Oxford University Hospitals **NHS**

NHS Trust

Trust Board Meeting: Wednesday 12 November 2014

TB2014.128

Title	The Safeguarding Children and Adults Report to the Oxford University Hospitals Trust (OUHT) Board

Status	For information
History	The previous Safeguarding Children and Adults Annual Report was presented at the Trust Board on 13 November 2013

Board Lead(s)	Ms Catherine Stoddart, Chief Nurse			
Key purpose	Strategy	**Assurance**	Policy	Performance

Executive Summary

1. This report has two parts which provide a summary of the key issues and activity in relation to safeguarding children and adults and identifies areas of development and challenge.

2. The safeguarding definitions are as follows:
   - *"A child is anyone under the age of 18. The Children Act (1989, 2004) states that the welfare of the child is paramount and that all practitioners are required to protect children, prevent the impairment of health and development and ensure they are provided safe and effective care in order to fulfil their potential."*

   - *Some adults, often described as vulnerable adults, may be particularly at risk of harm or abuse. They may be entitled to help or support to help prevent or alleviate the risk of harm or impact of abuse. A vulnerable adult is someone who is:*
     - *Aged 18 or over*
     - *Receiving or in need of care, e.g. help with washing or dressing*
     - *Unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.*

3. The Chief Nurse and the Divisional General Manager for Children's & Women's Division represent the Trust on the Oxfordshire Children Safeguarding Board (OSCB).

   The Chief Nurse represents the Trust on the Oxfordshire Adults' Safeguarding Board (OSAB).

4. The safeguarding training figures are reported against all eligible multidisciplinary staff for training:

Safeguarding Adults	81.8%
Safeguarding Children Level 1	85.2%
Safeguarding Children Level 2	82.2%
Safeguarding Children Level 3	80.2%

   The improved safeguarding training uptake this Q1 and Q2 of this financial year reflects guidance changes and learning from cases using a blended learning approach.

   The Trust has a target of 90% training on induction. Attendance at induction was 92% in Q1 & 94% Q2.

5. **Safeguarding Children**

   Safeguarding children's activity mainly involves assessment and consultation around children's care provision by families.

   5.1 As of 30 June 2014 there were 492 children with child protection plans in Oxfordshire. All have active alerts on their hospital electronic records indicating the need for staff to share information about attendances and health related issues.

5.2   Between April and June 2014 there were 202 referrals to the children's social care team based within the Trust. This resulted in follow up for 42 children or unborn babies requiring follow up of a strategy meeting, protection plans or care orders.

5.3   The safeguarding children team have been actively involved in six serious case reviews commissioned by Oxfordshire Safeguarding Childrens Board. Two have been finalised this year, two are awaiting final review prior to publishing and two are currently on-going. There is expected to be national interest in some of the overview report findings.

5.4   A Safeguarding Children's Strategy Group meets on a quarterly basis to review and discuss actions and activities related to safeguarding children.

6   **Safeguarding Adults** There are three distinct elements of internal safeguarding adults' activity in the Trust.

- Safeguarding concerns about vulnerable people raised by Trust staff
- Requests for information about vulnerable people
- Safeguarding alerts made about OUH services

6.1   There have been 41 safeguarding alerts made about OUH care by external agencies. The most common reasons for safeguarding alerts relates to poor and uncoordinated discharge, communication, handover and medication.

6.2   The safeguarding adults' team have been actively involved in one serious case review commissioned by Oxfordshire Safeguarding Adults Board. This has not yet been published.

6.3   A Safeguarding Adults Steering Group meets on a quarterly basis to review and discuss actions and activities related to safeguarding adults.

6.4   The Trust has made 50 DOLS applications between 01 June 2013 and 31 May 2014 40 have been authorised, with 10 declined. The Supreme Court's judgement in relation to DOLS in March 2014 has led to an increase in DOLS applications.

7.   The Oxfordshire Multiagency Safeguarding Hub (MASH) has been developed by a multiagency partnership, led by Thames Valley Police. A MASH is a co-located multi-agency team enabling the sharing of information so that risks to adults and children can be identified at an early stage that aims to identify risks to children and vulnerable adults, at the earliest possible stage. It is located at Cowley Police Station in Oxford. The MASH has been implemented using a phased approach. It commenced, for children, on 23 September 2014 across Oxford City and on 27 October 2014 across Oxfordshire. The adults MASH will be implemented in early January 2015.

8.   **Recommendation**

The Trust Board is asked to note and approve the content of the report.

The Oxford University Hospitals Safeguarding Report to the Trust Board

1. **Purpose**

   1.1 This paper presents the Trust's safeguarding report from 01 June 2013 to 31 May 2014. The report is presented as a single paper with a separate safeguarding children and adults section.

2. **Background**

   2.1. The Chief Nurse is executive lead responsible for both safeguarding children and adults.

   2.2. The Chief Nurse and the Divisional General Manager for Children's & Women's Division represents the Trust on the Oxfordshire Children Safeguarding Board (OSCB).

   2.3. The Chief Nurse represents the Trust on the Oxfordshire Adults' Safeguarding Board (OSAB). This is delegated to the Safeguarding Adults and Patient Services Manager.

   2.4. 'Working together to safeguard children' (2013) sets out the requirement for Boards to produce an annual report with an analysis of the effectiveness of local safeguarding arrangements.

3. **Safeguarding Children**

   3.1. **Overview:** The guidance seeks to emphasise that effective safeguarding systems are those where:

   - the **child's needs are paramount**, and the needs and wishes of each child, should be put first, so that every child receives the support they need before a problem escalates

   - **all professionals who come into contact with children and families are alert to their needs** and any risks of harm that individual abusers, or potential abusers, may pose to children

   - **all professionals share appropriate information in a timely way** and can discuss any concerns about an individual child with colleagues and local authority children's social care

   - **high quality professionals are able to use their expert judgement** to put the child's needs at the heart of the safeguarding system so that the right solution can be found for each individual child

   - **all professionals contribute to whatever actions are needed to safeguard and promote a child's welfare** and engage in regularly reviewing the outcomes for the child against specific plans and outcomes

   - **Local areas innovate** and changes are informed by evidence and examination of the data

   3.2. Effective safeguarding arrangements in every local area should be underpinned by two key principles as stated in the Children Act 1989, 2004:

- **safeguarding is everyone's responsibility**: for services to be effective, each professional and organisation should play their full part; and

- **A child-centred approach**: for services to be effective they should be based on a clear understanding of the needs and views of children

3.3.   The Safeguarding Children Strategy Group have reviewed their terms of reference to reflect the proposed changes to the governance process for the Trust. This will result in a joint Safeguarding Children and Adult Committee that has representation from all divisions across the Trust. The strategy group is chaired by the Divisional General Manager for Children's and Women's Services and meets bi-monthly to review and discuss actions and activities related to safeguarding children. The Clinical Governance Committee receives quality reports related to safeguarding children.

3.4.   The Safeguarding Children's team is hosted within the Children's and Women's Division. Following additional funds being made available by Oxfordshire Clinical Commissioning Group the safeguarding team have expanded to consist of a full time Lead Nurse; a Named Nurse, a Named Midwife, a Named Professional for the Horton General Hospital, Named Doctors with dedicated PA's within their job plans for safeguarding children responsibilities and an administrator for the team. Figure 1 below presents the safeguarding children structure within the Trust.
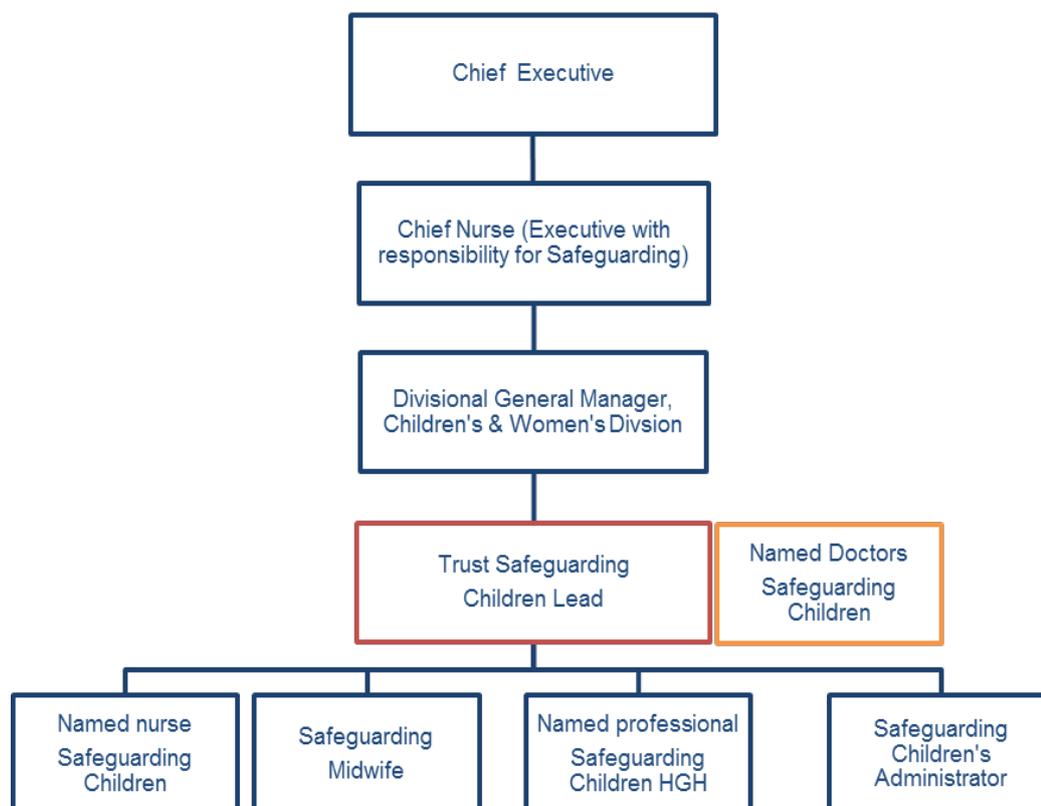

Figure 1: The Trust's safeguarding children structure.

3.5.   Professional support is available for staff on all sites from the safeguarding team. The Horton has a nominated safeguarding professional and the Nuffield Orthopaedic and Horton hospital sites have specific, nurse, therapist and doctors' function within their existing roles. These key professionals provide a

link to facilitate site based meetings that enable staff to address local issues. Link professionals are supported by the safeguarding children team.

This year there has been a large increase in activity levels compared to the same period last year. Table 1 below presents the interagency activity in Oxfordshire within the previous 18 months.	01 April 2013 – 31 March 2014	April - Aug 2014
Referrals	5905	2330
single assessments[1]	1195	1367
Section 47	1582	551
ICPC	604	261
People coming onto a plan	579	225
People coming off a plan	503	277
People becoming looked after	298	128

Table 1: The interagency safeguarding children activity in Oxfordshire within the previous 18 months

3.6. The Ofsted inspection of services for children in need of help and protection, children looked after and care leavers and review of the effectiveness of the local safeguarding children board reported the overall judgement is good. The local authority leads effective services that meet the requirements for good. It is Ofsted's expectation that, as a minimum, all children and young people receive good help, care and protection. The OUH participated in the inspection process alongside other agencies to review cases to evidence partnership working. The inspectors deemed that partnership agencies were working well together.

4. **The Trust's Internal Activity:**

4.1. Within maternity services a Health and Social Score is used to identify Vulnerable Families and safeguard the needs of the unborn child and it is now established practice in Midwifery care.

4.2. Information is held on women who are identified as vulnerable and have a score of 3 or 4 on the health and social assessment score (H&S).

	H&S 3&4	Teenage Pregnancy	Safeguarding	Mental health	Domestic Abuse	Substance Misuse
2012-13	243	68	61	69	41	22
	4.86% (of all pregnancies)	27%	25%	28%	16-8%	9%
2013-14	806	187	109	339	107	64
	9.7% of births	23.2%	13.5%	42%	13.3%	7.9%

Table 2: Information held on women identified as vulnerable and with a score of 3 or 4 on the health and social assessment scores (H&S.

[1] Single assessments started on October 28th 2013.

4.3. Table 2 above identifies the numbers of level 3, (low obstetric /high public health risk) and level 4 (high obstetric/high public health risk) that include risks associated with mental health, domestic abuse, substance abuse and teenage pregnancy compared with OUH services. There has been a significant increase in mothers presenting with mental health difficulties.

5. **Female genital mutilation (FGM)**

5.1. The strategy aims to address FGM in Oxfordshire. Screening tool pathways and procedures for suspected FGM have been developed and will be available on the OSCB procedures website.

5.2. A multiagency operational group for FGM health leads is chaired by a Consultant Obstetrician and Specialist in Maternal & Foetal Medicine. A strategy group for FGM is being developed by the Thames Valley Police and children's social care. This group also includes public health midwives from the Trust.

5.3. All cases of women known to have undergone FGM who have daughters are discussed at a monthly multi-agency case review meeting on a no names basis Cases where risk of FGM to a child is perceived to be significant, have a formal referral to .

5.4. A business case to expand FGM clinic provision and services has been developed. Working partnerships with other relevant clinical areas have been developed to establish leads for FGM in those areas.

5.5. National policy, guidance and an audit tool have been developed nationally and this will be reflected into the Trusts FGM strategy.

6. **Safeguarding Children's Training.**

6.1. Training remains a key area of safeguarding team activity. The revised safeguarding children training reflect guidance changes and learning from cases using a blended learning approach. The Trust is required to report on safeguarding achieved on induction with a 90% target required by the Wessex CCG.

6.2. Tables 3, 4 and 5 below outline the compliance for each division at the end of Q1. The Trust total compliance with safeguarding children training is lower than the compliance within clinical divisions . due to the proportionally lower compliance by staff holding a Trust honorary contracts and staff who have not been allocated to a named department on the electronic staff record. Plans are in place to move this group of staff into clinical divisions to enable accurate analysis of training.

Division	% Compliance	Number of staff trained	Staff needing training
C and W	92.4%	159	13
CSS	93.7%	790	53
MRC	88%	381	52
NOTSS	92.2%	401	34
S and O	89.1%	350	43
Trust Total	**85.2%**		

Table 3 Safeguarding Children Level 1

Division	% compliance	Number of staff trained	Staff needing training
C and W	92.4%	242	19
CSS	94.1%	911	57
MRC	88.7%	1293	165
NOTSS	91.2%	1111	107
S and O	87.3%	1084	158
Trust Total	**82.2%**		

Table 4 Safeguarding Children Level 2

Division	% compliance	Number of staff trained	Staff needing training
C and W	86.7%	961	147
CSS	100%	1	0
MRC	68.4%	143	66
NOTSS	85.7%	1	1
S and O	100%	0	0
Trust Total	**80.2%**		

Table 5 Safeguarding Children Level 3   (as at 30 June 2014)

6.3. A plan to achieve compliance of 90% is in place for quarter 3 & 4. This will be achieved by increasing the number of training sessions provided by the safeguarding children team and an external safeguarding company.

7. **Oxfordshire Safeguarding Children's Board (OSCB) Priorities**

7.1. The OUH is an active member of the Oxfordshire Safeguarding Children Board (OSCB) and attendance at board meetings in the past year has been 100%. The OSCB has reviewed inter-agency practices and policies have been reviewed to ensure they are compliant with the statutory responsibilities.

7.2. The Executive lead for Safeguarding Children within the Oxford University's Hospitals NHS Trust is the Chief Nurse. The Chief Nurse and/or Divisional General Manager for Children's and Women's Services represent the OUH at meetings of the OSCB.

7.3. The OSCB Business plan 2013-15 has four priorities which were set following the Board development day in June 2014. An additional priority was added following the independent review of the Board in September 2014, to ensure that all recommendations were completed. These are

7.4. To be assured that there is effective, co-ordinated safeguarding practice, provision and outcomes across the child's journey from universal, through early help, child protection and children in care provision.

7.5. To improve the quality assurance work and challenging role of the OSCB.

7.6. To improve how we capture the engagement of children and young people and frontline practitioners.

7.7. To maintain an interagency focus on higher risk groups in Oxfordshire which are:

- Troubled young people with a complex range of needs, e.g. self-harm unhealthy sexual relationships, lack of engagement at school
- Children at risk of sexual exploitation

- Children in care placed out of county
- Vulnerable learners

7.8. To improve the effectiveness of the OSCB.

8. **Monitoring and challenging agencies' self-assessment of safeguarding arrangements**

8.1. An important function of the OSCB is to evaluate and challenge what is done by Board partners individually to safeguard and promote the welfare of children, and advise them on ways to improve. This is done through the 'Section 11'[1] safeguarding audit'.

8.2. In 2013-14 the Trust reported compliance against all 8 standards and improvement on the previous year in which outstanding work was required in relation to ensuring staff were   and that workforce procedures included robust allegation management process, and rechecks on key staff groups.

8.3. A peer review event linked to the Section 11 assessment resulted in the Trust being asked to provide additional data and documentation. Following this review process, the Trust was commended on its assurance process and was used as an exemplar for other organisations.

9. **Serious Case Reviews**

9.1. A serious case review is required by government when a child or young person has been seriously harmed as a result of abuse, and a number of different organisations have been involved. The case must meet the criteria as set out in Working Together 2013.

9.2. The Trust is currently contributing to four serious case reviews for children, commissioned by Oxfordshire Safeguarding Children Board. There were three case reviews completed in the time period of this report. Two are awaiting the final overview reports that are due for publication in December and January. In all cases the terms of reference and time scales are determined by statutory guidance and Local Safeguarding Childrens Board.

9.3. Two serious case reviews were published in August and one in September. Some of the themes that come through in national SCRs, which the OSCB recognise include:

9.4. The importance of involving fathers and male partners in assessments and understanding family functioning.

- Recognising disguised compliance by parents
- Understanding the long-term impact of neglect on a child
- Understanding that domestic abuse is always a safeguarding issue
- Injuries and bruises to non-mobile babies must be treated as suspicious
- The importance of multi-agency Strategy Meetings. They are an essential part of keeping children safe not just a bureaucratic exercise
- The importance of historical information, i.e. reading old files
- Good quality, challenging supervision is essential

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[1] Section 11 is the Section of the children act that identifies the core standards required of all organisations to safeguarding children and young people against which the trust is monitored annually.

- Common themes arising from all reviews were noted:
  a. Failures in communication between agencies
  b. A lack of professional roles
  c. A lack of coordinated responses
  d. Poor quality assessments

10. The active case reviews are:

10.1. A review of six young females (Child A, B, C, D, E, F) from a larger cohort following sexual abuse incidents in Oxfordshire. The overview report expected to be published in January 2015.

10.2. A review of care provided to a thirteen year old girl who died by hanging. She was in the care of the local authority at an out of county therapeutic placement. The overview report is expected to be published December 2014.

10.3. A review of a toddler who was found dead in her home. The OUH Internal Management Report (IMR) was completed and signed off on 25 September 2013 and sent to Oxfordshire Safeguarding Childrens Board (OSCB).

10.4. A review of a 14 month old that was found in a bath having drowned. This child was on a child protection plan for neglect.

11. **Service and Practice Developments**:

11.1. Policies and procedures which have been developed during this year include:

- Assurance for the flagging system when at children at risk and with child protection plans within EPR

- A screening tool has been made available to staff if they have concern about possible child sexual exploitation and links made with the specialist referral team at Cowley Police station for key staff groups

12. **Partnership work:**

12.1. The Oxford University Hospitals NHS Trust in 2013-2014 had 100% attendance at the Oxfordshire Safeguarding Children Board and good representation within all sub-groups.

12.2. The Trust provided active contributions to the policies developed during the year, assisted in the multi-agency training programmes, developing resources and contributed safeguarding activity through the health advisory group, quality assurance group and executive committee.

12.3. Active partnership and care pathways are managed between acute and mental health support to children and young people with safeguarding needs. These have been enhanced with revised protocols during this year. A liaison paediatric psychiatrist has been employed to work with teams to improve mental health support and intervention. This provision is being expanded to offer specialist support to vulnerable children, children who self-harm, and those with complex mental health issues.

12.4. The joint working between emergency services, ambulance services, social care and the liaison health visitor service is supported and monitored quarterly with minutes learning and actions presented to the Safeguarding Strategy Group.

12.5. Information sharing protocols are now formally established between the Multi-Agency Public Protection Agency in Thames Valley and the OUH to enable proactive assessment to be undertaken to ensure the safety and security of individuals managed within MAPPA and all Trust patients, visitors and staff.

13. **Developments in Safeguarding Children for 2014/15**

13.1. The Trust will remain responsive and proactive in ensuring safeguarding remains a core Trust priority. The safeguarding team will support this by developing and reviewing practice across the trust. Specific areas of focus which will form the basis of work plans are outlined below:

13.2. Over the next year the safeguarding team will continue to monitor and improve on the quality of assessment, referral and planning for families and individual in need of support and protection.

13.3. Safeguarding training will continue to be a key focus to ensure that the organisation meets its mandatory responsibility to ensure all staff in the organisation has been trained, at the appropriate level, to contribute to safeguarding children. This will be developed and offered in a range of formats to ensure optimal opportunities for all staff groups.

13.4. Joint work with the MASH will remain a priority to promote partnership working and the sharing of key safeguarding resources.

13.5. Other specific areas of work will include: ensuring staff engagement with pregnant teenagers, early access to postnatal contraception, early intervention and identification of families in need. Other areas of work included identification of young carers, safeguarding resources and information for children and young people, increased awareness and intervention associated with parental risk factors including domestic abuse; and improved understanding of child sexual exploitation.

13.6. There will be a clear audit programme to monitor and review the effectiveness of policies and procedures focusing on the outcome of service involvements for children and families in our care.

14. **Safeguarding Adults**

14.1. **Overview**

14.2. Safeguarding adults at risk is a key component of Trust values and responsibilities to vulnerable groups.

14.3. The important reports from Sir Robert Francis, Professor Don Berwick and Sir Bruce Keogh, published during 2013, highlighted the importance of safe clinical practice and working with and listening to patients and carers. This particularly in relation to:

- Involving patients and their families in care planning
- Clinical teams working in partnership with patients and families
- Good nutrition and hydration
- Support for carers, information and advice
- Whistle blowing policy and practice
- Safe and well coordinated discharge
- Listening to patients and families concerns and resolving them quickly

- Responsive and humane complaints practice and learning from these issues to change practice
- Privacy, respect and dignity

14.4. The Trust is a partner agency of the Oxfordshire Safeguarding Adults Board (OSAB). The aims of OSAB are to ensure that all incidents of suspected harm, abuse or neglect are reported and responded to proportionately to:

- Enable people to maintain the maximum possible level of independence, choice and control
- Promote the wellbeing, security and safety of vulnerable people consistent with his or her rights, capacity and personal responsibility and to prevent abuse occurring wherever possible
- Ensure that people feel able to complain without fear of retribution.
- Ensure that all professionals who have responsibilities relating to safeguarding adults have the skills and knowledge to carry out this function
- Ensure that safeguarding adults is integral to the development and delivery of services in Oxfordshire

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Oxfordshire Safeguarding Adults Board
Safe from Harm Website

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14.5. These aims are underpinned by the following key principles:

- **Empowerment**: Providing people with support, assistance and information, and enabling them to make choices and give informed consent
- **Protection:** Support and representation for those in greatest need
- **Prevention:** It is better to take action before harm occurs
- **Proportionality:** Proportionate and least intrusive response appropriate to the risk presented
- **Accountability: Partnership:** Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
- **Accountability and transparency** in delivering safeguarding

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Department of Health 2011

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14.6. The following lists the main forms of adult abuse. These types of abuse may be as the result of deliberate intent, negligence or ignorance:

- Physical abuse
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Neglect and acts of omission
- Discriminatory abuse
- Institutional abuse

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Oxfordshire Safeguarding Adults Board
Safe from Harm Website

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15. **National guidance and regulation**

15.1. The Care Act received Royal Assent on the 14th May 2014. Most of the Act will be implemented from April 2015. The act formed part of the Government's response to the enquiry into the Mid Staffordshire Hospitals NHS foundation Trust. The act sets out some key responsibilities of Local Authorities and notably clarifies the arrangements for safeguarding adults;

- Promoting individual well being
- Preventing people's care and support needs from becoming more serious
- Promoting integration of care and support with health services etc.
- Providing information and advice
- Promoting diversity and quality in provision of services
- Co-operating generally with its relevant partners, such as other local councils, the NHS and Police
- Co-operating in specific cases with other Local Authorities and their relevant partners
- Local Authorities' responsibility for adult safeguarding
- Stronger regulatory powers to hold care and support providers to account for poor care

15.2. The Care Quality Commission's (CQC) main standard for quality and safety is Outcome 7: Safeguarding people who use services from abuse. This standard state:

'*People should be protected from abuse and staff should respect their human rights'.*

The CQC anticipate that the current essential standards will be replaced by the fundamental standards on 1 April 2015.

15.3. The Cheshire West Supreme Court judgement was passed in March 2014. It simplified the legal definition of 'deprivation of liberty'. The Supreme Court has ruled that if a patient, without capacity, is being deprived of their liberty an 'acid test' should be applied. This provides a test to identify anyone considered to be deprived of their liberty and subject to a 'protective care' regime. The elements of the acid test are presented in Table 1, below;

The 'Acid Test'	Explanation
Is the patient subject to continuous supervision?	A significant degree of supervision or monitoring is required
Is the patient subject to continuous control?	There must be a clear element of control over what the patient is doing, as opposed to helping or encouraging a patient to do something
Is the patient free to leave?	The patient must not be free to go anywhere without permission and close supervision

Table 6 Source www.supremecourt.co.uk

15.4. The Oxfordshire DOLS Supervisory Office has reported a significant increase in DOLS applications from care homes and inpatient healthcare. This has greatly impacted on the efficiency and timeliness of the independent

assessment by the Best interest Assessors and Medical Assessors. In these situations an extension to the urgent DOLS authorisation has to be granted.

16. **The OUH safeguarding adults at risk structure**

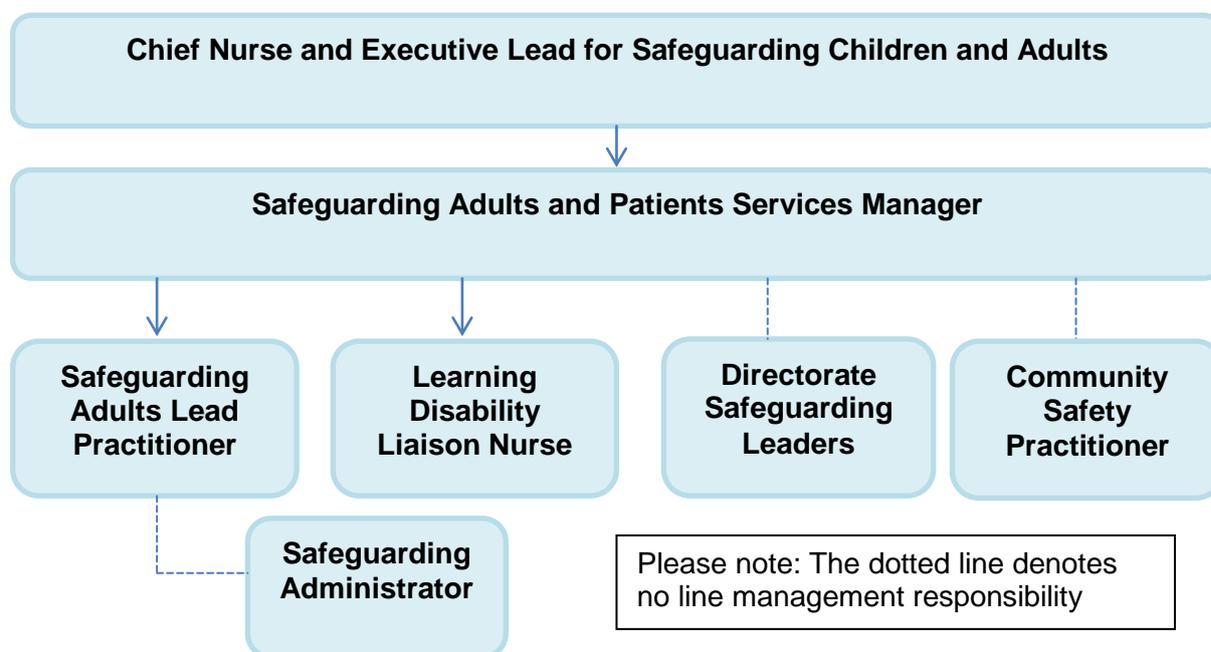16.1. Figure 2 presents the safeguarding adults structure within the Trust.

Figure 2 presents the safeguarding adults structure

16.2. The Chief Nurse is responsible for Safeguarding Adults practice within the Trust.

16.3. The Trust has recruited a specialist Safeguarding Adults Lead Practitioner and an administrator to the team. This has enabled the team to train more staff in the importance of safeguarding adults at risk and also to train safeguarding leads within the clinical directorates.

16.4. The Community Safety Practitioner, based within the Trust's Emergency Departments, has added considerable knowledge, skills and capacity to safeguarding both children and adults. The role provides an important bridge between mental health services and the Trust.

16.5. The Trust trained seven Safeguarding Leaders between March and May 2014. This proved the need for a Trust based programme to improve the leadership knowledge and capacity to advise frontline clinicians in relation to safeguarding adults. The second programme delivered between July and September 2014 trained a further 28 senior clinicians. This programme is currently being evaluated to further refine the programme and clarify the role of the directorate safeguarding leaders.

17. **Safeguarding Adults activity**

17.1. There are three distinct elements of internal safeguarding adults' activity in the Trust:

- Safeguarding concerns about vulnerable people raised by OUH staff
- Requests for information about vulnerable people

- Safeguarding alerts made about OUH services

17.2. Safeguarding concerns raised by OUH staff: This includes alerts raised about older people in care, people with a learning disability, people with mental health problems and domestic abuse. The reporting of these alerts has increased during the previous 12 months due to improved training and awareness.

17.3. The majority of safeguarding adults' activity and referrals is within Medicine Rehabilitation and Cardiology (MRC), and Neurosciences, Trauma and Specialist Surgery (NOTSS). This reflects the vulnerability of older patients, patients with cognitive impairment and patients with a learning disability.

17.4. Requests for information about vulnerable people: This includes information about an adult at risk when there may be safeguarding concerns externally. This information is shared using the Six Caldicott Principles.

17.5. Safeguarding alerts made about OUH services: In the previous 12 months there have been 41 safeguarding alerts made about the Trust's care by external agencies. This reflects the upward national and local trend.

17.6. The most common reasons for safeguarding alerts are:

- Poor and unco-ordinated discharge, communication and handover between agencies
- The lack of understanding of the health and social care needs of adults at risk particularly older patients when they are discharged
- The lack of clear and robust detailed handover documentation about patients' treatment and healthcare in patients' healthcare records
- Insufficient handover information about patients pressure ulcer care
- Medication errors, information about medication or a patient being discharged without medication
- Allegations of assault and inappropriate behaviour by members of staff
- Unexplained bruising

17.7. The learning from the safeguarding alerts is as follows:

- The accurate documentation of assessments, health care and support is essential
- Good knowledge and compassionate patient centred support particularly in relation to intimate care. This is of paramount importance when a patient has dementia, acute delirium or who lacks capacity. These patients are especially vulnerable
- Interagency partnership and coordination is of critical importance. Especially with families, care agencies and other healthcare organisations
- Expert knowledge of the compounding effect of mental and physical health needs on a person's quality of life and resilience
- The impact of inefficient organisational systems on a vulnerable patient's ability to cope at home independently

18. **Deprivation of Liberty Safeguards (DOLS) and the Mental Capacity Act 2005**

18.1. The Mental Capacity Act (2005) provides a statutory framework for acting and making decisions on behalf of individuals who lack mental capacity. The Independent Mental Capacity Act Service (IMCA) provides an independent

advocate for people who are not able to make certain important decisions and who, at the time decisions need to be made, have no-one to support them.

18.2. Under the Mental Capacity Act, it is lawful to restrict the liberty of people who lack capacity, provided that the restrictions are proportionate to the risk of harm to that person, and the seriousness of this harm. This must not however amount to a deprivation of the person's liberty.

18.3. To safeguard individuals who lack mental capacity, it can become necessary to restrict their liberty. Deprivation of Liberty Safeguards (DOLS) protect the human rights of people who: are 18 or over; and are in a registered care home or a hospital; and lack capacity to consent to arrangements proposed for their care and/or treatment; and for whom such arrangements amount to deprivation of liberty; and are not detained (or liable to be detained) under the Mental Health Act 1983.

18.4. A patient must have been assessed as to whether they have specific mental capacity before Trust staff can proceed with a DOLS application.

18.5. There are two stages to the DOLS application process. These are urgent and standard applications. This process is managed by a DOLS supervisory office, hosted by local authorities. Each local authority has a DOLS supervisory office, as applications are made to the person's local authority where they reside. The Trust has a list of supervisory offices on the intranet site.

18.6. The Trust has managing authority to authorise urgent DOLS applications. These are valid for 7 days. The patient is then assessed by a Best Interest Assessor and a Medical Assessor as part of the standard DOLS application process.

18.7. The Trust made 50 DOLS applications, between June 2013 and June 2014, 40 of which have been authorised and 10 were declined. This is compared to seven authorised and seven declined in the same period for 2012/13. The Trust's implementation of DOLS continues to improve, however the Trust still needs to improve practice in the following areas;

- Comprehensive documentation of a mental capacity act assessment prior to a DOLS application,
- When an authorised DOLS is due to expire,
- Develop more robust practice for reviewing individual DOLS authorisations against the patient's need for continuation,
- Understanding the practical implications of the Cheshire West Supreme Court judgement.

18.8. The Safeguarding Adults Team will be undertaking 4 audits over the forthcoming 12 months to establish the documented evidence of a mental capacity assessment prior to a DOLS application and the presence of the DOLS application forms within a patient's healthcare records. This will enable the team to target training more effectively.

19. **Serious Case Reviews**

19.1. There has been one adult serious case review (SCR) during 2013/14.

19.2. This relates to a patient who was supported by Oxford Health, the Trust, Oxfordshire MIND and the Richmond Fellowship.

19.3. There was considerable learning from this SCR; however the report and recommendations have not yet been reported to the OSAB. The outcomes of the SCR will be reported in the Quarter 4 Safeguarding Adults report and in the 2014/15 Safeguarding Adults Annual Report.

20. **Training June 2013 – June 2014**

20.1. The overall safeguarding adult training figures for the Trust are 81.8%. This is below the Key Performance Indicator (KPI) of 90%. These figures are presented in Table 7 below. A plan to achieve compliance of 90% is in place for quarter 3 & 4 by increasing the training sessions provided by the safeguarding adults' team.

20.2. Please note the Trust's total compliance with safeguarding adults training is lower than the compliance within clinical divisions would suggest. This is because of the proportionally lower compliance with the Trust's honorary contracts and staff who have not been allocated to a named department on the electronic staff record.

Division	% compliance	Number of staff trained	Number of staff who need to attend training
MRC	86.40%	1532	241
C and W	85.40%	1121	192
NOTSS	90.70%	1170	120
S and O	87.00%	1132	169
CSS	93.70%	968	65
Trust Total	**81.8%**		

Table 7 Safeguarding Adults Training figures

20.3. The team undertake classroom training sessions for Care Support Workers (CSW) as part of the CSW Academy programme and the Level 1 and 2 Safeguarding Children and Adult sessions for those who prefer face-to-face learning opportunities. The presentations for both of these sessions have been updated to incorporate recent national and local developments and Trust wide learning from safeguarding adult's investigations.

20.4. The team delivered the pilot Safeguarding Leaders training between March and May 2014. The training content included:

- Domestic Abuse
- Working with the Police
- Pressure Ulcers and the relationship with Safeguarding Adults
- Multi agency safeguarding procedures
- Mental Capacity Act and DOLS
- Safe restraint practice

20.5. The Safeguarding Leaders pilot programme was further refined, following the evaluation by delegates. The content was expanded to include:

- Female Genital Mutilation (FGM)
- Drug abuse and particularly legal highs
- The role of the Protecting Vulnerable People Team, Thames Valley Police
- Prevent training
- 'Think Family' approach to safeguarding
- The Cheshire West judgement and the implications for DOLS

21. **Safeguarding Adults Developments in 2014/15**

21.1. The Safeguarding Adults at Risk Policy will be amended during 2014 to reflect the considerable learning from safeguarding investigations during 2013/14.This will include the following additional sections:

- Domestic Abuse

- Clarification of 'Prevent' and how to raise a concern if a patient is at risk of being radicalised
- Clarification of reporting patients' category 3 and 4 pressure ulcers as safeguarding alerts
- Explanation of FGM
- Clarification of the safeguarding adult investigation process
- Explanation of the Cheshire West Supreme Court judgement for DOLS
- Explanation of the relationship between chaperoning, intimate care and safeguarding vulnerable adults
- Sharing of learning following investigations

21.2. The team will compile a quarterly safeguarding adults report. This will be presented at the Safeguarding Adults Steering Group and the Patient Safety and Clinical Risk Management Committee.

21.3. The Safeguarding Children's and Adults Teams will collaborate to coordinate staff training and the implementation of a Think Family' approach to safeguarding and domestic abuse.

21.4. The Trust will deliver training for senior clinical staff to lead cascade training for 'Clinical Holding'. This is an approved technique that enables staff to position a patient so that a medical procedure can be carried out in a controlled manner, and wherever possible with the patient's consent. This is particularly important for patients with dementia, acute delirium and a learning disability. This training will be delivered by a British Institute of Learning Disability (BILD) accredited trainer to six senior clinicians; and this will qualify them to train clinical teams in the techniques.

21.5. The MASH will be implemented during January 2015. The Safeguarding Adults and Patients Services Manager, Safeguarding Adults Lead Practitioner and Learning Disability Liaison Nurse will provide clinical expertise alongside Oxford Health safeguarding adults colleagues.

21.6. The Trust's governance of Safeguarding children and adults will be reviewed to reflect the increasing focus on safeguarding families and complex issues such as sexual exploitation, DOLS and the Mental Capacity Act. There will be one overarching Trust Children and Adults safeguarding Committee. The sub committees will include the existing Safeguarding Children and Safeguarding Adults group and a Domestic Abuse group. The Committee will report directly to the Trust's Clinical Governance Committee.

21.7. The Team will document the safeguarding advice given by the Safeguarding Adults Team. This will enable the Trust to have a clearer picture of the total safeguarding adult's activity.

22. **Multi-Agency Safeguarding Hub (MASH) for safeguarding children and adults**

22.1. Serious case reviews and the reviews undertaken by Lord Laming and Professor Eileen Munro, in response to Baby P and Victoria Climbié, have concluded the following as key contributing factors to tragic outcomes:

- Poor interagency communication
- Failed handover arrangements
- Tardiness of actions

22.2. Multi-Agency Safeguarding Hubs (MASH) are designed to overcome these factors. A MASH is a co-located multi-agency team enabling the sharing of information so that risks to adults and children can be identified at an early stage. As such, it is a link between universal services such as schools, General Practitioners (GPs), and statutory services such as police, health and social care.

22.3. The first MASH scheme started in Devon in 2010. It has now been repeated in Haringey, Hackney, Harrow, Norfolk, Birmingham, Nottinghamshire, Staffordshire and Stoke City, Hull, York, Milton Keynes and Northamptonshire. It is planned to establish a MASH in every London Borough. In 2013 the Home Office encouraged local authorities to develop a MASH.

22.4. The Oxfordshire project started in early 2013. The work has been led by a multi-agency steering group which is chaired by the Assistant Chief Constable of Thames Valley Police. It also includes representatives from:

- Adult and Children's Social Care
- Oxford Health NHS Foundation Trust (OH)
- Oxford University Hospitals NHS Trust
- Oxfordshire Clinical Commissioning Group (OCCG)
- Trading Standards
- The Oxfordshire Fire and Rescue Service
- The Oxfordshire Probation Service

22.5. It is envisaged that the Oxfordshire MASH will:

- Reduce duplication of processes across agencies with an increase in the uptake of early help assessments
- Reduce repeat referrals and cases requiring no further action
- Forge closer partnership working and better information sharing between agencies
- Reduce the risk of borderline cases slipping through the net
- Improve better outcomes for vulnerable children and adults to reduce the number of serious case reviews

22.6. The MASH will be the first point of contact for all new child or adult safeguarding concerns in Oxfordshire; which meet current thresholds. Once a concern is reported, the MASH team will assess whether or not it meets the threshold for adult or children's social care involvement.

22.7. The children's MASH has been implemented using a phased approach. It commenced on 23 September 2014 for Oxford City and 27 October 2014 for Oxfordshire. It is located at Cowley Police Station, Oxford. All referrals for children in Oxfordshire will go through the customer call centre to decide if a MASH process is required. The John Radcliffe Hospital's (JR) children's social care team will remain to function in the current format, although the same MASH process will be undertaken by the team at the JR.

22.8. The Trust has collaborated with Oxford Health NHS Foundation Trust to provide 1 WTE Band 7 safeguarding children's lead to the MASH. This is delivered on a rota system. The Trust contributes two days a week and Oxford Health contributes three days a week to the rota.

22.9. The Adult MASH plans to commence in January 2015. The Safeguarding Adults leads from the OUH Trust, Oxford Health, Oxfordshire Clinical Commissioning Group and Oxfordshire County Council have recommended that the children's MASH health model of 1 WTE Band 7 post is also implemented for the Adult MASH. This will be delivered through a rota system which will include all the health agencies within the county.

22.10. The impact of this new multiagency work process upon the Trust's current safeguarding children and adults resources will be monitored and reviewed by the MASH operation group and escalated to the steering group and to the Trust.

23. Conclusion

23.1. The Trust's staff maintain their commitment to ensuring children, young people and vulnerable adults are safely and effectively cared for within OUH services. Significant safeguarding activity has been within all areas of the trust.

23.2. There has been an increase in clinical and administrative support to both safeguarding teams.

23.3. The Trusts' continued commitment to partnership shown by the high levels of active involvement in the OSCB, OSAB and with partnership developments.

23.4. The Trust has developed new and revised polices that support practitioners to effectively safeguard children, young people and adults whilst within our services.

23.5. The on-going awareness of staff responsibilities to safeguard children, young people and adults through compliance with training has led to earlier identification and support being provided to both individuals and families.

23.6. The number of DOLS applications and authorisations has significantly increased since March 2013. This indicates that staff has a much better understanding of the implications of the Mental Capacity Act and DOLS.

24. Recommendation

24.1. The Trust Board is asked to note and approve the contents of the report.

25. **References**

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25.4. No Secrets: guidance on protecting vulnerable adults in care: Department of Health: March 2000 https://www.gov.uk/government/publications/no-secrets-guidance-on-protecting-vulnerable-adults-in-care

25.5. Winterbourne View Hospital: Department of Health review and response. June 2013. https://www.gov.uk/government/publications/winterbourne-view-hospital-department-of-health-review-and-response

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