



## Safeguarding Vulnerable People Annual Report 2014-2015

### 1. Purpose of report

The purpose of this report is to provide assurance that the Trust is fulfilling its responsibilities to promote the safety and welfare of people and families who use its services.

The safeguarding annual report for vulnerable adults and children informs members of the Board of directors about safeguarding activities during 2014/15 and sets out the priority areas scheduled for implementation in 2015/16.

It provides Board assurance of compliance against the following standards and statutory guidance:

- CQC registration standards, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13.
- CQC national standards of quality and safety Outcomes 7-11; Essential standards of quality and safety.
- Statutory duty to make arrangements to safeguard and promote the welfare of children under Section 11 of the Children Act 2004
- The code of practice for the protection of vulnerable adults set out by the Department of Health Guidance “No Secrets” (2000).
- The Care Act 2014 which set out the first ever statutory framework for adult safeguarding. It received Royal Assent and became law on 14th May 2014. Health and social care professionals had one year to prepare for full implementation in April 2015.

The safeguarding team provides a strategic and operational adult and children’s safeguarding service across all the Trust’s services adopting a whole system approach to keep vulnerable people safe.

## 2. A Whole system approach to keep vulnerable people safe



The Trust works across the North West and beyond and with all 10 Greater Manchester Local Authorities.

## 3. Safeguarding Operational arrangements

The Executive Director of Nursing and Quality is the Board lead with executive responsibility for safeguarding. She is supported in her duties by the Deputy Director of Nursing and Quality who leads operationally.

The named doctor for safeguarding children is a consultant paediatric oncologist. Up to January 2015 the named doctor for vulnerable adults (not currently a statutory requirement) was a psychiatrist working in psycho-oncology. The division are actively recruiting to this post.

The safeguarding named nurse a band 8a 1.0wte commenced post in August 2015, replacing the previous post-holder who left in May 2015.

The safeguarding policy reminds all staff of their duty of care in safeguarding all those with whom they come into contact, this continues to be updated and improved on an ongoing basis.

All safeguarding business is managed through the Trust safeguarding vulnerable people committee, chaired by the Executive Director of Nursing & Quality or her Deputy and reports up to the risk and quality governance committee via the patient safety committee. The effectiveness of this committee continues to be reviewed as part of its annual programme.

#### **4. Achievements during 2014-15**

All volunteers receive 1 hour adult and 1 hour children safeguarding training face to face. There will be 100% compliance with this by 1<sup>st</sup> Jan 2016. This has been introduced as a mandatory requirement for volunteers to enable them to continue volunteering in the Trust. This training programme also meets the requirements of Level 1 safeguarding training as outlined in the Intercollegiate Safeguarding Training document March 2014 which is the gold standard of safeguarding training requirements.

Safeguarding Champions have been launched within the Trust and currently there are over 20 champions who have been recruited. The safeguarding champions will receive additional safeguarding training and will be trained to level 3 in both adult and children safeguarding. This will mean that the Trust will have adult level 3 safeguarding members of staff before safeguarding adult training becomes a mandatory requirement. The safeguarding champions will support staff with the early identification of potential safeguarding concerns in their area thus providing a proactive rather than reactive service.

A weekly ward walk has been introduced by the safeguarding named nurse to promote safeguarding within the Trust and to increase accessibility to the service.

A safeguarding bleep has also been introduced to allow staff more flexibility in contacting the safeguarding service and more timely access to expert advice and consultation regarding safeguarding concerns. This also allows for rapid escalation of concerns to other agencies if required.

A generic safeguarding email address has been established which makes contacting the safeguarding service easier. The email address is accessed by 4 members of staff including the Executive Director of Nursing & Quality and the Deputy Director of Nursing & Quality and the safeguarding named nurse.

Safeguarding documentation has been reviewed and a 'cause for concern' form introduced to allow the recording and monitoring of concerns raised which do not meet the threshold of an incident. A database has been created which allows easy identification of types of concerns raised and categories of abuse reported. This will inform bespoke training requirements and target resources effectively.

The use of a multi-agency national screening tool to allow individuals who are identified as victims of domestic violence have this risk assessed and then information shared at a multi-agency risk assessment conference led by police to provide safety planning for victims.

#### **5. Quality Assurance**

In respect of safeguarding and compliance with outcome 7: safeguarding people who use services from abuse, The Care Quality Commission have not undertaken an unannounced inspection at the Trust since January 2013 when they found that the Trust was compliant with this outcome and no actions were required. Regular self-assessment against this

standard is undertaken and evidence demonstrating compliance is refreshed. This is reported both to the Trust's Safeguarding Vulnerable People Committee, the Patient Safety Committee and the Quality Assurance committee.

The Trust performed well in the 2015 section 11 audit and the majority of respondents who completed the survey were confident with safeguarding procedures. Actions to address included the introduction of literature of what to do if abuse is suspected in public places. The action plan is monitored by the trust safeguarding vulnerable people committee.

Safeguarding actions implemented in accordance with best practice are monitored via the Trust safeguarding vulnerable people committee which reports to the patient safety committee a subcommittee of the executive led risk and quality governance committee.

In addition, regular reports about safeguarding including the annual report are taken directly to the Quality Assurance committee which is a board level assurance committee chaired by a non-executive director.

The Manchester Safeguarding Children Board (MSCB) and Manchester Safeguarding Adults Board (MSAB) regularly require the Trust to declare compliance or provide assurance of current practice and training compliance.

## **6. Monitoring and audit activity**

The provider compliance assessment document (PCA) the use of which the CQC recommend is regularly updated and remains a regular agenda item on the safeguarding committee agenda.

A section 11 audit was undertaken and the results reported through MCSB and the Trust Safeguarding committee. An action plan was developed and is monitored via the trusts safeguarding vulnerable people committee.

## **7. Training**

Currently mandatory safeguarding training is delivered via e learning following the North West Core Skills framework. Compliance levels are high and the current training position to date is:-

Safeguarding Children and Vulnerable Adults Level 1		98%
Safeguarding Children Level 2a, b & c		80%
Safeguarding Children Level 4		100%

The CQC expectation is that training levels are maintained at 80% compliance with the recommended level.

The current training has been reviewed and in order to increase compliance with the guidelines published in the Intercollegiate Safeguarding Training Skills document March 2014:

Level 3 safeguarding training will be increased and face to face training will be available to staff who work directly with children under the age of 18.

Level 3 e-learning safeguarding training will be introduced to qualified clinical staff and level 2 training will be introduced to clinical staff and non-clinical staff who work in clinical areas.

Volunteers will all receive face to face level 1 safeguarding children and adult safeguarding which will be delivered face to face.

Level 3 adult safeguarding training will be delivered to safeguarding champions who will also receive level 3 children's training.

The named doctor for safeguarding children and the named nurse have both attended level 4 safeguarding training ensuring continued compliance with the Intercollegiate Safeguarding Training document (March 2014).

## **8. Supervision**

When managing safeguarding issues the staff receive safeguarding supervision from the safeguarding named nurse in the form of case management oversight, support and skill development. A priority for 2016 is to formalise this process by the introduction of a safeguarding supervision model and quarterly safeguarding supervision sessions to caseload holders i.e. key workers, psycho-oncology staff and community link nurses who experience a high level of safeguarding concerns. The purpose of introducing quarterly supervision sessions is fourfold to provide a medium by which safeguarding developments and policy can be shared, to increase client safety and experiences, to develop staff members and to provide reassurance to the organisation that safeguarding concerns are being addressed in a timely and appropriate manner.

The Executive Director of Nursing and Quality receives supervision through the GM providers Directors of Nursing meeting.

## **9. Consultation**

The introduction of the weekly ward walk and the bleep system allows for staff consultation with the safeguarding service. Expert advice regarding safeguarding concerns is readily available. This allows concerns to be raised at an earlier stage and allows preventative measures to be sought reducing in a decrease in the number of safeguarding incidents and referrals to statutory agencies.

The Trust continues to work in collaboration with the Manchester Safeguarding Children Board and is represented on the board and sub groups. As part of the Ofsted improvement plan the early help agenda in Manchester has been significantly revised and the Trust has worked closely with Children's services in Manchester to support these changes. A representative of the newly established early help hub has attended the Trust to deliver a session on the new Thresholds and the early help assessment and the safeguarding lead is continuing to promote the early help drive throughout the Trust. The new documentation and assessment tools have been uploaded for staff on the intranet.

The Trust as a regional centre works with 20 different local authorities and ensuring information is shared with multi-agency colleagues that is necessary and proportionate.

## 10. Prevent

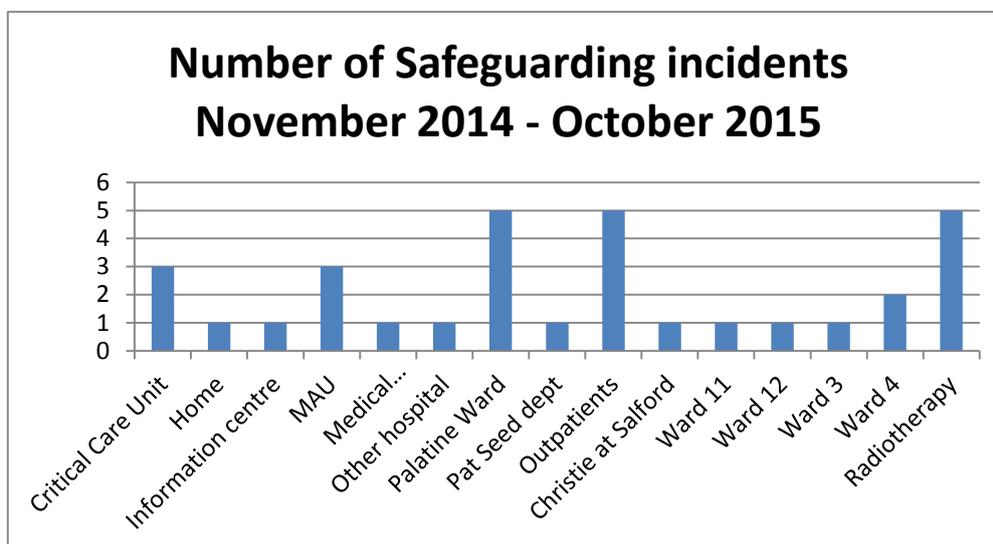
NHS organisations are required to provide awareness raising sessions for staff about PREVENT which aims to stop people becoming terrorists or supporting terrorism. It is recognised that vulnerable individuals may be targeted for recruitment into violent extremism and this is therefore a safeguarding issue in the context of the wider responsibility of all agencies to safeguard and promote welfare. This training is delivered face to face and compliance is currently 61%

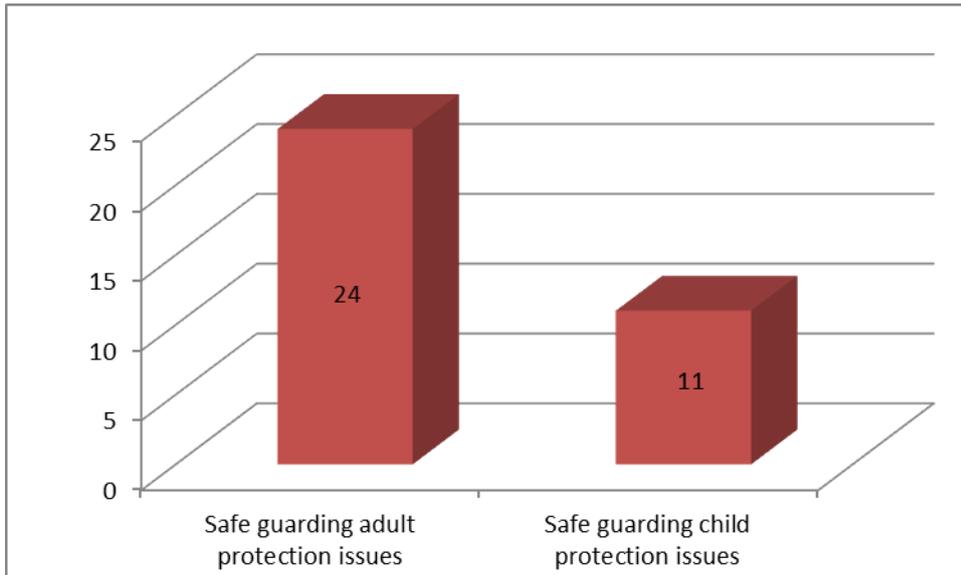
<b>Total number of staff who <u>require</u> PREVENT training in the organisation:</b>	<b>Total number of staff who have attended PREVENT training <u>to date</u></b>
2557	1568

## 11. Safeguarding concerns/untoward incidents

A total number of 35 safeguarding incidents were recorded from 1<sup>st</sup> November 2014 – 31<sup>st</sup> October 2015. This is a significant reduction in comparison with the number of incidents reported in the previous year. This reduction reflects the change in the delivery of the safeguarding service from a reactive service to a proactive service. Through increased visibility and increased accessibility through the generic safeguarding email address and the use of the safeguarding bleep together with the weekly ward walks, concerns are addressed at an earlier stage and strategies implemented which prevent incidents occurring.

### Location of Safeguarding Incidents



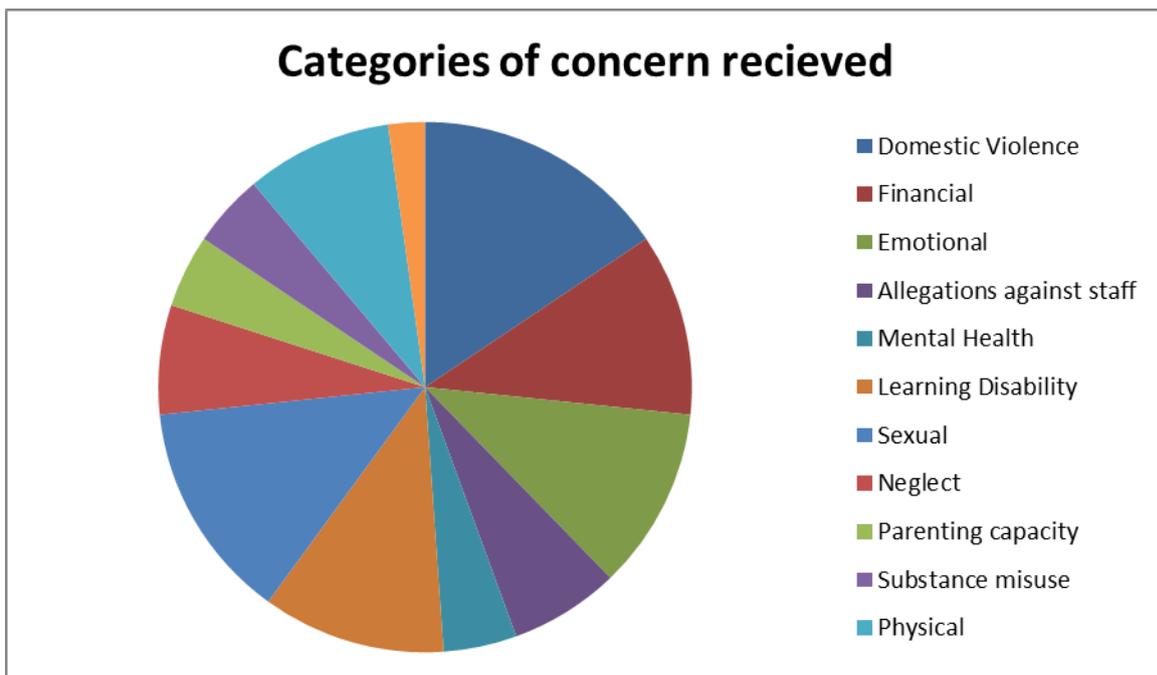


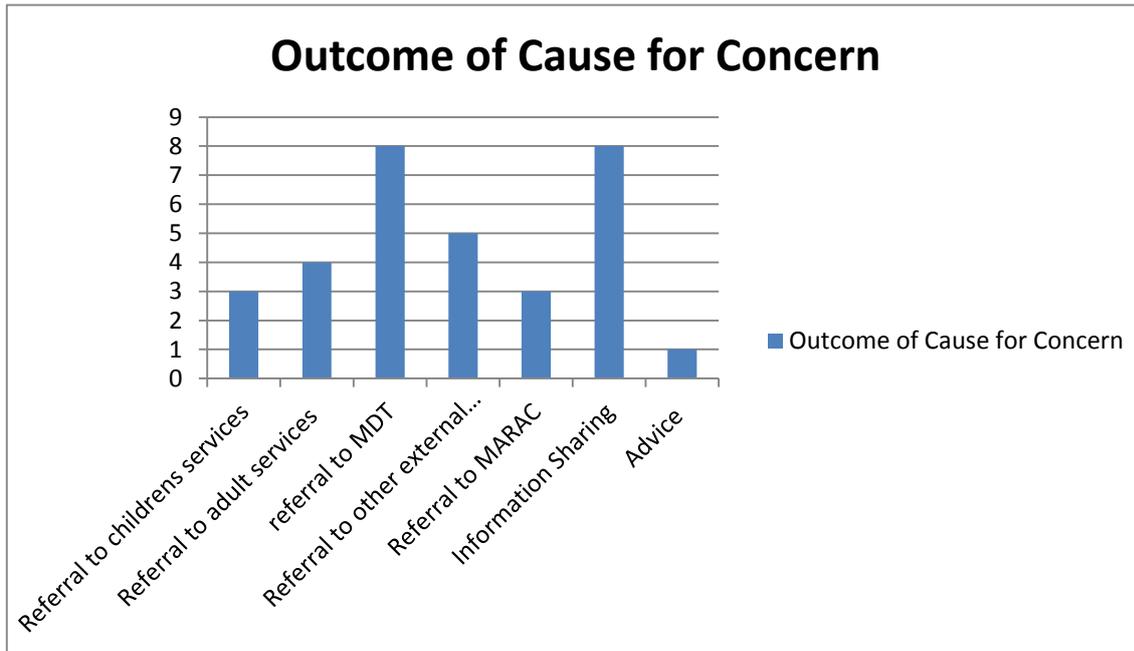
The number of safeguarding concerns shows that more adult incidents were reported than were incidents involving children, which reflects trust activity and case-mix.

An analysis of the concerns which are raised by staff indicates that concerns have been received regarding domestic abuse and historical sexual abuse.

**Cause for Concern**

Safeguarding concerns and queries which did not meet the threshold for incidents but necessitated that information was shared were documented and recorded on the new safeguarding cause for concern forms which were introduced early September 2015. Since this time there have been 32 cause for concerns received to the safeguarding team. These identify category of abuse and also record the action taken by the safeguarding team.





### Domestic Abuse

Following the identification by staff of patients who are potentially high risk victims of domestic abuse, a national screening tool has been used 4 times within the Trust since its introduction in August and 3 of the cases have been heard at the patient's local multi-agency risk assessment conference (MARAC) thereby continuing to ensure patient safety in the community.

Multi-Agency Risk Assessment Conference (MARAC) is a multi-agency meeting, chaired by Police, focussing on the safety of victims of domestic abuse identified as being at high risk. The identification of high risk victims of domestic abuse has been made possible by the use of a risk identification tool.

In a single meeting, the MARAC combines up to date risk information with a timely assessment of a victim's needs and links those directly to the provision of appropriate services for all those involved in a domestic abuse case : victim, children and perpetrator. Information is shared and joint decisions made on the most appropriate way to reduce or manage the identified risks.

### Historical Sexual Abuse

There have been 2 disclosures of historical sexual abuse one of which has been reported to the police and one of which the alleged perpetrator had passed away so no current risks were identified. Both of the patients reported that they had felt safe to make the disclosure to members of staff of the organisation.

### Deprivation of Liberty

There have been 12 Deprivation of Liberty applications made within the 2014-15 period. The majority of these applications ended when the patient was discharged from hospital to home, nursing home or hospice. The coroner was notified appropriately on one occasion regarding a patient who passed away whilst subject to a Deprivation of Liberty application in the Trust.

There is a statutory requirement to inform the CQC of all applications and notification has been duly sent to the CQC.

A court ruling in March 2014 defined the acid test for determining a Deprivation of Liberty which has 2 key questions: Is the person free to leave? Are they under continuous control and supervision? If the answer to both these questions is yes this amounts to a deprivation of liberty.

If a person receiving palliative care has the capacity to consent to the arrangements of their care and does consent then there is no deprivation of liberty, also if the person has the capacity to consent to the arrangements for their care at the time of their admission or at a time before losing capacity and does consent, the Department of Health (Update on Mental Capacity Act 2015) considers this consent to cover the period until death and that hence there is no deprivation of liberty (an exception would be if the persons care package was significantly changed in a manner that imposed significant extra restrictions.)

### **Complaints**

No complaints have been received which have required input from the safeguarding team

## **12. Priorities for 2015-16**

Key priorities for 2015 -16

- Recruit an adult social worker to current vacant post: from the analysis of the data from the cause for concern reports, this recruitment would reduce the risk to the service of missed opportunities for timely intervention and escalation of concerns if necessary.
- Introduce quarterly safeguarding supervision for staff who are case load holders for vulnerable staff, this would improve safeguarding practice, maintain awareness of safeguarding legislation and ensure learning from serious case reviews both local and national becomes embedded in practice.
- The safeguarding policy is due for review date in March 2016. A key priority is to ensure that the policy remains robust and reflects current statutory safeguarding requirements.
- Increase the use of the intranet as a resource for staff, empowering staff to complete the relevant risk assessments and to make timely appropriate referrals to external agencies if required.
- Contribute to the planning and design of the proton beam centre ensuring that safeguarding remains central to the planning process