

<b>TRUST BOARD IN PUBLIC</b>		<b>Date: 27<sup>TH</sup> October 2016</b>	
		<b>Agenda Item: 4.3</b>	
<b>REPORT TITLE:</b>		Annual report for Adult and Child Safeguarding	
<b>EXECUTIVE SPONSOR:</b>		Fiona Allsop, Chief Nurse	
<b>REPORT AUTHOR (s):</b>		Victoria Daley, Deputy Chief Nurse Fiona Crimmins/Julie Chivers, Adult Safeguarding Lead Nurses Sally Stimpson, Named Nurse for Safeguarding Children	
<b>REPORT DISCUSSED PREVIOUSLY:</b> (name of sub-committee/group & date)		Safety and Quality Committee – 6 <sup>th</sup> October 2016	
<b>Action Required:</b>			
<b>Approval (√)</b>	<b>Discussion (√)</b>	<b>Assurance (√)</b>	
<b>Purpose of Report:</b>			
The Annual Report for Safeguarding Adults and Children provides the board with assurance regarding its statutory functions in relation to compliance with Section 11 of the Children Act (2014), the Mental Capacity Act (2005) and the Care Act 2014.			
<b>Summary of key issues</b>			
<u>Child Safeguarding:</u>			
<ul style="list-style-type: none"> <li>• 27% increase in information sharing forms completed and with members of the multiagency team.</li> <li>• Continuation of 6 monthly Level 3 multi-professional Safeguarding Children Training at East Surrey Hospital, which has increased our training compliance for Level 3 training to 77%.</li> <li>• Hospital Link Social Worker from both Surrey and West Sussex Children's Services in attendance at Weekly Safeguarding Meetings held at the Trust</li> <li>• Local agreement secured with Alderhey Hospital for a Paediatric radiologist to provide a second report on skeletal surveys.</li> <li>• Maternity Information Sharing Form redesigned to include a body map for documentation of birth marks to improve communication with community practitioners.</li> <li>• Invite letters amended for Paediatric outpatients to include a statement informing parents of Trust process of sharing information regarding non-attendance with the safeguarding team.</li> <li>• SASH has signed an agreement with Child Protection Information Sharing (CP-IS).</li> </ul>			
<u>Adult Safeguarding:</u>			
<ul style="list-style-type: none"> <li>• The number of concerns has risen for the fourth consecutive year</li> <li>• 78% of staff has received training during the last 3 years, up from 50.35% in the previous year.</li> <li>• How the Care Act 2014 has changed practice within Safeguarding.</li> </ul>			

<b>Recommendation:</b>	
For the Committee to gain assurance that the safeguarding agenda is robustly overseen and managed within the Trust. The Committee are asked to approve the Annual Report 2015/16.	
<b>Relationship to Trust Strategic Objectives &amp; Assurance Framework:</b>	
<p><b>SO1:</b> Safe – Deliver safe high quality and improving services which pursue perfection and be in the top 20% against our peers</p> <p><b>SO2:</b> Effective – As a teaching hospital deliver effective, improving and sustainable clinical services within the local health economy</p> <p><b>SO3:</b> Caring – Working in partnership with staff, families and carers</p> <p><b>SO4:</b> Responsive – Become the secondary care provider of choice our catchment population</p> <p><b>SO5:</b> Well led - Become an employer of choice and deliver financial and clinical sustainability around a patient focused clinical model</p>	
<b>Corporate Impact Assessment:</b>	
<b>Legal and regulatory impact</b>	Yes
<b>Financial impact</b>	Yes
<b>Patient Experience/Engagement</b>	Yes
<b>Risk &amp; Performance Management</b>	Yes
<b>NHS Constitution/Equality &amp; Diversity/Communication</b>	Yes
<b>Attachment:</b>	
N/A	

## Annual Report for Adult and Child Safeguarding September 2016

### 1. Executive Summary

Safeguarding activity across the organisation is increasing, demonstrated by a significant increase in the information being shared, referrals, concerns and daily contact through the safeguarding offices. Safeguarding principles are well ingrained in hospital practice throughout the Trust.

The Trust is required to demonstrate that they have safeguarding leadership and commitment at all levels of the organisation and that they are fully engaged and in support of local accountability and assurance structures, i.e.: Surrey Safeguarding Adults Board (SSAB), West Sussex Adult Safeguarding Board (WSSAB), Surrey Safeguarding Children Board (SSCB) and West Sussex Safeguarding Children Board (WSSCB).

SaSH promotes a culture where safeguarding is everyone's business and poor practice is identified and tackled. The Trust has effective safeguarding arrangements in place to safeguard vulnerable adults and children. These arrangements include: safe recruitment, effective training for staff, effective supervision arrangements, working in partnership with other agencies, identification of a Named Doctor and Named Nurse for Safeguarding Children and also a Named Nurse for Adult Safeguarding.

The named professionals have a key role in promoting good professional practice within the Trust, supporting local safeguarding systems and processes, providing advice and expertise and ensuring that appropriate levels of safeguarding training are in place. The safeguarding teams work closely with the Trust's Chief Nurse and Deputy Chief Nurse, Designated Professionals in Surrey and West Sussex and the Safeguarding Boards for Adults and Children in Surrey and West Sussex.

The effectiveness of safeguarding systems is assured and regulated by a number of mechanisms including:

- Internal assurance processes and Board accountability through the Safety and Quality Committee
- Partnership working with the Adult and Child Safeguarding Boards of both Surrey and West Sussex
- External assurance via quarterly reporting to the NHS Clinical Commissioning Groups of Crawley, Horsham and Mid-Sussex and East Surrey.
- External regulation and inspection by the Care Quality Commission (CQC) and NHS Improvement
- Local safeguarding peer reviews and assurance processes
- Effective contract monitoring

Separate reports for Adults and Children are provided on a quarterly basis to the Safety and Quality Committee.

The Board should critically appraise the Trusts safeguarding reports by making sure that patient safety, staff activity, governance arrangements and safeguarding data and transparent and clear so that they can confirm they are assured.

## 2. Safeguarding legislative frameworks and national safeguarding agenda

### Safeguarding Adults:

The Care Act 2014 came into effect on the 1<sup>st</sup> April 2015, putting Adult Safeguarding on a statutory footing in line with Children's Safeguarding. The Act recognises that local authorities cannot safeguard individuals on their own; it can only be achieved by working together with the Police, NHS and other key organisations as well as an awareness of the wider public. Fears of sharing information must not stand in the way of protecting adults at risk of abuse or neglect; this is highlighted within training for all staff.

It signals a major change in practice – a move away from the process-led, tick box culture to a person centred approach which achieves the outcomes that people want. Practice must focus on what the adult wants, which accounts for the possibility that individuals can change their mind or evolve on what outcomes they want to achieve through the course of their enquiry. This concept is inseparable from quality of life and dignity as evidence shows that often an overprotective approach can in itself put adults at risk of harm.

The fundamental shift however revolves around professional practice that puts the adult, their wishes and the desired outcomes at the centre of safeguarding enquiries. It is about making safeguarding a personalised experience, aiming to achieve the outcomes identified by adults at risk of harm or abuse, rather than a person being taken through a process.

The Act also advises that all organisations should have a Designated Adult Safeguarding Manger (DASM) in place. That role was to reflect the role of the LADO within Safeguarding Children. This role was reviewed during the year and was removed from guidance.

### Safeguarding Children

Improving the way key people and bodies safeguard and promote welfare of children is crucial to improving outcomes for children. Section 11 of the Children Act (2004), places a key duty on key persons and bodies to make arrangements to ensure that in discharging their functions, they have regard to the need to safeguard and promote the welfare of children.

Section 11 compliance is a statutory requirement for Surrey and Sussex Healthcare NHS Trust. Compliance is assessed and monitored by the safeguarding boards in both Surrey and West Sussex by the submission of a RAG rated Self-Assessment Audit. Outstanding actions identified from the audit are uploaded to the overarching Trust Safeguarding Children Committee action plan. This action plan is reviewed bi-monthly at the Trust Safeguarding Children Committee meeting and activity around the actions is recorded, providing a clear governance structure.

The Self-Assessment for West Sussex was last submitted on 08/03/16. The Section 11 Audit for Surrey was completed and submitted in September 2016.

Working Together to Safeguard Children and Young People Guidance 2015 states clearly that for services to be effective a child centered approach is essential in the delivery of healthcare and this should be underpinned by a clear understanding of the needs and views of each child.

Performance Monitoring Frameworks for West Sussex CCG and a Safeguarding Dashboard for Surrey CCG have been completed and submitted for this period within agreed timescales. Data that is supplied includes the following areas; Leadership and Workforce, Safeguarding Training and Supervision, ED and Maternity Activity, Safeguarding Governance, Serious Case Reviews and

Serious Incidents, Allegations Against Staff, Safer Recruitment, Audit, Partnership Working and Vulnerable Groups.

A bi-monthly Exception Report is also provided for West Sussex.

### **3. National Safeguarding Agenda**

#### Prevent (WRAP Training)

PREVENT has continued to be high on the agenda during the last year. The Counter Terrorism and Security Act was passed in February 2015 and the new law came into force for the health sector in July 2015, when government guidance was also issued putting the Prevent Duty in place. NHS Trusts are now obliged to 'have due regard to the need to prevent people from being drawn into terrorism', in accordance with the 'Prevent duty' outlined in Section 26 of the Act.

WRAP (Workshop to Raise Awareness of Prevent) training has continued over the last year with sessions delivered on the preceptorship programme and the doctor's induction. The Safeguarding Team met with the Education & Training Department to discuss compliance as laid out in the Prevent Training and Competencies Framework. Training has been set at 100% compliance by July 2018. WRAP has been added to the MAST training, commencing autumn 2016, with 5 further WRAP facilitators in place to assist with rolling out training to ensure compliance within the given timescale. All patient facing staff must complete a one off session of WRAP training, all other staff must complete awareness training. The awareness training has already been incorporated into the Safeguarding MAST training.

It should be noted that the Crawley/Gatwick locality is a priority area and as such, a greater level of awareness is built into the training delivery and generally across the organisation. The Trust is required to send quarterly returns regarding training/incidents and referrals to the CCG and NHS England. The Trust has made 3 referrals during 2015/16. It is known that referrals from the NHS are on a larger scale, with the increase in staff training and awareness, referrals are likely to increase over the coming year.

#### Modern Slavery

Modern Slavery has been added as a type of abuse within the Care Act, therefore falls within the Adult Safeguarding arena. The Modern Slavery Act came into force on the 31<sup>st</sup> July 2015 and as set out in Section 52 of this Act there is a 'Duty to Notify'. A duty is now in place upon specified public authorities; that they are required to notify the Home Office about any potential victims of modern slavery they encounter in England and Wales. Modern Slavery is widely acknowledged as a very complex problem, however the Act aims to introduce measures which ultimately will stand up for the most vulnerable people in our society.

#### Mental capacity/DOLS

The Mental Capacity Act (MCA) 2005 puts the individual at the heart of decision making. It was introduced to protect the rights of people to make decisions for themselves where they are able. Its aim is to support people to make decisions, makes it clear who can make such decisions, in which situations and how they should do this. It was introduced to protect the rights of the most vulnerable, empower and support them and stop any injustices.

During 2015/16 there were a total of 124 Deprivation of Liberty (DoLS) applications from the Trust. There is a significant increase in applications made in 2014/15 of 53 and 2013/14 of 11. The increase in applications this year is as a direct result of the continuing work by the Adult Safeguarding Team in respect of enhanced training, visual presence on the wards, accessibility for

advice and clearer guidance and procedures overall. Additionally as a result of the lowering of thresholds for DoLS in the 'acid test' of the Supreme Court Ruling 2014, it is recognised that there is an increased workload on staff. It must be noted however that the Team are noticing a more recent decline in clinical staff completing DoLS applications, resulting in some instances where DoLS are not being applied for when necessary. The Adult Safeguarding Team therefore continues to focus on raising awareness of DoLS, to ensure that an assessment in itself is seen as a positive tool for ensuring restrictive care is only used where appropriate. It is a valuable opportunity to embed principles of least restrictive and individualised person centred care for vulnerable individuals.

The Safeguarding team continues to adhere to CQC regulations and inform them of any outcomes of DoLS activities within the Trust.

On the 22<sup>nd</sup> December 2015, the Surrey Coroners' Office issued new guidance around the reporting requirements of the death of a person subject to a DoLS. The new guidance states that now only the deaths of patients under an authorised DoLS need to be notified to the Coroner.

#### 4. Internal assurance processes and Board Accountability

Surrey and Sussex Healthcare NHS Trust has effective safeguarding governance arrangements in place, supported by a team of specialist safeguarding professionals, to lead on safeguarding matters within the organisations and advice staff employed by the Trust on awareness and processes related to safeguarding adults and children. As an organisation, we are committed to the protection and prevention of harm to all vulnerable adults and children whilst in the care of Surrey and Sussex Healthcare NHS Trust. The SASH governance structure provides clear lines of accountability.

The Safeguarding Professionals team structure of the Trust comprises of:

- |                          |   |
|--------------------------|---|
| • Fiona Allsop           | Chief Nurse, Executive Board Lead for Safeguarding  |
| • Victoria Daley         | Deputy Chief Nurse, Strategic Lead for Safeguarding |
| • Fiona Crimmins         | Adult Safeguarding Lead                             |
| • Julie Chivers          | Adult Safeguarding Lead                             |
| • Dr Virach Phongsathorn | Consultant, Named Doctor for Adult Safeguarding     |
| • Sally Stimpson         | Named Nurse for Safeguarding Children               |
| • Ruth Morley            | Specialist Nurse for Safeguarding Children*         |
| • Janice Blythman        | Named Midwife                                       |
| • Salli Alihodzic        | Specialist Midwife                                  |
| • Dr Yekta Dymond        | Named Doctor for Safeguarding Children              |
| • Dr Katie McGlone       | Named Doctor for Safeguarding Children              |

\*Ruth Morley is currently supporting the Named Nurse whilst Vicky Abbott (Named Nurse) is on maternity leave.

Within the Trust, the Chief Nurse holds the overall responsibility for Safeguarding Adults and Children. The Chief Nurse is responsible for providing professional support for initiatives concerned with the nursing practice in relation to Safeguarding Adults and Children at risk of harm. The Safeguarding Teams act on her behalf to ensure that the Board is assured that all necessary measures are taken to ensure that appropriate levels of safeguarding are in place. This is achieved through case discussions, advice, practice reviews and audits which are monitored via the Trusts' internal Safeguarding Committees for Adults and Children.

The Designated Professionals for Surrey and West Sussex Clinical Commissioning Groups provide supervision and support for the Trusts safeguarding professionals, who meet with the designated person for supervisory sessions and personal review.

The safeguarding teams work closely with key staff at the Trust to ensure that all staff, including volunteers, understand their responsibilities and are well supported. This is achieved through advice, case discussions, audits, supervision, training and provision policies, procedures and guidance.

## 5. Safeguarding Referrals

The Trust has a public Safeguarding Declaration in place stating that Surrey & Sussex Healthcare NHS Trust is committed to protecting those most vulnerable in our community. The Trust's safeguarding policies are aligned with the Surrey Safeguarding Multiagency Procedures, and the Safeguarding Lead Nurses for Adults and Children are notified of any concerns raised to social services.

### Safeguarding Adult Referrals

In 2015/16 the Safeguarding Leads continued to focus on concerns that have been raised either by the Community or the Trust regarding patients under the care of Surrey & Sussex Healthcare NHS Trust. The Safeguarding Team have a well-established working relationship with Surrey Social Care. Weekly meetings continue to review open cases and monitor the progress of enquiries being carried out by the Trust. All enquiries and required actions are added to a Safeguarding Action Plan with agreed timescales attached. This is reviewed regularly by the Safeguarding Team and is a standing item on the Trust's Adult Safeguarding Committee agenda which takes place every second month. Lessons learned following enquiries and changes to practice within the Trust are also highlighted and discussed at the Safeguarding Meeting.

With the introduction of the Care Act, the thresholds for safeguarding have changed, meaning that the figures have escalated significantly on previous years. (See appendix A)

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Appendix A provides details of the safeguarding adult referrals raised during 2015/16. The Care Act has removed the substantiated / unsubstantiated format when carrying out enquiries. Outcomes meetings now take place following a Section 42 enquiry instead of more formal Case Conferences. Continuing with the main consideration of personalisation and patient focus, patients and their families/carers are very much the priority for inviting to Outcomes Meetings and accommodating their availability is essential before additionally inviting the relevant multi agency representatives to discuss the findings of the investigation and crucially any lessons learnt. This approach is so important in ensuring that the Adult Safeguarding Team are meeting the aims

of the Care Act 2014 and that the patient's (or their representatives) views and preferred outcomes are clearly listened to and acted upon.

The process for concerns that are made about the Community are that the relevant Social Services Team, either Surrey or Sussex, who are based within the Trust grounds, will review the concern raised. They will then make a decision on whether there is a need for further intervention and if appropriate will transfer the concern out to the Locality Teams of Social Care to investigate the concerns to ensure measures are put in place to safeguard the vulnerable adult in the Community. The Adult Safeguarding Team keep a copy and database of all Community concerns raised by the Trust and are advised by Social Care weekly of their decision on each concern.

### Safeguarding Children Referrals

Any member of Trust staff can raise a concern about a child or family to the safeguarding children team. There is currently a two tier referral system in place in the Trust:

- a) An Information Sharing form – for low level risk, these forms are mainly shared within health
- b) Direct referral to Children's Social Services using a multi-agency referral form (MARF)

The Trust Intranet has been updated to enable easy access of forms by all staff. Guidance for staff regarding the completion of safeguarding referral forms is given during their annual statutory and mandatory update.

All referrals are discussed in detail at Multidisciplinary Weekly Safeguarding Meetings and all information entered onto a secure database. This is updated with information as necessary. The weekly meetings are held individually with the Neonatal Unit, ED and Outwood / Child Assessment Unit. The Maternity Department have monthly Safeguarding Meetings.

Meetings are attended by the Named Nurse for Children's Safeguarding, Paediatric Liaison Safeguarding Practitioner from First Community Health, Link Social Workers from Surrey and West Sussex and the relevant safeguarding lead or senior staff member from each department.

The majority of referrals continue to be generated from the Emergency Department. Following the success of the Emergency Department completing all their referrals electronically, all areas now complete Information Sharing Forms and referrals to Children's Services electronically. The electronic completion of referral forms is to be rolled out in the maternity department and children's ward later in 2016. Electronic referrals have been welcomed by Health Visitors, School Nurses, GP's and Children's Services across both Surrey and Sussex. With the pending change to full electronic record keeping, information sharing and referral forms are being developed to be added to CERNER which will enable them to be completed, sent securely and stored with the patient records. This is anticipated to be completed by the end of 2016.

Information sharing has increased significantly during the period of 2015/16. Part of the large increase in Information Sharing activity has come from staff recognizing the importance of identifying children who are not brought to their outpatient appointments. This has been highlighted over the past year in training. There is guidance on the management of children not brought to appointments, with the children being identified and informed decisions made to ensure appropriate follow up. Information about failed appointments is shared with the child's GP and other professionals such as the health visitor or school nurse. Appointment letters have been amended to inform parents and carers that all missed appointments will be monitored.

Identifying and referring vulnerable children and families is a key role for all clinical and non-clinical staff. This ensure that vulnerable children do not pass through the hospital undetected and the Trust, as an organisation, does not fail in its statutory duty to share concerns. Training is essential to continue to raise staff awareness and enable staff to recognise when a child is being, or is at risk of being abused, to ensure that the relevant information is shared appropriately as soon as possible.

Effective information sharing across different agencies is vital in protecting children at risk of neglect or abuse, yet, inability to share information is a contributory factor in 60% of Serious Case Reviews. Child Protection Information Sharing (CP-IS) is a national system connecting local authorities' child social care IT systems with those used by health in unscheduled care setting to provide better care and earlier intervention for children who are considered vulnerable and at risk and are subject to a child protection plan. Nationwide information sharing between social care and health allows earlier identification of where a child is at risk of neglect or abuse or is being moved across boundaries to access medical care. This has been cited by Ofsted as effective child protection. The Trust signed up in March 2016 to join the CP-IS and SASH went live in October 2016. Every child who attends East Surrey Hospital for unscheduled care is checked on the national CP-IS system at point of entry. This involves ED, CAU, Outwood and Maternity.

Appendix B provides an analysis of the referrals raised during 2015/16.

## 6. Safeguarding Training

Training continues to be an essential factor of the safeguarding agenda as it allows the team to raise awareness, explore and evaluate practice within the Trust. Training ensures that all staff have a clear understanding of their roles and responsibilities under Safeguarding. The training session on the MAST programme continues to be well evaluated by both the clinical and non-clinical teams. Involvement in the Doctors, Medical Students, Preceptorship and Maternity training has also continued.

### Adult Safeguarding Training

All staff are required to attend adult safeguarding training every three years. 78% of staff have received training during the three year period (April 2013 – March 2016). This is a significant rise from the previous three year period (April 2012 – March 2015) rolling figure of 50.4%

The Trust has an adult safeguarding training target of 85% compliance for all staff and the Safeguarding team are working closely with the Training and Education department to achieve this.

Two Mental Capacity and Deprivation of Liberty Safeguards Training Days were facilitated by the Team with excellent feedback. The Safeguarding Team delivered training for a group of external Dentists over the summer period, the group enjoyed the session and it was well evaluated.

### Child Safeguarding Training

Children's safeguarding training continues to be delivered as part of Trust Statutory and Mandatory (MAST) training and meets the criteria outlined in the Intercollegiate Document (RCPCH, 2014). The Level 2 training was updated in March 2016 to ensure all the current priorities are being addressed and information is up to date. The MAST program is currently under review.

Level 2 training is now given to all members of SASH staff, which exceeds recommendations. Staff are trained and competent to be alert to potential indicators of abuse and neglect in children,

know how to act on their concerns and fulfil their responsibilities in accordance with local safeguarding children procedures.

Compliance with training has been a challenge due to the availability of places on statutory updates. There is also an e-learning package for all three levels of safeguarding training which allow staff to complete some training online. This is to be used in addition and to complement the face to face training which is given to all staff members, for example, for new starters until they are able to access the relevant training days.

The Named Nurses are continuing to run Level 3 training days bi-annually and these have been well received and there continues to be a waiting list for places. In May 2016 there are some Named Nurses and Consultants attending from neighboring Trusts who are interested in using our model for their own use. The comments on evaluation forms have been valuable in continuing to improve the training. In 2015 we received confirmation that our training met Surrey Safeguarding Board requirements for level 3.

West Sussex Designated Nurse will be auditing both Level 2 and 3 training later in 2016.

The Level 3 single agency update sessions continue to be provided by the Specialist Midwife and Named Nurse within key areas.

Appendix C provides a breakdown of the Child Safeguarding training, as set out in the Intercollegiate Document (RCPCH 2014).

#### Child Safeguarding Training for Doctors

Over 200 junior doctors work in the Trust across many different specialities. All of these doctors complete an online mandatory induction programme prior to joining the Trust which includes Safeguarding Level 2. FY1 doctors additionally receive face to face training at Level 2 during their introduction week. Paediatric junior doctors also receive face to face Level 2 training at the start of their paediatric rotation.

Over 200 Consultants and Staff Associate Specialists are employed by the Trust. They are all to attend Doctors MAST training annually which includes Level 2 training delivered by the Named Doctor for Safeguarding Children. All of the 15 Paediatric Consultants have attended Level 3 training and the Named Doctors Level 4 training.

In March 2016 as a Trust, SASH mandated that all Consultants and Staff Associate Specialists who have contact with children and families, should aim to achieve Level 3 training. This training is pertinent to most consultants who would routinely see 16-18yr olds and vulnerable families.

Twice a year one of the Named Doctors holds a Kent, Surrey and Sussex regional teaching day for paediatric trainees, Communication and Breaking Bad News. This contains safeguarding scenarios, with emphasis on handling challenging conversations with family members.

Since January 2014 the monthly SPEER (Safeguarding Peer Review) meetings have been taking place to discuss and review recent safeguarding cases to improve areas of weakness in these cases and provide a forum for open discussion. These meeting have been very well attended by all Paediatricians.

## 7. Safeguarding Case Reviews

The Adult Safeguarding Team was invited to assist with gathering information for a Domestic Homicide Review (DHR) for a Surrey resident who had previously accessed healthcare at Surrey & Sussex Healthcare NHS Trust. Whilst the Trust were not implicated in any way in the outcome, the findings established that although the patient received optimal care from the Trust over a three year period this was based purely on her physical needs and nothing more. The patient had in fact been diagnosed with Alzheimer's, information the Trust were unaware of as she always attended alone and no questions ever asked. The important learning from was that the Trust need to consider what information is sought with regard to wellbeing and other areas of a patient's life. Staff need to consider anything of concern and whether this may need to be shared with other agencies to safeguard the individual and ensure appropriate support is provided. This learning is now shared with all staff during training sessions with the aim of preventing such a tragedy to happen again.

The Safeguarding Children Team have been involved in a Serious Case Review following an incident in June 2014 and are awaiting the final report from the Safeguarding Board. Once published, the SCR will be shared through the Trust Safeguarding Children Committee. In November 2015, Learning from Serious Case Review, Child AA, and information was published by Surrey Safeguarding Board. Any identified actions will be monitored through the overarching Trust Safeguarding Children Action Plan.

## 8. IMCA's

In August 2015, the Safeguarding Team worked closely with Capsticks and Woodland Ward regarding a very complex patient who required serious medical treatment. This case was heard at the Court of Protection, the patient was reviewed by an independent vascular surgeon and psychiatrist. The patient was transferred to St Georges for emergency surgery. The patient has since returned to SaSH, recovered well and regained capacity to make decisions regarding her care.

Where a person has been deemed to lack capacity or has substantial difficulty in being involved in their care, the Trust must follow the Best Interests Principle. An IMCA must be instructed if there is no other appropriate person available. Whenever possible the Safeguarding Team attends any Best Interests meetings with IMCA involvement.

There were 28 referrals to KAG (Kingston Advocacy Group) during this year. The service continues to be used regularly throughout the Trust, in particular in the Medical Division and the Special Dentistry Unit.

## 9. Advocacy

Effective safeguarding is about promotion of an adults rights as well as protecting physical safety, taking action against occurrence or prevention of reoccurrence of abuse or neglect. This can enable an Adult to understand and recognise risk and know what actions to take or request others to carry out actions on their behalf.

With the introduction of the Care Act 2014, if there is no advocate already in place, the Local Authority (LA) must arrange, where necessary, for an independent advocate to support and represent an adult who is the subject of a safeguarding enquiry or a Safeguarding Adult Review (SAR).

The Trust must involve Adults in decisions made about them and their care and support or a safeguarding enquiry or SAR. No matter how complex a person's needs, staff are required to involve the patient, to help them express their wishes and feelings, to support them to weigh up options and to make their own decisions.

If an enquiry needs to start urgently, it can begin without an advocate being in place however an advocate must be appointed as soon as possible. All staff must know how to request an advocate and understand the role of an advocate.

Potentially, in April 2017, Advocacy will be offered to

- All patients regardless of capacity
- Patient Carers
- Children approaching transition point to Adult Services
- Adults who are subject to a safeguarding enquiry or Safeguarding Adults Review (SAR)

The introduction of this however is subject to development, consultation and parliamentary process.

## **10. Learning Disabilities**

The LDLN (Learning Disability Liaison Nurses) play a vital role within the Trust, ensuring that both patients and staff are supported when challenging situations arise. Their assistance facilitates better experiences for patients with learning disabilities (LD). Judith Dornan has recently taken up the position of learning disability liaison nurse for Surrey patients and Larry Olden is recently in post for our Sussex residents.

It is acknowledged that East Surrey Hospital has significantly higher rates of admission of people with Learning Disabilities than any other acute hospital in Surrey as there being a larger population of people with learning disabilities who live in the Trust's catchment area. This therefore remains a challenge for the LDLN's and the Safeguarding Team and we need to ensure that we work closely together with the limited resources that we have to meet the needs of this most vulnerable section of society.

The Deputy Chief Nurse and Strategic Lead for Safeguarding, attends the multi-agency Learning Disability Steering Group on behalf of the organisation.

## **11. Safeguarding Audit**

The Adult and Child Safeguarding Teams have an ongoing audit program in place. These include training evaluations and quality of referrals to the teams. The completed audits are reported to the Trust's Safeguarding Adults and Safeguarding Children Committees where any identified actions are monitored through the action plan.

A deep dive audit of safeguarding notes by the Surrey NHS Clinical Commissioning Groups took place in February 2016.

## 12. External meetings and partnership working

The Safeguarding Teams continue to raise awareness around Domestic Abuse and introduce direct links with local agencies including Worth Institute Training and ESDAS (East Surrey Domestic Abuse Services), with referrals to the MARAC (Multi-Agency Risk Assessment Conference) high on the agenda. Multiagency work around Domestic Abuse is increasing and from May 2015 Trust Representatives from the Safeguarding Team have been engaging with the MARAC (Multi Agency Risk Assessment) meetings in Surrey and from September 2015 with West Sussex. The team has had referrals, all of which originated from the Emergency Department, discussed at the meetings. The Emergency Department should be recognised for providing a majority of these referrals which have identified children witnessing high risk domestic abuse in their families.

The Safeguarding Teams continue to raise awareness of forced marriage, honor based violence and female genital mutilation.

### Safeguarding Adults

The Care Act includes new duties for Safeguarding Adults Boards (SABs) to work more closely together and share information. SABs are free to invite additional partners to sit on the Board. For example, many SABs also have local NHS Provider Trusts on their Boards. The NHS is a key component of safeguarding and the local Clinical Commissioning Group/s is one of the three statutory core partners of the Safeguarding Adults Boards. The Safeguarding Team send quarterly reports to the CCG's for both counties.

As the Trust geographically falls within Surrey borders, the Trust follows Surrey Safeguarding Multi-agency procedures. Both the Surrey and West Sussex Adult Safeguarding Boards invite the Trust to send a representative from the Adult Safeguarding Team to attend the quarterly meetings. The Strategic Lead attends this meeting with an Operational Lead as a representative in her absence.

The Safeguarding Team additionally attend the quarterly East Surrey SAB Sub Group, NHS Safeguarding Leads Meeting and endeavour to attend as many related peer meetings as possible.

### Safeguarding Children

The Surrey Safeguarding Children Board Health Group and the West Sussex Safeguarding Children Board invite the Trust Executive Lead for Safeguarding Children to attend their quarterly meeting. Named professionals are invited to sub groups of the board across both Surrey and Sussex.

There are Named Professionals Meetings held in both counties which provides a forum which shares learning from practice and discussion of current safeguarding practice and developments.

Representatives from SASH attend regularly and provide and feedback information discussed.

The Surrey MAECC (Missing and Exploited Children Committee) is attended by the Named Nurses to identify and safeguard children who are currently victims of CSE (Child Sexual Exploitation) in Surrey. We are still in the process of engaging with West Sussex and their MACE (Missing and Child Exploitation) meetings which we anticipate to be during 2016 once their Multi Agency Safeguarding Hub (MASH) has been opened.

The SASH / 0-19 team meetings continue and have made a positive difference to the working practices for the staff working on the frontline, especially in maternity and neonatal departments.

### **13. Safe recruitment practices**

The Trust takes their responsibilities for the safeguarding of vulnerable adults and children very seriously and ensures that all new staff complete a Disclosure and Barring Service (DBS) check. DBS checks are processed for all staff who work in a regulated activity and this includes Doctors, Nurses and Allied Healthcare Professionals who have direct patient contact. DBS checks are considered an important element of the pre-employment screening process and the checks form part of the NHS Employment Check Standards that are administered by the trusts centralised resourcing team. 100% of the staff who are eligible for an enhanced DBS have this process completed and the results are recorded on the organisations Electronic Staff Records System. The Trusts DBS arrangements extend to our qualifying voluntary and contingent workforce and work has been started to recheck current staff in accordance with best practice.

### **14. Safeguarding policies, procedures and guidance**

The Safeguarding Teams have a number of policies, procedures and guidance available to staff via the Trust intranet. These policies are discussed at all training sessions, to ensure staff know how to access and use them in practice.

### **15. Supervision**

The Trust has a Safeguarding Supervision Policy which was revised in February 2016. Arrangements are in place to provide staff with safeguarding supervision and support to promote good practice and the level of supervision provided is in accordance with the degree and nature of contact that the staff have with children, young people, vulnerable adults and families. The Named Nurse provides regular formal safeguarding supervision for all staff who carry a caseload of children. This includes the Paediatric Clinical Nurse Specialists, Paediatric Dieticians, Physiotherapists, Diabetic Psychologist and Neonatal Outreach Nurse. Other supervision includes attendance at the Multi-Disciplinary Team Meetings for children with diabetes and daily ad-hoc safeguarding supervision for all staff as required.

The Named Nurses and Named Midwife receive formal supervision from the Designated Nurse from Surrey and Sussex CCGs. The Named Doctors receive supervision from the Designated Doctor.

A credible 2 day programme of Safeguarding Supervision Supervisor training was commissioned and attended by the Named and Specialist staff in children's safeguarding in October 2015. This was held at East Surrey Hospital and also attended by staff from other Trusts.

The Named Nurse for Safeguarding Children continues in the role as Child Sexual Exploitation Champion and provides training updates for all key areas at the hospital. Named and Specialist Nurses and Midwives have attended training on the new laws with regards to Coercive Control in Domestic Abuse in February 2016. The Safeguarding Children team also attended the National CSE Awareness Training Day in March 2016

In 2015 Kent, Surrey and Sussex Named Professionals commenced a twice yearly training day which was well attended by all Named and Specialist staff from across the three counties. The first

one was held at East Surrey Hospital in June 2015 and will continue with the next one planned in June 2016 to be held in Sussex

The Maternity Matron is the Named Midwife for Safeguarding and oversees the Specialist Midwife. Within the Department, the Specialist Midwife for Safeguarding carries delegated responsibility for the role of the Named Midwife and she directly reports to the Named Midwife.

## **16. CQC**

An inspection on Child Safeguarding arrangements across West Sussex was carried out in February 2015 and the feedback from the inspectors was extremely positive, with them taking away safeguarding template documents and criteria as examples of best practice. The formal report was disseminated via the Trust Safeguarding Children Committee.

The “Not seen, not heard” CQC report was published in July 2016. This report looks at how effectively health services provide early help to children in need, how they identify and protect children at risk of harm and looked after children’s health and wellbeing. The report reviewed findings from 50 inspections across England and it highlighted the SASH safeguarding processes as an example of good practice.

The Trust is expecting to receive its next CQC inspection during 2017.

## **17. Risks and compliance**

There are currently no corporate risks identified in relation to safeguarding adults of children.

The Safeguarding Teams will continue to develop strong links between the Complaints and Patient Safety and Risk Departments to ensure that safeguarding is considered at all times when investigating a complaint of a patient safety issue.

The Adult Safeguarding Team continues to work closely with the Tissue Viability Nurse to raise awareness regarding pressure area care.

## **18. Conclusions and assurance**

The Safeguarding Teams continue to work towards ensuring that across the Trust, Safeguarding remains everyone’s business. The level of activity, referrals made to the teams and information shared, continues to indicate that staff are concerned about real or potential abuse and are aware of how to report this and escalate their concerns. This demonstrates an organizational culture that is continuing to evolve and mature in its awareness of Safeguarding.

A year on from the introduction of the Care Act (2014) has shown a fundamental shift in approach towards Adult Safeguarding. It puts the Adult and their wishes and experiences at the center of any concern of enquiry. Multiagency working within the safeguarding arena has embraced this with the focus on highlighting the importance of personalization.

Child Safeguarding assurance systems are well established, however with the evolvment of new national challenges that apply to not only child safeguarding but adults as well (domestic violence,

FGM, Prevent etc.), the need for cohesive working amongst teams and partner agencies is of increasing importance.

The Trust has robust internal assurances in place in respect of its referral and information sharing arrangements, training delivery, documentation and monitoring of systems via the Adult and Child Safeguarding Committees.

Effective partnership working continues with the Adult and Child Safeguarding Boards in Surrey and West Sussex, in the monitoring of safeguarding processes across the two counties and the development of strategic work around the national focus agenda items.

Assurance on the organisations effectiveness in relation to safeguarding is monitored via regular reports to the Adult and Child Safeguarding Boards in Surrey and West Sussex and the NHS Clinical Commissioning Groups in East Surrey, Crawley and Horsham/Mid-Sussex.

The Trusts Accountability, Governance and Partnership structure is set out in Appendix D.

#### **19. Recommendation**

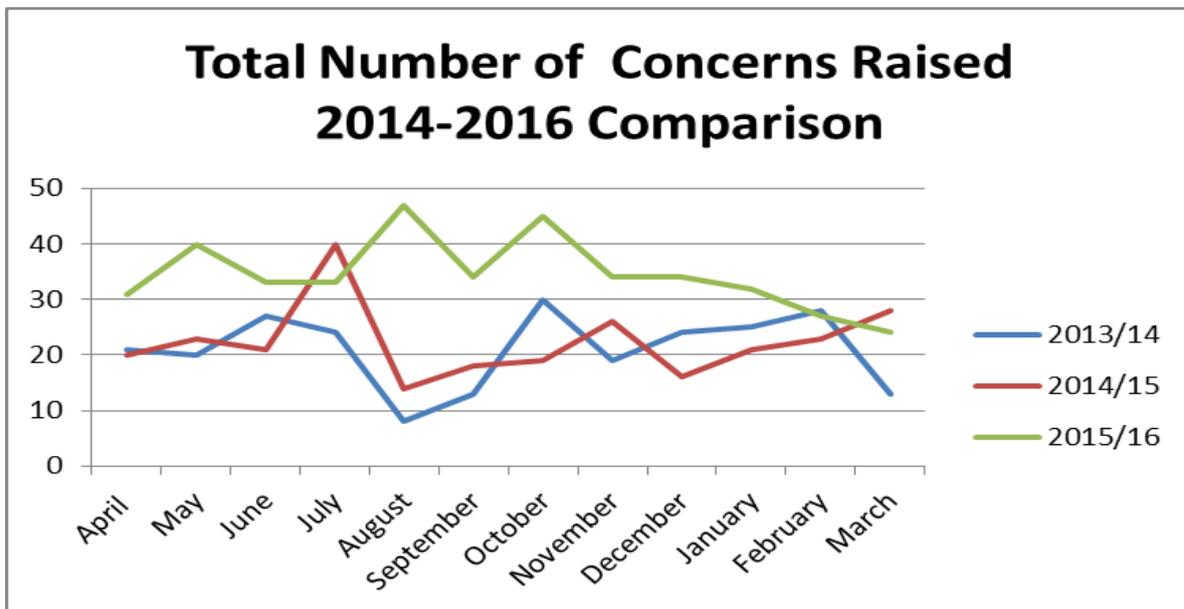
The Adult and Child Safeguarding Teams present this report to provide assurance to the Safety and Quality Committee that the Safeguarding agenda is robustly overseen and managed within the Trust and are asked to approve the Annual Report 2015/16.

Fiona Allsop  
Chief Nurse  
October 2016

## Appendix A

### Adult Safeguarding Concerns

With the introduction of the Care Act, the thresholds for safeguarding have changed, meaning the figures have escalated significantly on previous years. From April 2015 to March 2016, a total of 414 (271 concerns in 2014/15) adult safeguarding concerns were raised. None of these have been reported as a serious incident (SI). Neglect continues to be the main concern raised with a total of 263 concerns raised regarding this type of abuse, (144 in 2014/15 & 151 in 2013/14).

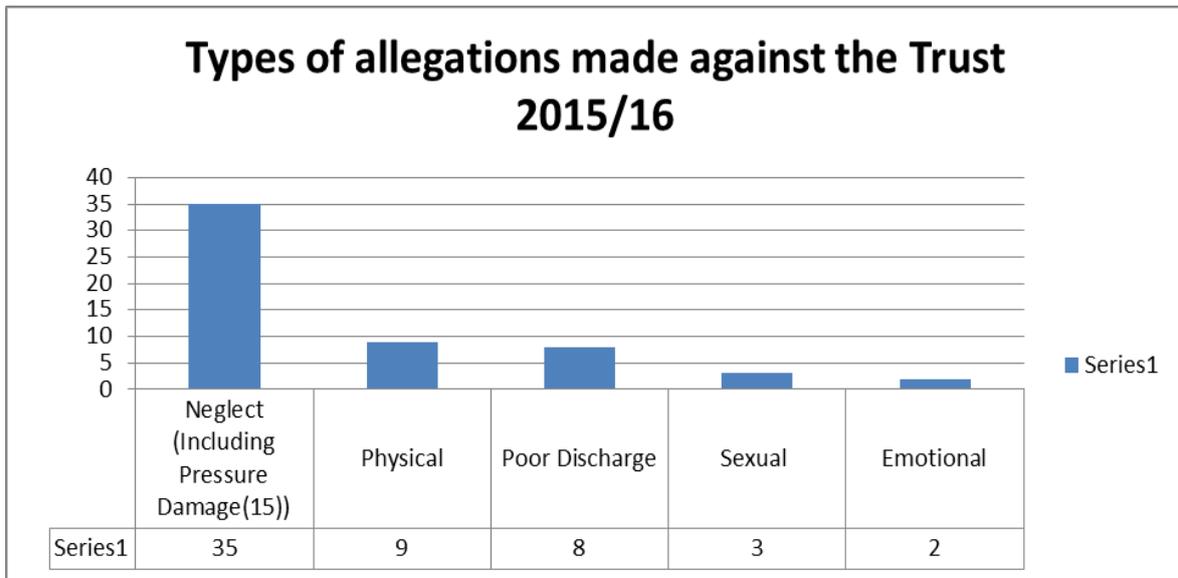


Broken down, 357 concerns were raised by Surrey & Sussex Healthcare NHS Trust regarding concerns in the Community, this has increased on the two previous years (237:2014/15, 214:2013/14).

A further 57 concerns were raised regarding care patients received whilst being a patient in the Trust, an increase on the last two years, (34:2014/15, 37:2013/14). Over all, the Police were involved in 37 cases; eight of the cases were involving the Trust, just below last year's figure (9 cases 2014/15 & 6 in 2013/14). Of the eight cases involving the Trust, one remains an open case with the Police, this involves an agency worker. Of the cases referred to the Police for criminal investigation, three were allegations made against substantive members of staff, the remaining were made against either Trust Bank or Agency workers. None of these cases were subsequently taken further by the Criminal Prosecution Service. At the stage of no further action by Police the Trust will then instigate their own internal investigation into the alleged concerns; this is now known as a Section 42 investigation and is usually led by the Matron for the area involved. A 28 day timeline is usual practice and once all information is gathered and reviewed by Social Care an Outcomes Meeting is offered to the patient and/or family.

Neglect has been the main concern raised regarding the Trust with 35 allegations; this figure includes allegations of pressure damage. There is an increase on the last two previous years (15

during 2014/15 & 23 in 2013/2104). Concerns raised regarding physical assault have decreased to 9 concerns from 13 last year and 10 the previous year. 8 concerns were raised regarding poor discharging of patients; this includes discharging patients in inappropriate clothing and at inappropriate times during the late evening / night. There were 3 allegations of sexual assault within the last year, two of these allegations were investigated by the Police and the Trust and proven to be unsubstantiated, and one remains open with Surrey Police. The same number of allegations regarding this type of abuse was raised last year. 2 concerns of this nature were investigated in 2013/14.



The Care Act has removed the substantiated / unsubstantiated format when carrying out enquiries. Outcomes meetings now take place following a Section 42 enquiry instead of more formal Case Conferences. Continuing with the main consideration of personalisation and patient focus, patients and their families/carers are very much the priority for inviting to Outcomes Meetings and accommodating their availability is essential before additionally inviting the relevant multi agency representatives to discuss the findings of the investigation and crucially any lessons learnt. This approach is so important in ensuring that the Adult Safeguarding Team are meeting the aims of the Care Act 2014 and that the patient's (or their representatives) views and preferred outcomes are clearly listened to and acted upon.

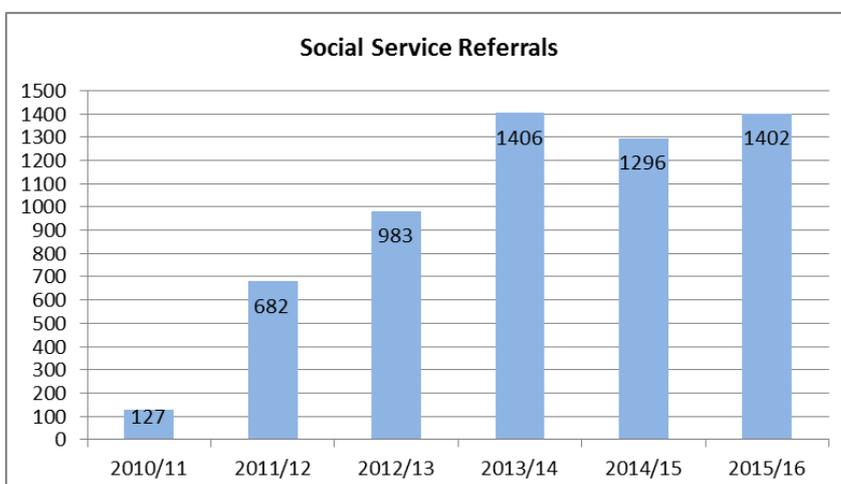
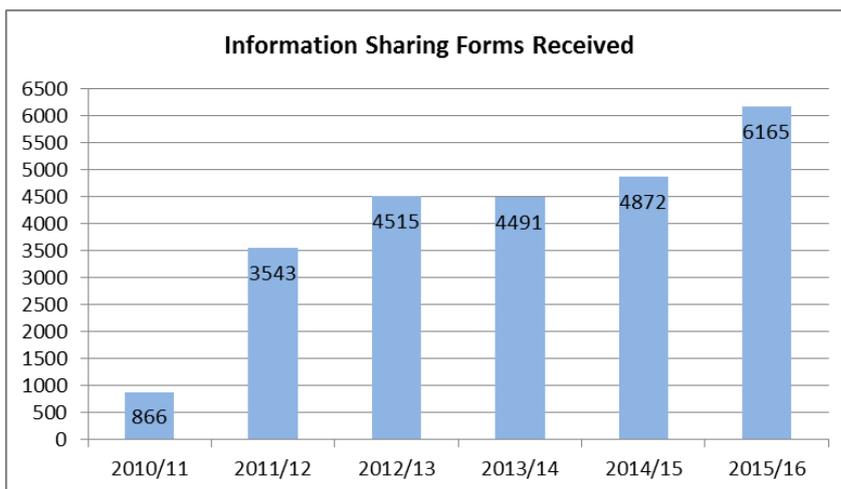
As anticipated, the Medical Directorate raised the most concerns during 2015/16 with 314 concerns; the Surgical Division raised 99 concerns and the Women & Children's Divisions raising just 1 concern. The Emergency Department made 165 referrals to Adult Safeguarding; it continues to be the largest referrer throughout the Trust.

## Appendix B

### Child Safeguarding Referrals

The total number of Information Sharing Forms completed by the Trust in 2015 was 6165; in addition 1402 referrals were sent to social services regarding vulnerable children and families. This demonstrates a 27% increase in Information Sharing activity and a 9% increase referrals to social services from the previous year. The hospital has seen a 6% increase in attendances this year from the previous year and therefore we would expect to see a similar increase in activity though the safeguarding children office. For our increase to be higher than the overall attendance increase demonstrates that staff are identifying vulnerable families at an earlier stage.

Part of the large increase in Information Sharing activity has come from staff recognizing the importance of identifying children who are not brought to their outpatient appointments which has been highlighted over the past year in training. There is guidance on the management of children not brought to appointments and the children are recognised and informed decisions made to ensure appropriate follow up. Information about failed appointments is shared with the child's GP and other professionals such as the health visitor or school nurse. Appointment letters have been amended to inform parents and carers that all missed appointments will be monitored.



## Appendix C

### Child Safeguarding Training

This section is broken down into Safeguarding Training for Hospital Staff (not including doctors) and Safeguarding Training for Doctors.

Explanation of the different levels of training as set out in the Intercollegiate Document (RCPC 2014)

Course	Trust Frequency	Government Recommendation
Child Protection Level 1, required for all Trust Staff, both clinical and non-clinical. <b>All staff at SaSH now receives Level 2 training.</b>	Annual	Minimum 2 hours every 3 yrs.
Child Protection Level 2, required for all staff with access to patients, both paediatric and adult	Annual (45minute session)	Minimum 3-4 hours every 3 yrs.
Child Protection Level 3, required by those staff working in key paediatric areas e.g. maternity, paediatric ward and paediatric ED	3 yearly full day Level 3 training. Additional yearly updates to key areas	Minimum 6-16 hours every 3 years

#### 6.1) Safeguarding Training for Hospital Staff (not including doctors)

Figures for the period up to 31/03/16

	Required	% Attained	% To Achieve
Level 2	3268	61%	85%
Level 3	632	77%*	85%

**\*following Level 3 course in May 2016 over 90% of eligible staff will be trained**

Figures provided by the Training Department from OLM database.

**Appendix D**

**Accountability, Governance and Partnership Structure**

