

Meeting of the Quality Assurance Committee
Thursday 30th November 2017

Report of	Chief Nurse & Executive Director of Quality
Paper prepared by	Safeguarding Named Nurse Deputy Director of Nursing & Quality
Subject/Title	Safeguarding vulnerable people annual report
Background papers (if relevant)	None
Purpose of Paper	To provide a summary of the work of the safeguarding service between November 2016 and October 2017.
Action/Decision required	To receive the report and record level of assurance with the service provided.
Link to: ➤ NHS strategies and policy	<ul style="list-style-type: none"> • CQC registration standards, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13. • Children Act 2004 • The Care Act 2014 • No secrets (2000) • CONTEST: The United Kingdom's Strategy for Countering Terrorism (2011) • CQC Essential standards of quality and safety Outcome 7
Link to: ➤ Trust's Strategic Direction ➤ Corporate objectives	To demonstrate excellent and equitable clinical outcomes and patient safety, patient experience and clinical effectiveness
Resource impact	None
You are reminded not to use acronyms or abbreviations wherever possible. However, if they appear in the attached paper, please list them in the adjacent box.	CQC – Care Quality Commission MSAB – Manchester safeguarding adults board MSCB – Manchester safeguarding children board





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Safeguarding Vulnerable People Annual Report 2016-2017

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 2016/17 and sets out the priority areas scheduled for implementation in 2017/18.

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
- Safeguarding vulnerable people in the NHS – Accountability and Assurance Framework 2015
- Working Together to Safeguard Children and Young People 2015
- Promoting the Health and Wellbeing of Looked After Children 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.

The Named Doctor for safeguarding children is a consultant paediatric oncologist. The Named Doctor for vulnerable adults (not currently a statutory requirement) role has been met by a consultant psychiatrist in the psycho-oncology team.

The Safeguarding Named Nurse a band 8a 1.0wte leads operationally for both children and adult safeguarding. The Named Nurse also has both child and adult qualifications having qualified as a specialist community public health nurse (health visitor) and a specialist practitioner in adult nursing, in addition to being a registered general nurse.



A Specialist Safeguarding Nurse, band 6 1.0wte, has joined the safeguarding team to provide operational support for staff. The Specialist nurse has increased visibility by attending multi-disciplinary meetings on the wards and has increased capacity for delivery of training. This allows for flexibility in delivery and for more targeted bespoke sessions ensuring continuity of service delivery. Additional staff has provided increased availability to the satellite units which provides a more fair and equitable service.

The safeguarding policy reminds all staff of their duty of care in safeguarding all those with whom they come into contact, this was renewed and updated this year and includes updates in statutory requirements encompassing female genital mutilation and child sexual exploitation.

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 2016-17

We have successfully recruited to the team with the addition of a new Safeguarding Nurse Specialist, the post holder commenced in August 2017.

All volunteers receive 1 hour adult and 1 hour children safeguarding training face to face. There is 100% compliance with this.

The safeguarding champions have attended multi agency additional safeguarding training in addition to the level 3 training that is provided within the Trust, courses attended include supporting families with substance misuse and alcohol dependency, domestic violence, Mental Capacity Act for 16-18 year olds, domestic abuse and private fostering. The safeguarding champions support staff with the early identification of potential safeguarding concerns in their area thus providing a proactive rather than reactive service.

The weekly ward walk continues and the specialist safeguarding nurse also attends ward multi-disciplinary team meetings which has further increased accessibility to early expert safeguarding advice and input.

The safeguarding bleep is available for staff between the hours of 8-5 Monday to Friday, there has been a significant increase in the number of contacts to the safeguarding team which has received in excess of 1,219 contacts and provided support to an additional 878 cases cumulating in activity of 2,097 pieces of work.

Quarterly safeguarding supervision is now in place for staff who are key workers; audit of this has shown 100% compliance. Safeguarding supervision has been extended to the Christie at home team and quarterly sessions have been arranged.

The existing Chaperone guidelines have been updated and implemented across the trust; a formal audit is planned for the next year.

Working alongside Chaplaincy staff, spiritual abuse has been identified as a category of abuse within the safeguarding policy. All religious and spiritual leaders who are visiting the Trust in a professional capacity are required to sign in at security to provide an auditable record of visitors.



Staff support has increased and support is provided to staff following significant events, through either de brief sessions or supervision.

Missing person guidelines have been added to the safeguarding policy, allowing for prompt escalation and notification to external agencies. Deprivation of liberty applications has remained consistent with last year, however the increased presence of the safeguarding team at multi-disciplinary meetings has resulted in applications being made at an earlier stage and there have been no safeguarding incidents of patients reported missing in the last year.

The safeguarding team are leading on learning disabilities within the organisation and have sourced easy read patient information. Support is provided throughout the patient journey. Individualised care is planned and delivered; this begins at outpatient appointments and continues throughout treatment. . This has increased compliance within the patient group and reduces inequality in care provision.

The Trust has maintained representation on the Manchester Safeguarding Children Board and attendance at board meetings has been 100%. The Trust has also been welcomed as a partner on the Manchester Safeguarding Adult Board and attendance at Manchester Safeguarding Adult Board has been 100%.

5. Quality Assurance

In respect of safeguarding and compliance with outcome 7: safeguarding people who use services from abuse, 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 Manchester Safeguarding Children Board (MSCB) found the Trust to be fully compliant with the Section 11 Audit which is conducted through a self-assessment process followed by a peer 'challenge session' with the Chair of MSCB. Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children. The MSCB has a duty to assess whether partners are fulfilling these obligations and this is usually conducted through a self-assessment and audit process known as the Section 11 Audit.

The Manchester Safeguarding Adult Board (MSAB) found the Trust to be compliant through a self-assessment process having submitted a self-assessment audit tool.

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) require the Trust to provide assurance of current practice and training compliance to Manchester's Clinical Commissioning Group. The Trust was fully compliant with expected practice.



6. Monitoring and audit activity

The Safeguarding Committee meets six weekly and an annual audit of effectiveness is completed and presented to the Patient Safety committee who provide assurance to the Risk and Quality Governance Committee. The annual audit of effectiveness demonstrated full compliance with the terms of reference for the committee.

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. The Trust was found to be compliant and good practice was commended at the peer review.

A self-assessment audit was completed for Manchester Safeguarding Adult Board and the results reported through Safeguarding Adult Committee. The Trust was found to be compliant in all areas and practice was commended

An audit of supervision compliance was completed and all teenage and young adult staff had received safeguarding supervision. This audit will be extended in the next year to include adult key workers who have received supervision this year.

An audit of deprivation of liberty applications showed that the CQC was notified of all applications which were approved by the local authority.

7. Training

Currently mandatory safeguarding training is delivered following The Intercollegiate Safeguarding Training Document March 2014. Compliance levels are high and the current training position to date is:-

Safeguarding Vulnerable Adults Level 1	84%
Safeguarding Children Level 1*	79%
Safeguarding Children Level 2**	73%
Safeguarding Children Level 3**	75%
Safeguarding Children Level 4	100%

*Level 1 training figures saw a sharp fall in compliance in (Month), this is a result of Level 1 compliance push three years ago that saw all those non-compliant receive a training leaflet at the time. Subsequently we had a huge number of staff expire on the same day. Extra sessions are being put on to raise compliance and there is a push across the trust for those now non-compliant to complete the e-learning training.

**Level 2 and 3 compliance has dropped below CQC expectations (80%) as a result of a large influx of new staff joining the Christie, up until this point in (month) we were at CQC's expected 80%. These staff should receive the appropriate level of training in the next few months. Plans are also being considered where by those requiring Level 3 upon joining the trust have this as part of their induction so not to see a similar fall in the future.



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

Level 3 safeguarding training is delivered face to face to all registered professionals who care for children and or their parents/carers. There are 80 members of staff booked onto the next level 3 Training session due to be delivered on 30/11/17, 66 members of staff are needed to achieve 80% compliance so we anticipate a return to CQC required levels.

The Trust is compliant with the Greater Manchester Safeguarding training matrix which requires level 3 training for all staff working with adults or children.

The Trust has also benchmarked safeguarding training with Clatterbridge Cancer Centre and The Royal Marsden and is fully compliant with requirements.

Christie Day Nursery staff has 100% compliance with level 3 safeguarding training and have designated safeguarding leads who are members of the safeguarding committee.

Volunteers receive face to face level 1 safeguarding children and adult safeguarding which is also delivered face to face. Compliance with volunteer training is 100%.

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).

Duty Managers and senior staff have received training in Managing Allegations against Staff. The safeguarding team are working alongside senior managers to develop duty manager training to continue to meet staff needs.

Deprivation of Liberty training, capacity assessment and best interest decision making training has been held quarterly. This training has been supported by high profile literature in all clinical areas. Due to demand and to provide support to clinical staff this training has recently been increased to monthly sessions.

8. Supervision

When managing safeguarding issues, staff receive safeguarding supervision from either the safeguarding named nurse or nurse specialist in the form of case management oversight, support and skill development. The purpose of introducing quarterly supervision sessions was 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. This has been successfully introduced within the Teenage and Young Adult key workers and case load holders and this has been successfully implemented with adult key workers and caseload holders.

The Named Nurse for Safeguarding Children and Adults receives supervision through the Designated Nurses for Safeguarding Children and Designated Nurses for Safeguarding Adults at the Clinical Commissioning Group.

The Named Doctor for Safeguarding Children receives supervision from Designated Doctor for Safeguarding Children at the Clinical Commissioning Group.



9. Consultation

Expert advice regarding safeguarding concerns is readily available. This is demonstrated by the approximately 1,200 contacts received by the safeguarding team. 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. The Trust is represented on both the Manchester Safeguarding Children board and Safeguarding Adult board. Attendance at both of the Board meetings for the organisation has been 100% in the last year emphasising the importance and priority that safeguarding has within the organisation.

The safeguarding team has represented the Trust and provided support for staff at core groups, early help meetings, initial child protection case conferences, review child protection conferences, looked after children reviews, MARAC meetings, MAPPA meetings and in the court of protection.

The Named Nurse Safeguarding assumes the role of mental health act manager when patients are detained under the Mental Health Act.

The Named Nurse Safeguarding has assumed the role of best interest decision maker in complicated cases where patients lack capacity.

The Safeguarding team have provided support for 158 capacity assessments in complicated cases for medical decisions and discharge decisions.

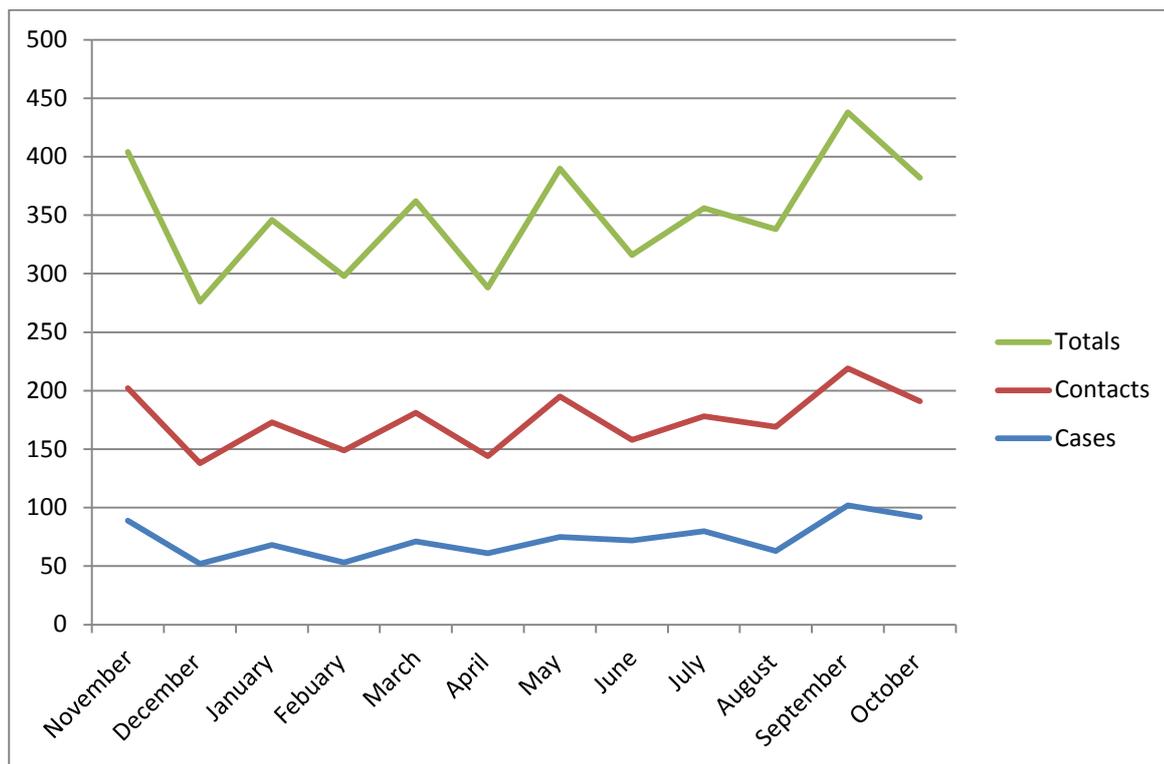
The Trust as a regional centre works with 20 different local authorities and ensures information is shared with multi-agency colleagues as are necessary and proportionate.

9.1 Contacts & Cases

As can be seen from the table and chart below the safeguarding team see large number of contacts and cases come through the service (2097), this equates to around 40 per week. Contacts are classed as any professional, patient or family who contacts the service for some form of advice, intervention, or support. Cases are classed as those we become actively involved with.

Date	Cases	Contacts	Totals
November	89	113	202
December	52	86	138
January	68	105	173
February	53	96	149
March	71	110	181
April	61	83	144
May	75	120	195
June	72	86	158
July	80	98	178
August	63	106	169
September	102	117	219
October	92	99	191
Total	878	1219	2097





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 making it a safeguarding issue in the context of the wider responsibility of all agencies to safeguard and promote welfare.

This training is initially delivered face to face and compliance is currently at 69%.

Prevent training figures are reported nationally via unify and the expected compliance is 85% by the end of March 2018. Compliance is monitored via performance review.

The training is valid for three years and refresher training is delivered via e learning, additional face to face training sessions have been organised to facilitate compliance levels

The safeguarding named nurse has become the prevent lead for the Trust and works closely with the prevent trainer to drive the prevent agenda forward within the organisation.

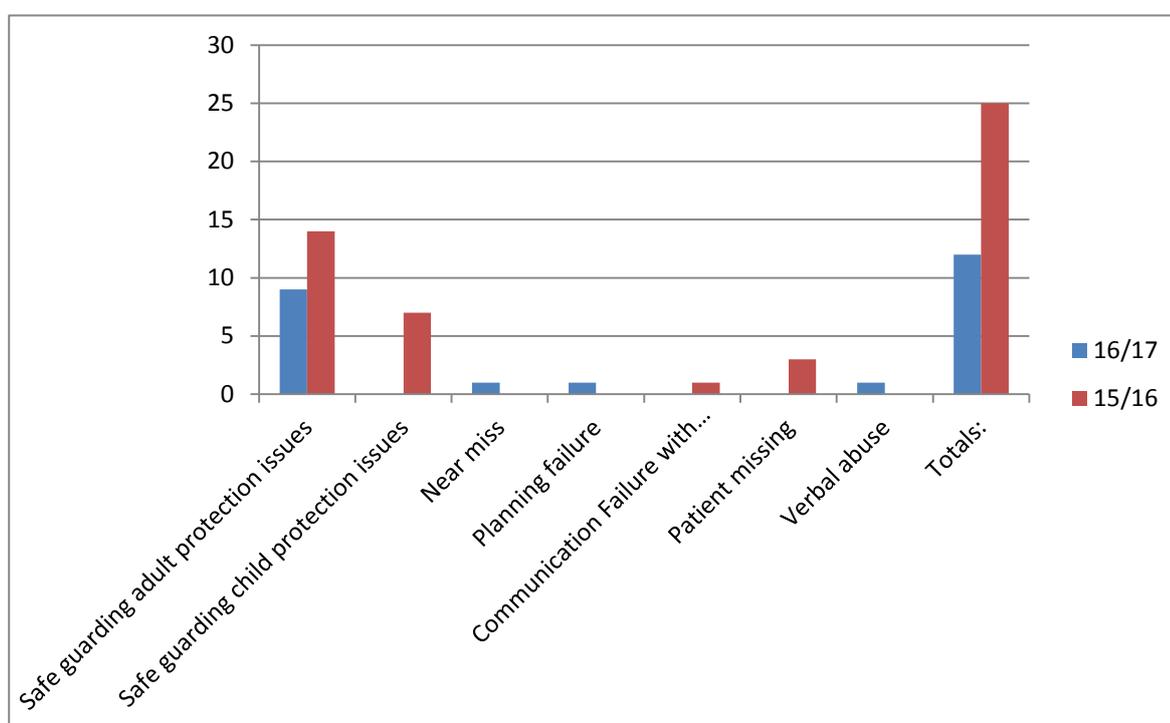
Total number of staff who require PREVENT training in the organisation:	Total number of staff who have attended PREVENT training to date
2693	1858



11. Safeguarding concerns/untoward incidents

A total number of 13 safeguarding incidents were recorded from 1st November 2016 – 31st October 2017. This is half (25) 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, attendance at ward multi-disciplinary meetings and a close collaboration with other departments including psycho-oncology and the complex discharge team concerns are addressed at an earlier stage and strategies implemented which prevent incidents occurring. Another possible explanation for the fall in incidents is that historically all referrals to the safeguarding team had to come via an incident report, regardless as whether they were an incident or not. This is now not the case, staff are able to refer to the safeguarding team via email, phone, or face to face.

11.1 Type of Safeguarding Incidents



The above table shows the trust did not have any reported safeguarding incidents this year that were directly relating to children, this is in comparison to 7 we had the previous year. This fall is a result of the proactive work that is being rolled out across the trust in the form of early help for children and families.

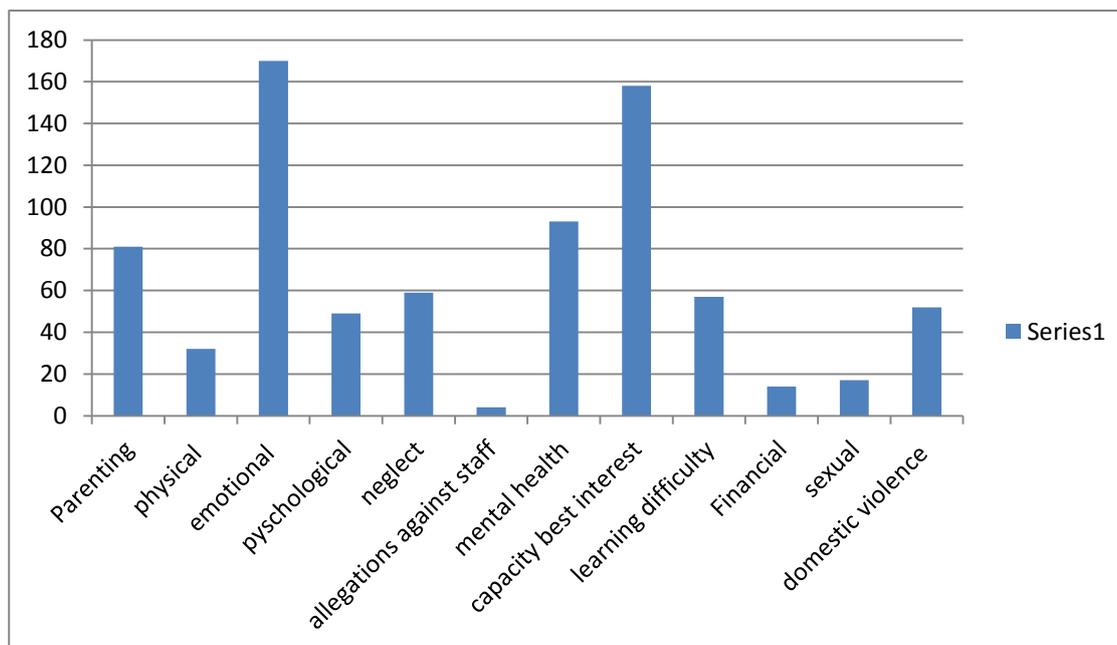
11.2 Safeguarding Concerns

Safeguarding concerns and queries which did not meet the threshold for incidents but necessitated that the safeguarding team were involved with the care planning of the patient showed a significant increase this year from 350 the previous year to 878 in the current year.



11.3 Categories of Concern Received

Categories of abuse	16/17
Parenting	81
physical	32
emotional	170
psychological	49
neglect	59
allegations against staff	4
mental health	93
capacity best interest	158
learning difficulty	57
Financial	14
sexual	17
domestic violence	52



From the table above we can see that the two categories of patients that we work with the most are those who emotional support needs, and those who require capacity assessment/Best Interest input. This can be attributed to the focus of safeguarding and MCA training sessions. Much of our emotional cases are those that require directing to additional services such as those in the third sector, we class these services as early help, these support families in crisis before things escalate. Identifying when a family may require early help is now embedded in our level 3, face to face, safeguarding training. Similarly there has been a conscious effort to raise awareness around the trust with regards to the capacity and best interest of a patient. This is evident from the posters that can be found in clinical areas and the bespoke DOLS training that has been delivered throughout the year.



11.4 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 a number of times within the Trust and many 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. There have been 52 disclosures of domestic violence reported to the safeguarding team.

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.

The Trust has worked with local support agencies and referrals have been made to local refuges who have attended to Trust to work with patients.

Support has also been provided to a significant number of staff members who have disclosed episodes of domestic abuse.

11.5 Historical Sexual Abuse

There have been a number of disclosures of historical sexual abuse which have been reported to the police. Patients reported that they had felt safe to make the disclosure to members of staff of the organisation. The Trust has provided evidence and statements to the police as required.

11.6 Complaints

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

11.7 Deprivation of Liberty

There have been 103 Deprivation of Liberty applications which have been made by the Trust. This has been an expected increase and is a reflection of an increase nationally following from the Cheshire West case. A weekly report on the number of Deprivation of Liberty applications is made to Trust Executives and there are approximately 2-3 patients subject to a Deprivation of Liberty each week. The CQC are informed of all applications once approved by the Local Authority, however due to workload demands within local authorities only 1 application has been approved. It is no longer a requirement that the coroner is notified of any deaths whilst subject to a deprivation of liberty. Staff training and the increased number of applications being made has led to an increased confidence in the completion of documentation and a wider range of staff completing applications. The Safeguarding Named Nurse reviews all applications on a weekly basis and there have been no incidences in which the coroner has been notified as a result of a death whilst subject to a Deprivation of Liberty.



12. Priorities for 2017 - 18

Key priorities for 2017 - 18

- The safeguarding team leads on learning disability services within the Trust. A key priority for the next year is to continue to develop this work and fully embed learning disability provision within the organisation.
- Achieve and maintain full compliance with safeguarding training, at the CQC expectation of 80%
- Achieve and maintain full compliance with prevent training at the National target of 85%
- Introduce electronic recording of capacity assessments and best interest meetings and audit compliance.
- Audit compliance with the chaperone guidelines.
- 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.
- To continue to deliver a safeguarding service across the trust that is extremely proactive in their approach to safeguarding.
- To continue to embed a 'think family' philosophy to safeguarding across the trust.
- To work with senior managers to develop the safeguarding requirement for duty manager training including managing allegations against staff, deprivation of liberty applications, Mental Health Act – Trust responsibilities.

