

South Tees Hospitals 
NHS Foundation Trust

Meeting / Committee:	Board of Directors	Meeting Date:	29 April 2014
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This paper is for: (Only 1 column to be marked with x as appropriate)	Action/Decision	Assurance X	Information
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Title:	Safeguarding Vulnerable Adults, Children and Looked After Children Combined Annual report.
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Purpose:	The purpose of this report is to provide assurance in relation to services to these three vulnerable groups.
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Summary:	<p>The paper provides information on:</p> <ul style="list-style-type: none"> • Statutory and contractual responsibilities • Activity April 13-March 14 • Challenges facing the trust in the coming year
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Prepared By:	Helen Smithies Lead Nurse Safeguarding	Presented By:	Ruth Holt Director of Nursing and Quality Assurance
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Recommendation:	The Board of Directors is asked to note the contents of this report and to continue to support the work of these three teams. In particular the Board is asked to note the pressing capacity issues in adult safeguarding.
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Implications (mark with x in appropriate column(s))	Legal X	Financial	Clinical	Strategic X	Risk & Assurance X
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1. Introduction

This is the first combined annual report incorporating safeguarding vulnerable adults, children and looked after children. The purpose of this report is to provide assurance in relation to services to these three vulnerable groups. The trust has significant statutory responsibilities in this area and together they impact on virtually all areas of trust practice. In addition they are increasingly areas of external scrutiny from multiagency partnerships, the clinical commissioning groups and the care quality commission. Both adults and children's safeguarding have been in the media spotlight in the last year, adult safeguarding following the Winterbourne View and Francis Inquiries and children's safeguarding following the deaths of Daniel Pelka, Hamzah Khan and the Rochdale child sexual exploitation cases.

2. Statutory responsibilities

Vulnerable adults

A vulnerable adult is defined as

"a person aged 18 years or older, who is or may be in need of community care services by reason of mental or other disability, age or illness, and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation" (Department of Health, 2000)

The safeguarding of vulnerable adults agenda is structured around a number of different guidance documents and legislative requirements. The No Secrets document (DH 2000) which was published as statutory guidance provides a framework for agencies to work together to promote the safety and wellbeing of vulnerable adults. The Mental Capacity Act 2005 (MCA) underpins this framework. The Mental Capacity Act Deprivation of Liberty Safeguards (MCA DOLS) lays down the requirements of the trust as a 'managing authority' in ensuring the interests of vulnerable patients who lack capacity to make decisions in relation to their care and treatment.

The Care Bill is currently before the House of Commons. This raises the profile of the safeguarding of vulnerable adults further and will place interagency Safeguarding Adults Boards (SAB's) on the same footing as interagency Safeguarding Children's Boards. The trust will be a statutory partner on the Tees and North Yorkshire SAB's. A number of key duties will be placed on SAB's including conducting serious case reviews and strategic planning for safeguarding. Local authorities will continue to coordinate multiagency adult safeguarding activity at an operational level.

Safeguarding children

In line with the Children Act 1989 a child is a child from the day of their birth until the day of their 18th birthday.

Safeguarding and promoting the welfare of children is defined as:

- *protecting children from maltreatment;*
- *preventing impairment of children's health or development;*
- *ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and*
- *taking action to enable all children to have the best outcomes.*

HM Gov 2013.

Like the safeguarding of vulnerable adults, the safeguarding of children is structured around a number of different guidance documents and legislative requirements, most notably The Children Act 1989, The Children Act 2004 (particularly section 11) and Working Together to Safeguard Children 2013 (HM Gov.)

Looked After Children

The term 'looked after' was introduced by the Children Act 1989 and refers to children who are subject to care orders and those who are voluntarily accommodated by the local authority. Young People Leaving Care are 'Eligible Children' if they are aged 16 or 17 years and have been 'looked after' by the local authority for a period of thirteen weeks since the age of 14 and remain in care on and after their 16th birthday (The Children (Leaving Care) Act 2000). In addition leaving care services are in place for young people up to the age of 21 years or 24 if they remain in education.

Looked after children have significantly greater health needs than their peers from comparable socio-economic groups who have not been looked after. Statutory guidance requires that they must be offered holistic health assessments on entering care and at specified intervals thereafter

Looked After Children's Nursing services are provided by Harrogate District Foundation Trust in Hambleton and Richmondshire.

3. Governance arrangements.

The board lead for Safeguarding is Ruth Holt Director of Nursing and Quality Assurance

Safeguarding Adults

The trust has a Safeguarding Vulnerable Adults steering group which meets quarterly. The Chair is Helen Smithies Lead Nurse for Safeguarding. Membership includes multiagency partners, Designated Professionals from the CCG's and senior clinical staff.

Safeguarding Children and Looked After Children

The trust also has a Safeguarding and Looked after Children Governance group. This group is chaired by Jane Wiles, Head of Nursing, Women and Children's services. Membership includes Designated Nurse's for Safeguarding Children from the CCG's, Named Nurses for Safeguarding Children, Specialist Nurses for Looked After Children and representatives from Midwifery, Accident and Emergency and paediatrics as well as Children's Therapies. This group used to meet bi monthly though this has been reduced to quarterly to coincide with the introduction of a quarterly report.

4. Commissioner Quality standards

Both South Tees CCG and North Yorkshire CCG's have placed quality standards on the trust in relation to all three safeguarding streams. These standards cover a wide variety of quality indicators including clinical services, staff supervision and training, adherence to statutory guidance, safe recruitment, and audit. Achieving many of the quality standards present a significant challenge. Of particular note are the adult safeguarding standards some of which within current capacity are not fully achievable. This has been discussed with and acknowledged by CCG colleagues. In addition capacity to achieve the timescales in relation to both initial and review health assessments for looked after children are challenging particularly taking into account the significantly increased number of looked after children and the ever changing LAC population.

5. Inspection processes

Adults

The most recent Care Quality Commission Mental Health Act (1983) monitoring visit took place in March 2013. Visits are generally annual therefore a further visit can be expected in the coming weeks. This is an area of trust practice where further improvement is needed. In 2013-14 eighteen patients were detained under the mental health act across the whole trust. Clearly this is an infrequent occurrence and as such practitioners involved are unlikely to be familiar with the process and legal documentation required. This can result in patients being detained illegally. The trust has the support of Tees Esk and Wear Valley NHS Foundation Trust via a service level agreement to manage this process.

Where a multiagency safeguarding meeting substantiates abuse or neglect of a vulnerable adult patient by Trust staff the trust is required under the Health and Social Care act to inform the Care Quality Commission.

Safeguarding and looked after children

In late 2013 CQC introduced a new form of combined inspection of services for Children looked after and Safeguarding known as CLAS inspections. Inspections are carried out by local authority area and as such the trust can expect to be involved in three inspections in the three year inspection cycle. An inspection of services within the Stockton area was one of the first carried out and took place in January this year. The trust has benchmarked its services against the findings of that inspection and the results presented to the Safeguarding and Looked After Children Governance Group. In addition local authorities themselves are inspected by OFSTED. This inspection involves multi agency partners such as health. This is also a three yearly inspection cycle and the trust will be involved in three such inspections.

6. Interagency working

Adults

The trust sits on two interagency Safeguarding Adults Boards, one which covers the four Tees local authorities and one for North Yorkshire area. The Tees board is newly established with an Independent chair and has met twice in its new guise. Both Boards meet bi monthly. The trust is represented on both boards by Helen Smithies Lead Nurse for Safeguarding.

The trust is also represented on a number of sub groups of the Tees board including, policy and procedure and training

In addition to the Board both Middlesbrough and Redcar and Cleveland hold local implementation committees' bi monthly.

At an operational level the Trust Specialist Nurse Safeguarding Adults works with interagency partners on virtually a daily basis in respect of individual patients. This activity involves raising alerts, attending strategy meetings and case conferences.

Children

The trust sits on two Safeguarding Children Board's, Middlesbrough and Redcar and Cleveland. Both boards meet bi monthly and have responsibility for looked after children as well as safeguarding of all children. The trust is represented on both by Helen Smithies Lead Nurse for Safeguarding.

In addition to the board the trust contributes to the work of a number of subgroups, including Monitoring and Evaluation, Policy and Procedures, training, Serious Case review groups, and Child Sexual exploitation.

The trust is not a statutory member of North Yorkshire Safeguarding Children's Board. The trust does however attend a sub group of the board called the Hambleton and Richmondshire locality Forum ensuring it has a voice in the locality in relation to this group of children.

Looked after children

As well as the Safeguarding Children's Board the trust is represented on the Middlesbrough Forum for Looked After Children (FLAC). This multiagency group promotes improved outcomes for looked after children and young people across the borough. There is no equivalent group in Redcar and Cleveland.

7. Current resource

Following the departure of the Assistant Director of Nursing for patient safety a year ago all three areas are line managed by Helen Smithies Lead Nurse Safeguarding (Named Nurse Safeguarding Children). Prior to this Mrs Smithies was Lead Nurse Safeguarding Children only and did not represent the trust on statutory adults or children's boards. This remains a temporary arrangement.

Adults

Resource for Safeguarding adults' agenda is perhaps the biggest challenge facing trust in relation to these three service areas. The trust has one whole time equivalent Specialist Nurse Safeguarding Adults for operational safeguarding adults' activity and training of the entire workforce. Administrative support is shared with the Safeguarding children team.

The capacity of the trust to adequately address this growing and important agenda has been on the corporate risk register for some time. A stage two business case has been prepared to increase this capacity however it has not been possible to progress this due to the current financial situation. The trust is under close scrutiny from the CCG's on this issue and current arrangements are not sustainable in the medium to longer term

Children

Statutory guidance requires the trust to have in a post a named nurse for safeguarding children. The trust currently has two individuals in this role as a result of vertical integration though as stated above one of these individuals now holds significant responsibility outside this role thereby reducing her capacity to respond to the children's agenda.

In addition to the two named nurses the trust has 5.2 WTE safeguarding children nurses/midwives and 0.8 WTE safeguarding children trainer.

There are currently a number of anomalies in relation to job title, job description and grade within the team as a result of vertical integration. There are plans in hand to address this within the coming months.

The role of Named Doctor for Child Protection sits within paediatric services and outside the Safeguarding Children team but works closely with the team. The trust currently has one named doctor with one PA a week. This half the capacity of last year following the retirement of Dr Jon James. This is significantly less than the level recommended by the Royal College of Paediatrics and Child Health of six PA's for the size of the childhood population the Trust services but is close to other local trusts which have between 1-2 PA's.

Looked After Children

The looked after children's nursing service developed in line with local authority boundaries with each authority having a linked Specialist Nurse for Looked after Children. In total the trust has 1.6 WTE practitioners in this role. This arrangement may no longer offer the most appropriate model of service delivery and will be reviewed as part of the wider safeguarding children review noted above

8. Activity

Adults

Safeguarding adults activity has risen significantly over the past year and now is in the top ten reported incidents via the datix system. It is important to note however that incidents reported onto datix as 'Safeguarding adults' include patients detained under the mental health act, patients protected using Deprivation of Liberty Safeguards, alerts generated into the local authorities in relation to the care provided by other organisations such as care homes as well as concerns about our own practice.

Table 1. Safeguarding adults data 2013-14

Number of Safeguarding adults incidents reported on Datix	374
Number alerted into multiagency safeguarding procedures	304
Number relating to trust practice	86
Number substantiated as abuse against trust practice	20
Number partially substantiated	2
Number remaining open at 31 March	9

Whilst it is difficult to be certain as to why this increase in reported incidents has occurred it can be postulated that the reason is twofold. Firstly a significant proportion of trust staff have received training at Level 1 safeguarding adults and the mental capacity act training thereby raising their awareness and knowledge of what action should be taken where they have concerns, and secondly the national media coverage of the Francis and Winterbourne View inquiries have raised awareness amongst staff, patients and relatives. A culture of transparency and openness is vital in improving practice and safeguarding vulnerable patients and is therefore to be welcomed.

It should be noted that the recent supreme court judgement known as 'Cheshire West' will result in a significant increase of Deprivation of Liberty Standards over the coming weeks. The full implications of this ruling are not yet appreciated and the Trust is working closely with multiagency partners on understanding the implications.

Safeguarding children

Safeguarding children issues are not reported onto Datix in the same way as safeguarding adults issues are. This is because safeguarding children issues arise where a child is at risk of significant harm from the actions or omissions of their parent or carer rather than from a professional as is most often the case in safeguarding adults' issues. In some ways the trusts involvement with children at risk is more pervasive than its involvement with adults at risk, not all adults at risk will be receiving trust services yet all unborn babies and children at risk in Middlesbrough or Redcar and Cleveland at risk will have a either a community midwife, health visitor or a school nurse at the very least involved in their care. In North Yorkshire the picture is less clear as the trust does not provide health visiting and school nursing services in those areas.

Data from Quarter 3 is presented to illustrate Safeguarding Children team activity

**Table 2.
Consultations**

Total Number of Consultations	882
Number Teesside Children	729
Number North Yorkshire Children	73
Children other areas	80

**Table 3.
Consultations by Age (youngest child in the family)**

Unborn	0 - 364 days	1 - 4 years	5 - 8 years	9 - 11 years	12 - 15 years	16 + 17 years
247	158	182	129	81	79	6

Table 4, Attendance at multiagency child protection meetings

Table 5. Safeguarding Supervision

By meeting type	
Strategy meeting	66
Initial CP conference	58
Review CP conference	0
Pre Discharge meeting	5
Other	23
By Local Authority area	
Middlesbrough	62
Redcar & Cleveland	59
North Yorkshire	5
Other	4

By Professional Group	
Health Visitor	245
School Nurse	129
Community Midwife	23
Specialist Paediatric nurse	13
Other	18
By Local Authority	
Middlesbrough	270
Redcar and Cleveland	135
North Yorkshire	3
Family breakdown	
Number of families	537
Number of children	744
Number of UBB	82

Looked after Children

The trust is commissioned by South Tees CCG to provide initial and review health assessments for children looked after by either Middlesbrough or Redcar and Cleveland local authorities who are placed with carers within Teesside. All children becoming looked after must have an initial health assessment carried out with 28 days of becoming looked after and thereafter at either six monthly intervals (children under 5 years of age) or yearly intervals (5 -18 years) whilst they remain looked after. In line with statutory requirements Initial health assessments are carried out by a Registered Medical Practitioner. Review health assessments are carried out in the main by the child's health visitor or school nurse. Where a child does not have a school nurse the assessment is carried out by the looked after children's nurses.

This is a highly fluid cohort with children entering and leaving care on a daily basis. Over the course of the year many children will come into and go out of care making monitoring activity a challenge. In addition monitoring and data collection arrangements have developed along local authority lines making a cross trust evaluation even more difficult achieve. A trust wide database is being developed to address this.

Where children are placed within the South Tees area by a non Tees local authority the trust is now in a position to charge the originating CCG for undertaking the assessment. Assessments are charged at a nationally set rate and the LAC nurses have worked with the Finance directorate to put this in place.

A challenging and pressing issue is the needs of children placed outside of Teesside. This will be returned to in section 12.

9. Training

Adults

Safeguarding adults' level 1 training forms part of commissioner contracts and is mandatory for all staff and is included in CMAT. Mental Capacity Act training is also part of commissioner contracts and is mandatory for all clinical staff and has been included in CMAT since January 2013. At the time of writing the latest available figures of training compliance are for end February 2014 and are shown in Table 6.

Table 6. Training Compliance

Safeguarding adults level 1	62.15%
Mental Capacity Act	41.8%

Training for staff involved in safeguarding processes (level 2) has been included in contracts for the coming year however; there is currently no capacity to deliver this training. Training may be available via multiagency partners though this will incur a cost.

Children

Safeguarding children training is mandatory for all staff. Level 1 and Level 2 training are included in CMAT. Level 3 and 3+ are provided separately. Staff are required to have initial and update training. The content and requirements by profession/role with children are determined by a document produced by the Royal College of Paediatrics and Child Health (RCPCH) and included in commissioner contracts. An updated document was published by RCPCH on 8 April 2014 and training provision will need to be reviewed in light of this document in the coming weeks.

Ensuring evidence can be provided that the entire workforce is adequately trained in this area is very challenging and the safeguarding team has been working closely with colleagues from learning and development on this issue.

Training data is shown in Table 7 and Table 8.

Table 7. Number of staff trained

2013/14	L 1	L 2	L3/3+ initial	L3/3+ update
Q1	414	187	9	166
Q2	357	306	23	97
Q3	455	189	22	300
Total	1226	682	54	563

Grand total 2525

Table 8. Percentage compliance

2013/14	L 1	L 2	L3 core initial	L3 core update	L3+ initial	L3+ update	Total
Q2	78.26	56.36	70.65	50	79.88	63.93	63.95
Q3	80.48	56.02	71.96	59.18	78.76	74.89	65.01

It is a concern that despite the concerted efforts of the trainers and the number of staff who have been trained there has only been a minimal improvement in percentage terms of compliance over the last year.

The safeguarding children trainers have worked with colleagues from another provider trust and developed a structured triangulated system of peer review and quality assurance of training. This has evidenced that level 3 and 3+ training are effective at improve knowledge and skills of participants.

Looked after children

Training on the needs of looked after children is not mandatory. The needs of these children however are incorporated into safeguarding children training. The LAC nurses provide specific and bespoke training to staff involved with LAC health assessments as well as to foster carers and partner agencies on the health needs of looked after children.

10. Serious Case reviews

Serious Case Reviews are carried out in both adult and children's safeguarding though in adult safeguarding they do not yet have the status of being statutory. The trust has not been involved in any serious case reviews for either client group in 2013-14. However, work has now started on two serious case reviews in safeguarding children. The findings of these will be reported in due course.

Domestic Homicide Review

During 2013-14 the trust was involved in its first Domestic Homicide Review. These statutory reviews are carried out under section 9 of the Domestic Violence, Crime and Victims Act 2004. This considered trust practice some 3-5 years ago. The findings were in relation to practice which had been addressed in the intervening years hence the only recommendations were for auditing of current practice to evidence that that practice has been embedded. This is currently underway.

11. Quality assurance

Adult

Undertaking audit in adult safeguarding has been very challenging give the resource available for the service. A CQUIN target in relation to Best Interest Decision making relation to Mental Capacity Act did result in audit activity. This CQUIN has not been proposed for 2014-15 however so this will not be continued.

Children

The safeguarding children team have an audit calendar which includes case file audit, quality of referrals to social care, and audit of safeguarding supervision. In addition over the last year the Local Safeguarding Children's Boards have developed increasingly robust interagency case file audit for both looked after and safeguarded children.

Looked after children

The trust has completed an extensive audit tool in relation to all aspects of looked after children's health needs in conjunction with the Designated Nurse Safeguarding Children (CCG). This encompasses statutory requirements and NICE guidance. An action plan has been developed and will be monitored via the Safeguarding and Looked after Children Governance Group.

In addition quality audits of initial and review health assessments are carried out at regular intervals.

12. Challenges for the coming year.

Adults

Capacity. As has been noted elsewhere in this report the capacity of the trust to respond to the Safeguarding adults agenda is a very significant challenge. Current workload of the specialist nurse safeguarding adults is unsustainable in the medium to long term. To date it is only through the commitment of the individual involved to vulnerable adults that the service has been able to continue to provide the quality of care that it does.

Cheshire West Judgement. This Supreme court judgement will significantly impact on trust practice. It will be imperative that trust practice is compliant with this

judgement if the trust is not to illegally detain patients with the ensuing legal and reputational risks

Mental health Act. It is highly likely that the upcoming CQC inspection of Mental Health Act practice in the trust will highlight significant shortcomings which must be addressed in the next year.

Level 2 safeguarding adults training In line with commissioner requirements it will be necessary to identify resource to train relevant staff to level 2 be this in the form of funding for external training or resource to provide training within the trust.

Children

Team structure The structure of the safeguarding children team has not been fit for purpose since vertical integration and it is now pressing this is addressed.

Base The Safeguarding children team currently work from two bases. This is inefficient and potentially risky for children with relevant information not always being available. As the team move to be paper light or hopefully paper free it is imperative that this is also addressed. Potentially the team administration support could be reduced with efficiencies realised by single site working.

Training uptake The trust must address the lack of improvement in percentage compliance with safeguarding children training.

Looked after Children

Timeliness of health assessments At the present time too many health assessments both initial and review are not carried out within statutory timescales.

Out of area children. The trust is not responsible for the health assessments of children placed outside of Tees. However, this group of children do need to have their needs addressed and the CLAS inspection will comment on this. The trust needs to reach a robust arrangement with the CCG on the management of this group of children.

Improved understanding of LAC issues across the trust. An improved understanding of the needs of this group of children irrespective of their local authority is needed. This required more joined up thinking, working and data.

Base Currently the LAC nurses are based within their respective local authorities. This reduces joined up thinking, working and data.

Thinking to the future. Currently the vast majority of review health assessments are carried out by health visitors or school nurses depending on the age of the child. From April 2015 the service for school nursing is to go out to tender followed by health visiting the following year. If the trust is not the provider of choice for these services from April 2015 it will not have a workforce to deliver this agenda.

Other considerations

In addition to the above challenges the issues of the PREVENT agenda and management of domestic abuse need to be considered.

The governments cross cutting anti radicalisation agenda called PREVENT is seen as sitting within the wider safeguarding agenda. This is currently managed within the trust within the Health and Safety team alongside their other responsibilities. The role out of PREVENT training, part of the national NHS contract, is proving problematic and it is likely the trust will fall under the scrutiny of commissioners on this issue.

In addition current structures in relation to the management of Domestic abuse fall across a number of practitioners and services including the Local Security Management Specialist (LSMS), the safeguarding children team and the safeguarding adults nurse. It does not however, fall wholly within any of these. The Domestic homicide review mentioned in section 10 was completed by the Safeguarding Children team despite this being an adult issue. The adults however, were not vulnerable adults under the terms of 'No Secrets' and whilst the LSMS

attends Multiagency Risk Assessment conferences (MARAC) which consider victims at high risk from domestic violence he is unable to comment on any clinical issues bringing into question the appropriateness of current arrangements.

13. Conclusion

This first annual combined report for adult and children's safeguarding and looked after children has highlighted the vast spread of these areas across all areas of the trust. These are growing high risk agenda's which need to be robustly addressed as part of the trusts core values and strategies.

The Board is asked to note the contents of this report and to continue to support the work of these three teams. In particular the Board is asked to note the pressing capacity issues in adult safeguarding.

Helen Smithies
Lead Nurse Safeguarding
April 2014.