 **Safeguarding**



**Adults at Risk and Children**

**Annual Report**

**2****014/15**

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Contents Page

Introduction

5

6

9

13

Local population and Demographics

Local and National Drivers

Safeguarding aim, objectives and achievements of 2014/15

Safe

‘Flagging’ of Child Protection cases

Hospital Acquired Pressure Ulcers with Significant Harm

Independent Mental Capacity Advocates – IMCA

Female Genital Mutilation

Child Sexual Exploitation

Effective

Deprivation of Liberty Safeguards

PREVENT

Policies and Protocols

Emergency Department – Childrens’ Pathways

Maternity

Caring

Example Case studies

Responsive

15

18

27

Safeguarding aim, objectives and planned achievements set for 2014/15

Performance monitoring and Assurance - Savile Review

Internal South West Audit – Update

Winterbourne View

Child Protection

Well Led

Training

Activity Data

SIRIs

Service Leads Development

Adult Safeguarding Audit Table 2014/2015

Childrens Safeguarding Audit Table 2014/2015

Objectives for 2015/16 and Future Plans

The Care Act

Pressure Ulcers

Safeguarding Adults - Standards for Commissioned Services 2015-16

Training

Communication

32

Domestic Violence

Specialist Community Childrens Services

Feedback and user input into services

Glossary of abbreviations

Introduction

Welcome to the Safeguarding Adults at Risk and Children Annual Report. This joint Annual Report provides a summary of the work of Weston Area Health Trust (WAHT), to safeguard adults and children and to prevent abuse. It covers the period 1st April 2014 to 31st March 2015.

The Board of Weston Area Health NHS Trust is committed to the safeguarding adults and children. The Executive Lead for Safeguarding is Chris Perry, Director of Nursing. The Non Executive Lead for Safeguarding is George Reah. The Trust is an active member of both the Local Child Safeguarding Board (NSSCB) and the Local Adult Safeguarding Board. The Safeguarding Committee meets quarterly with both adult and children teams attending, demonstrating the continuum of safeguarding from pre-birth through adulthood.

The Trust acknowledges that safeguarding adults and children is everybody’s business and works closely with partners in health, social care, police and education to achieve this. Safeguarding is a fundamental component of the care we provide and is supported by specialist adult and children safeguarding teams. In recognition of the increasing awareness of both adult and child safeguarding, the previous safeguarding arrangements have been strengthened by the allocation of a full time Named Nurse and Named Doctor for Children, repatriation of Child Protection procedures within Community Paediatrics and the secondment of an AWP Older Peoples Mental Health Sr.

As a result, this year significant advances in Safeguarding practice and leadership have taken place at WAHT, improving outcomes for adults and children. Key to this has been closer working between adults and children safeguarding leads, as well as with external agencies. This document will outline the current status of Safeguarding at WAHT, the advances made 2014/15 and the future plans for the department.

Local population and Demographics

WAHT sits within North Somerset but its catchment area includes parts of Somerset, and some areas of North Somerset sit within the catchment areas of University Hospitals Bristol and Southmead Hospital Bristol.

North Somerset 2011[census](http://www.n-somerset.gov.uk/Environment/Planning_policy_and-research/researchandmonitoring/Pages/Research%20and%20monitoring.aspx):

* Population 202,566
* 94.1% are white British compared to a National average of 80.5%,
* 21.1% are over the age of 65years compared to a National average of 16.5%, and as such there is a significant retired population.

However, despite this, health, employment and education are on par with - or better than - the National average.

* There are currently 121 Children on Child Protection Plans, and 233 Looked After Children (April 2015)

Local and National Drivers

* Safeguarding Children: Standards For Key Providers Of Health Services: CCG 2014-15
* Section 11 of the Childrens Act (2004)
* The Department of Health’s Female Genital Mutilation Prevention Programme
* Working Together to Safeguard Children - DoE
* Department of Health -The Care Act 2015
* Department of Health – Prevent Strategy 2011
* Outcome 7 – Safeguarding people who use services from abuse – CQC 2010
* Safeguarding Adults Standards for Commissioned Services 2015-16
* National Capability Framework for safeguarding Adults – 2012

**SAFE**

‘Flagging’ of Child Protection cases

This year mechanisms have been put in place to add an alert to the electronic care records (Millennium) of every child on a Child Protection Plan or those who are Looked After Children, to alert clinicians of their vulnerable, high risk status and inform care plans. In addition this allows vulnerable children to be prioritised and for multi-agency information sharing in the interest of child protection. The lists of children are reviewed weekly, adding alerts for new cases.

In addition all of the unscheduled care and childrens services at WAHT receive the weekly list so that they can identify those at risk at the initial point of contact. This was introduced as a safety net as many areas do not routinely access the section of Millennium which triggers the alert (Powerchart).

This system was based on an existing process in ED that was developed, improved and promoted. Subsequent audits of Primary Care Notifications in ED show a significant increase in the degree of multi-agency information sharing as a direct result of the ‘flagging’ of children at risk, with PCN’s stating ‘for information only as child at risk’, for example. This evidence is suggestive of safer practice and improved outcomes for children.

Future plans are underway to replace the above flagging systems with the HSCIC Child Protection – Information Sharing System (CP-IS), which shares child protection information on individuals via the National Spine. WAHT is signed up and on schedule, however implementation has been postponed as we’ve been asked to ‘go live’ in tandem with North Somerset Childrens Social Care who have further preparations to make.

Hospital Acquired Pressure Ulcers with Significant Harm

The following graph reflects the number of Hospital Acquired Pressure Ulcers (HAPU) all grade 3 and 4 HAPU are reported both internally via Datix and externally via local Safeguarding teams. Every grade 3 and 4 are investigated and findings presented to a senior nurse panel comprising of Director of Nursing and Lead Nurse for Safeguarding Adults at Risk. Of the 28 investigated **65% were avoidable**. 4 are currently under investigation and 1 remained inconclusive.

Independent Mental Capacity Advocates – IMCA

IMCA representatives are to become much more prevalent within Safeguarding Adults, with the introduction of the new Care Act. All patients who are involved or have a safeguarding investigation or DoLS in place who lack capacity and have no named advocate must be referred to IMCA. The following data represents the last financial year’s activity. Although low figures this is an improvement on previous year’s data.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Ward  Category | Hutton | Berrow | Harptree | Harptree H/C | Steepholm | Stroke | Cheddar | SAU | Uphill | Kewstoke |
| Long Term Moves (LTM) | 2 | 1 | 2 | 1 |  |  | 1 | 1 |  | 1 |
| Serious Medical Treatments (SMT) |  |  |  |  | 2 | 1 |  |  |  |  |
| Care Reviews / Best Interest Meeting (CR) (BIM) |  |  |  |  |  |  |  |  | 1 (BIM) |  |
| Safeguarding (SG) |  |  |  |  |  |  |  |  |  |  |
| DoLS |  | 1 |  |  |  |  |  |  |  |  |
| Totals | **2** | **2** | **2** | **1** | **2** | **1** | **1** | **1** | **1** | **1** | **14** |

Female Genital Mutilation

In February 2014 the UK Government made a declaration to end FGM in the UK and around the world, setting out a National plan of action. This initially required NHS hospitals from April 2014to record:

* if a patient has had FGM
* if there is a family history of FGM
* if an FGM-related procedure has been carried out on a women - (deinfibulation)

In September 2014 all acute Trusts where required to report this data centrally to the Department of Health (DoH) on a monthly basis. WAHT was compliant with this.

As of the 1st April this year this progressed to an enhanced FGM monthly dataset to be submitted to Heath and Social Care Information Centre (HSCIC). The information being request was personal and sensitive, and was therefore discussed and agreed by the Trust Caldicott Guardian.

To support this the Childrens’ Safeguarding Team (CSG) have promoted FGM knowledge and awareness among key staff groups by disseminating information, local events and National updates regularly, promoting the completing of the DoH e-learning package, and developing a Trust Guideline for FGM. This is in addition to the training included in the Statutory Safeguarding training.

Child Sexual Exploitation

In August last year Professor Alexis Jay published a review of child sexual exploitation in Rotherham which lead to the exposure of a National problem that had been hugely underestimated. As such tackling CSE has been firmly placed on the Government agenda, and in March 2015 the DoH published *Tackling Child Sexual Exploitation*which deems CSE a National threat and outlines the actions agreed to eradicate it.

Locally, developments have been made:

* NSSCB have introduced a CSE Sub-group
* The Sub-group have formed a North Somerset CSE MARAC – which the CSG Lead attends monthly
* The Local Authority have produced a CSE referral pathway – which has been disseminated to all WAHT staff and is available on the K Drive
* NSSCB have introduced a set of CSE training courses (3 levels) – this has been recommended for all staff in Emergency Department (ED) and Child and Adolescent Mental Health Services (CAMHS), but open to all WAHT staff
* CSE will be covered in the in-house WAHT Level 3 CSG training

**EFFECTIVE**

Deprivation of Liberty Safeguards

The new Supreme Court ruling on Deprivation of Liberty Safeguards (DoLS) came into force in March 2014. Substantial work was implemented by the Trust introducing new processes and systems underpinned by a robust training programme. The data in the following graph reflects the improvement within this area of Safeguarding. Local agreement with North Somerset DoLS lead, in line with legislation have been agreed, however it should be noted that many of the inpatients requiring DoLS are either discharged or deceased prior to an assessment being carried out, this is in part due to the sheer increase number of applications within North Somerset following the ruling, the lack of best Interest assessors and incorrect applications being submitted.

In order to address the shortfalls in the process, there has been an increase in staff undertaking Best Interest Assessor training to carry out DoLS assessments; this includes 3 staff from the Trust. A new process has been introduced to include a quality check step before all applications are submitted for assessment. The Trust was recently benchmarked against Bath Royal United Hospitals for application submission and was viewed favourably. The graph demonstrates a marked improvement. The training programme has included ‘on the ward’ teaching sessions from the Adult Safeguarding lead. (Data for 2013/14 identifies that the Trust applied for 5 cases of DoLS)

PREVENT

The Counter Terrorism and Security Bill received Royal Assent on Thursday 12 February 2015.  The Channel duty, placing Channel on a legislative footing as part of this Act, comes into force on 12 April 2015.   A competency framework has been established and sent to all Prevent leads – this has been shared with the Academy training lead at the Trust; plans to deliver all elements of Prevent to key staff groups have been made for 2015/16. The training compliance graph demonstrates that training for staff groups requiring level 2 training is steadily improving. This group are staff who currently undertaken level 3 children’s safeguarding, this is expected to improve further in 2015/16 with Children’s safeguarding level 3 being delivered ‘in house’

The Trust has to date received no referrals for Prevent. The South West is considered a non- priority area and as such reporting processes have changed to reflect this; the local commissioner now receives a quarterly report using the government template detailing number of referrals, staff trained in Prevent etc. All staff requiring Prevent awareness at level 1 receive this on induction and is supported with a staff information leaflet. All staff previously in post had received the leaflet with their wage slip in 2014.

 Policies and Protocols

The following table identifies key Polices/protocols to support and underpin current safeguarding practice.

|  |  |  |  |
| --- | --- | --- | --- |
| **Policy/Protocol** | **Review Date** | **Comments** | **Status** |
| Safeguarding Adults at Risk Policy | 2018 | Updated to reflect Care Act |  |
| Safeguarding Children, Young People and Unborns Policy | 2017 | Updated to reflect Nation FGM requirements and contacts |  |
| Safeguarding Strategy | 2018 |  |  |
| Safeguarding Supervision Policy | 2017 |  |  |
| Domestic Violence Policy | 2018 | Updated to reflect Care Act and internal processes |  |
| [Multiagency Guidance For Injuries In Non-mobile Babies](javascript:void(0);) | 2018 |  |  |
| FGM Guidance | 2017 | Included in Childrens Safeguarding Policy |  |
| Restrictive Interventions | 2016 | Updated to reflect change in terminology |  |
| Mental Capacity Act | 2017 |  |  |
| Consent | 2018 | Updated and strengthened |  |
| Covert Medicines | 2018 | Included in Administration of Medicines Policy |  |
| Prevent | 2018 | Updated to reflect training requirements |  |
| Dementia Protocol | 2015 | Due August 15 |  |
| Learning Disability Policy | 2017 |  |  |
| Mobile Phone Policy | 2015 | Estates Dept. reviewing |  |
| Child Death Policy | 2015 | In development – due May 2015 |  |
| Change of Identity Management Policy | Oct 2015 | Ratified April 2015 |  |
| Use of Social Networking Site Policy | 2015 | In development – due July 2015 |  |

Emergency Department – Childrens’ Pathways

A major focus for the Childrens team in 2014/15 has been to improve practice in ED/Seashore through supportive leadership, training, and developing clear, evidence based protocols for Safeguarding Children. As these measures were not in place previously the Named Nurse during this time has prioritised these developments to ensure that children do not fall through the gaps when accessing unscheduled care. Although a Paediatric Liaison Nurse is in post, she works shifts with no CSG specific hours or a job description (which is being addressed by ED), and therefore has not been a reliable resource for regularly and routinely contributing to CSG duties.

A number of protocols have been introduced/updated:

* Red flag list
* PCN
* ‘What to do if you are worried about a Child’ pathway
* Injuries in non-mobile babies
* Paediatric Mental Health pathway and assessment matrix
* ‘Did not wait’ Policy
* CSE referral pathway (Childrens’ Social Care)
* ‘Star folder’ flagging protocol

In addition the CSG team review the child attendances on a daily (in hours) basis, to ensure no Safeguarding concerns are missed.

Currently data analysis of daily safeguarding activity shows approximately 1:3 PCNs are completed by the CSG team, however this is a vast improvement on the beginning of the year (see table Childrens Safeguarding Activity 2014/15, page 21). Different strategies to manage this ‘safety net’ system within Urgent Care are being considered to free the limited time and resources of the CSG team, handing ownership of these responsibilities back to ED. To assist this change in SG practice a monthly ED Safeguarding meeting has been established, and until there is evidence of this being a success the SG processes in ED remain on the SG Risk Register.

Maternity

There have been updates to the information and data storage of SG cases in maternity:

* The hard copies of case files are now stored securely in a locked cupboard on the Ashcombe Birth Centre
* A case tracking database has been created for all Safeguarding concerns in Maternity, accessible to SG Leads and the Maternity Matron
* All case documents (such as multi-agency reports etc) are now stored on the K Drive, accessible to SG Leads and the Maternity Matron

CARING

Example Case studies

1. Adult Safeguarding Concern:

Elderly adult from Residential Home: Admitted with unexplained extensive old bruising, this was reported whilst being washed a couple of days after admission on MAU. Bruising was to the inner left thigh, pelvic region, lower abdomen and left lower back. There were no other bruises visible. Patient had a mild Dementia and unstable INR.

Investigation Required:

Events leading to discovering the bruising to lower abdomen, inner thigh and lower back, prior to admission and during first 2 days of admission. Possibly physical or sexual abuse.

Method of investigation:

Emergency Admission Card

Medical case notes reviewed

Sr (MAU) interviewed

Staff ward duty rosters examined

Patient assessed for capacity and informally interviewed

Daughter informed and interviewed

Social Worker informed and case discussed

Action

SG Lead advised to take photographs; bruises looked old of differing colours including yellow and purple.

Dr looking after the patient noted that the bruising looks mottled over inner thigh and lower stomach not typical of bruising from a specific injury – could have been from multiple ages.

SG Lead requested X rays of pelvis and hip to check for fractures from possible fall – carried out- No fracture seen, ? Bruising could have been caused from fall and radiated around to back.

Patient re-interviewed for consistency by SG Lead.

Bed space was bay 3 bed 2 and 4 on Mau/Harptree; patient was very visible at all times.

Inconclusive at this point

Safeguarding strategy meeting held within the trust, SG Lead, ward Sr, daughter, social worker care home staff and community SG lead present. No evidence to support a fall or sexual abuse, drawing on patient statement and evidence to hand. No rape kit or bloods for sedation had been taken at point of admission as no record of bruising at this point.

Conversation was held between the patient’s daughter and Trust SG Lead after the meeting. Daughter raised concerns re Warfarin dosing in 2013 resulting in patient being admitted to WGH with a bleed.

SG Lead carried out further investigation, reviewing admission 26/1/13. Patient found to have a Rectal Sheath Haematoma due to deranged INR. The Rectal Sheath is a lower abdominal muscle, a haematoma is severe collection of blood/bruising due to bleeding. The patient had had a recent chest infection and was treated with antibiotics; these would have contributed to her abnormal INR levels. She had had a cough at this time. Rectal Sheath Haematoma’s were researched by Trust SG Lead and concluded that this severe bruising can be brought on by continued coughing or straining. Photographs demonstrating Rectal Sheath Haematomas were reviewed by Trust SG Lead. The photographs of Rectal Sheath Haematomas fit the pattern of bruising seen on the patient. Patients often present with lower abdominal pain

The pattern of bruising and reason for her 25/12/14 admission; recent lower respiratory tract infection with persistent cough and lower abdominal pain in the supra pubic region fits with the 2013 findings.

Conclusion – No evidence of abuse

1. Child Safeguarding concern:

Unexplained spiral fracture of tibia, 5yrs old boy. Mum and Gran’s behaviour raised concerns as seemed inappropriate, they appeared uninterested in the child, no attempts made to comfort him – even told him to shut up and stop crying. The boy offered differing explanations of how the injury occurred, and the Mum and Gran denied any knowledge of how it could have occurred.

Actions

Emergency Nurse Practitioner spoke to Community Paediatrician on call overnight, transferred to BCH for admission and informed the CSG team. After discussing the concerns with the CSG Lead ENP referred to Childrens Social Care.

Outcome

It later emerged that the boy had sustained the injury during a period of time that he was left in the car alone with Mum’s partner, who had a previous prison sentence for child abuse – Mum had been aware of this. While Mum was in hospital with her son, the partner had kidnapped her baby, this eventually lead to her disclosing the abuse, and the police were called and were able to locate the partner and baby.

Following this both children were removed, and will be placed in the care of a relative. The Partner is in police custody and is likely to receive another prison sentence.

RESPONSIVE

Safeguarding aim, objectives and planned achievements set for 2014/15

The following table reflects on the status of the objectives set out in the last Annual Report

|  |  |  |
| --- | --- | --- |
| ***Aim:*** | **Status:** | **Completion date:** |
| *Explore the feasibility of electronic transfer of Emergency Department attendances for children* | This has been achieved and electronic reporting commenced 01/12/14 for School Nurses. This is currently being audited with a view to rolling it out to Health Visitors in phase 2 once NSCP agree | Dec 2014 |
| *Further work in partnership with the LSCB on Child Sexual Exploitation* | The NSSCB now has a CSE Subgroup which formed a CSE MARAC, the Named Nurse from WAHT attends this MARAC monthly. In addition ED and CAMHS have been targeted to attend CSE training provided by North Somerset. | Dec 2014 |
| *Further work in partnership with UH Bristol on developing an action plan and clinical guidelines for Female Genital Mutilation* | FGM Guidance available to all staff on DMS | Oct 2014 |
| *Review of new Intercollegiate Document and implementation of changes into practice* | Gap analysis of current Level 1 and 2 CSG training (Level 3 provided by Local Authority), and amendments made to face-to face training. Level 1 e-learning is sourced externally and due for renewal. | July 2014 |
| *Development of plan to further increase uptake of training* | Various strategies employed – work in progress to develop in-house training to commence April 2015 | On-going  (Review Sep 2015) |
| Implement Commissioned standards including Prevent | Achieved with new Vulnerable Adults Nurse | April 2014 |
| Government approved WRAP (prevent) | Achieved x2 in post | May 2014 |
| Annual Audit Plan | Achieved( within report) | March 2015 |
| Violence and Aggression Working Group | Achieved – set up by Head of Nursing. Trainers in Control and Restraint in post | Feb 2015 |
| Mental Health Policy | AWP contracted to oversee and monitor Policy and Training | 2014 |

Performance monitoring and Assurance - Savile Review

Recommendations from NHS investigations into matters relating to Jimmy Savile from the Independent report for the Secretary of State for Health were determined in February 2015. 14 Recommendations were identified by the Authors: Kate Lampard and Ed Marsden. The Trust has reviewed the recommendations and provided assurance where applicable, there are no pending actions from this review.

Internal South West Audit – Update

Audit South West undertook an audit of Adult Safeguarding polices/systems and procedures, the final report was produced in February 2014. There were 4 areas of weakness. The following table reflects progress made.

|  |  |  |
| --- | --- | --- |
| **Issue** | **Risk rating** | **Progress status** |
| Training compliance was not always reported at Safeguarding committee | Moderate | Reported in every quarterly safeguarding report |
| Minor admin improvements to database required | Low | Improvements made on the day of the audit |
| Annual audit of Safeguarding policy required | Moderate | Completed and included on annual audit plan |
| Themes and trends need to be identified in safeguarding reports | Moderate | Included in every quarterly and annual safeguarding report. |

The South West Audit of CSG services commenced in Jan 2015 and is on-going.

Winterbourne View

Work continues within North Somerset to safeguarding vulnerable adults with complex Learning Disability. 3 service users remain in complex care placements, 6 people have been rehoused within North Somerset Community.

A new Government document for people with a learning disability, autism and mental health conditions is currently being developed and is out for consultation; No voice unheard, no right ignored. It can be found at: <https://www.gov.uk/government/consultations/strengthening-rights-for-people-with-learning-disabilities>

Child Protection

**Child Protection Activity 2014/15**

Child Protection services were successfully repatriated from Musgrove Park Hospital in September 2014 with a complete overhaul of internal and external processes and pathways, and a new documentation system to ensure information relating to Child Protection concerns are communicated effectively to any WAHT clinician that comes into contact with the child. The Community Paediatricians provide in hours on call cover for CP concerns (including Child Deaths) raised internally or by external agencies, as well as contributing to out of hours on call cover jointly with neighbouring Trusts in Bristol and South Gloucestershire.

The figures in this chart relate to cases that the Community Paediatricians at WAHT have been involved in – rather than the total for North Somerset.

WELL LED

Training

All areas of safeguarding training, bar Level 3 Childrens, have improved during 2014/15. There remain areas for improvement for which plans are in place for 2015/16. Key areas for improvement are Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS) Children’s Safeguarding levels 2 and 3, Prevent level 2 and Dementia. Children’s safeguarding will be delivered in house from 2015. The Trust has a dedicated WRAP trainer to deliver Prevent the Government anti-terrorist programme, this will follow the new guidelines from the 2015/16 framework and will be introduced in 2015.

The Trust has welcomed a new post; a 2 year secondment from AWP, Older Peoples mental health Liaison with a speciality in Dementia. Part of her role will be to provide education on wards for all staff. This will be captured and recorded on ESR. She will also address MCA and DoLS.

The CSG team have provided ward based training to all areas of childrens services, specific and relevant to the different staff groups. This has highlighted strengths and weaknesses in the CSG knowledge of staff and was designed to temporarily mitigate against the persistent issue of poor Level 3 training compliance during the development of in-house training.

Scheduled CSG Training:

* + Domestic Abuse, Stalking and Honour Based Violence Risk Assessment (DASH) training – ED, Ashcombe and Seashore clinicians
  + CSE – ED and CAMHS clinicians
  + Level 3 – In-house Level 3 training form Q1 2015

Activity Data

The graph above reflects the total number of concerns raised to the trust Adult Lead in 2014/15 and the total relating to practices within the Trust. Each requires a level of investigation to determine if the concern meets Safeguarding thresholds. The quarterly reports detail how many investigations were undertaken and if they were substantiated. One member of unregistered staff was dismissed following investigation into physical abuse in 2014. The vast majority of concerns raised relate to suspected abuse in the community prior to admission to the trust.

The below graph shows the number of cases highlighted to Primary Care Services (via a PCN from ED), Social Services (Quarterly) and the Named Nurse for CSG over the past year. The figures are evidence and reassurance of a growing recognition and response to CSG concerns Trust wide. Although the PCN’s are only used by ED and Fracture clinic, there is good representation from the rest of the Trust Childrens Services in the Social Services and Named Nurse figures.

SIRIs

This year the CSG team have investigated 2 related SIRIs involving two young people, both LAC, both female, attending ED on the same day at a similar time (not known to each other) for Mental Health reasons. They both remained in ED for over 18hours which was initially deemed to be of concern. The investigation identified that the decision not to discharge or transfer the girls in their presenting states was the right decision and admission was planned but no beds were available. The analysis of the cases did however highlight

1. The need for a clear pathway for mental health concerns in young people attended ED, the confusing arising due to different agencies enforcing different age thresholds on their services - A pathway is now in place.
2. A severe lack of mental health beds for young people locally - No action from WAHT, has been raised to NHS England via CCG.

The Child Death procedures have also been reviewed and updated following poor management of a child who was brought into ED deceased in May 2014. As a result the CSG team have introduced a set of child death packs in ED, complete with checklists, and a Child Death Policy is being developed.

Service Leads Development

The Adult Safeguarding lead, Complex Needs Sr and AWP Older Peoples Mental Health Sr are currently undertaking a Best Interest Assessor training at UWE, this will contribute to the team within North Somerset to meet the demand of increasing DoLS assessments.

Both the Adult Safeguarding lead and Complex Needs Sr have undertaken Level 2 safeguarding via North Somerset council.

Plans for both the Adult and Children Safeguarding leads and Complex Needs Sr to undertaken Domestic Violence training is in place for 2015.

This year the CSG Lead has achieved Level 4 Childrens Safeguarding compliance through attending/completing:

* NSPCC Train the Trainer course and plans to complete the accredited assessment, NSPCC
* Emotional Abuse and Neglect Advanced SD, NNSCB
* Medico-Legal Conference, Bristol
* Advanced Inter-Agency Child Protection 2 day course, NNSCB
* Gemini: Domestic Abuse Services Info Sharing Event Sep 2014, WsM
* SARSAS (Somerset and Avon Rape and Sexual Abuse) Annual Review, Bristol
* Think Family Workshop, NNSCB

Adult Safeguarding Audit Table 2014/2015

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Topic** | **When** | **Source** | **Focus:** | **Q1** | **Q2** | **Q3** | **Q4** |
| Safeguarding Vulnerable Adults | Quarterly | SG Lead/N Somerset Council | Number of referrals to lead | 77 | 52 | 81 | 80 |
| Number of concerns raised internally | 23 | 15 | 12 | 18 |
| Domestic abuse attendances | 7 | 7 | 1 | 0 |
| PREVENT referrals | 0 | 0 | 0 | 0 |
| Hospital Grade 3 & 4 ulcers | 6 (19%) | 5 (31%) | 9 (22%) | 6 (14%) |
| Community Grade 3 & 4 ulcers | 25 (81%) | 11 (69%) | 31 (77%) | 38(86%) |
| Porters – Mortuary Training | 84% | 96% | 97% |  |
| DBS checks | 100% | 100% | 100% | 100% |
| Safeguarding Policy | Annual | Staff questionnaire  SG Data | Staffs Level of understanding |  |  | 52% |  |
| Processes |  |  | 88% |  |
| Consent | Annual | Case Notes | Consent Form 1 |  |  | 79% |  |
| Consent Form 4 |  |  | 95% |  |
| DOL’s | Quarterly | DOL’s folder K drive | Numbers of referrals from WGH | 0 | 4 | 25 | 45 |
| IMCA | Quarterly | 1 in 4 service | Number of referrals from Trust | No data | 14 to date | 5 | 9 |
| Safeguarding Training | Quarterly | Training Dept/SG Lead | S/G Mandatory compliance Level 1 | 93% | 92% | 92% | 94% |
| SG compliance Level 2 |  |  |  | 100% |
| MCA/DoLS training | 41% | 51% | 60% | 63% |
| Dementia | 65% | 63% | 66% | 69% |
| PREVENT level 1 | 100% | 100% | 100% | 100% |
| PREVENT level 2 | NA | 24% | 43% | 55% |
| Dementia | Quarterly | CQUIN/SG Lead | Pain control | 57% | 69% | 75% | 77% |
| resuscitation process | 53% | 54% | 78% | 71% |
| Number of ward moves | 100% | 100% | 100% | 97% |
| Learning Disability | Quarterly | Vulnerable Adults Nurse | resuscitation decisions | 89% | 100% | 100% | 100% |

Childrens Safeguarding Audit Table 2014/2015

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Green** | **Amber** | **Red** | **Apr** | **May** | | **Jun** | | **Jul** | | | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** | **Jan** | **Feb** | **Mar** |
|  | | | **2014** | **2014** | | **2014** | | **2014** | | | **2014** | **2014** | **2014** | **2014** | **2014** | **2015** | **2015** | **2015** |
| **Standard 3** |  | | | | | | | | | | | | | | | | | | |
| **Number of employees** |  |  |  | 2092 | 2049 | | 2043 | | 2022 | | | 1998 | 1999 | 2093 | 1991 | 1978 | 2028 | 2032 | 2043 |
| Total staff compliance | 90 | 80-89 | <80 | 80.06% | 80.72% | | 81.44% | | 81.55% | | | 81.78% | 81.89% | 82.41% | 81.01% | 83.01% | 82.14% | 83.02% | 81.84% |
| Level 1 Training | 90 | 80-89 | <80 | 87.01% | 86.38% | | 87.36% | | 89.13% | | | 89.91% | 89.77% | 90.20% | 89.29% | 91.95% | 91.47% | 92.61% | 92.29% |
| Level 2 Training | 90 | 80-89 | <80 | 78.67% | 79.66% | | 79.83% | | 78.53% | | | 78.81% | 80.00% | 80.43% | 79.61% | 80.50% | 80.14% | 81.03% | 78.84% |
| Level 3 (multi agency since Nov 2013) | 90 | 80-89 | <80 | 63.92% | 62.99% | | 67.30% | | 71.51% | | | 69.19% | 62.94% | 57.65% | 56.29% | 63.47% | 58.38% | 58.14% | 60.59% |
| Level 4 | 90 | 80-89 | <80 | 100% | 100% | | 100% | | 100% | | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
|  | | | | | | | | | | | | | | | | | | | |
| **Standard 4** |  | | | | | | | | | | | | | | | | | | |
| **Supervision Policy review** |  |  |  | Due 2017 | | | | | | | | | | | | |  |  |  |
| **CSG Policy review** |  |  |  |  |  | |  | |  | | |  |  |  |  |  |  |  |  |
| **Scheduled Supervision** |  | | | | | | | | | | | | | | | | | | |
| Named Doctor | =2mthly |  | <2mthly |  | Not applicable | | | | | | | | 2 | 2 |  | 1 | 1 |  |  |
| Named Nurse | =2mthly |  | <2mthly |  |  | | 1 | |  | | |  | 1 | 1 |  | 1 |  |  | 1 |
| Named Midwife | =2mthly |  | <2mthly |  |  | |  | | Lomgterm sick | | | | | | | | |  | 1 |
| Paed Liaison Nurse | = 6mthy |  | <6mthly |  |  | |  | | 1 | | |  |  |  | 1 |  |  |  |  |
| Maternity | =6mthly |  | <6mthly |  |  | |  | |  | | |  |  |  | 2 |  |  | 3 |  |
| ED/Seashore | =6mthly |  | <6mthly |  |  | |  | |  | | | 2 |  | 1 | 4 | 3 | 1 | 1 |  |
| Community | =6mthly |  | <6mthly |  |  | |  | |  | | |  |  |  |  | 1 |  |  |  |
|  | **Green** | **Amber** | **Red** | **Apr** | **May** | | **Jun** | | **Jul** | | | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** | **Jan** | **Feb** | **Mar** |
|  |  |  |  | **2014** | **2014** | | **2014** | | **2014** | | | **2014** | **2014** | **2014** | **2014** | **2014** | **2015** | **2015** | **2015** |
| WISH | =6mthly |  | <6mthly |  |  | |  | |  | | |  |  | 1 |  |  |  |  |  |
| Adults | =6mthly |  | <6mthly |  |  | |  | |  | | | 1 |  |  |  | 1 |  |  |  |
| **NN advice/consultation** |  |  |  |  | 12 | | | | 58 | | | | | 37 | 32 | 22 | 28 | 13 | 19 |
|  | | | | | | | | | | | | | | | | | | | |
| **Standard 5** |  | | | | | | | | | | | | | | | | | | |
| Unborn CSC referrals |  |  |  |  |  | | 15 | |  | | |  | 18 |  |  | 24 |  |  | 9 |
| <18y pregnant CSC referrals |  |  |  |  |  | | 2 | |  | | |  | 0 |  |  | 0 |  |  | 0 |
| Unborns on CPP |  |  |  |  |  | | 12 | |  | | |  | 4 |  |  | 2 |  |  | 4 |
| <18y pregnant on CPP |  |  |  |  |  | | 1 | |  | | |  | 0 |  |  | 0 |  |  | 2 |
| MARAC referrals |  |  |  |  |  | | 0 | |  | | |  | 0 |  |  | 1 |  |  | 0 |
|  | | | | | | | | | | | | | | | | | | | |
| Early Help Referrals (PCNs) |  |  |  | 7 | 15 | | 7 | | 14 | | | 23 | 22 | 26 | 31 | 32 | 48 | 43 | 60 |
| CP referrals |  |  |  |  |  | | 5 | | 5 | | | 5 | 13 |  |  | 16 |  |  | 17 |
| Invites to conference |  |  |  |  |  | | 6(unborn) | |  | | |  | 20 |  |  | 82 |  |  | 65 |
| Reports submitted for conference |  |  |  |  |  | | 6 | |  | | |  | 20 |  |  | 82 |  |  | 65 |
| Attendances to CP conferences |  |  |  |  |  | | 6 | |  | | |  | 0 |  |  | 4 |  |  | 3 |
|  | | | | | | | | | | | | | | | | | | | |
| 0-18 ED attendances |  |  |  |  |  | | 2770 | |  | | |  | 2646 |  |  | 2571 |  |  | 2291 |
| self harm |  |  |  |  |  | | 36 | |  | | |  | 25 |  |  | 37 |  |  | 44 |
| Substance use |  |  |  |  |  | | 3 | |  | | |  | 0 |  |  | 4 |  |  | 4 |
| Alcohol use |  |  |  |  |  | | 10 | |  | | |  | 3 |  |  | 6 |  |  | 1 |
| Sexual reasons/concerns |  |  |  |  |  | | 0 | |  | | |  | 5 |  |  | 3 |  |  | 0 |
|  | | | | | | | | | | | | | | | | | | | |
| LSCB attendance |  |  |  |  |  | | CP LA | |  | | |  | CP |  |  | LA |  |  | CP |
| Sub group attendance: |  |  |  |  |  | |  | |  | | |  |  |  |  |  |  |  |  |
|  | **Green** | **Amber** | **Red** | **Apr** | **May** | | **Jun** | | **Jul** | | | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** | **Jan** | **Feb** | **Mar** |
|  |  |  |  | **2014** | **2014** | | **2014** | | **2014** | | | **2014** | **2014** | **2014** | **2014** | **2014** | **2015** | **2015** | **2015** |
| Training and Public Promotion |  |  |  |  |  | |  | |  | | |  | LA |  |  | LA |  | LA |  |
| Policy and Procedures |  |  |  | JM |  | |  | | X | | |  |  |  | AL |  |  | JM |  |
| Workforce development and strategy |  |  |  |  |  | |  | |  | | |  |  |  |  |  |  |  |  |
| Communications |  |  |  | Commenced Feb 2015 | | | | | | | | | | | | | | LA |  |
|  | | | | | | | | | | | | | | | | | | | |
| Domestic Abuse MARAC |  |  |  |  |  | |  | |  | | |  |  |  |  |  |  |  | LA |
| Child Sexual Exploitation MARAC |  |  |  | Commenced Dec 2014 | | | | | | | | | | | | LA | LA | LA | LA |
|  | | | | | | | | | | | | | | | | | | | |
| **Standard 6** |  |  |  |  |  | |  | |  | | |  |  |  |  |  |  |  |  |
| Serious incidents |  |  |  |  |  | |  | |  | | |  | 3 |  |  |  |  |  |  |
| SI action plan progress |  |  |  |  |  | |  | |  | | |  |  |  |  |  |  |  |  |
| Child Deaths |  |  |  |  | 1 | |  | |  | | |  |  | 2 |  |  |  | 1 |  |
|  | | | | | | | | | | | | | | | | | | | |
| **Standard 7** |  | | | | | | | | | | | | | | | | | | |
| SCR requests (comment LSCB involved and system of SCR used |  |  |  | 1 | 1 | | 1 | | 1 | | | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
|  | | | | | | | | | | | | | | | | | | | |
| **Standard 9** |  | | | | | | | | | | | | | | | | | | |
| LADO cases |  |  |  | 0 | 0 | | 0 | | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|  | | | | | | | | | | | | | | | | | | | |
| **Internal Audits** |  | | | | | | | | | | | | | | | | | | |
| Children admitted to adult wards |  |  |  | 14 | 23 | | 12 | | 21 | | | 6 | 14 | 16 | 15 | 11 | 14 | 14 | 5 |
| Policy/procedure awareness |  |  |  |  |  | |  | |  | | |  |  |  |  | Triage form | Consent |  | SG A,S&K |
|  | **Green** | **Amber** | **Red** | **Apr** | **May** | | **Jun** | | **Jul** | | | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** | **Jan** | **Feb** | **Mar** |
|  |  |  |  | **2014** | **2014** | | **2014** | | **2014** | | | **2014** | **2014** | **2014** | **2014** | **2014** | **2015** | **2015** | **2015** |
| FGM cases |  |  |  | Commenced Sep 2014 | | | | | | | | | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| Section 11 |  |  |  |  | |  | |  | | submit |  | |  |  |  |  |  |  |  |
| CSE |  |  |  |  | |  | |  | |  |  | |  | submit |  |  |  |  |  |
| ED dissemination |  |  |  |  |  | |  | |  | | |  |  |  |  |  |  |  |  |
| VOC audit |  |  |  |  |  | |  | |  | | |  |  |  |  |  |  |  |  |
| South West Auditors |  |  |  |  | |  | |  | |  |  | |  |  |  |  | In progress | | |

Objectives for 2015/16 and Future Plans

The Care Act

The Care Act 2014 builds on recent reviews and reforms, replacing numerous previous laws, to provide a coherent approach to adult social care in England. Part 1 of the Act (and its Statutory Guidance) consolidates and modernises the framework of care and support law; it sets out new duties for local authorities and partners, and new rights for service users and carers.

The general duty of a local authority is to promote the individual’s wellbeing and the duty of core partners to co-operate

The Care Act provides an updated legal framework for care and support, it will be crucial to the experience of people who use care and support, carers and their families, as well as those who provide services and work in the system, that the transition to the new legal framework from April 2015 onwards is smooth and effectively managed

The aims of the Act are:

* Clearer and fairer care and support
* Wellbeing-physical, mental and emotional-of both the person needing care and their carer
* Prevention or delay of the need for care & support, and carers to maintain their caring role
* People in control of their care

Adult Safeguarding (Section 14, Care Act Guidance 2014)

The Care Act puts adult safeguarding on a legal footing from April 2015 and each local authority must:

Make enquiries, or ensure others do so if it believes an adult is subject to, or at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to stop or prevent abuse or neglect, and if so by whom

Set up a Safeguarding Adults Board with core membership from local authority, police and NHS

Arrange, where appropriate, for an independent advocate to represent and support an adult who is subject of a safeguarding enquiry or Safeguarding Adult Review (previously Serious Case Review)

An adult at risk of harm is defined as someone who has needs for care and support, is experiencing, or at risk of, abuse and neglect and is unable to protect themselves. This means that regardless of whether they are providing the services, councils must follow up any concerns about either actual or suspected abuse or neglect.

Six Key Principles of Adult Safeguarding within the Care Act

The Care Act expects all professionals to work within the key principles of the Act when supporting a person (and their carers) through the safeguarding process. The principles are; Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability

Categories of abuse

The categories of abuse have increased and now cover the following;

* Physical
* Domestic Violence [from age 16]🟋
* Sexual
* Psychological
* Financial or material
* Modern Slavery🟋
* Discriminatory
* Organisational
* Neglect and Acts of Omission
* Self-Neglect🟋

🟋 Denotes new categories

Pressure Ulcers

Current practice is that all category 3 and 4 pressure ulcers are scrutinised under safeguarding thresholds. Within the Care Act it is suggested that an employer led enquiry with potential disciplinary or other clinical intervention to improve care immediately followed by audits of clinical practice is a more appropriate response. Commissioning and regulatory enforcement action may also be appropriate. *This change in process has been adopted and is currently in place.*

Under the provisions of the Care Act 2014 local authorities are not able to delegate the Decision regarding whether an Enquiry needs to be made, however, the local authority can, if it wishes, delegate the function of collecting information to help inform the decision making process. The Local Authority will then consider which agency will lead the enquiry. The wishes of the patient are to be central to the safeguarding process and wherever possible be gained at the earliest opportunity*. Currently this is not always the practice at the Trust as staff often do not feel confident in seeking patient views in relation to safeguarding prior to referral*. In order to gain insight into the patient’s wishes capacity must be assessed and if capacity is present, staff must respect the rights and wishes of the patient in perhaps not wishing to pursue a concern. The exception will be when others are directly affected or potentially could be at risk.

There may be an impact on the Trust Safeguarding Adults Team to ensure that the hospital undertakes the information gathering or enquiry as delegated by the Local Authorities. It is likely that the Root Cause Analysis process and HR Disciplinary investigations will be the main structure for hospital led enquiries but the organisation must ensure that safeguarding has been considered as part of any investigatory process*. This does not currently happen in all cases.*

However, some information gathering will lie outside of these processes, whilst the safeguarding adults’ team collect general information and at times discuss concerns with the patient; it is not current practice to do this with every patient. There may well be a requirement for the Safeguarding Adults Team to coordinate requests for information such as reports from clinicians or specialist roles to support the Local Authority with the enquiry particularly when the concerns raised implicate the patient’s family or carers or where self-neglect has been identified**. The Act has removed the requirement for the risk or actual harm to be significant, therefore this inevitably will mean that more people will meet the thresholds for safeguarding.**

Work within North Somerset is taking place to ensure local policy reflects the key principals within the Care Act with regard to Safeguarding. Trust Policy has been updated to reflect the changes within the Act. *The Proforma used to capture the incident has been adapted to reflect the views and wishes of the individual.*

Safeguarding Adults - Standards for Commissioned Services 2015-16

The following paragraph has been taken from the draft service specification for Weston Area Health Trusts Adult Safeguarding contracted Services

‘These standards are informed by legislation and statutory guidance and evidenced from research. All providers will be expected to comply with all statutory/ national guidance related to safeguarding adults. The standards are based on current good practice, informed by legislation and guidance and evidence from research and experience.

Safeguarding is everybody’s business and everybody has the right to live in safety free from abuse and neglect. This right is actively promoted by BNSSG CCGs as commissioners of safe, effective and high quality services for local people, with particular duties to those patients who may be at risk of abuse.

All providers are responsible for providing evidence to ensure that they are meeting the standards and to submit this evidence to the Contract Monitoring Manager to ensure compliance. The Contract Monitoring Manager will be supported by the expertise of the CCGs Safeguarding Adults Lead Nurse/professional to ensure that the standards are satisfactorily met. The methods of demonstrating compliance are varied for each standard and are described throughout the document following the Six Key Principles that underpin adult safeguarding work. These principles should inform the ways in which professionals and other staff work with adults.’

|  |  |  |  |
| --- | --- | --- | --- |
| **Standard 1** | Empowerment Principle | **Standard 4** | Proportionality Principle |
| **Standard 2** | Protection Principle | **Standard 5** | Partnership Principle |
| **Standard 3** | Prevention Principle | **Standard 6** | Accountability Principle |

These 6 principals were explored in 2014 in readiness for the new Care Act 2015 and cited in the 2013/14 Annual Report as work required for 2015. All objectives within the document are achievable and evidence will be submitted as required to the local commissioner

Training

Statutory Mandatory training compliance will further improve in Prevent, MCA, DoLS, Dementia, Children safeguarding levels 2 and 3 during 2015/16.

It is recognised that in particular Level 3 CSG training has been an enduring risk for WAHT, and it will be made a priority for 2015/16 with an aim of reaching at least 80% compliance by April 2016 and reaching the recognised minimum of 90% the following year. Much of the CSG teams resources have already gone into the assessment of training provisions and planning a new training structure to commence Q1 2015. It is believed that by offering a one day in house multi-agency training day along side that already offered by the NNSCB we can make training more available, accessible and relevant to our staff.

A key objective for the adults team is for the SG Lead and Vulnerable Adult Sr to complete the Best Interest Assessors course which will be an asset to both the Trust and North Somerset.

Communication

The Trust has invested in a new web based intranet page, both the Adults and Children’s safeguarding leads have committed to developing informative accessible intranet pages for all Trust staff.

Domestic Violence

Restructuring within the Safeguarding team has taken place enabling the Complex Needs Sr to support the Domestic Violence policy. The Children’s safeguarding lead has taken on the role of Domestic Violence Lead. The current Policy has been updated to reflect this. 2015 will see a visible Domestic Violence presence supporting the Emergency Department, with an Adult representative at MARAC. Data collection and recording will be improved, thus improving the victims experience at the Trust and promoting better outcomes.

Specialist Community Childrens Services

Another focus for the CSG team is to allocate more resources to SCCS involvement, providing safeguarding steer and more visible support for the community sites.

Feedback and user input into services

The Safeguarding department will explore ways to involve service users in service assessment and planning.

**Glossary of abbreviations**

CSG Childrens Safeguarding

SCCS Specialist Community Childrens Services

CSC Childrens Social Care

ED Emergency Department

WAHT Weston Area Health Trust

CP-IS Child Protection – Information Sharing system

PCN Primary Care Notification

SG Safeguarding

MARAC Multi Agency Risk Assessment Conference

MCA Mental Capacity Act

DoLS Deprivation of Liberties

BNSSG Bristol, North Somerset and South Gloucestershire

CCG Clinical Commissioning Group

NHS National Health Service

LADO Local Authority Designated Officer

SCR Serious Case Review

LSCB Local Safeguarding Childrens Board

NSSCB North Somerset Safeguarding Childrens Board

VOC Voice of the child

CPP Child Protection Plan

LAC Looked after child

SARSAS Somerset and Avon Rape and Sexual Abuse

WsM Weston-super-Mare

NSPCC [National Society for the Prevention of Cruelty to Children](http://www.nspcc.org.uk/)

CAMHS Child and Adolescent Mental Health Service

DASH Domestic Abuse, Stalking and Honour Based Violence Risk Assessment

BCH Bristol Childrens Hospital

ENP Emergency Nurse Practitioner

WGH Weston General Hospital

MAU Medical Assessment Unit

CSE Child Sexual Exploitation

DoH Department of Health

FGM Female Genital Mutilation

IMCA Independent Mental Capacity Advocates

HAPU Hospital Acquired Pressure Ulcer

CQC Care Quality Commission

AWP Avon and Wiltshire Partnership