

TRUST BOARD

Date of Meeting: 28/05/2013	Agenda Item No: 5.2	Enclosure: 5
Intended Outcome:		
For noting ✓	For information	For decision ✓
Title of Report: Safeguarding Quarterly Report (January –March 2013)		
Aims:		
<p>To provide information and progress pertaining to all aspects of Safeguarding within the Trust relating to Safeguarding Children, Adults and Patients with Learning Disabilities</p>		
Executive Summary:		
<p>The report reflects progress with regard to all aspects of safeguarding across the Trust and covers Children, Adults and Learning disabilities, Mental Health Capacity and Deprivation of Liberty.</p> <p>The Training Matrix for Safeguarding Children is a robust system to identify the training needs of each individual member of staff depending on the department they are employed in and the degree of training necessary. The matrix is updated monthly and can clearly identify all areas of non-compliance of departments and staff.</p> <p>Child protection training is currently under review in order to improve compliance across the Trust and in line with Northumbria’s TNA. It is expected to see a significant improvement as ownership for compliance with this training is monitored at the Business Unit meetings.</p> <p>Due to increased training/awareness across the Trust there has been an increase in Trust referrals to Adult Social Care. Through the Trust safeguarding lead all referrals are monitored and recorded. There have been 24 referrals to Adult Social Care from January to March 2013.</p> <p>As part of the Monitor compliance framework the Trust has to complete a quarterly self certification against compliance with requirements regarding access to healthcare for people with a learning disability. This is based on meeting the needs of people with a learning disability as set out in the Care Quality Commission indicator on ‘Access to Healthcare for people with a learning disability’ based on the six criteria set out in ‘Healthcare for all’ (2008).</p>		
Overview of key areas for consideration or noting:		
<ul style="list-style-type: none"> • Review of Child Protection & Adult Safeguarding staffing to address succession planning along with investment in the manpower for training and operational management. • Review of all child protection & adult safeguarding training across the Trust in 		

compliance with Northumbria's current model.

- Medical staff, general theatres (CIC) and the anaesthetic departments on both sites remain areas of concern and the focus of child protection training continues in these areas.
- Lead Professional for Safeguarding Adults has been appointed.
- Trust is compliant with requirements regarding access to healthcare for people with a learning disability.

Specific implications and links to the Trust's Strategic Aims:

We deliver excellent clinical outcomes along closely integrated pathways	✓
We provide excellent patient-centred services	
We deliver excellence in safety, quality and regulatory compliance	
We deliver efficient care and work within budgets	

Recommendations:

The Trust Board is recommended to approve the evidence that supports compliance with the required standards.

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Presented by:

Chris Platton, Acting Director of Nursing & Quality

<p style="text-align: center;">TRUST BOARD</p> <p style="text-align: center;">SAFEGUARDING QUARTERLY REPORT (January – March 2013) 28 MAY 2013</p>
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INTRODUCTION

This paper provides evidence to confirm the Trust is meeting the standards relating to Safeguarding, learning disabilities, mental health capacity and deprivation of liberty.

The report reflects progress with regard to all aspects of safeguarding and highlights that this is a priority for the Trust January-March 2013.

1 SAFEGUARDING CHILDREN

1.1 Risk

The Safeguarding Board updates and monitors risks monthly. The Risk Registers form part of the Trusts governance and as such are presented at the Governance Committee and Trust Board. The following is a brief overview of risk within this quarter.

1.1.1 Moderate Risks

1. The management of mental health patients who are admitted to the acute paediatric areas and demonstrate violent and aggressive behaviour. This impacts on service delivery and increases the risk to maintain the safety of patients, carers and staff.
2. Child Protection training – level 2. Anticipated improvement by Q2 with the introduction of workbooks for clinical staff, as the TNA has been aligned with Northumbria's in April 2013.
3. Investment in Child Protection / Safeguarding team – Appoint in Q1 1WTE Band 6 trainer for Adult & Child Protection training. Recruitment process to increase Named Nurse hours for child protection further 1.0 WTE and succession planning required to prevent any gaps in service needs.
4. Safeguarding Supervision –the Safeguarding team are undertaking formal Safeguarding Supervision training in May 2013 and will be providing safeguarding supervision for practitioners.

1.1.2 Low Risk

The removal of cot sides from inpatient beds on Children's Ward at CIC for utilisation on adult wards poses a potential risk. This is being addressed with Estates and Facilities management.

1.2 Safeguarding Children's Training

The training records are monitored through the Workforce Committee and Safeguarding Board, please see Appendix 1 for Level 2 & 3 compliance for each Business Unit.

The Business Unit Director's are monitoring compliance and the safeguarding team presented in May 2013 to the Trust's Clinical Policy Group to raise awareness and identify training required. The Trust workforce committee is monitoring all safeguarding training across all business units. The Clinical Support Business Unit has been requested by the Workforce committee to report within one month of their plans to increase compliance. And provide timescale for improvement.

The Training Matrix for Safeguarding Children training will be updated as from 01/05/2013 in line with Northumbria, as below:

Level 1 - All non-clinical staff - e-learning package / workbook

Level 2 – All clinical staff – workbook (e-learning programme is anticipated in Q3); however the Trust will also offer a half-day face-to-face training delivery level 2.

Level 3 – Specialist training for staff who work predominantly with children / young people and / or their parents or carers and who potentially contribute to assessing, planning, intervening and reviewing the needs of children and parenting capacity. This can be delivered face-to-face with the Named Nurse (currently half day but will change to full-day) or externally with Multi-agency (full-day).

Level 4 – Currently trained at Level 4 is the Safeguarding Executive Lead (Acting Director of Nursing) and Head of Nursing Paediatric Business Unit (Operational lead for safeguarding).

1.3 Safeguarding Children Supervision

Safeguarding Children's supervision is currently undertaken as formal reflective practice with key staff involved. The safeguarding team are currently receiving Safeguarding Supervision training in May 2013. Safeguarding supervision will be available to all staff who are frequently involved in child protection issues and also to staff involved in operational child protection issues.

The supervisors midwife rota provides 24/7 supervision for midwives. There are two supervisors available 24/7, one of which is for safeguarding supervision. Midwives receive statutory supervision from supervisors of midwives appointed by the local Supervising authority. Supervisors of midwives support the practice of midwives. Each midwife must have an annual review with their named supervisor of midwives. All midwives have access to a supervisor of midwives via a 24/7 rota. Midwives can call their supervisor with any issues or concerns which includes child protection concerns.

1.4 Child Protection Information to Named Nurse Forms

Information to Named Nurse forms	Jan 2013	Feb 2013	Mar 2013
WCH	10	21	20
CIC	14	24	12
Total received	24	45	32
Total for quarter			101

1.5 Serious Case Reviews & Management Reviews

There has been no Serious Case Reviews (SCR) or Management Reviews for this reporting period.

The Acting Director of Nursing, as Executive Lead for Safeguarding, is responsible for facilitating SCR reviews. All lessons learned from SCRs are included in the Trusts Safeguarding Children's Work plan, which is reviewed bi-monthly by the Trusts Safeguarding Board. The Work plan actions are monitored through the Trust Safeguarding Board and reports submitted to the Governance Committee.

2 SAFEGUARDING ADULTS

2.1 Risk

Moderate Risk

1. No reference received from Adult Social Care (ASC) for Trust staff when making a safeguarding referral to ASC. This is currently being reviewed by (ASC) manager and the Trust Safeguarding lead records all referrals and reports to Trusts Safeguarding Board.
2. No Verbal acknowledgement and confirmation that the referral alert will proceed to a safeguarding investigation within the appropriate time scale from ASC.
3. No secure e mail connection from Trust to ASC which will be reviewed in Q1.
4. No 'Safe Haven' facilities within ASC for NCUHT to access which will be reviewed in Q2.

5. Investment in Adult Safeguarding / Safeguarding team – Appoint in Q1 1WTE Band 6 trainer for Adult & Child Protection training.
6. Safeguarding Supervision –The Lead Professional for Safeguarding Adults who has been appointed in April 2013 and will complete formal safeguarding supervision training. Adult safeguarding supervision is currently is currently provided when required through reflective practice and through the safeguarding team meetings. It is anticipated that this will be addressed by Q2.

2.2 Safeguarding Adult Training

The training records for adult safeguarding are monitored through the Governance Committee and Safeguarding Board, please see Appendix 2 for Level 1 training & compliance for each Business Unit.

The Training Matrix for Safeguarding Adults training will be updated as from 01/05/2013 in line with Northumbria's.

The Business Unit Director's are monitoring compliance and in May 2013 the Adult safeguarding lead is attending individual business units to update the business units on changes to training and requirements to increase compliance.

2.3 Safeguarding Adult Supervision

The Lead Professional for Safeguarding Adults who has been appointed in April 2013 and will complete formal safeguarding supervision training. Adult safeguarding supervision is currently is currently provided through reflective practice and through the safeguarding team meetings. It is anticipated that this will be addressed by Q2.

2.4 Safeguarding Adult Referral Forms

Adult Referral Forms	Jan 2013	Feb 2013	Mar 2013
CIC	6	2	1
WCH	5	5	5
Total received	11	7	6
Total for quarter			24
Request for information from the Safeguarding hub	1	2	
Total for quarter			3

2.5 Serious Case Reviews & Management Reviews

There has been no Serious Case Reviews (SCR) in this reporting period. One case was reviewed but was not declared as a SCR but this case is planned to

be reviewed as part of a multi-agency 'Lessons Learned Event' on the 21st May 2013 with the aim to identify where practice and communication could be improved and lessons learnt. The outputs from this will be reported to board in Quarter 2.

The Acting Director of Nursing, as Executive Lead for Safeguarding, is the lead for facilitating all outputs from SCR with the safeguarding team. All lessons learned from the SCRs will be included in the Safeguarding Adult Work plan, which is reviewed bi-monthly by the Trust's Safeguarding Board. The Work plan actions are monitored through the Trust Safeguarding Board and reports submitted to the Governance Committee.

3 LEARNING DISABILITIES

3.1 Monitor Compliance Framework

As part of the Monitor compliance framework the Trust has to complete a quarterly self certification against compliance with requirements regarding access to healthcare for people with a learning disability.

This is based on meeting the needs of people with a learning disability as set out in the Care Quality Commission indicator on 'Access to Healthcare for people with a learning disability' based on the six criteria set out in 'Healthcare for all' (2008).

The Trust is compliant all six criteria

1. Does the trust have a mechanism in place to identify and flag patients with learning disabilities and protocols that ensure pathways of care are reasonably adjusted to meet the health needs of these patients?

- The Trust has a flagging system in situ to identify patients with a learning disability on the Patient administration System (PAS). This has also been considered and will be implemented as part of the Real Time Forward IT system.
- Extra time allowed for outpatient appointments.
- Learning disability passports, where patients are identified as not having a passport this is referred back to the Learning disabilities team and the GP.
- Trust protocol for Learning disability has been reviewed and will be presented at the clinical policy Group on Tuesday 14th May

2. Does the Trust provide readily available and comprehensible information to patients with learning disabilities about the following criteria?

Treatment options –

- There is access to a range of provision of information specifically tailored for patients. Patients are supported to discuss their health needs and options.
- The Trust has adopted the documentation available through the Cumbria wide Learning Disabilities group.
- Easy read information available in departments and on Trust Intranet site.

Complaints procedures –

- Complaints policy in line with National standards and CQC compliance.
- Patients have access to expert advice, including ICAS and PALS services.
- Patient stories and patient experience.

Appointments –

- Extra time allowed for outpatient appointments.
- Evidence of reasonable adjustments, timings of appointments.

3. Does the Trust have protocols in place to provide suitable support for family carers who support patients with learning disabilities?

- Learning Disabilities Policy
- Patient experience
- Patient stories

4. Does the Trust have protocols in place to routinely include training on providing healthcare to patients with learning disabilities for all staff?

- Learning disability training provided by Learning Disabilities team
- Safeguarding training
- Deprivation of liberty (DOLS)
- Mental capacity act

The Health and wellbeing group will provide additional training to department leads. All departments have been asked to provide details of staff who will complete this training by 24 May 2013.

5. Does the Trust have protocols in place to encourage representation of people with learning disabilities and their family carers?

- Structure in place for active contribution and assessment through surveys, attendance at health and wellbeing board, patient panel, equality and diversity group.
- Patient experience
- Patient stories

6. Does the Trust have protocols in place to regularly audit its practices for patients with learning disabilities and to demonstrate its findings in public reports?

- Patient experience
- Patient stories
- Case note audit
- Reports submitted to Trust Board
- Safeguarding Report

3.2 Learning Disability Passport

The Learning disability passport/protocol continues to be utilised across the Trust and if any patients are admitted without a passport, the LD Lead is contacted for commencement with GP provider.

3.3 External Groups

The Matron for Patient experience is the lead for the Trust for Learning Disabilities and has continued to maintain the good working relationships with health and social care agencies. Through her role she represents the Trust at the Health and Well being Sub Group and Acute Access Group. Community Learning Disability Leads are notified when a learning disabilities patient is admitted to the Trust and they work in partnership with the Trust to ensure that the correct support is identified and made available to patients, relatives and staff.

4 MENTAL CAPACITY ACT 2005 AND DEPRIVATION OF LIBERTY SAFEGUARDS 2009

The Trust is currently reviewing the process of monitoring and recording documentation relating to the mental capacity act with our commissioners and Northumbria. This is also in line with reviewing the recommendations from two previous SUI's.

4.1 DOLS Authorisations

There have been no DOLS authorisations within this reporting period. There have been two queries raised with the professional lead and with the professional lead in Adult Social Care but these did not meet the criteria.

4.2 IMCA

The Trust Lead continues to advise staff on the correct criteria for IMCA referral. There have been 4 referrals in this reporting period.

5 RECOMMENDATION

The Trust Board is recommended to approve the evidence that supports compliance with the required standards.

APPENDIX 1 – LEVEL 2 & 3 TRAINING COMPLIANCE

PAEDIATRIC BUSINESS UNIT - SAFEGUARDING CHILDREN TRAINING LEVEL 3

		Total Staff	Total In Date	% In Date	Further information
CIC	Paediatric Ward	38	35	92%	3 staff need updates
	SCBU	20	20	100%	
	Paediatrics – Medical staff	6	6	100%	
WCH	Paediatric Ward	27	24	89%	3 need updates (2 booked by end of April 96%)
	SCBU	18	18	100%	
	Paediatrics – Medical staff	8	6	75%	2, training date booked
BUSINESS UNIT TOTAL		117	109	93%	

Please note 'Medical Staff' does not include SHO's and SpR's

	< 50% in date
	50-79% in date
	> 80% in date

EMERGENCY SURGICAL & ELECTIVE CARE BUSINESS UNIT
Safeguarding Children Training - Level 2 & 3

LEVEL 2 (E-learning 'Safeguarding Children & Young People Level 2 - Secondary Care')

	Department	Total Staff	Total	%	Further information
			In Date	In Date	
CIC	Audiology	13	11	85%	2 need initial
	Day Surgery (non Paed links)	17	14	82%	2 booked, will be 94% by end of April 2013
	General Theatres	108	31	29%	All need initial E-learning Level 2
	General Theatres - Recovery	20	15	75%	5 need update
	Head & Neck – Nurse Specialists	2	2	100%	
	OPD - Fracture Clinic	11	6	55%	2 need initial, 3 need updates
	Ophthalmology	20	9	45%	2 initial, 9 updates (bookings & e-learning - 85% by end of May)
	Orthodontics	8	6	75%	2 need initial
	Orthoptists	3	2	67%	1 update booked, will be 100% by end of April 2013
	Anaesthetics – Medical staff	26	12	46%	4 need updates, 10 need initial
	ENT – Medical staff	7	3	43%	All need initial
	General Surgery – Medical staff	10	5	50%	1 needs update, 4 need initial
	Ophthalmology – Medical staff	11	2	18%	5 need update, 4 need initial
	Oral Surgery – Medical staff	10	2	20%	All need initial
Orthodontics – Medical staff	2	2	100%		

	Orthopaedics – Medical staff	11
	Urology – Medical Staff	5

6	55%	4 need initial
2	40%	3 need initial

WCH	General Theatres	75
	Ophthalmology - Skiddaw Ward	18
	Renal	5
	Anaesthetics – Medical Staff	17
	General Surgery – Medical staff	9
	Ophthalmology – Medical staff	1
	Orthopaedics – Medical staff	12

60	80%	3 need initial, 12 need updates
2	11%	3 need initial, 13 need updates
2	40%	All need initial
4	24%	All need initial
0	0%	All need initial
0	0%	All need initial
1	8%	All need initial

LEVEL 3 (in-house face-to-face training)

		Total Staff
CIC	Aspen	21
	Day Surgery – Paed Links	2
	East Community Midwives	23
	Maternity Unit	67
	Penrith Birth Centre	18
	WOPD	15
	Obs & Gynae – Medical staff	9

Total In Date	% In Date	Further information
21	100%	
2	100%	
20	87%	3 need updates
42	63%	6 need initial, rest need updates (3 booked, end Jun2013 67%)
14	78%	1 needs initial, 3 need updates (1 booked by end May 2013 83%)
14	93%	1 needs initial (LTS)
8	89%	1 needs initial

WCH	Gynae - Overwater Ward	22
	Gynae - Kirkstone Ward	34
	Gynae - Melbreak Ward	14
	Maternity / Delivery	69
	WCH Community Midwives	31
	Obs & Gynae – Medical staff	9

2	9%	All need initial
8	24%	All need initial
0	0%	All need initial
42	61%	10 need initial, 17 need updates (18 booked, end June 2013 87%)
31	100%	
3	33%	6 need updates

BUSINESS UNIT TOTAL

288

164

57%

SpR's Please note 'Medical Staff' does not include SHO's &

	< 50% in date
	50-79% in date
	> 80% in date

EMERGENCY CARE & MEDICINE BUSINESS UNIT
Safeguarding Children - Level 2 & 3 (as at 31/03/2013)

LEVEL 2 (E-learning 'Safeguarding Children & Young People Level 2 - Secondary Care')

	Department	Total Staff
CIC	Audiology	13
	Hepatology Nurse	2
	OPD – General	32
	Physiotherapy	54

Total In Date	% In Date	Further information
11	85%	2 need initial
1	50%	1 needs update
24	75%	1 needs update, 7 need initial
26	48%	All need initial (1 on maternity leave)

WCH	Out Patient Department	16
	Out Patient - Workington	7

13	81%	3 need update
2	29%	5 need update

LEVEL 3 (in-house face-to-face training)

		Total Staff
CIC	A&E	42
	Dermatology	12
	A&E – Medical staff	13
	Dermatology Medical staff	1

Total In Date	% In Date	Further information
28	67%	8 need initial, 6 need update (1 mat leave, 1 LTS)
10	83%	1 needs initial, 1 needs update
2	15%	2 new consultants, 8 new speciality doctors need initial
1	100%	

WCH	A&E	38
	A&E – Medical staff	9

36	95%	All need updates, booked - by end May 100%
6	67%	2 need updates, 1 needs initial

BUSINESS UNIT TOTAL

115

83

72%

Please note 'Medical Staff' does not include SHO's and SpR's

	< 50% in date
	50-79% in date
	> 80% in date

SpR's Please note 'Medical Staff' does not include SHO's and

■	< 50% in date
■	50-79% in date
■	> 80% in date

Appendix 2

Adult Safeguarding, DoLS & MCA training

Safeguarding Breakdown to 30/04/2013

Course	Trust	Clinical Support	Corporate Services	Estates	Medicine	Paediatrics	Surgery	Frequency
DoLS Level 1	40%	41%	44%	N/A	43%	26%	39%	One off
Mental Capacity Act Level 1	43%	38%	36%	N/A	50%	32%	42%	One off
Safeguarding Adults Level 1	82%	90%	71%	93%	83%	80%	79%	3 Yearly

Adult Safeguarding is part of the Core Mandatory Skills Programme so has not been reported separately under the old TNA

Core Mandatory Skills Framework Breakdown for Rolling 3 Years 01/04/2010 to 31/03/2013

Course	Trust	Clinical Support	Corporate Services	Estates	Medicine	Paediatrics	Surgery
Core Mandatory Skills Programme	73.13%	80.27%	70.59%	91.96%	75.05%	68.33%	66.67%