

## Report to Trust Board of Directors

<b>Date of Meeting:</b>	2 June 2015
<b>Enclosure Number:</b>	20
<b>Title of Report:</b>	Safeguarding Annual Report (April 2014-March 2015)
<b>Author:</b>	Melanie Baxendale, Named Nurse - Safeguarding Children Danny McAllister, Safeguarding Adult Lead Meredith Jardine, Lead Midwife Safeguarding
<b>Executive Lead:</b>	Gail Naylor, Executive Director of Nursing & Midwifery
<b>Responsible Sub-Committee (if appropriate):</b>	Safeguarding Board
<b>Executive Summary:</b>	<p>The report reflects progress and challenges with regard to all aspects of safeguarding across the Trust and covers Children (including the unborn child), Adults at risk, Learning Disabilities, Mental Capacity and Deprivation of Liberty.</p> <p><b>Overview of key areas for consideration or noting:</b></p> <p><b>Safeguarding Children:</b></p> <ul style="list-style-type: none"> <li>- There is only one outstanding recommendation from CQC 2013 inspection.</li> <li>- NCUHT is compliant with CQC Essential Standards of Quality &amp; Safety in Safeguarding Children.</li> <li>- 2014/15 has been an extremely productive year for the safeguarding children team and it is hoped that this is reflected in practitioners feeling increasingly confident and supported in taking up their role in promoting the safety and wellbeing of children visiting NCUHT. 1.8 details achievements and future plans in further promoting the safety and wellbeing of children.</li> </ul> <p><b>Midwifery Safeguarding:</b></p> <ul style="list-style-type: none"> <li>- Safeguarding supervision is embedded</li> <li>- Early Help Assessment – lack of uptake being addressed through Maternity Governance</li> <li>- Teenage Pregnancy Audit – all teenage pregnancies are risk assessed for safeguarding</li> <li>- Teenage Pregnancy Pathway – embedded in practice</li> </ul>

	<p><b>Safeguarding Adults:</b></p> <ul style="list-style-type: none"> <li>- DOLS and MCA policies have been updated.</li> <li>- Easy read complaints leaflet devised.</li> <li>- The mandatory training figures for Safeguarding Adults remain below target, although they are improving slowly. Training will now be delivered as part of Corporate Induction.</li> </ul> <p>The Safeguarding Team can confirm that the 2015/16 workplan addresses all key risks.</p>	
<b>Board Assurance Framework Reference:</b>	2.6	
<b>Risk Rating (high, medium, low risk) and any recommended changes to risk rating:</b>	Medium	
<b>Compliance, legal and national policy regulatory requirements:</b>	<b>Children;</b> CQC Outcome 7, Section 11 (Children Act 2004)	
<b>Financial Implications:</b>	N/A	
<b>Actions required by the Board:</b>	<b>To approve:</b>	Discussion and decision
	<b>To note:</b>	Where the Board is made aware of key points but no decision required
	<b>For information:</b>	For reading and consideration and for discussion by exception only
	The Trust Board is requested to <b>NOTE</b> the key actions taken at pace and that safeguarding standards are compliant.	
<b>Data quality:</b>	<b>Source:</b>	Melanie Baxendale, Named Nurse - Safeguarding Children Danny McAllister, Safeguarding Adult Lead Meredith Jardine, Lead Midwife Safeguarding
	<b>Validated by:</b>	Melanie Baxendale, Named Nurse - Safeguarding Children Danny McAllister, Safeguarding Adult Lead Meredith Jardine, Lead Midwife Safeguarding
	<b>Date:</b>	20 May 2015

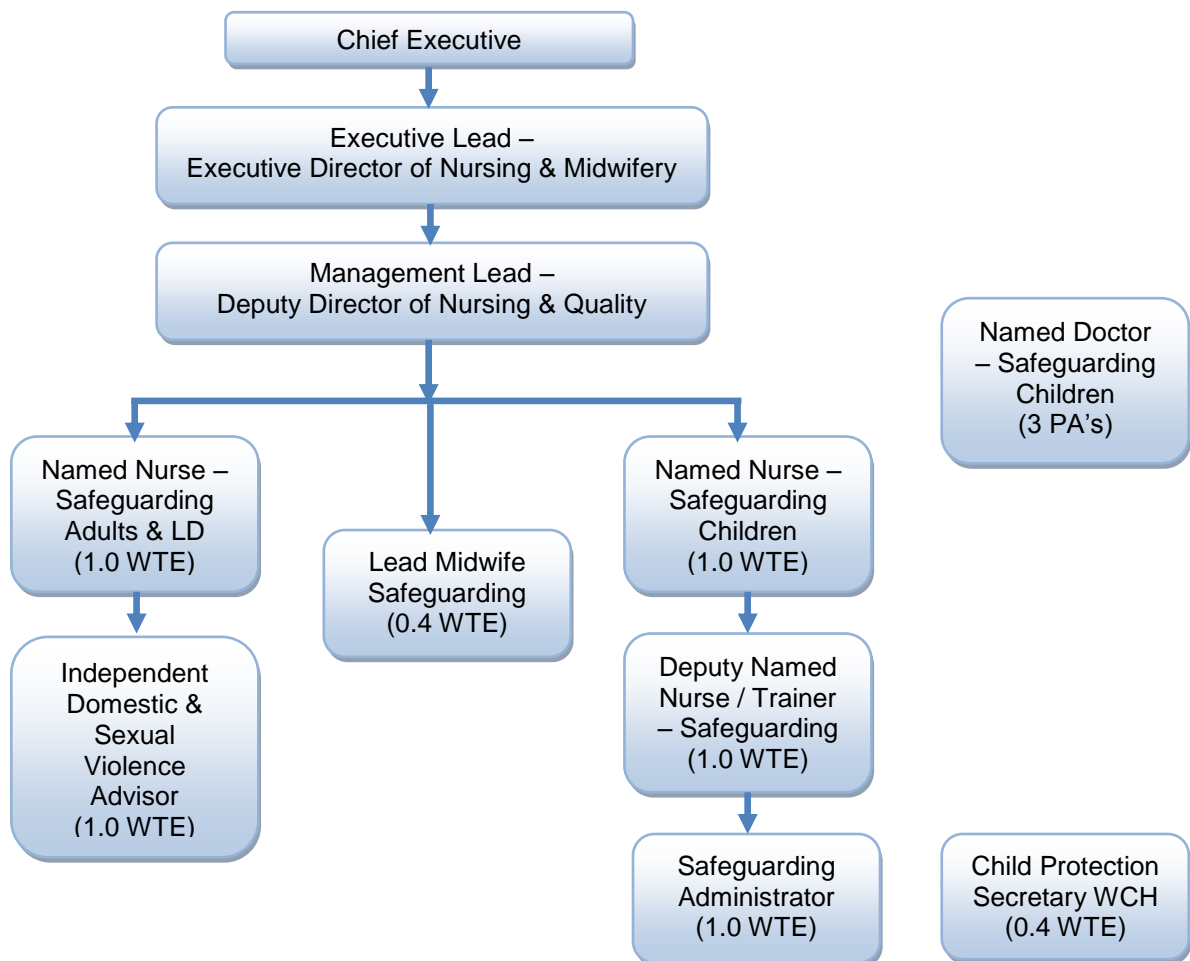
**SAFEGUARDING ANNUAL REPORT  
APRIL 2014 – MARCH 2015**

**INTRODUCTION**

This report provides evidence to confirm the Trust is meeting the standards relating to safeguarding children and the unborn, vulnerable adults, learning disabilities, mental health capacity and deprivation of liberty.

The report reflects progress and details the challenges with regard to all aspects of safeguarding and highlights that safeguarding is a priority for the Trust. The Trust Board is requested to discuss the report and assurance provided and assess whether it is satisfied with the level of assurance.

**Composition of NCUHT Safeguarding Team as of June 2015**



# 1. SAFEGUARDING CHILDREN

## 1.1 Risk

Corporate risk to the Trust's ability to discharge its duty to safeguard children is reported to the Safeguarding Board and managed within the safeguarding children and the unborn work plan.

- 1.1.1 Risk: The CQC recommendation, following inspection in December 2013 that NCUHT ensures full coverage of appropriately trained nursing and medical staff working with children and young people in A&E has proved difficult to address in full given financial constraints and this is the sole action to be at risk of not being completed within the required timescale.

**Action:** A business case to obtain funding to increase the establishment of paediatric nurses with the Emergency Department was unsuccessful. Therefore systems have been instated to ensure timely and appropriate assessment of children and young people.

- i. All practitioners have undergone paediatric life support to promote their skill in recognising and responding to serious illness in a child.
- ii. All practitioners undergo formal level 3 safeguarding children training which is supplemented by bespoke safeguarding supervision and monthly drop in sessions.
- iii. Triage assessment includes an explicit safeguarding assessment tool (CWILTED). Practitioner's use of this tool is randomly audited on a monthly basis.
- iv. Triage assessments also include recognising and responding to children's pain. There are specific tools available for this and all practitioners have had further training in recognising and responding to children in pain.
- v. Play specialists have been requested to assess the children's area within the Emergency department to ensure offer advice and support in providing appropriate play and distraction for children.
- vi. Work has commenced in designing a leaflet for parents to give information about what they can expect during their child's attendance at NCUHT.

- 1.1.2 Risk: Documentation detailing safeguarding concerns including child protection reports remains separate from a child's health record. This results in practitioners not having all the required holistic information about a child when making an assessment, and caring for the child that could potentially impact on the child's safety & wellbeing.

**Action:** This risk is being somewhat mitigated by the electronic alert system which highlights child protection concerns and practitioners are encouraged to contact the safeguarding team for additional information.

Additional administrative support has been given to the safeguarding team to commence filing information to named nurse forms and multi-agency child protection meeting minutes within the child's health record. A process of filing all current relevant information has been mapped and filing current safeguarding information within the child's health record will commence in June 2015. Further discussion is required within the safeguarding board as how the backlog of 14 plus years is to be addressed.

- 1.1.3 Risk: It has been acknowledged that the lack of appropriate service provision for both children and young people who are experiencing the impact of mental ill health is a national challenge as it is here in North Cumbria. The management of these children and young people has the potential to impact on other resident patients, carers and staff as they require one to one supervision. Unfortunately we do not have any dedicated provision for this group and health professionals work extremely hard in balancing the needs of all children cared for within NCUHT.

**Action:** To mitigate this we are working in partnership with Child and Adolescent Mental Health Service (CAMHS) to ensure that our health professionals, who are frequently caring for these patients, not only have the skills to meet these young people's physical needs but also have additional training to understand their mental health challenges and manage these on an acute paediatric ward in the absence of the appropriate input from mental health services.

An analysis of the frequency of young people remaining in NCUHT paediatric wards when they are medically fit for discharge is being presented to Cumbria LSCB in July 2015 in an effort to progress this matter to a solution in which children are cared for in the appropriate setting.

- 1.1.4 Risk: This year's annual safeguarding children documentation audit reflected increased awareness of safeguarding children and individual practitioner's roles and responsibilities. However the audit also highlighted further areas requiring improvement, particularly around communicating concerns to parents and other professionals, which could potentially increase the risk of harm to children and young people.

**Action:** The safeguarding children work-plan will set out how the team will support business units to address the challenges; this will enable monitoring by the Safeguarding Board.

## 1.2 Safeguarding Children's Training

Staff training records are monitored through the Workforce Committee and Safeguarding Board, for Level 3 compliance for each Business Unit.

Overall safeguarding figures at 31<sup>st</sup> March 2015;

Safeguarding Children & Young People Level 1 - 94%  
Safeguarding Children & Young People Level 2 - 91%  
Safeguarding Children & Young People Level 3 - 81%

These exceed CQC minimum requirements of 80%

Safeguarding children education has been reviewed and refreshed to comply with Intercollegiate Document (2014) and the Named Nurse and Deputy and are offering

- Formal training sessions
- Informal drop in sessions

It must be stressed that the approach advocated by the intercollegiate document is reliant on individual professionals and their line managers recognising that safeguarding children is integral to their role and taking responsibility for ensuring that their knowledge is current and that they are competent in their safeguarding role. An electronic supplement to the annual appraisal was launched on 1<sup>st</sup> April 2015 to support practitioners and their managers identify their safeguarding children competence and learning needs.

### 1.3 CQC Inspection

CQC's inspection of 30<sup>th</sup> April, 2<sup>nd</sup> May and 12<sup>th</sup> May 2014 found that;

*'Safeguarding and child protection had improved because the hospital had recently taken steps to ensure that staff followed the safeguarding policy, which has brought about positive outcomes.'*  
(West Cumberland Hospital Quality Report p8, 2014)

*'Safeguarding and child protection services were effective....'*  
(The Cumberland Infirmary Quality Report p9, 2014)

However much of the focus of the safeguarding children work-plan during 2014-2015 has been addressing the CQC recommendations (January 2014) following their review of Health Services for Safeguarding and Looked after Children arrangements in North and South Cumbria which took place in December 2013.

Work is ongoing across the health economy to address the following outstanding recommendations;

- Strengthen joint systems for identifying and following up young people and those with parental responsibilities who present at accident and emergency departments (A&E) or minor injury units under the influence of alcohol or drugs.

- Strengthen the capacity of the paediatric liaison nurses in recognition of the increase in number and complexity of cases that are being referred on to primary care, community health and children's social care.
- Continue to strengthen joint approaches to risk management with children's social care to ensure cases are managed at the appropriate level
- Implement clear pathways for managing the care of children and young people who self-harm.
- Implement clear strategies for the identification and reporting of sexually harmful behaviour and child sexual exploitation and ensure a robust shared response in meeting individual need.
- Strengthen systems for data management and information sharing to ensure it is secure, up to date, and enables timely transfer and follow up of concerns between local organisations.

Within the Trust we continue to attempt to meet the recommendations that we;

- Ensure full coverage of appropriately trained nursing and medical staff working with children and young people in A&E.

#### **1.4 Safeguarding Children Supervision**

A Safeguarding Children Case Reflection/Supervision framework was ratified by the Safeguarding Board in March 2014. Safeguarding Children champions in A&E, SCBU, MEAU, Children's wards and Midwifery attended two days safeguarding children supervision training in July 2014. Quarterly safeguarding supervision / case reflection has commenced in these areas. However difficulties have been encountered in establishing regular meetings due to capacity and workload challenges and the focus of the coming months will be embedding safeguarding reflection/supervision into practice. It is heartening that practitioners in ICU and Women's Health have expressed an interest in taking the safeguarding children agenda forward in their area, evidencing that practitioners have an increased awareness of the impact of parental challenges on children.

#### **1.5 Analysis of Named Nurse Forms April 2014 - March 2015**

During this time the total number of Named Nurse forms received from both sites was 675, an increase of almost 100 notifications, of which 69 were referred to the Multi-agency Safeguarding Hub by the Practitioner, a reduction of 21. It is speculated that the increase in Named Nurse forms and decrease in referrals to the Multi-agency Safeguarding Hub evidence an increased awareness of safeguarding concerns and a clearer understanding of thresholds for statutory intervention. We must also consider that practitioners have an increased awareness of community support services and are referring to more appropriate early help services.

The number of concerns reported supports the public health data for Cumbria in their analysis which shows that substance misuse is a significant problem in some areas of Cumbria. The rate of hospital admissions are also relatively high for young people aged 15-24 with alcohol related conditions (61 in 2014/15). Cumbria annual public health report (2014) highlights that Cumbria has had a higher than national average fall in household income with the average household in Cumbria experiencing a drop of 7% in income (national average - 5%) since 2009. Cumbria has also experienced a rise in the proportion of households with an annual income below £10,000, which at 14.8% is higher than the national average of 12.8%. It's speculated that the figures (182 in 2014/15) for domestic abuse, parental challenges including substance misuse and intoxication in part reflect the effects of living with such challenges and social deprivation.

Cumbria also has a higher rate of suicides and self-harm amongst young people compared to many other counties. In 2014/15 the safeguarding team received 121 notifications of young people attending following overdose or self-harm. However this is not reflected in self-reported mental well-being scores with Cumbria having a lower than North West England average proportion of people reporting poor mental wellbeing (13.4% v's 16.1%) (Cumbria County Council, 2014). This would suggest young people find it difficult to disclose mental health distress prior to self-harming. This information will be shared with the LSCB health sub-group for further discussion across the health economy.

Analysis of notifications by age of the child highlights practitioners' awareness of safeguarding risks in adolescence with the 12-18 year age group resulting in 278 notifications, the age group with the lowest number of notifications was the 5-12 year old group (60). This reflects NSPCC findings that safeguarding concerns are under-reported in this age group.

## **1.6 Serious Case Reviews & Management Reviews**

One Serious Case Reviews (SCR) has taken place in this reporting period. The summary and recommendations following the death of Child J are available on the LSCB website. In November 2012 Child J disclosed that she was suffering from bulimia, the start of which she attributed to a sexual assault that she had experienced about 18 months earlier. Following this disclosure Child J self-harmed (taking a Paracetamol overdose) and she was referred to Child and Adolescent Mental Health Service (CAMHS) for help and support. There was delay in Child J being seen at CAMHS and in the intervening period there was at least one (and possibly two) further incidents of self-harm. During this period also school based staff became aware of evidence of Child J's suicidal ideation and planning through the emergence of suicide letters that she had written and disclosures by



her friends that she intended to kill herself. Child J was seen by CAMHS in early 2013 and a plan was agreed to offer her ongoing assessment and treatment. Child J killed herself before the plan could be implemented. One pertinent finding of the Serious Case Review was that;

*'a lack of knowledge among a range of professionals about the evidence base related to high risk indicators for teenage suicide leaves them ill equipped to recognise the signs and respond accordingly'*

The Trust's suicide prevention training has been reviewed following this Serious Case Review to ensure that practitioners are made aware of the high risk indicators for teenage suicide.

## **1.7 Achievements and Plans for 2015/16**

2014/15 has been an extremely productive year for the safeguarding children team and it is hoped that this is reflected in practitioners feeling increasingly confident and supported in taking up their role in promoting the safety and wellbeing of children visiting NCUHT. The Trust's safeguarding children's achievements include;

- 1.7.1 The Trust has addressed the CQC recommendations (January 2014) following their review of Health Services for Safeguarding and Looked after Children arrangements in North and South Cumbria which took place in December 2013. The safeguarding team will continue to provide information/training/education to support practitioners in ensuring that the changes are embedded and that a safeguarding risk assessment of children/parents accessing our services leads to action to promote the safety and wellbeing of that child. This will be monitored by monthly audit within the ED department, analysis of the information to named nurse forms as well as the annual audit.
- 1.7.2 The Trust's annual safeguarding children record keeping audit highlights that changes are becoming embedded – 87% of children attending the Trust underwent a routine safeguarding assessment, that in the majority of cases concerns are discussed with parents &/or the young person and a clear action plan is determined. The audit also showed that 91% of the sample had a record key information about children's identity, faith and ethnicity to ensure practice is sensitive to and reflective of all aspects of a child's life. Additionally the audit highlighted that 100% of the sample were referred to the paediatric liaison nurses. Joint working between the paediatric liaison service and the safeguarding team continues to strengthen and work is ongoing to standardise this service across the county.
- 1.7.3 NCUHT now has an alert system which is monitored weekly to ensure accuracy. This informs frontline staff of children on child protection plans and those who are looked after. The alerts are used

consistently to contribute to the child's safeguarding assessment when they attend the hospitals.

1.7.4 Safeguarding children education has been reviewed and refreshed to comply with Intercollegiate Document (2014) and the Named Nurse & Deputy are offering

- Formal training sessions
- Informal drop in sessions
- Safeguarding supervision/case reflection sessions.

This is supplemented by local and national e-learning and regular newsletters.

1.7.5 Paediatric Consultant Peer review is now well embedded monthly and TOR agreed, based on RCPCH guidelines. Learning is shared across both sites by email and via the Paediatric Governance Board.

1.7.6 A multi-agency review took place to address concerns and challenges in multi-agency partnership working when children have been placed within NCUHT as a place of safety either as a result of mental health challenges or safeguarding concerns. This identified best practice and assisted each agency to appreciate the challenges and constraints of the other thus promoting professional relationships. A very tangible outcome has been to provide a practice framework in the form of documentation and a practice pathway to support practitioners when placed in the position of accepting children utilising NCUHT as a place of safety.

### **Plan for 2015/16**

1.7.7 In response to the publication of Independent oversight of NHS & Department of Health investigations into matters relating to Jimmy Saville (Lampard, 2014), North Cumbria University Hospital has reviewed the nine key recommendations for NHS organisations and discussed them at the Safety and Quality Committee in May. The Trust is required to respond formally to the recommendations by 31 May 2015 in relation to current position; gaps and actions required.

1.7.8 In 2015/16 the safeguarding children team plan to work with safeguarding children champions and practitioners to embed case reflection/supervision as it has been shown if we are to deliver the very best safeguarding children's services we need practitioners who well trained, highly skilled and passionate about their role. CWCD (2007) suggest that supervision is the key to building this workforce by providing support, guidance and opportunities in a safe environment. High quality supervision is one of the most important drivers in ensuring positive outcomes for children and young people who use our services.

- 1.7.9 At present a child sexual exploitation tool is being piloted by specialist nurses within the women's health unit. This tool was designed by the safeguarding children team as current tools are extremely lengthy and not designed for use in an acute setting. It is hoped that following evaluation, this tool will be ratified and that in the coming year NCUHT will host an educational event bringing together professionals to discuss our vital role in the identification of child sexual exploitation.
- 1.7.10 We will continue to promote work with our multi-agency partners across the safeguarding economy exploring innovative ways of addressing the contextual constraints and challenges we all face in safeguarding children. It is hoped that this will result in rationalisation of resources, shared understanding of each other's roles and shared learning.

## **2. MIDWIFERY SAFEGUARDING**

### **2.1 Risk**

Midwifery Manager /Safeguarding Lead meetings are held bi-monthly. Daily risk continues to be reported through Ulysses incident reporting and the risks are discussed at weekly ward level meetings on both sites alternating on all three maternity sites and at governance monthly meetings

### **2.2 Midwifery leadership**

Maternity safeguarding is now managed clinically by Lesley Carruthers (Deputy Director of Nursing & Quality) and professionally by Anne Musgrave (Head of Midwifery).

### **2.3 Midwifery Safeguarding Training**

Please see 1.2.

### **2.4 CQC Inspection**

Awaiting CQC report.

### **2.5 Safeguarding Supervision**

2.5.1 Safeguarding supervision is now embedded in practice. The Lead Midwife provides supervision to the lead community midwives bi-monthly and the lead community midwives provide supervision to all midwives.

2.5.2 Supervision is provided as structured session and on a daily needs basis.

## **2.6 Analysis of Information to Named Midwife forms April 2014 - March 2015**

Referrals to Teenage Pregnancy Midwives have reduced from 165-132; this reduction is in line with national statistics which show a drop of 13% in the estimated number of conceptions for women under 18 in 2013. The Office of National Statistics says successive education programmes aimed at teens and social stigma attached to being a teenage parent may have helped bring down the conception rate among under 18's.

All teenage pregnancies in North Cumbria are risk-assessed for safeguarding issues at booking and an Early Help Assessment is commenced. The Teenage Pregnancy Pathway is now embedded in midwifery practice.

There has been an increase in pregnancies where mental health issues are identified have increased from 97 in 2013/14 to 167 in 2014/15. The Head of Midwifery is working towards implementing a Lead Midwife role for mental health following the Birth Rate report.

## **2.7 Achievements and Plans for 2015/16**

- 2.7.1 The total number of referrals to Children's Services has increased from 90 to 96 since 2013/14. This highlights good identification of safeguarding vulnerabilities through the risk assessment which is completed at booking appointment.
- 2.7.2 An annual audit was completed by the safeguarding lead for maternity; the results were discussed at the Safeguarding Board and fed into maternity governance and audit process.
- 2.7.3 The two main actions were the lack of registered EHA's and poor documentation of safeguarding maternity paperwork

### **Plans for 2015/16**

- 2.7.4 Embed Early Help Assessments in normal maternity practice and improve the filing of safeguarding paper work into midwifery documentation. The Lead Midwife Safeguarding continues to attend the LSCB sub-group for Early Help. There have been only 20 completed assessments registered with the Early Help team in the safeguarding hub. This issue has been discussed at Safeguarding Board and taken to Maternity governance.
- 2.7.5 To have an article in the maternity newsletter for safeguarding and the trusts safeguarding newsletter, aiming to highlight the need to file reports and papers in individual sets hospital maternity notes and highlighting the midwives own personal accountability also working

with the Midwifery Lead for Governance in reporting this risk through completion of risk assessments.

### **3. SAFEGUARDING ADULTS**

#### **3.1 Risk**

The Safeguarding team have identified the following risks which are discussed and monitored at the Safeguarding Board and the Business Unit Governance boards.

- 3.1.1 No reference received from Adult Social Care (ASC) for Trust staff when making a safeguarding referral to ASC.

**Action:** This is currently been reviewed by the (ASC) managers. The Trust Adult Safeguarding lead records all referrals which are reported to the Safeguarding Board. The named nurse has arranged a formal meeting with Adult Social Care managers to discuss.

- 3.1.2 No verbal acknowledgement and confirmation that the referral alert will proceed to a safeguarding investigation within the appropriate time scale from ASC.

**Action:** as above.

- 3.1.3 Although improvements have been made through the year training at Level 2 remains below target.

**Action:** All training is monitored through the workforce committee. Training plans are in place with each business unit. Safeguarding Adults training will be incorporated into Corporate Induction as agreed by the Safeguarding Board.

#### **3.2 Safeguarding Adult Training**

The training records for adult safeguarding are monitored through the workforce committee and Safeguarding Board.

The Training Matrix for Safeguarding Adults training has been updated and is in line with Northumbria Healthcare Foundation Trust.

The Business Unit Directors monitor compliance with set trajectories to meet mandatory training requirements. Each business unit reports to the workforce committee on compliance.

As at 31/03/2015 the figures for Safeguarding Adult and associated training are:

Safeguarding Adults Level 1	-	91%
Safeguarding Adults Level 2	-	71%

Deprivation of Liberties (DOL's)	-	72%
Mental Capacity Act (MCA) Level 1	-	91%
Mental Capacity Act (MCA) Level 1	-	75%

Safeguarding Adults Level 1 and Mental Capacity Act Level 1 meet CQC minimum requirements of 80%

### 3.3 Safeguarding Adult Supervision

Adult safeguarding supervision is provided through reflective practice, safeguarding team meetings and supervision sessions with the Named Nurse. All adult clinical areas have been asked to nominate a Safeguarding Adults champion.

### 3.4 Safeguarding Adult Referral Forms - 2014/15

Adult Referral Forms	CIC	WCH	Period total
Info to NN forms	85	121	206
Referred to Adult Social Care	77	94	171

The vast majority of named nurse forms are regarding pressure ulcers, both hospital and community acquired. The Care Act (2014) makes reference to pressure ulcers and how these should be dealt with as a Safeguarding Adults issue. The trust is already compliant with the Care Act in terms of clinician led investigation. The multi-agency guidance is being re-written to reflect this. This will significantly reduce the numbers of Named Nurse forms we receive in future.

### 3.5 Serious Case Reviews & Management Reviews

There have been no Serious Case Reviews (SCR) identified involving NCUHT. Case reviews have been held and learning shared with clinical teams and staff have attended strategy meetings with the professional lead to share learning.

The Director of Nursing and Midwifery, 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.

### 3.6 Achievements & Plans 2015/16

- 3.6.1 Funding has been secured from the Police Commissioners for a temporary post of Independent Domestic & Sexual Violence Advisor (IDSVA). The successful applicant will commence in post on 26/05/2015. This role will identify and support high risk victims of

domestic / sexual abuse who come into contact with the Trust. A similar post had been identified in Morecambe Bay to ensure that the whole of Cumbria is covered.

### **3.7 Plans for 2015/16**

3.7.1 Safeguarding Adults is now on a statutory footing and the Safeguarding Team will ensure continued compliance with statutory legislation and the 6 key themes of the Care Act, which are;

- Empowerment
- Prevention
- Partnership
- Accountability
- Proportionality
- Protection

3.7.2 The Named Nurse will be chairing Dignity and Prevention Steering Group on behalf of the Cumbria Multi-agency Safeguarding Adults Board. This will raise the role of Dignity within the Acute Trust and ensure ongoing multi-agency contacts.

3.7.3 Training actions already identified, please see Risks (3.1.3).

## **4. LEARNING DISABILITIES**

### **4.1 Monitor Compliance Framework**

As part of the Monitor Compliance Framework the Trust completes and meets the Learning Disability Assessment framework against compliance with requirements regarding access to healthcare for people with a learning disability.

Areas of good practice noted are:

- The Trust has a flagging system in situ to identify patients with a learning disability on the Patient Administration System (PAS). The alert system is in process of being aligned with the Northumbria system.
- Extra time facilitated 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. The Trust is able to provide LD passports.
- The Trust lead is a Registered Learning Disability Nurse.
- Trust protocol for Learning disability is in place.
- An easy read complaints leaflet has been devised by the Safeguarding Adults Lead.

### **4.2 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.

#### **4.3 External Groups**

The Lead Nurse for Adult Safeguarding and Learning Disabilities represents the Trust at a variety of external multi-agency forums including-

- Safeguarding Adults Operations Board
- Safeguarding Adults Case Review Group
- Health and Well-being Sub Group
- Multi Agency Risk Assessment Conference
- Learning Disability Network
- Access to Acute Forum
- Dignity and Prevention Steering Group (Chair Designate)

#### **5. MENTAL CAPACITY ACT 2005 AND DEPRIVATION OF LIBERTY SAFEGUARDS 2009**

The Trust has reviewed and updated its policies relating to the Mental Capacity Act (MCA) and Deprivation of Liberty (DOLS).

##### **5.1 Deprivation of Liberties Safeguards (DOLS) Authorisations**

There have been 4 DOLS authorisations within the year.

##### **5.2 Independent Mental Capacity Advocate (IMCA)**

The Trust Lead continues to advise staff on the correct criteria for IMCA referral.

##### **5.3 PREVENT**

PREVENT is a government counter-terrorism policy. The Lead Nurse for Adult Safeguarding is the Management Lead for the PREVENT strategy along with the Deputy Named Nurse who assists in providing training within the Trust. The PREVENT trainers will receive updated HealthWrap 3 training which will then be rolled out to front-line staff within the next year.

#### **6. LOCAL AUTHORITY DESIGNATED OFFICER REFERRALS**

There have been three LADO referrals made by the Named Nurse Safeguarding Children – Two pertaining to members of staff working primarily with adults. One in which the member of staff worked with children and adults. Only one of these referrals resulted in a multi-



agency strategy meeting and ultimately after following due process the member of staff left our employment – all necessary external agencies were advised.

**7. RECOMMENDATION**

The Trust Board is requested to discuss the report and assurance provided and assess whether it is satisfied with the level of assurance.

**Mel Baxendale**  
**Named Nurse, Safeguarding Children**

**Meredith Jardine**  
**Lead Midwife Safeguarding**

**Danny McAllister**  
**Named Nurse, Safeguarding Adults & Learning Disabilities**



