



Trust Board Meeting

01 December 2016

Title of the paper:	Safeguarding biannual update	
Agenda item:	11/43	
Lead Executive:	Tracey Carter – Chief Nurse	
Author:	Michelle Mulvaney, Named Nurse Safeguarding Children Dawn Bailey, Named Nurse Safeguarding Adults Denise Mallan, Named Midwife Safeguarding	
Trust aims :	Double click on the box to mark as appropriate: <input checked="" type="checkbox"/> To deliver the best quality care for our patients	
Purpose:	This aim of this paper is to provide evidence and assurance that the Trust is safeguarding children and adults at risk. The report is a six monthly update following the Safeguarding Annual Report (2015 – 2016).	
Link to Board Assurance Framework (BAF)	PR1	Failure to provide safe, effective, high quality care (insufficiently robust and embedded quality governance and risk management)
	PR8	Failure to sustain key external stakeholder relationships and communications compromises the organisation’s strategic position and reputation
Previously discussed:		
Committee	Date	
Safety & Quality	November 2016	
Benefits to patients and patient safety implications		
Safe and effective processes are in place to ensure patients accessing services across the Trust are effectively safeguarded. The following regulations require compliance:- CQC regulation 12 Safe care and treatment CQC regulation 13 Safeguarding service users from abuse and improper treatment Section 11 of the Children’s Act Working Together to Safeguard Children 2015 Care Act 2014 Mental Capacity Act 2007 Deprivation of Liberty Safeguards 2009		
Recommendations		
The Board are asked to note the report for information and assurance		

Safeguarding Six Monthly Report

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Trust Board meeting - 01 December 2016

Safeguarding biannual update – April – September 2016

Presented by: Tracey Carter, Chief Nurse and Director of Infection Prevention and Control

1. Executive Summary

The purpose of this report is to provide an overview of safeguarding activity across the Trust in the previous 6 months (April – September 2016). The report aims to provide evidence and assurance that the Trust is effectively safeguarding children and adults who are at risk and meeting its statutory responsibilities in relation to safeguarding. Safeguarding is a fundamental component of all care provided within the Trust. Safeguarding children and adults is everyone's responsibility and we all have a duty to protect our patients from harm. Safeguarding work across the Trust is led by the named safeguarding teams. The teams are supported by the divisions within the Trust through membership of the Safeguarding Panel, which is chaired by the Chief Nurse who is Executive Lead for safeguarding.

The Safeguarding Work plan underpins and leads the safeguarding activity across the Trust. The plan was developed at the beginning of 2016. The format allows for a monthly review of all objectives. The review process is RAG rated so progress across the year is clearly visible. Actions from audits and external reviews and inspections are added to the plan and progress against these actions is reviewed monthly. The work plan is overseen, monitored and reviewed by the Safeguarding Panel.

Key indicators of activity

- Increased number of referrals for adult safeguarding issues predominantly relating to allegations of neglect against care homes and care agencies.
- Increasing number of referrals to the Independent Domestic Violence Advisor (IDVA)
- 371 referrals were completed to Children's Services where there have been concerns about a child's welfare.
- 92 referrals were completed to Children's Services for children under 18 attending with mental ill health – these attendances include overdoses, self harm and suicidal thoughts.
- 91 referrals sent to Children's Services to share information about vulnerable children
- 96 referrals to Children's Services where there have been concerns about the welfare of an unborn baby and 219 information sharing referrals in relation to maternity cases.
- 23 child protection medicals were carried out by Consultant Paediatrician/ Registrars. The medicals were all done due to concerns about physical abuse.

Key Achievements within the reporting period

- Significant increase in compliance with MCA and DoLS training rates.
- Development of a multi platform Mental Capacity App in conjunction with the CCG.
- Mandatory training day adjusted to meet the needs of the staff and covers all elements of safeguarding.
- Development of MCA and DoLS booklet designed and distributed across the Trust.
- Completion of Trust Lampard action plan with evidence to ensure compliance with key recommendations.
- Continued high compliance with safeguarding children training - Level 3 safeguarding children training has remained at or above 95%.
- Safeguarding Children Supervision and Peer Review Policy was ratified in June 2016 and rolled out across key areas.
- Use of Safeguarding Children Passports embedded across paediatrics/neonates
- Development of the Lavender Team – specialist midwives to support pregnant women with complex needs launched in July 2016.
- Safeguarding newsletter 2nd edition – distributed to all Trust staff in June 2016.
- Serious Case Review with maternity involvement – all recommendations completed with evidence of compliance.
- Trust Safeguarding Training Strategy 2017-19 – fully updated in line with all national guidance.
- Audit to assess paediatric staff knowledge of legal and safeguarding duties around FGM showed good staff awareness.
- High profile across the Trust of the Independent Domestic Violence Advisor (IDVA) with good numbers of referrals made from key clinical areas.

Future priorities for the period October 2016 – March 2017

- Plans to implement an electronic tracking system to allow the safeguarding team to track DoLS and expiry dates.
- Ensure Lampard recommendations are part of the Trusts core business.
- Continue to raise awareness of child sexual exploitation (CSE).
- Evaluate the impact of safeguarding adult training.
- Achieve and maintain 95% compliance for all levels of Safeguarding training
- Achieve compliance with CCG target for Prevent training (awareness and HealthWrap).
- Continue work with Trust Informatics to secure information sharing systems to support transfer of patient identifiable information with partner agencies.
- Ensure Trust participation in the LeDeR project.
- Continue work around 'Think Family' to improve outcomes for children.
- Embed 'making safeguarding personal' in adult services.
- Develop safeguarding adult supervision for key clinicians across the Trust.
- Raise awareness of safeguarding issues for 16 and 17yr olds who are seen in adult areas across the Trust.
- Review of the provision and staff groups who require Level 3 safeguarding children training across the Trust.

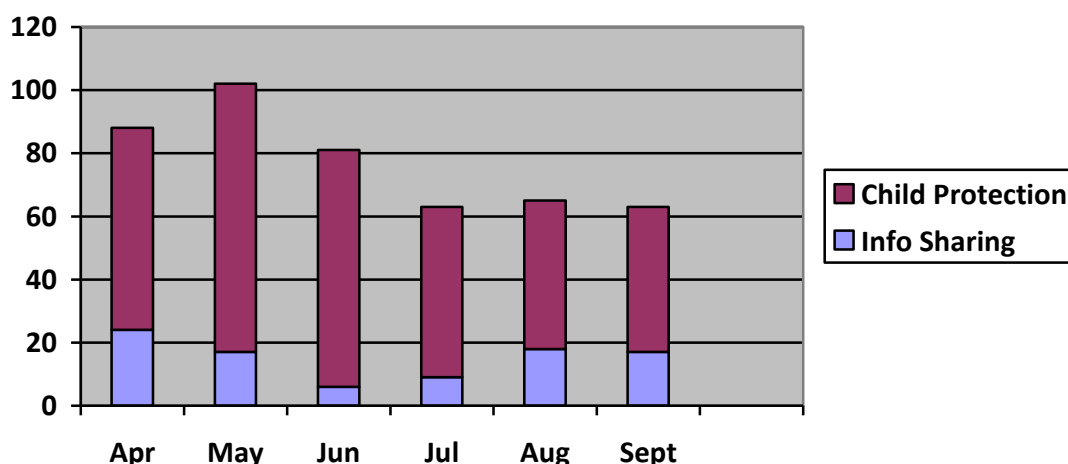
2. Safeguarding Children

Referrals and Activity

The number of referrals to Children's Services from across the Trust has remained high during the reporting period. The graph below details the numbers of referrals made (not including maternity services).

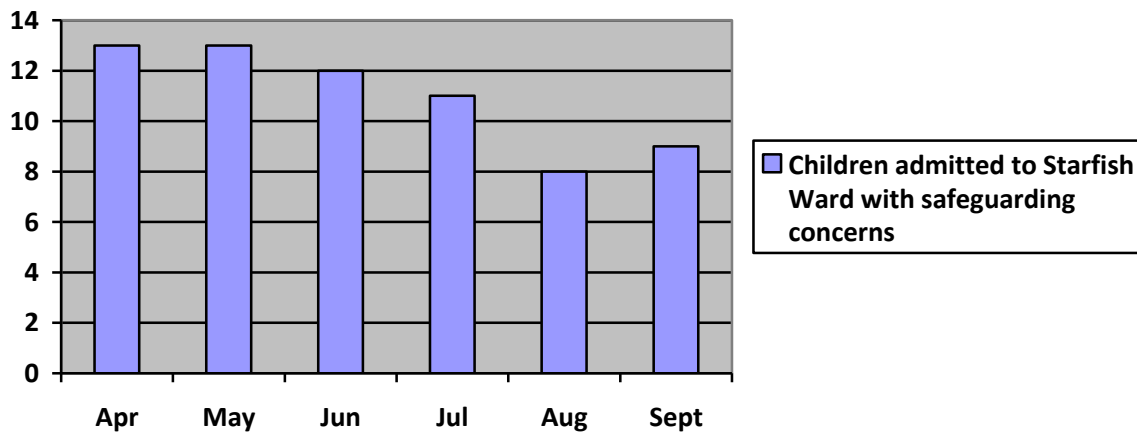
- Child protection concerns – these include children attending with for example, possible non accidental injury, mental health issues or neglect issues. It also includes referrals done regarding attendance of adults who are parents. These referrals are done predominantly by unscheduled care staff and include attendances for domestic abuse, drug and alcohol issues and mental ill health.
- Information sharing referrals – these are done for children who attend our services who are known to Children's Services e.g. child protection plan in place, looked after children.

During this period – 92 referrals were completed to Children's Services for children under 18 attending with mental ill health – these attendances include overdoses, self harm and suicidal thoughts.



Graph 1 – Referrals made by the Trust (excluding maternity services) to Children's Services during the reporting period.

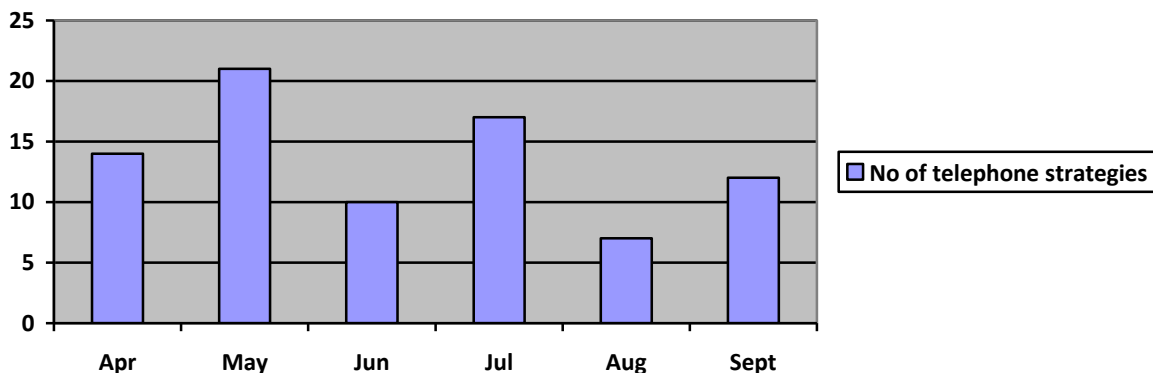
The majority of referrals made by staff to Children's Services continue to be faxed due to the issues of sending e mails with patient details via WHHT accounts. Staff who have access to NHS.net accounts are able to send referrals safely due to the safe link with Children' Services e-mail accounts. During the reporting period, the Trust IT department commissioned an independent company to develop software to enable Trust staff to send referrals safely from the intranet site. This work is ongoing with initial attempts not being successful.



Graph 2 – Number of children admitted by month to Starfish ward for safeguarding concerns

The number of children admitted to the ward for safeguarding concerns remains fairly constant month by month with a typical fall during the summer months. These cases include children who have been admitted with suspected non accidental injury, with significant mental health issues or under the bruising and bleeding policy for babies under 6 months. The cases involving suspected injuries all had a child protection medical done by either a paediatric Registrar or Consultant and will all had referrals to Children’s services. Several of the cases led to a strategy meeting with police and Children’s Services.

During the reporting period – 23 child protection medicals were carried out by Consultant Paediatrician/ Registrars. The medicals were all done due to concerns about physical abuse.

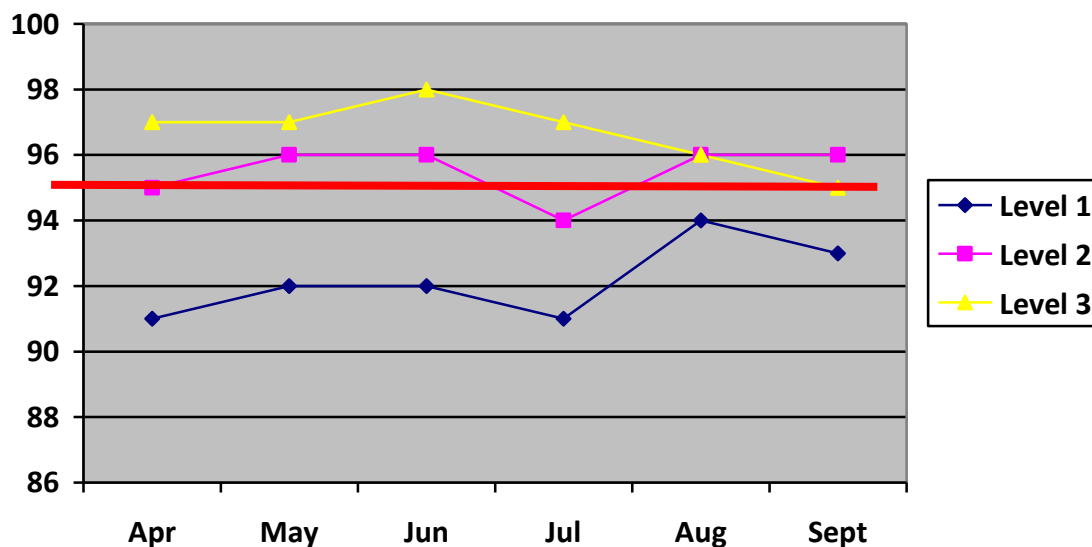


Graph 3 – Number of Section 47 strategy conference calls contributed to by Trust Safeguarding Team

The safeguarding team continue to contribute regularly to section 47 strategy telephone conference calls. These calls involve police, Children’s Services and health and are for information sharing and to assess a current risk to a child. Further action is then decided. The majority of the telephone strategy’s that the Trust contributes to involve unborn babies as part of the HSCB pre birth protocol.

Training

The Trust Safeguarding Training Strategy was reviewed and fully updated during the reporting period. It was updated in line with all new guidance around safeguarding training. The Strategy was presented and agreed at Safeguarding Panel in July 2016.



Graph 4 showing compliance rates for safeguarding children training for the reporting period. The red line indicates the expected compliance rate for 95% set by the CCG.

During the reporting period:

- Level 3 training has remained at or above 95% - compliance fallen slightly to 95% in September due to the changeover of paediatric registrars – most are already compliant with Level 3 training – training database being updated. Those not compliant are booked onto the next available session.
- Tailored Level 3 session held for Paediatric and Obstetric Consultants / Registrars led by Named Doctor with presentations from Designated Doctor for Hertfordshire.
- A Level 3 update session was run by an ISVA (Independent Sexual Violence Advisor) for young people attended by paediatric and A & E staff.
- Non compliance list for Level 3 produced monthly and individuals contacted to book sessions.
- Paediatric and Neonatal Nurses record attendance at training within their Safeguarding Passport – this is reviewed at their yearly appraisal to ensure compliance.
- Level 2 has been above 95% compliance (except for 1 month when dropped to 94%).
- Level 2 training on clinical mandatory day has been extended to a 1 ½ hour session.
- Access to e learning packages has improved significantly in the Trust.
- Level 1 and Level 2 are available as e learning packages.
- Level 2 training has been delivered by the Named Doctor on Trust Grand Round.
- All Safeguarding training packages have been fully updated to ensure they are in line with national guidance and best practice including the Intercollegiate Role Framework for Looked After Children.

- Prevent awareness is included in Level 2 training (using recommended Home Office slides).
- WRAP (Workshop to raise awareness of prevent – Level 3) – programme to deliver to 90% of paediatric and neonatal staff commenced in September.
- Awareness of FGM is included within all Levels of training. Specific FGM sessions regarding the new reporting duty have been carried out within paediatric and A & E clinical governance sessions.
- Paediatric staff attended training organised by the CCG on FGM/Forced Marriage/Honour Based Abuse.

A Safeguarding Children session was also delivered to the Trust Board - Executives and Non Executives as part of a Board development day in July. This session included core competencies set out in the Intercollegiate Document 2014 specific to Trust Board members.

Audits

The Safeguarding Audit Strategy 2015 – 2017 remains in place and gives a robust framework for safeguarding audits to be carried out to provide evidence and assurance of procedures and practice around safeguarding children.

The following audits have been carried out during the reporting period:

1. Dip sample audit carried out for each Safeguarding Panel.

Outcome A dip sample audit is carried out on a set of records selected from across paediatrics/neonates/unscheduled care that involved a safeguarding children case. These were presented and reviewed at Safeguarding Panel and any issues or areas of good practice are fed back to the clinical area. Overall, the findings of the audits demonstrate a good standard of safeguarding practice and documentation in key areas of the Trust.

2. Audit to examine referrals made and documentation of under 18's attending A & E with mental health issues.

Outcome The audit was carried out in April 2016 on 25 records of young people attending CED and A & E with mental health issues including overdose and self harm. The results of the audit showed good practice in key areas. All the cases audited had appropriate referrals to the mental health team and Children's services. They all had a mental health assessment before they left hospital with a clear plan documented in the notes.

3. Audit to show evidence of learning around Female Genital Mutilation (FGM) within the paediatric division.

Outcome The audit was carried out in July 2016 to examine paediatric staff knowledge around FGM specifically the mandatory reporting duty introduced in October 2015, following training and awareness raising by the Safeguarding Team. A brief questionnaire was given to 20 paediatric staff (nurses and doctors) followed by a discussion with the Named Nurse. Overall there was evidence of good knowledge about dealing with cases of FGM within paediatrics, safeguarding issues and the legal requirements that staff need to follow. Ongoing work will continue around training and education.

4. Audit of the Trusts Celebrities/VIP Visitors Access Policy.

Outcome An audit was carried out on staff awareness and adherence to the Trust VIP policy during September 2016. A celebrity visit to Starfish ward was audited against key requirements in the policy. Overall, staff on Starfish ward followed the policy well, adhering to all the requirements to ensure that children were kept safe during the visit. The Trust Communications team lead on the Policy and awareness training has taken place for all new members of this team. Awareness raising of the policy for all staff will take place in the coming weeks via e update.

Supervision

The new Safeguarding Children Supervision and Peer Review Policy was ratified by the Trust Quality and Safety Group in June 2016. The policy was written to replace the Safeguarding Supervision Strategy that had previously been in place.

During the reporting period:

- Paediatric and neonatal nurses and doctors have received regular supervision (they must have 3 – 4 sessions per year).
- Supervision has been delivered in a variety of way – group sessions, ad hoc supervision with a member of the safeguarding team, attendance at one of the three psychosocial/supervision ward rounds.
- Paediatric and Neonatal Nurses record attendance at supervision within their Safeguarding Passport – this is reviewed at their yearly appraisal to ensure compliance with Policy.
- During the first quarter of this period (Apr – Jun) 97% of paediatric/neonatal nurses were compliant with supervision requirements.
- Named Nurse has provided group supervision sessions for the Safeguarding Children Nurses and the Safeguarding midwife.
- Named Nurse has had supervision from the Designated Nurse in the CCG.

Future plans:

- Named Doctor to introduce a programme of peer review sessions with the new paediatric registrars who joined the trust in September.
- Audit to be carried out on the Quality of Supervision

Independent Inquiry into Child Sexual Abuse

The Inquiry initially chaired by Justice Goddard and latterly Professor Jay, commenced in April 2015 with an opening statement in April 2015. The Inquiry aims to examine child sexual abuse across all institutions and organisations, exposing past failures, systemic failures, confront those responsible, and provide support to victims and survivors and to make recommendations that will help to prevent the sexual exploitation of children in the future.

A letter was sent by Justice Goddard in the summer of 2015 to all Trust CEO's via NHS England specifically stating that no lines of investigation should be curtailed by the premature destruction of files or records. She requested CEO's take a proactive stance toward the Inquiry and to review safeguarding policies to ensure they are consistent with best practice. Since the commencement of the Inquiry we have:

- Presented a report and gap analysis to Safeguarding panel specifically around files and records that may be of relevance to the Inquiry. At this time a decision was made by the Panel to cease the destruction of records in the Trust awaiting further advice from NHS England.
- Completed a check list provided by the Designated Office in the CCG to ensure that as a Trust we are prepared should the Inquiry contact the Trust. This completed checklist was presented to Safeguarding Panel in June 2016.
- At the June 2016 Panel, a further review of this decision was made – continue to await further advice from NHS England. Decision shared with manager of medical records team within the Trust.
- NHS England will be sending out further guidance based on risk assessment once approved by the Inquiry. Trust to await this further guidance and a briefing to be taken to the Trust Executive Committee (TEC).

3. Safeguarding in Maternity

Female Genital Mutilation (FGM)

Dr Gloria Rowland (Head of Midwifery) is now the lead for FGM. There is now a designated training session for midwives in their annual mandatory training. Dr Rowland will be the Trust lead for FGM and will be setting up a clinical service for women with FGM.

All women who have experienced FGM are referred to the Lavender Team. During the reporting period there have been six cases registered for maternity care. All cases are discussed within the team and a referral made to Children's Services to consider the risk to the unborn and other associated children.

Lavender Team

The Lavender Team is a group of 5 midwives that formed in July to support pregnant women with complex needs. The team aims to provide continuity of care and will work alongside the existing provision of maternity care. This has been developed in response to the NICE guidelines 2010, Pregnancy and Complex Social Factors, addressing the needs of the following groups of women:

- Pregnant women who misuse substances
- Pregnant women with mental health issues
- Young pregnant women aged under 18
- Pregnant women who experience domestic abuse
- Women with learning difficulties

Team roles

1. Perinatal Mental Health

- Named midwife for perinatal mental health (PNMH)
- Working with the two specialist obstetric consultants and consultant psychiatrist for PNMH.
- Attending joint clinics for PNMH (Tuesday & Thursday).
- Midwife clinic Fridays/Mondays.
- Attending triage referral meetings.
- Supporting Lead Midwife for complex needs in midwifery mandatory training.

2. Safeguarding

- Team midwife for Safeguarding
- To have responsibility of daily operations on issues regarding safeguarding for the maternity unit:
 - Daily CSF referrals.
 - Co-ordination of conferences.
 - Information sharing meeting at social services (Aspley office).
 - Telephone case conference attendance.
 - Ensuring birth plans are completed and distributed.
 - Ensuring discharge plans are in place.
- Midwife clinic Mondays.
- Support Lead Midwife in midwifery mandatory training.

3. Teenage pregnancy/social care midwife/ drug & alcohol abuse

- Plan and deliver an individualised care plan of education and support for young mothers.
- Liaise with schools and young people's services.
- Weekly midwife clinic.

Band 6 development roles - there are 5 part time midwives (2 WTE). The band 6 midwives support the band 7's and each hold a small case load working under the supervision of the band 7.

Women with complex social factors are at higher risk of death during or after pregnancy than other women. They are less likely to access antenatal care or stay in regular contact with maternity services (NICE 2010 CEMACE 2011a, 2011b). Providing antenatal services in a more flexible way may encourage more women to attend and receive appropriate care and referrals (NICE 2010).

- Referrals have been made at this point to the appropriate social services for child protection support if this is considered necessary.
- All women with complex social needs have a named midwife and continuity of care throughout the antenatal episode either from the Lavender Team or a named midwife in the community team.
- The women are be seen at booking (if identified on referral booking form) or before the 16 week appointment for review if booked by the community midwives.

The Team meet every Wednesday to discuss their case load and triage referrals received for the week.

On receipt of a referral: this will be triaged using the risk criteria during the team's Wednesday meeting and allocated to the appropriate midwife and an individualised care plan developed with the woman with the focus of improving outcomes for mother and child.

For women who meet high risk (**Red**) the Lavender Team midwife will liaise with the community midwife and all other agencies and healthcare professionals as required. The named Lavender Team midwife will attend all multiagency children's services meetings.

For women who meet the medium risk (**Amber**) the Lavender Team midwife will contact the named community midwife to develop an antenatal care plan. Appendix 1 shows the Lavender Team risk criteria.

The Lavender Team midwife and community midwife providing shared care will be clearly documented on the hand held notes and also in the hospital record. Women classified as being at high and medium risk will receive a joint visit with the named midwife and health visitor during the antenatal period. This would have been discussed and planned by the safeguarding midwife during the information sharing monthly meeting.

Although the team has only been set up for five months the feedback from women and multiagency partners has been positive.

To monitor outcomes, the women are assessed at booking which criteria of risk they meet and then are assessed at 28 days post natal. See below audit:

Audit of outcomes for 6 women in Lavender Team caseload

Red = high risk

Amber = med risk

Green = low risk



Graph 5 – showing results of audit of outcomes for women who have had maternity care under the Lavender Team

Trust involvement in Serious Case Reviews

The Serious Case Review following the death of a toddler (out of county) – maternity care was provided at the Trust. All of the three recommendations in the action plan have now been implemented.

The Safeguarding Adult Review following the death of a vulnerable young woman, who was a new mother, has been finalised. The Trust has now reviewed the CIRC completed in 2015 and have noted that there are some concerns raised where there are general themes where lessons can be learned from this tragic case. The trust has now allocated a senior midwife and obstetrician to investigate the case for the SAR. This will be completed by mid-October.

Referrals to Children’s Services

<i>Month</i>	<i>Referrals to CS</i>	<i>Info Sharing Referrals</i>
April	32	39
May	19	58
June	21	46
July	14	41
August	7	14
September	3	21

Table 1 – Number of referrals made by maternity services to Children’s Services and for information sharing purposes.

Safeguarding Supervision in Maternity

The Midwives who have been identified who should receive safeguarding supervision are Midwives working with women whose needs are socially complex (Lavender Team midwives) and those midwives holding a case load (Community Midwives).

For ward-based midwives, supervision can occur individually on an ad-hoc basis as required.

<i>Role</i>	<i>Frequency</i>	<i>Individual</i>	<i>Group</i>	<i>Supervisor</i>
Lavender Team Midwives	3 monthly		Yes	Safeguarding professionals within the trust
Team Lead		Yes		Designated Nurse

Role	Frequency	Individual	Group	Supervisor
Community Midwives	3 monthly		Yes	Safeguarding Midwife
Ward Based Midwives	As required	Yes	Yes	Safeguarding Midwife

Table 2 – Frequency of Safeguarding Supervision provided within maternity.

4. Safeguarding Adults

Deprivation of Liberty Safeguards (DoLS) and Mental Capacity

In March 2014 the House of Lords Select Committee published a post legislative-scrutiny report regarding the Mental Capacity Act. It was recognised that since its implementation there has been a general lack of awareness and understanding.

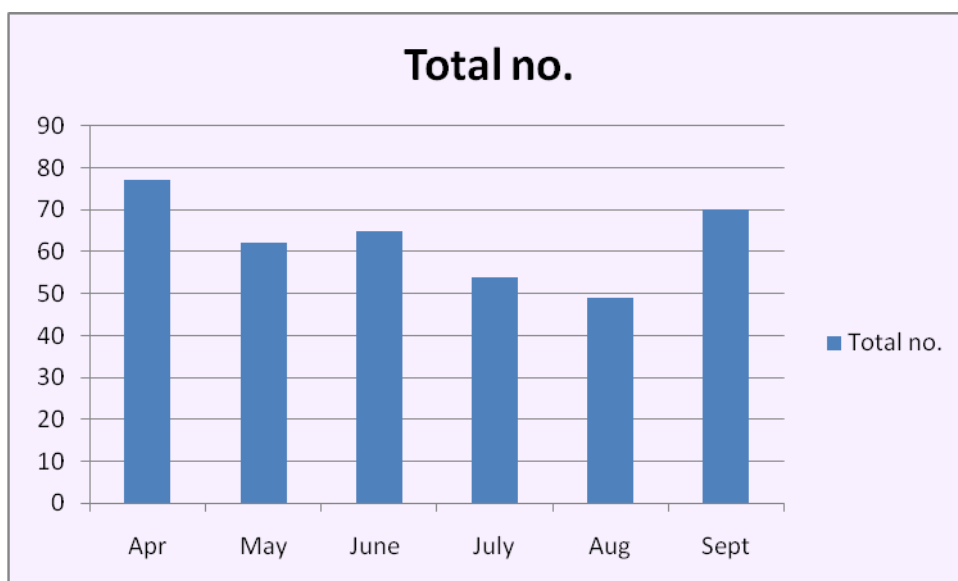
The Law commission consultation paper was published on 7th July 2015 to consider how the law should regulate DoLS. This consultation closed on 2nd November 2015. DoLS has been the subject of considerable criticism since it was first introduced six years ago. The practicalities have been significant and the regime has struggled to cope with the increased number of cases. In addition it is recognised that it is disconnected from the Mental Capacity Act and it is a lengthy and complex process.

The Law commissions' provisional report has not yet been published but it is expected that the title of DoLS and the process will be amended following feedback.

Hot spots of clinical areas within the Trust have been identified and additional training has been provided to ensure staffs are educated and compliant. Training rates are monitored on a monthly basis by the Named Nurse for Safeguarding Adults and are shared at the Safeguarding panel on a bi-monthly basis.

In May 2015 the Clinical Commissioning Group commissioned a reviewed of the implementation of the MCA and DoLS. It was highlighted that imbedding MCA and DoLS into day to day practice has been a challenge. As a result leadership and expertise has been extended by the training of five Best Interest Assessors.

The graph below shows the number of DoLS the Trust has applied for in the last six months.



Graph 6 Number of applications for DoLS made by Trust staff

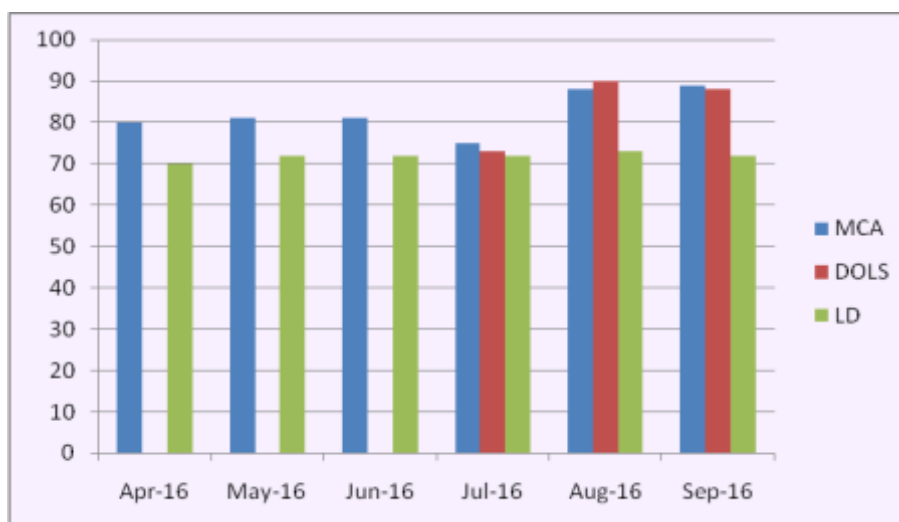
15th March 2016 was National Mental Capacity Action day. The aim was to increase staff awareness of the Mental Capacity Act. When the majority of us make and unwise decisions nobody generally questions or challenges our capacity. This may not be the case for all. Sharing and understanding our rights to make unwise decisions supports our understanding and application of the MCA and the rights of individuals. The general idea is that human rights are for all and that the MCA applies to us all equally. The safeguarding team handed out A4 posters of the 4 Ds. This was a prompt to improve how we record discussions and decisions that support patients.

In addition, a quiz was distributed to the clinical areas and departments for staff to participate in. This was aimed at testing everyone's knowledge on the Mental Capacity Act and to highlight good Mental Capacity Assessment practice. There was a prize for the team that scored the most points.

Safeguarding Adult Training

The Trust Safeguarding Training Strategy was reviewed and fully updated during the reporting period. It was presented and agreed at Safeguarding Panel in July 2016.

Below demonstrates compliance rates. The quality indicators agreed with the CCG expect a compliance rate of 95%. Compliance training with Mental Capacity (MCA, Deprivation of Liberties (DoLS) and Learning disability awareness (LD) is monitored monthly and shared at Safeguarding panel. The Safeguarding adults' team have arranged additional training sessions to ensure compliance figures are in an upward trajectory. Up until July figures for DoLS were collected by the number of people that had attended training, however it was recognised that this information was meaningless. From July data has been collected on the percentage of staff to ensure it is more meaningful.



Graph 7 showing compliance rates for training for Mental Capacity (MCA) deprivation of Liberties (DoLS) and Learning Disabilities (LD).

Audits

The safeguarding audit strategy 2015-2017 has been updated and agreed by the safeguarding panel. A dip sample is carried out monthly on a random set of adult medical notes and presented to safeguarding panel.

A Trust wide Mental Capacity and DoLS audit was undertaken in June 2016 and presented to the safeguarding panel. The aim was to provide evidence and assurance that WHHT staff are completing good quality Mental Capacity Assessments and applying for DoLS appropriately and recording in the medical notes to compliance with relevant Trust policies.

Overall, the findings of the audit demonstrated a good standard of Mental Capacity Assessments and appropriate application of the Deprivation of Liberty Safeguards. There is a significant improvement on the previous 2015 audit. Continued training and education is needed to ensure the focus on the importance on Mental Capacity and DoLS. Additional training is required to increase knowledge and focus on the importance of re-assessment and including family/carers in any decisions made.

Learning Disabilities (LD)

The confidential Inquiry into premature deaths of people with learning disabilities (CIPOLD) reported that for every 1 person in the general population that dies three people with learning disabilities will do so. One of the CIPOLD recommendations was that there would be greater scrutiny of deaths of people with learning disabilities.

The Learning Disabilities Mortality Review (LeDeR) Programme is delivered by the University of Bristol. Work on the LeDeR programme commenced in June 2015 for an initial three-year period. This programme is part of the National Clinical Audit and Patient Outcome Programme which sets out the audits and confidential enquiries that NHS Trusts are expected to participate and part of the NHS standard contract.

The remit of the programme is to support local areas to review the deaths of people with learning disabilities aged between 4-74 years of age. The programme is developing and rolling out a review process for this, which will help promote and implement the new review process. It aims to provide support, take forward lessons learnt from reviews to enable improvements to service to be made. The programme will also collate information, review documents so that common themes, learning points and recommendations can be made and taken forward into policy and practice improvements.

Local reviewers will be looking at the deaths, regardless of whether the death was expected or not, the cause of death or the place of death. This will enable them to identify good practice and what has worked well, as well as where improvements to the provision of care could be made. There is currently no fixed date arranged for when this will commence. The programme is in the process of establishing review teams, implementation and strategic oversight groups.

NHS Trusts will be expected to demonstrate their participation by:-

- Having internal systems in place that flags the need for a review when a patient with learning disabilities dies.
- Notifying deaths of people with learning disabilities to the LeDeR programme.
- Contributing to the reviews of deaths of people with learning disabilities.
- Having a process in place through which to implement and monitor progress against local action plans.

In the last six month two clinical areas have been presented with the Purple Star Award. This is an award that is recognised by Herts County Council for providing an outstanding service to people with learning difficulties.

The purple star award was presented to the West Herts Hospital Trust's Abdominal Aortic Aneurysm (AAA) team and St Albans Day Surgery team in recognition of providing good health equality for people with learning disabilities.

The policy for the care of adult patient with learning disabilities and Autism was reviewed and updated in September in conjunction with the Hertfordshire Learning Disability Teams lead nurse.

The administrator for the safeguarding team is in the process of updating the Trusts special register. This will alert staff when accessing the Trust PAS system, that a patient has a learning disability and may need reasonable adjustments made prior to any appointments or admissions.

The named nurse for safeguarding adults is associated with the Improving Health Outcomes for patients with learning disabilities.

World Elder Abuse Awareness Day

The United Nations (UN) has designated June 15 as World Elder Abuse Awareness Day (WEAAD). The day aims to focus global attention on the problem of physical, emotional, and financial abuse of elders. It is recognized that any older person can potentially become a victim of elder abuse and people can be abused in many different ways. Elder abuse has been defined as 'A single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person' (World Health Organization, 1993).

On the 15th June the Safeguarding team prepared a presentation stand in the hospital restaurant for staff and visitors to access information regarding elder abuse and where to access assistance. In addition the team raised money for WEAAD by selling a selection of cakes. Photographs were taken and shared in the WEAAD newsletter.

Prevent

The Counter Terrorism and Security Act passed legislation in early 2015. Prevent is part of the governments counter terrorism strategy CONTEST and aims to stop people becoming terrorists or supporting terrorism. Radicalisation is comparable to other forms of exploitation and is therefore a safeguarding issue that staff working in the health care sector must be aware of.

Raising awareness of the prevent strategy amongst health care workers is crucial. As an acute Trust, we are one of the best placed sectors to identify individuals who may be groomed into terrorist activity. Staff must be able to recognise signs of vulnerability to radicalisation and be confident in referring individuals who can then receive support.

Seven members of the safeguarding team have been trained in HealthWrap 3. WRAP is a DVD-facilitated product produced by the Home Office. It is designed for front-line staff. The quality contract agreed with the CCG expects 90% compliance. Clinical areas have been identified as being "high risk". These areas are maternity, paediatrics and accident and Emergency and will be targeted with training first.

Trust involvement in Serious Adult reviews (SAR)

The Safeguarding named nurse has provided an Internal Management Review for the Hertfordshire Safeguarding Adults Board SAR sub group. The Trusts input into this case was minimal as due to medical complications care was transferred to a specialist London hospital. The case is now closed and recommendations have been made.

Serious Incidents

During the reporting period there have been 2 serious incidents raised regarding safeguarding adults.

Datix number	Allegation
DW71834	Allegation of malpractice
DW69401	Allegation of neglect

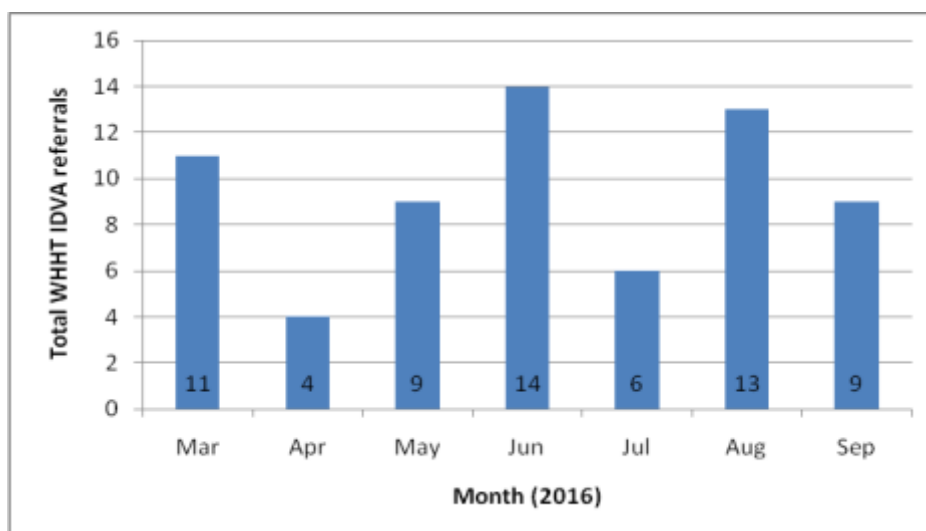
Dementia

Public Health England and the Alzheimer’s Society joined together to inspire the Dementia Friends Campaign. The dementia friend’s campaign helps increase the understanding of dementia and instigates a change of attitude towards people living with dementia in our society. The trust has supported the Dementia Friend’s Campaign by holding three dementia days, one at St Albans and two at WGH. Over 350 staff attended this event including 70 members of staff from medi-rest.

A unique product named “twiddle muffs” has been designed to provide a stimulation activity for restless hands. This is primarily for patients suffering from dementia but can also be used for patients with learning disabilities.

5. Domestic Abuse / IDVA

The Trust continues to have an IDVA (Independent Domestic Violence Advisor) in post who is based on the Watford site. During the reporting period the Hertfordshire IDVA service was run by Victim Support. Due to a change in commissioning, as of the end of September, the service will be provided by Refuge (a national domestic abuse charity).



Graph 8 - Total number of referrals to the IDVA service from Trust staff.

Referral Source	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Total
A & E/CED	4	1	1	5	1	2	3	17
UCC HHH	1				1		1	3
SACH Minor Injuries								0
Maternity	2		3	1	2	2	1	11
Safeguarding Midwife		1		1		1	1	4
Adult’s Safeguarding Nurse	1		2				1	4
Children’s Safeguarding Nurse	1		2			1		4
General Wards	1			1		1		3
Drug and Alcohol Service				1				1
Out Patient’s				2				2
Other	1	2	1	3	2	6	2	17
Total per month	11	4	9	14	6	13	9	66

Table 3 Source of referrals to the Trust IDVA service

During the reporting period, the IDVA has increased her profile in key clinical areas across the Trust, especially within A & E, Urgent Care and Maternity.

Training has taken place to improve staff understanding of, and confidence and ability in recognising and addressing domestic abuse. Training has taken place with the following groups.

- A & E and Urgent Care Nurses (development days).
- New overseas nurses
- FY2 – Grand Round
- Band 5 Nurses
- Clinical Governance sessions
- As part of existing safeguarding level 3 training

Future plans include training and awareness raising within outpatient departments across all 3 sites and within the Minor Injuries Unit. Further sessions have been arranged for A & E staff which will ensure that the majority of A & E nurses have attended a session.

During the reporting period, the IDVA has referred 7 cases to MARAC (multi agency risk assessment committee). Referrals to MARAC need to reach a specific threshold around significant concern/ risk of injury or homicide.

The Trust Named Nurse for Safeguarding Children attends the Watford and Three Rivers MARAC regularly. This involves sharing relevant information about victims, perpetrators and any associated children in a multi agency forum to identify risks and share actions to reduce the risks to a victim and any children.

6. Trust Action Plan for the Recommendations made in the Lampard Report

The Lampard Report (2015) looked at themes and made recommendations for NHS providers following the offences carried out within the NHS by Jimmy Saville. The Named Safeguarding Nurses developed a Trust action plan including all the recommendations made by Lampard. Work to complete the action plan has been monitored by the Safeguarding Panel. This has included;

- ensuring all volunteers within the Trust have safeguarding awareness training
- all volunteers have DBS check prior to commencement
- a Volunteer Manager is in place who is a member of the National Association of Volunteer Managers
- the Trust has a VIP policy in place with awareness of this policy among relevant staff
- consideration given at Trust board regarding frequency of DBS checks
- Policy for staff internet usage in place and safety issues around guest Wi-Fi under review

During the reporting period, work has continued to ensure continued compliance with the Lampard recommendations and to provide further evidence of this compliance.

Appendix 2 contains the completed action plan with additional evidence.

7. Risks

- Risk regarding compliance with the Mental Capacity Act. There is a lack of evidence of MCA application and compliance across the Trust. There could be legal implications for the Trust. This is on the risk register number 2899 and currently scores 8. MCA documentation has been implemented into the clinical areas and this will be audited. MCA has become part of the mandatory training from January 2016 to increase staff knowledge and enable compliance rates to be monitored via the safeguarding panel. Pocket sized MCA and DoLS books have been produced and distributed to the clinical areas, the Trust intranet has been updated with tools for staff to use when assessing Mental Capacity.

In the Trust there is a defined process for the application of DoLS reporting to the supervisory body. An urgent DoLS lasts for 7 days and this is automatically extended for a further 7 days by the Supervisory body. Within those 14 days a Best Interest Assessor (BIA) should come out and review the patient. However this does not occur due to a shortage of BIAs and an increase in the number of DoLS following the Cheshire West ruling. As a result after 14 days there is no statutory framework for detaining these individuals. This is on the risk register 3713 and scores 10.

- There is a clinical risk due to the reduction/changes to the commissioning arrangements for the current Health Visitor Liaison service. Historically the service has been provided by HCT and involves the liaison of all children attending WHHT with community staff e.g. all attendances at CED, UCC and MIU, all admissions to Starfish Ward, children where there are safeguarding concerns and a referral has been made to Children's Services. Due to changes in commissioning the current service is funded until March 2017. Reducing or losing the service could lead to a gap in assurance on information about vulnerable children being shared with community staff which would impact on safeguarding such children. This is on the risk register 3762 and currently scores 12.

8. Recommendation

The Board is asked to note the report for information and assurance.

Tracey Carter
Chief Nurse and Director of Infection Prevention and Control
December 2016

Appendix 1

Lavender Team Risk Assessment Criteria

Conditions	Score		Score		score	
	Low risk	1	Medium risk	2		High risk
Mental Health	History of depression and not on medication		Past history of mental illness, present history of mild/moderate depression on medication or seeing a Family Hist MH /suicide		Present psychotic illness/severe depression - on treatment. Past history of puerperal psychosis.	
Child Protection			History of previous children on child protection plan with decision to keep UBB with parent		Children in Care or subject to a Child Protection Plan. Legal decision to remove child from parent, children in foster care or adopted	
Substance misuse (drugs and alcohol)	Cannabis use		History of detox but stable now. Cannabis use-skunk. Partner misuses substances.		Present history of substance misuse. On a treatment plan. Chaotic drug or alcohol use. Past history of detox and currently in drug treatment programme	
Learning disabilities	Mild - supported by family		Independently living but lacking parenting skills. Both partners with learning needs dependent on level of disability.		Mental capacity extremely challenged. Unable to carry out daily activities of living.	
Teenage Pregnancy	Married, cultural, appropriate age and in a stable relationship.		17-18 years Unsupported, Language barrier, Husband abroad.		Under 17, Late booker, Looked after Child, concealed pregnancy	
Domestic Violence	Past history with a previous partner		Long history of undisclosed domestic violence. Partner maybe a heavy drinker. Unemployment.		Current domestic violence/children at risk. Restraining order. Living in refuge/children at risk. Police reports of domestic violence.	
Late booker/Poor attender	Recently moved to the area/ Arrived from abroad.		Refugee/asylum seekers. Traveller. Language barrier.		Chaotic lifestyle. Avoidance of professionals. Concealed pregnancy.	
Asylum Seekers	Not entitled to NHS treatment		No fixed place of abode. Squatting.		Child protection issues.	
Female genital mutilation	Nil		History of FGM		Complex social factors	

Appendix 1

Lavender Team Risk Assessment Criteria

Guidelines: The Lavender team will assess all women and triage into one of the three categories listed above, also considering that at any time during the pregnancy the women could be escalated to a higher category.

Low risk: All women in this category will be cared for by the community/hospital midwives and have advisory support from the Lavender Team when necessary. Progress of care of these women will be monitored by the Lavender Team monthly or more frequently based on individual needs.


Medium risk: All women in this category will also be cared for by the community/hospital midwives; these women will be seen/reassessed by the Lavender Team at 36/40 and in the post-natal ward following delivery. Moderate risk women will be handed over to the health visitor in a joint visit with the Lavender Team midwife not before 28 days postnatally. If a woman has two or more medium risks identified, then she should be caseloaded by the Lavender Team in collaboration with the named community midwife.

High risk: These women will be under the care of the Lavender Team for their antenatal, intrapartum and postnatal care, in collaboration with the named community midwife. The allocated Lavender Team midwife will do joint home visits with the community midwives/health visitors during the antenatal period and when the woman and her baby are discharged from hospital. High risk women will be handed over to the health visitor in a joint visit with the Lavender Team midwife not before 28 days postnatally.



Teenage pregnancy: Under 17 with complex needs will be caseloaded by the Lavender Team. Those who are 17+ 18+ will be cared for by the community midwives who will carry out their antenatal care including attending any meetings/case conferences relating to their care and formulate their Care Plan. The Lavender Team will provide advice and support when required.

Appendix 2 REPORT ON TRUST PROGRESS IN RESPONSE TO KATE LAMPARD'S LESSONS LEARNT REPORT

NAME OF TRUST:		West Hertfordshire NHS Hospital Trust.				
Recommendation	Issue identified	Planned Action	Progress to date	Completed	Update/evidence Sept 2016	
I. All NHS hospital trusts should develop a policy for agreeing to and managing visits by celebrities, VIPs and other official visitors.	WHHT currently has a VIP policy in place. It is clear that a VIP must be accompanied at all times by a member of the Trust communication team (as per Trust policy). Consideration should be given to the purpose of all VIP visits and what benefits it would have to the Trust. The policy should apply to any visitor to the Trust from a football player to a Politician or visiting film crew. Staff should feel empowered to challenge any visitor or arranged visit if they have any concerns.	To further promote the VIP policy in safeguarding training and newsletter. A number of related policies in the Trust reviewed and promoted to ensure staff are safeguarding.	Plan to complete next safeguarding Newsletter by November 2015 Completed	November 2015. March 15	VIP policy remains in date and is available on the Trust intranet. Trust Communications Team lead on the VIP policy Policy promoted via e update. Audit of recent VIP visit against policy done with good results. Children' Services within Trust see higher numbers of VIPs – Play Therapists are department leads for VIP policy.	


		<ul style="list-style-type: none"> • Raising concerns policy • Chaperone policy and posters. 			 Audit of WHHT VIP.doc
<p>2. All NHS trusts should review their voluntary services arrangements and ensure that:</p> <ul style="list-style-type: none"> • They are fit for purpose; • Volunteers are properly recruited, selected and trained and are subject to appropriate management and supervision; and, • All voluntary services managers have development opportunities and are properly supported. 	Development of volunteer manager.	<p>WHHT Voluntary Services Managers would be supported to access the suggested forum in recommendation 3 in the report.</p> <p>Appraisal to be undertaken to identify development opportunities and support from manager.</p>	Awaiting an update on the forum.	Completed June 2015	<p>New Volunteer Policy ratified and available on staff intranet in 2016.</p> <p>Volunteer manager in place as part of patient services team.</p> <p>Trust have applied to join the National Association of Volunteer Service managers</p> <p>All volunteers undergo safe recruitment process and have a DBS check on appointment. Database of volunteers in place.</p>

<p>3. All NHS hospital staff and volunteers should be required to undergo formal refresher training in safeguarding at the appropriate level at least every three years.</p>	<p>Currently in place</p>	<p>Safeguarding training is part of mandatory training and is undertaken every 3 years.</p> <p>The Safeguarding Panel and workforce subcommittee of the Trust Board review the training figures.</p> <p>All volunteers undergo safeguarding training at Level 1 (basic awareness)</p>		<p>Completed July 2015</p>	<p>Safeguarding training continues for all newly appointed volunteers (classroom based or e learning).</p> <p>Monitoring of attendance is done by the Volunteer Manager.</p> <p>Dip sample audit carried out of July and August 2016 of volunteers on database – 100% had DBS done and had attended safeguarding training.</p>
<p>4. All NHS Hospital trusts should undertake regular reviews of:</p> <ul style="list-style-type: none"> • Their safeguarding resources, structures and processes (including their training programmes); and, • The behaviours and 	<p>WHHT has got robust safeguarding processes and structure in place. The safeguarding panel is chaired by the Chief Nurse who is the Executive Lead for safeguarding. The panel meets every 6 weeks and reviews all safeguarding matters across the Trust. Assurance is sought via the quality subcommittee of the board. Quarterly updates are</p>	<p>Review of safeguarding services undertaken in November 14 and recommendations undertaken.</p> <p>WHHT has recently had section 11 audits/ inspections for children and</p>		<p>Completed May 2015</p> <p>Actions monitored via the safeguarding panel and with the CCG.</p>	<p>Section 11 audit (Safeguarding Children) and Safeguarding Adult assurance visit carried out in 2016 by Designated teams in the CCG. Both highlighted good safeguarding structures, processes</p>

<p>responsiveness of management and staff in relation to safeguarding issues.</p> <ul style="list-style-type: none"> To ensure that their arrangements are robust and operate as effectively as possible. 	<p>given as part of the quality & safety report and the safeguarding team provide an annual report to the Trust board.</p>	<p>adult services undertaken by the CCG which provided assurance of good safeguarding practice across the Trust.</p>			<p>and practice in place.</p>  <p>WHHT s11 letter January 2016docx.doc</p>  <p>Adult assurance visit 2016.pdf</p> <p>Action plans in place around recommendations monitored by Safeguarding Panel</p>
<p>5. All NHS hospital trusts should undertake DBS checks (including, where applicable, enhanced DBS and barring list checks) on their staff and volunteers every three years. The implementation of this recommendation should be supported by NHS Employers.</p>	<p>WHHT has a DBS policy in place that is reviewed following release of relevant legislation. The current practice is every 5years. This is being reviewed in the Trust currently to consider changing to the 3 year recommendation.</p>	<p>HR has confirmed that they are progressing forward under their governance processes. This includes the workforce panel.</p>	<p>Paper for the workforce panel being produced in regard to DBS.</p> <p>Discussed at Trust Board – decision made to stay with 5 year DBS checks as per NHS national guidance.</p>	<p>Completed 2016</p>	<p>DBS policy in place which is in date and available on the Trust intranet.</p>

		<p>In WHHT there is a policy for dealing with allegations of abuse against staff. This is in the process of being reviewed. It gives clear instructions about the need to refer to LADO and the DBS. The DBS policy also includes when to refer.</p>			
<p>6. All NHS hospital trusts should devise a robust trust-wide policy setting out how access by patients and visitors to the internet, to social networks and other social media activities such as blogs and Twitter is managed and where necessary restricted. Such policy should be widely publicised to staff, patients and visitors and should be regularly</p>	<p>Policy in place</p> <p>Wi-Fi planned for the Trust in late summer 2015 with access for the public and patients.</p>	<p>Policy being reviewed and updated in light of internet access.</p> <p>Guest User Policy being written by IT team.</p>	<p>Further promotion of the WHHT Internet User policy.</p>	<p>Completed September 2015</p>	<p>Update – Policy for Internet use for staff remains in date.</p> <p>Auditing of Staff internet usage is usually triggered by a line manager's request</p> <p>All internet traffic (Guest & Corporate) is filtered through our Sophos & Fortigate firewalls. The Sophos & Fortigate companies apply</p>

<p>reviewed and updated as necessary.</p>					<p>algorithms to categorise internet traffic; the Trust then apply rules against these categories. Guest Wi-Fi is regulated by the Forigate rule set.</p> <p>IT in the process of establishing an Information Security Manager to give more focus to information security, including internet access – post should be filled in the new year.</p> <p>Guest Wi-Fi “Acceptable Use Policy” - all users are asked to accept these terms (by clicking a button) before they are given access as a WHHT Guest user.</p> <p>Trust Guest User Policy currently going through the ratification process</p>
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					Awaiting NHS Digital to announce details of an NHS-wide Wi-Fi initiative which will include standards and policy guidance; this will help to strengthen our local policy
7. All NHS hospital trusts should ensure that arrangements and processes for the recruitment, checking, general employment and training of contract and agency staff are consistent with their own internal HR processes and standards and are subject to monitoring and oversight by their own HR managers.	Sub contractor staff employment process.	Review being undertaken by Director of Workforce.	Report to be presented to Workforce subcommittee and Safeguarding Panel	Completed	 Safeguarding Audit.pdf
8. NHS hospital trusts should review their recruitment, checking, training and general employment processes to ensure they operate in a consistent and robust manner across all departments and	In place		Completed	March 2015	Recruitment and DBS policies are in place and in date. HR audit safe recruitment processes regularly. Recruitment team leaders audit all files

functions and that overall responsibility for these matters rests with a single executive director.					of individuals to ensure all processes, paperwork etc has been completed. The HR recruitment manager then audits a random selection of files to ensure full completion of all tasks.
9. NHS hospital trusts and their associated charities should consider the adequacy of their policies and procedures in relation to the assessment and management of the risks to their brand and reputation, including as a result of their associations with celebrities and major donors, and whether their risk registers adequately reflect this.	Policies in place. No risks identified as no major donors or celebrities supporting the Trust at this time.		Completed	March 2015	Fundraising Manager recruited and in post 2016.
I confirm that this Trust Board has reviewed the full recommendations in Kate Lampards lessons learnt report:					
SIGNED: Tracey Carter Chief Nurse			DATE: June 2015		

Evidence updated - October 2016
Michelle Mulvaney Named Nurse Safeguarding Children