **1. Executive Summary**

Liverpool Heart and Chest Hospital (LHCH) has a statutory responsibility for ensuring that the services provided have safe and effective systems in place which safeguard adults, children, and young people at risk of abuse, neglect, and harm. The purpose of this annual report is to provide assurance on the Trust approach in line with its statutory obligations of the National Safeguarding Standards. At LHCH a 'Making Safeguarding Personal' and 'Think Family' approach is used.

The six safeguarding principals are:

- empowerment
- protection
- proportionality
- prevention
- partnership
- accountability

## **2. Background**

Safeguarding children, young people and adults cannot be done in isolation; it is only truly effective when we work collaboratively and restoratively with our partner agencies to protect all those at risk of harm, abuse, or neglect. This collaborative approach is embedded across the Trust in safeguarding practice that balances the rights and choices of an individual, with the Trust duties to act in their best interest to protect the patient, the public and the organisation from harm in line with legislation and guidance

### 3. Safeguarding Achievements and Priorities.

Key achievements and outcomes 2024/2025	Safeguarding priorities 2025/2026
<p>Continued to support our patients and their families with appropriate Safeguarding escalation to external providers when required, ensuring we use a 'Making Safeguarding Personal' approach and ensuring the person has a voice with a balance of choice, control, and safety.</p> <p>Proactive approach with our referrals and have a 24-hour response time for non-urgent referrals with urgent referrals being assessed during working hours on the day, we go above and beyond to ensure staff and patients feel supported.</p> <p>Ensured there is a Trauma informed approach used during Safeguarding reviews and it is included in all education packages used within the trust. The Safeguarding Lead Nurse has attended trauma informed training.</p> <p>Training has been provided throughout the year for specific groups of staff for example, care certificate as cardiothoracic masters module, as well as bespoke training.</p> <p>There has been a focus on ensuring the safeguarding of pre and postnatal mothers and their babies within the Trust.</p> <p>There has been a review of safeguarding governance, and the reporting structure has been strengthened.</p>	<p>There will be a review of training packages in use, to ensure they are current and relevant.</p> <p>The Lead Nurse is working with the Comms team to update and refresh the staff intranet page</p> <p>LHCH will look at new improved ways of working with the handover of the Mental Health patient cohort and work collaboratively with the newly introduced Matron for Enhanced care.</p> <p>LHCH will review out EPR document templates to ensure we have robust consistent assessment of patients.</p> <p>There is a review of Trusts Safeguarding Children's policies ongoing.</p> <p>Recruitment of Band 6 Safeguarding practitioner. Safeguarding team will work with Trust Delirium lead to ensure the safety and care of our patients.</p>

The Safeguarding Team currently comprises of:

- Executive Lead for Safeguarding – Joan Matthews CNO
- Named Doctor for Safeguarding Adults and Children - Dr Julia Jones
- Lead Nurse Safeguarding Adults & Children - Angela McKenna

The weekend Ward Manager and out of hours the Hospital Coordinators provide cover for Safeguarding, ensuring we have a 24/7 approach to concerns/referrals.

#### **4. Governance Structure**

The Lead Nurse for Safeguarding represents the Trust at the local Safeguarding Adult and Children's health subgroups for Liverpool and Knowsley and the Mental Capacity Act (MCA) forum.

Our commissioning standards and quarterly KPI's have now moved from Knowsley PLACE to Liverpool Local Authority ICB from Q1 2025. Safeguarding action plans and audits will be monitored via individual provider business and/or supervision and quarterly KPI submission.

As part of improvement Safeguarding improvement work, we have strengthened the Governance process by transforming the Safeguarding Steering Group to The Safeguarding Operational Group (SOG) This meeting is chaired by the Safeguarding Lead Nurse and will occur bi-monthly and will review and monitor Safeguarding operations in the Trust. The SOG will directly report into and offer assurance to the newly introduced Trust Safeguarding Committee (TSC).

The purpose of the TSC is to receive assurance from the Divisions and from the Trust corporate Safeguarding team, that the Trust is meeting its statutory responsibilities for safeguarding adults, children and young people. This meeting is chaired by the Deputy Director of Nursing, the meeting will occur quarterly.

#### **5. MCA and DoLs**

The Mental Capacity Act 2005 (MCA) is designed to protect and empower people who may lack mental capacity to make their own decisions about their care or treatment. This act applies to people aged 16 and over. Examples of people who may lack capacity include those with dementia, a severe learning disability, a brain injury, a mental health illness, a stroke or unconsciousness, caused by an anesthetic or sudden accident. Some of our patients may have fluctuating capacity, for example if a patient had Delirium and is a treatable cause for example an infection.

The Safeguarding team have put increased emphasis in empowering and educating staff to complete mental capacity assessments for inpatient and outpatient settings. These assessments are embedded in although, some new staff still requiring some education and support. The Safeguarding team facilitate best interest meetings, by using a multi-disciplinary approach, which includes patients' family members and next of kin. MCA and DoLS Mandatory training is currently at 95 % across the Trust and this meets the Trust Safeguarding training requirements as set by the Trust ICB KPI requirements.

Trust MCA training figures YTD detailed below.

Table 1

		MCA - Completion Date
Total no of Staff	1942	95%
	Required as part of Job role	1405.00
	Compliant	1333.00
	Non Compliant	72.00
	Rate	95%
	Not applicable to job role	537.00

## 5.1 Deprivation of Liberty Safeguards (DoLS)

During 20024/2025. There were 28 applications sent to Local Authorities by the Safeguarding team. This is a slight increase from 2023/2024 when there were 23 applications sent.

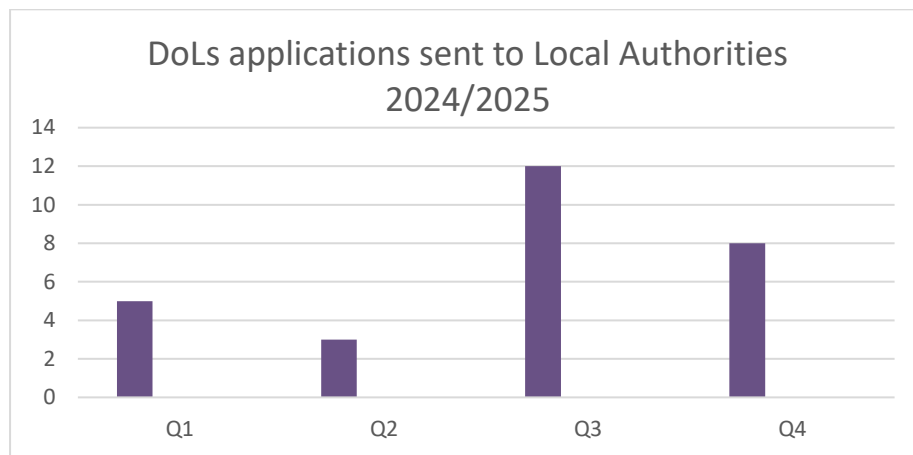
For all 28 applications that were sent to the patient's Local Authority, a request for urgent and standard applications, were made, an urgent application gives us 14 days to enforce the Safeguarding restrictions for the patient. See Table 2 below for the number of applications per quarter. The applications were made to 10 different Local Authorities.

In the 28 cases no response or decision was received from the Local Authorities, this area of focus of no response is discussed with the ICB leads also. When a DoLS urgent application expires, and the patient still lacks mental capacity for their treatment and care, if the restrictions

required still meet the required threshold for a DoLS application the patients were treated within best interest principle. In this instance a follow up email is sent to the Local Authority to inform them of the patient's condition.

0 applications were rejected by the Local Authorities.

Table 2.



There were many more DoLS applications received by the Safeguarding team which are then reviewed, following this scrutiny and checking a referral to the local authority was not deemed necessary.

There are several reasons why a DoLS would not be sent, some examples are.

- The patient's confusion had settled prior to review,
- The patient met the criteria for a critical care patient and was to be managed under the best interest principles and would be reviewed again once they were ready to be transferred to the ward,
- The patient was discharged/transferred to another care setting.
- The patient care was met under End-of-Life care needs/the patient had died

There remains a significant delay in Local Authorities undertaking DoLS authorisations the team review the applications and escalate to the local authority if a mental health doctor and best interest's assessor needs to review urgently or if there has been a delay to their assessment.

## 6.0 Safeguarding – Policies

All 18 Safeguarding policies have been updated and ratified via the Safeguarding Operational group during 2024/2025. They are available for staff via the Trust intranet

This includes the introduction of the new Missing patient policy. We are in the process of reviewing our children's policies after an increase in expectant mothers and mothers with babies in the trust.

## 7.0 Safeguarding Audit Plan

To ensure best practice in its Safeguarding processes, Liverpool ICB require submission of a Safeguarding audit plan (Table 3) to enable achievement of the quarterly KPI's. The Lead Nurse has begun the yearly audit plan, with the support of the audit team. The audit paper and results are presented at Safeguarding Operational group and action plans are agreed. Progress is monitored through this group until all actions are complete.

Table 3.

Audit Topic	Trust Lead (s)	Internal or External Audit	Division /Trust Wide	Reporting to Assurance Committee / Providing data for	Timescale			
					Q1	Q2	Q3	Q4
Admission for Children/Young Adults Requiring Treatment	Lead Nurse for Safeguarding Adults & Children	Internal	Trust Wide	Safeguarding Operational Group/KPI's				√
Quality checks of Mental Capacity assessment documentation.	Lead Nurse for Safeguarding Adults & Children	Internal	Trust Wide	Safeguarding Operational Group/KPI's	√			
Compliance with use of hand control mittens policy/procedure	Lead Nurse for Safeguarding Adults & Children	Internal	Trust Wide	Safeguarding Operational Group/KPI's				√
Mental Capacity Assessments and Consent	Lead Nurse for Safeguarding Adults & Children	Internal	Trust Wide	Safeguarding Operational Group/KPI's			√	
Review the quality of Safeguarding referrals in EPR	Lead Nurse for Safeguarding Adults & Children	Internal	Trust Wide	Safeguarding Operational Group/KPI's			√	
Compliance with Deprivation of Liberty Safeguarding Legislation & Documentation	Lead Nurse for Safeguarding Adults & Children	Internal	Trust Wide	Safeguarding Operational Group/KPI's		√		

## 8.0 Training and Education

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

From April 2024 Safeguarding Children's training was updated to include Children in Care, this meant all staff were returned to 'Red' status and had to complete the training again. We have

made positive progress in achieving this and are currently slightly below compliance with a plan to achieve above 95% during this quarter.

We have a Safeguarding Training needs analysis (TNA) which is submitted as part of the ICB KPI's. Each Division is responsible for monitoring and maintaining training compliance for their staff groups. Training compliance is readily accessible for individual staff and managers to view by the electronic reporting system.

LHCH compliance for April 2024- March 2025 is outlined in Table 4 below:

		Prevent	Prevent WRAP Level 3	Safeguarding Children Level 1	Safeguarding Children Level 2	Safeguarding Adults Level 1	Safeguarding Adults Level 2
Total no of Staff	1942	96%	95%	95%	92%	97%	96%
	Required as part of Job role	1919.00	1546.00	1905.00	1386.00	1924.00	1408.00
	Compliant	1850.00	1466.00	1806.00	1278.00	1864.00	1350.00
	Non Compliant	69.00	80.00	99.00	108.00	60.00	58.00
	Rate	96%	95%	95%	92%	97%	96%
	Not applicable to job role	23.00	396.00	37.00	556.00	18.00	534.00

The Safeguarding lead nurse delivers training through the, Cardiothoracic degree module, Care Certificate, MCA/DoLs, Bespoke training, Volunteer Induction and more recently at Corporate Trust Induction.

Level 3 Face to Face Safeguarding training attendance has proven challenging to release staff to attend throughout the year, we are currently in discussions to introduce this as online training to selected appropriate staff.

## 9.0 PREVENT

NHS organisations are required to provide awareness raising sessions for staff about PREVENT which aims to stop terrorism or support terrorist acts from people who have been radicalised. 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: Workshop to Raise Awareness of Prevent (WRAP) is 95% which is a national target for WRAP (level 3) training.

Our ICB have set a target of 90%. See Table 4. The Trust remains compliant with delivery of this training.

In 2024/25, there has been;

- 1 referral to Prevent
- 1 enquiry regarding behaviours

There were 3 face-to-face training sessions that were delivered by the Prevent Lead from Liverpool City Council. There was multi-disciplinary attendance for all sessions.

## **10. Safeguarding Referrals**

Safeguarding referrals are made in a variety of ways to the Team, via EPR order, telephone, email and face to face. Safeguarding cases appear to be becoming more complex and require much more multi-disciplinary working with our colleagues in the Trust, for example, the mental health team, social workers, psychology and our Therapies colleagues. It is essential to ensure we are gaining the best possible outcomes for our patients and their families.

There has been a total of 557 referrals via the electronic patient record system (EPR) during 2024/2025. At present there is no process to record the other referral activity which comes into the team by a variety of ways, telephone, email, Hospital coordinators, OPD, Community services, face to face etc.

The most common referrals are for confusion/delirium, DoLs/MCA, Learning Disabilities and/or Autism, Domestic violence, financial abuse and Mental health illness including suicidal ideation these patients are currently reviewed by the LHCH Mental Health liaison team.

The SLA for mental health support has been withdrawn by MerseyCare and services will change on 30<sup>th</sup> June 2025. There will be a robust handover process to the safeguarding team and working in collaboration with the teams throughout the hospital the Safeguarding team support the care of this cohort of patients.

The Safeguarding team have been involved with the Local Authority Designated Officer (LADO) on two occasions this year both were concerns of staff members. These were escalated and managed appropriately.

The Safeguarding Lead Nurse has contributed to external strategy meetings for patients known to the Trust and recently a multi-agency risk assessment and management (MARAM) meeting.

The Safeguarding team also support staff referrals and signpost staff to Health & Wellbeing, HR, Psychology staff support or external agencies such as food banks.

## **11. Learning Disability and /or Autism**

Patients with a Learning Disability and /or Autism are supported by the Enhanced Care Matron, care is tailored to their individual needs. Where appropriate the Safeguarding team may meet with patients and families.

The team at LHCH can ensure prior planning takes place and all reasonable adjustments are initiated on admission, liaising with families and other agencies is vitally important for us to ensure our patients have a positive experience during their journey with us.

The Mental Capacity Act is utilised so our patients with a Learning Disability and /or Autism get the support they need to make decisions, and if unable to make a decision at LHCH we use the Best Interest framework to ensure the best outcome for the patient. The team make referrals to LeDeR. The LeDeR programme looks to learn from the lives and deaths of people with a Learning Disability or Autism, using this knowledge to improve services and reduce health inequalities. The staff at LHCH have the knowledge and skills to care for neuro diverse patients, it is important our patients have a voice, and as a Trust we meet their needs. Their experience is important to us. LHCH strives to ensure that we fulfil and protect their wellbeing and human rights.

## **12. Responding to NHS England's launch of the NHS Sexual Safety Charter**

In June 2023, NHS England contacted ICB and NHS Trust leads to highlight the increasing number of sexual safety incident reports relating to colleagues and patients across the NHS landscape. This triggered NHS England to launch the sexual safety charter in September 2023: setting out the clear ask for all NHS organisations to sign up and commit to embedding 10 zero tolerance principles by July 2024. LHCH have signed up and are committed to achieving these principles.

1. We will actively work to eradicate sexual harassment and abuse in the workplace.

2. We will promote a culture that fosters openness and transparency and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours.
3. We will take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate.
4. We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours.
5. We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour.
6. We will ensure appropriate, specific, and clear policies are in place. They will include appropriate and timely action against alleged perpetrators.
7. We will ensure appropriate, specific, and clear training is in place.
8. We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours.
9. We will take all reports seriously and appropriate and timely action will be taken in all cases.
10. We will capture and share data on prevalence and staff experience transparently.

LHCH HR team in collaboration with our wider teams including Organisational Development, Patient Safety, Speak up Guardian, Education, Patient Experience, Equality and Diversity, the Communications team and the Safeguarding team are working towards full implementation of these principles.

### **13. Conclusion**

The purpose of this report is to provide assurance that as a Trust, LHCH have robust safeguarding systems in place, and appropriately trained staff to effectively respond to safeguarding concerns and uphold and deliver our statutory safeguarding responsibilities. As we move forward into 2025/2026, this annual report has provided the opportunity to reflect on LHCH Safeguarding journey so far. It has allowed for recognition of our achievements and the opportunity to focus our priorities for the year ahead.

Whilst Safeguarding, Prevent, Mental Capacity and Mental Health agendas continue to be a challenging area for all health agencies and multi-agency partners, the Trust continues to actively respond and contribute to regional and national developments. This annual report demonstrates that safeguarding vulnerable people remains a significant priority for the Trust and offers assurance that the annual KPI programme has been delivered.

The priorities outlined for this reporting year have all been achieved and further priorities are outlined for the year ahead. LHCH can be confident that the safeguarding team will have another productive and proactive year ahead, embedding practice to continuously improve the

outcomes for children, young people and adults at risk. The refreshed arrangements as part of the quarterly Trust Safeguarding Committee and the Safeguarding Operational Group (formally known as Safeguarding Steering Group) have also contributed to robust Divisional collaboration and increased commitment to prioritise safeguarding training.

The message that 'Safeguarding is everyone's business' has been at the forefront of our work and will remain a central focus as we look forward to the year ahead.

#### **14. Recommendations**

- The Board of Directors is 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.