

**Trust Board Meeting in Public: Wednesday 9 March 2016**  
**TB2016.34**

<b>Title</b>	<b>Oxford University Foundation Trust (OUHFT) Safeguarding (Children and Adults) Report 2014-2015</b>
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<b>Status</b>	For information
<b>History</b>	The previous Safeguarding Children and Adults Annual Report was presented at the OUH Trust Board on 12 November 2014

<b>Board Lead(s)</b>	Ms Catherine Stoddart, Chief Nurse			
<b>Key purpose</b>	Strategy	<b>Assurance</b>	Policy	Performance

## Executive Summary

<p>1. This report is comprised of two sections which provide a summary of the key issues and activity in relation to Safeguarding of Children and Adults during 2014/15. This is an annual report.</p>								
<p>2. The safeguarding definitions are as follows:</p> <p>Safeguarding children</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul> <p>Safeguarding adults</p> <ul style="list-style-type: none"> <li>• Aged 18 or over.</li> <li>• 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:</li> <li>• Receiving or in need of care, e.g. help with washing or dressing</li> <li>• Unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.</li> </ul> <p>Source: Oxfordshire Safeguarding Adults Board Website</p>								
<p>3. The Chief Nurse represents the OUH on the Oxfordshire Children Safeguarding Board (OSCB) as Deputy Chair.</p> <p>The Chief Nurse is represented on behalf of OUHT on the Oxfordshire Adults' Safeguarding Board (OSAB) by the Safeguarding Adults and Patient Services Manager.</p>								
<p>4. The safeguarding training figures are reported against all eligible multidisciplinary staff for training:</p> <table style="margin-left: 20px;"> <tr> <td>a. Safeguarding Adult</td> <td>= 85 %</td> </tr> <tr> <td>b. Safeguarding Children Level 1</td> <td>= 85.4%</td> </tr> <tr> <td>c. Safeguarding Children Level 2</td> <td>= 84.9%</td> </tr> <tr> <td>d. Safeguarding Children Level 3</td> <td>= 82.6%</td> </tr> </table> <p>The updated safeguarding training reflects guidance changes and learning from cases using a blended learning approach.</p> <p>The Trust is required to report compliance with Level 1 safeguarding children training and adult alerter training on induction with a 90% target set. The attendance was 95% at Trust induction training.</p>	a. Safeguarding Adult	= 85 %	b. Safeguarding Children Level 1	= 85.4%	c. Safeguarding Children Level 2	= 84.9%	d. Safeguarding Children Level 3	= 82.6%
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d. Safeguarding Children Level 3	= 82.6%							
<p><b>5. Safeguarding Children</b></p> <p>4.1 The safeguarding children's activity mainly involves assessment and consultation around children's care provision by families. There has been a focus on self-harm, sexual exploitation and female genital mutilation(FGM).</p> <p>4.2 At the end of June 2015 there were 647 children with child protection plans in Oxfordshire in comparison to 492 in 2014. All children on plans have an active alert on their hospital electronic records indicating that staff are required to share information about health care attendances and health related issues.</p>								

- 4.3 This year alerts have been added to 573 electronic records for children who are 'Looked After' by the local authority. This stemmed from the recommendations of two serious case reviews and enforces the imperative for staff to share information about attendances and health related issues.
- 4.4 In 2014/15 there were 1155 safeguarding children consultations averaging 96 per month. Neglect and Physical abuse have been the predominant categories presented.
- 4.5 The safeguarding children team have been actively involved in serious case reviews commissioned by Oxfordshire Safeguarding Children's Board. Three have been finalised this year and 2 are awaiting final review, prior to publishing, and 4 are currently on-going ( 3 in Oxfordshire and 1 in Swindon). There is expected to be national interest in some of the overview report findings.
- 4.6 The Safeguarding Children's Strategy Group meets bi-monthly to review and discuss actions and activities related to safeguarding children.
- 4.7 The Trust met all 8 of the OSCB Section 11 (Children Act 2004) standards and provided evidence in all areas to achieve the highest level of compliance for the 2014 audit.

## 6. Safeguarding Adults

- 5.1 The Safeguarding Adults team have collected the number of requests for advice between 1 October 2014 and 31 March 2015. This amounts to 55 requests for Quarter 3 and 42 for Quarter 4.
- 5.2 The team have been involved in 28 safeguarding alerts Quarter 3, and 21 safeguarding alerts in Quarter 4. Most of these were not specifically related to OUH care however one key issue identified was information surrounding patients' ongoing care on discharge.
- 5.3 The multiagency group coordinating the implementation of the Adult Multiagency Safeguarding Hub (MASH) previously anticipated the MASH to commence in March 2016. The Adult MASH will no longer be implemented due to financial pressures across the Health and Social Care system.
- 5.4 The Safeguarding Team continue to be closely involved with all issues relating to Domestic Abuse. This includes strengthened attendance at the Multi agency Risk Assessment committee (MARAC) and Multi Agency Public Protection (MAPPA) meetings, where collaborative work is undertaken to reduce risks to individuals.
- 5.5 The Safeguarding team are members of the Oxford City missing vulnerable adults' panel. This panel reviews vulnerable people across Oxford City who are at risk of becoming a missing person to establish further support needed.
- 5.6 The Safeguarding Adults Team, Discharge Liaison Nurse and the Community Safety Practitioner have worked closely with Social Services and GPs at Luther Street Practice to give greater support to homeless people on discharge from the Trust.
- 5.7 The Safeguarding Team is cascading WRAP3 training to "at risk areas" of individuals being radicalised. The team are now working with the Learning and Development department to ensure that this is mandatory training for all Matrons and Clinical leads throughout the trust.
- 5.8 Sessions to publicise and highlight the issues pertaining to 'Modern Day Slavery' and the trusts responsibility have been delivered during the year by Thames Valley Police.

## 7. Recommendation

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

## Safeguarding Children

### 1. Purpose

1.1. This paper presents the annual report for safeguarding children for April 2014 to March 2015 in line with 'Working together to safeguard children' (2013). This sets out the requirement for Boards to produce an annual report with an analysis of the effectiveness of local safeguarding arrangements. The last annual safeguarding report was received in October 2014.

### 2. Overview

2.1. 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.

2.2. 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.

2.3. The governance process for the Trust Safeguarding Children Strategy Group is included in the terms of reference. It was agreed, because of the large and diverse agenda that an overarching committee would not be mutually beneficial. The Safeguarding Children and Adult committee will be chaired by the Chief Nurse with Executive Director responsibility for safeguarding.

Meetings are bi-monthly and are used to review and discuss actions and activities related to safeguarding children. The Trust Clinical Governance Committee receives quality reports related to safeguarding children.

- 2.4. The Safeguarding Children's team is within the Children's and Women's Division. This year there was a review of the team structure to incorporate the liaison service and the named professional function was expanded. The liaison service will continue to share information of children attending the Trust with primary care according to a set criteria to safeguard children and children of parents
- 2.5. Additional support from MRC Division has enabled increased safeguarding provision into the Oxford Sexual Health Service (OSHS).
- 2.6. Professional support from the safeguarding team is available for staff on all sites. The Horton has a nominated safeguarding children named professional and doctor who is based on site.
- 2.7. Between March 2011 and March 2014 the number of children subject to child protection plans (CPP) increased by 50% compared to 21% for statistical neighbours and 9% nationally. In 2014/15 in Oxfordshire there was a further rise of 13%. At the end of March 2015, 56% of children were on a plan for neglect. This compares with 47% for statistical neighbours and 43% nationally.

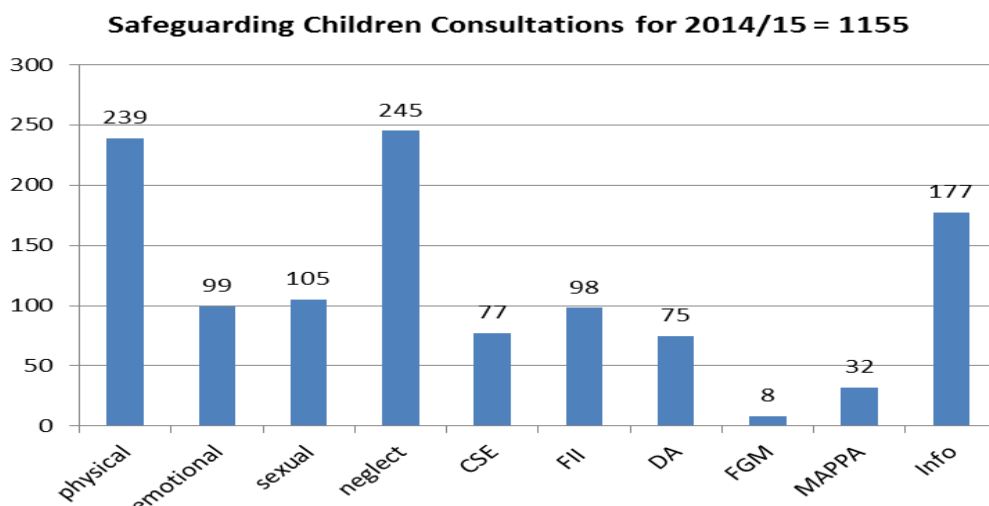
	13/14	14/15	% Change
Referrals	5905	5663	-4.10
Single assessments	1195	3767	215.23
Section 47	1582	1581	-0.06
ICPC	604	677	12.09
Children coming onto a plan	579	634	9.50
Children coming off a plan	503	569	13.12
Children becoming Looked After	298	287	-3.69

Table 1 activity over 2 years

- 2.8. The age category with the most significant increase was noted to be older girls. When compared to those in other areas that, have been through the high profile child sexual exploitation cases, a common trend was detected. Derby, Rochdale, Blackpool, Rotherham, Oldham, Torbay, Peterborough, and Manchester have all seen a steep rise in the number of children subject to a child protection plan. This is likely to be due to improvements in multi-agency working and the development of toolkits available to assist in identification of those at risk.

### 3. The OUH Trust's Safeguarding Children Activity

- 3.1. The safeguarding team have supported services to refer, challenge, escalate and then prepare several complex cases for court. As of April 2014 all consultations with the safeguarding children team are documented on a secure database in order to evidence the team activity.



- 3.2. In 2014/15 there were 1155 safeguarding children consultations (averaging 96 per month). Neglect and Physical abuse have been the predominant categories presented.
- 3.3. Additional categories have been added to include allegations, radicalisation, trafficking & slavery and honour base violence. This will reflect more accurately the nature of activity that the safeguarding children team are involved in.
- 3.4. Maternity services: Information is held within maternity services to identify vulnerable families and to safeguard the needs of the unborn child. This is now established practice in Midwifery care. A Health and Social Score (H&S) process is used to identify low obstetric /high public health risk. A score of 3 and level 4 is a high obstetric/high public health risk that includes risks associated with mental health, domestic abuse, substance abuse and teenage pregnancy. There has been an increase in births and subsequently an increase in vulnerability identified particularly with safeguarding a maternal mental health. There was a slight increase in teenage pregnancies.

	H&S 3&4	Teenage Pregnancy	Safeguarding	Mental health	Domestic Abuse	Substance Misuse
2013-14	806	187	109	339	107	64
Total Births 8290	9.7% (of all bookings)	23.2%	13.5%	42%	13.3%	7.9%
2014-15	925	194	241	478	172	82
Total Births 9275	10% (of all bookings)	21%	26%	51%	1.9 %	0.8%

- 3.5. Legal services have supported practitioners and the safeguarding team with complex cases and now act as source of support and advice for all requests

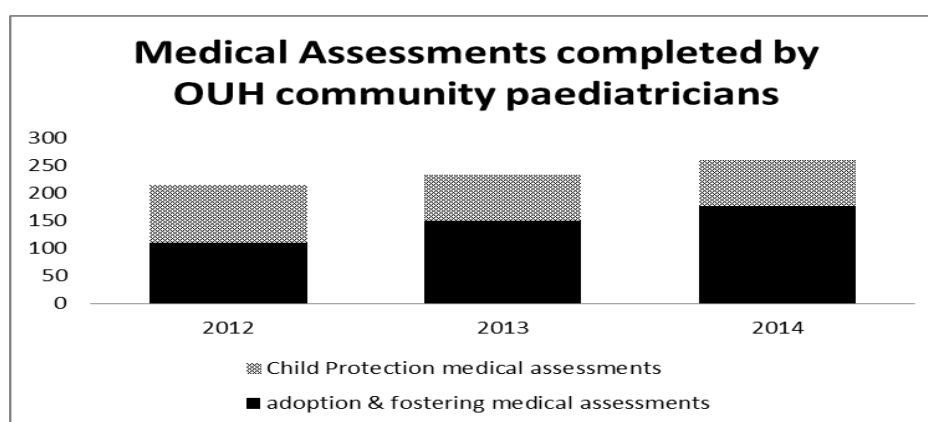
from the Local Authority, police for reports, and staff attending to give evidence at court.

### 3.6. Oxford Sexual Health Service

3.6.1. There has been an increase in the contribution from the safeguarding children to the Oxford Sexual Health Service (OSHS) in order to provide advice and support. The named nurse has attended the weekly safeguarding meetings and a programme is in place for supervision and case discussion, with a specific focus on under 16 year old young people who present to the service.

3.6.2. The majority 63% (210) of these were females aged 15 years old, 29% were age 14, and 7% were age 13. Each young person has the 'Spotting the Signs' of sexual exploitation (CSE). In assessment undertaken, 80% (210) were identified at risk and of those 14% (31) were found to be at risk of CSE.

3.7. Community Paediatrics - between 2012 and 2014 the number of medical assessments completed by community paediatricians grew by 21%. In 2014 there were 84 child protection assessments, by June 2015 there had already been 62.



### 3.8. Female genital mutilation (FGM)

3.8.1. Dr Clare Robertson (Consultant Community Paediatrician) & Dr Brenda Kelly (Obstetrician) are leading on FGM in the Children & Women's Division. The Chief Nurse chairs the Trust FGM Strategy Group. The purpose of the group is to ensure that there is specific focus on areas where women may present with health problems related to FGM. The group membership includes public health, obstetrics, safeguarding children, gynaecology, therapies and psychological medicine.

3.8.2. The DOH is developing, through the Health and Social Care Information Centre (HSCIC), information systems to better determine the prevalence of FGM in England and from 31 October 2015 mandatory reporting of detailed data is required.

- 3.8.3. The Multi-Agency Strategy Group continues to meet and is attended by agencies across Oxfordshire. The group develops expertise and further develops the screening tool kit and OSCB procedures<sup>1</sup>.
- 3.8.4. Oxfordshire co-hosted an FGM Conference on the 19<sup>th</sup> March 2015. Dr Brenda Kelly and Dr Clare Robertson undertook the local organisation and coordination and presented at the conference. It was attended by 200 people from a multi-agency background and received positive feedback. In addition, the Oxford FGM screening tool has been adapted by the National team as a National risk assessment tool<sup>2</sup>.
- 3.8.5. All Trust level 3 Safeguarding children training include the management of FGM in line with the Intercollegiate Guidance competencies<sup>3</sup>.

### 3.9. Self-Harm

- 3.9.1. An audit on teenagers who are admitted to hospital following overdose was presented to the Safeguarding Children Strategy Group and Grand Round. Overall the showed good practice. Areas where practice could be improved included clearer documentation on the use of social media; priority of admission to the adolescent unit or, if not possible, for staff with the skills to support the other wards, focus on MDT meetings and identification of school and year group, in order to identify trends. The current guidelines were amended to include these points. A clinical assessment 'proforma' was developed to facilitate appropriate history-taking.
- 3.9.2. The following graph shows the number of 12-17 year olds presented to the Trust for self-harm, drug, alcohol or overdose reasons. In the first 4 months of 2014 there was a 45% increase in attendance. This equated to 9 children per week attending A&E for these categories and 62% of attendances were girls, reflecting the pattern seen in other services.

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<sup>1</sup> OSCB FGM Procedures <http://www.oscb.org.uk/themes-tools/fgm/>

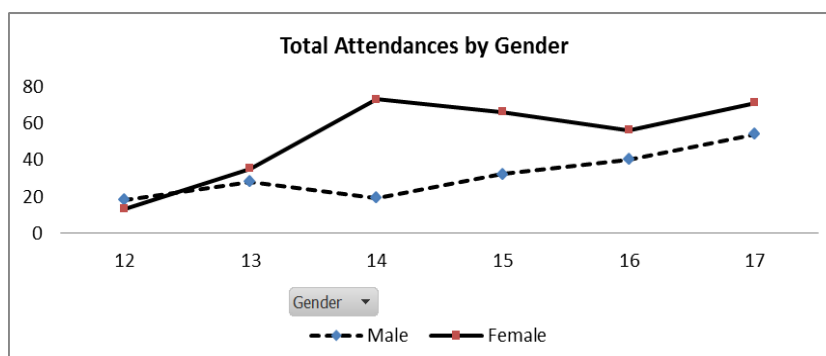
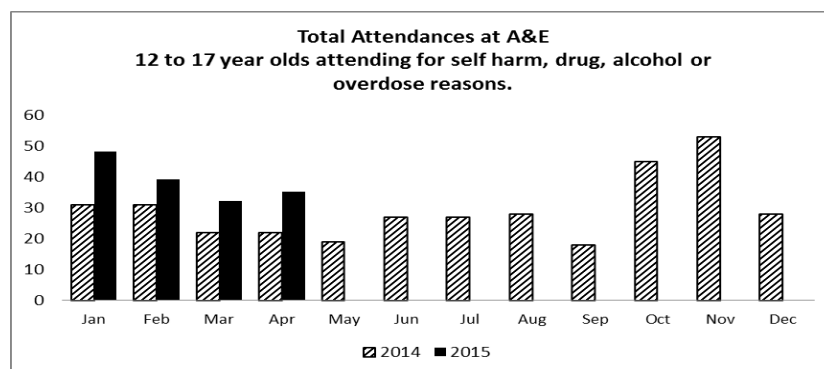
<sup>2</sup> DH FGM March 2015

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/418564/2903800\\_DH\\_FGM\\_Accessible\\_v0.1.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418564/2903800_DH_FGM_Accessible_v0.1.pdf)

<sup>3</sup> Intercollegiate Document 2014

[http://www.rcpch.ac.uk/sites/default/files/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%202002%20%20%20%20%20\(3\).pdf](http://www.rcpch.ac.uk/sites/default/files/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%202002%20%20%20%20%20(3).pdf)





3.9.3. A third of all attendances for this group related to self-harm with 28% for drug abuse, 27% for overdoses and 12% for alcohol abuse. There discussion in place to incorporate 'CAN' the drug and service for young people into the emergency departments to increase the direct support at the front door for these young people.

#### 4. The Multi-Agency Safeguarding Hub (MASH)

4.1. The MASH commenced in October 2014 and is a co-located multi-agency team across Oxfordshire for all safeguarding children referrals. The MASH enables the sharing of information in order to assess risks to adults and children at an early stage and to identify vulnerable children and adults. In this way the effective interventions can be directed to where they are most needed. As such it is an interface between universal services (such as education and primary care) and statutory services, e.g. police and social care.

4.2. The safeguarding children team provide a practitioner for 2 days a week on the health desk that is based at Cowley Road police station. This new strategy is monitored and reviewed by the MASH operation group and escalated to the steering group, as required, and to the Trust.

4.3. The children's social care team based at the John Radcliffe Hospital functions alongside the MASH process to safeguard children as inpatients and pre-birth assessment in maternity. There is not a hospital social care team on site at the Horton and so the MASH is the vehicle for referrals

4.4. The Oxfordshire MASH has improved partnership working and timeliness of access to information. There has also been reduced duplication for the safeguarding team in relation to information sharing. There are ongoing

discussions with the OCCG regarding funding for the health in relation to undertaking the GP interface into the MASH.

## 5. Safeguarding Children's Training

5.1. Training remains a key area of safeguarding children team activity.

5.2. Updated safeguarding children training reflects guidance changes and learning from cases using a blended learning approach. The Trust is required to report on safeguarding and a 90% compliance target is required by the CCG. For the past year safeguarding Level 1 has been included in induction of new staff.

5.3. There has been a cleansing of HR records to ensure that mapping to training levels is appropriate. Changes have been made honorary contract holders and accurate mapping to training levels.

### 5.4. Compliance for safeguarding training in each division

#### Safeguarding Children Level 1

Division	% Compliance	Number of staff trained
C and W	92.4%	159
CSS	93.6%	789
MRC	87.8%	380
NOTSS	92.2%	401
S and O	88.5%	348
Corporate	91.8%	712
<b>TOTAL</b>	<b>85.4%</b>	<b>2,789</b>

#### Safeguarding Children Level 2

Division	% compliance	Number of staff trained
C & W	92.3%	241
CSS	94.1%	911
MRC	88.6%	1290
NOTSS	91.2%	1111
S and O	87%	1081
Corporate	92.3%	73
<b>TOTAL</b>	<b>84.9%</b>	<b>4,707</b>

#### Safeguarding Children Level 3

Division	% compliance	Number of staff trained
C and W	86.6%	959
CSS	100%	4
MRC	68.4%	143
NOTSS	85.7%	7
S and O	100%	4
Corporate	66%	3
<b>TOTAL</b>	<b>82.6%</b>	<b>1,203</b>

*The CCG KPI compliance is set at 90% for all levels in the current year* (30<sup>th</sup> June 2015)

- 5.5. There is a plan in place to achieve compliance of 90%. The number of training sessions provided by the safeguarding children team has been increased and an over the last year external training was sourced. This is will no longer be required due to the expansion of the safeguarding team.

## 6. Oxfordshire Safeguarding Children's Board (OSCB)

- 6.1. The OUH is an active member of the Oxfordshire Safeguarding Children Board (OSCB) and there has been 90% attendance at board meetings in the past year. All inter-agency practices and policies have been reviewed in partnership with Oxfordshire County Council, Oxford Health Foundation Trust, commissioners and the OUH NHS Trust, to ensure they are compliant with the statutory responsibilities.
- 6.2. The Chief Nurse as Executive lead for Safeguarding Children within the Oxford University's Hospitals NHS Trust represents the Trust at the OSCB.
- 6.3. The OSCB Priorities include:
- 6.3.1. Practice improvement to safeguard adolescents and monitor effectiveness of training, improved partnership arrangements and community engagement to involve parents and carers.
- 6.3.2. There is effective, co-ordinated safeguarding practice, provision and outcomes across the child's journey from universal, through to early interventions, child protection and children in care provision.
- 6.3.3. Needs to improve the ways in which the children and young people and frontline practitioners are engaged in decisions.
- 6.3.4. To maintain an interagency focus on higher risk groups in Oxfordshire
- 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.
- 6.4. The themes that have come through are the need to improve the work to address issues of neglect domestic abuse.

## 7. Monitoring and challenging agencies' self-assessment of safeguarding arrangements

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. They also offer advice on ways to improve. This is achieved through the 'Section 11'<sup>4</sup> safeguarding audit'.

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<sup>4</sup> 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.

- 7.1. The OSCB Trust Section 11 audit self-assessment provided evidence that the Trust had met all the 8 standards. Seven standards were met in full with evidence in all areas and one standard was met with some evidenced provided. At the peer review the Trust was given blue<sup>5</sup> for all areas as the evidence provided met all 8 standards.
- 7.2. In 2014/15 the Trust reported full compliance against all 8 standards. This was an improvement on the previous year. The 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 achieved the highest level (blue grade) in each standard.

## 8. Serious Case Reviews

- 8.1. A serious case review (SCR) 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 OSCB commission reviews that meet the criteria as set out in Working Together 2013.
- 8.2. There were three SCR reviews published over 2014-15. The Trust had participated and there are currently six ongoing reviews in Oxfordshire, Northamptonshire and Wiltshire at the time of this report. One is considerably delayed due to a judicial process related to a teenage death in a children's home outside of Oxfordshire. The ongoing reviews due for completion include a joint SCR and domestic homicide review following the murder of a 17 year old, the death of a child on a child protection for neglect and the manslaughter of a baby.

### 8.3. Bullfinch SCR

- 8.3.1. The OSCB overview report was published<sup>6</sup> on the 3 March 2015. The Trust participated in the multi-agency parallel document which was published alongside the SCR to outline the considerable changes that have been implemented since the emergence and understanding of child sexual exploitation in Oxfordshire. The OUH action plan has been fully implemented following the names of children in the 'Looked After' system from the Local Authority being flagged on EPR. There has been international media interest in this review and the Trust communications team participated with the multiagency approach for media enquiries.
- 8.3.2. Following from this review the Parliamentary Under Secretary of State for Health asked for a review the of OSCB work into the impact of the multi-agency approach to tackling CSE in Oxfordshire. The report showed good progress has been made and this was reported back to

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<sup>5</sup>S 11 Blue rating = all points evidenced with examples of best practice to share with others (100% met).

<sup>6</sup> Bullfinch SCR Publications March 2015 accessed via <http://www.oscb.org.uk/case-reviews/>

Parliament. The appointed reviewer attended one of the weekly Oxfordshire Sexual Health Service (OSHS) meeting that discuss all under 16 year olds who attend the service to review safeguarding processes.

## 9. Service and Practice Developments:

- 9.1. Policies and procedures which have been developed during this year include:
  - 9.1.1. Assurance for the EPR flagging system when at children at risk and with child protection plans.
  - 9.1.2. A screening tool is available for staff to use if they have concerns about possible child sexual exploitation. For key staff groups, links are made with the specialist referral team at Cowley Police station.

## 10. Partnership work:

- 10.1. The Oxford University Hospitals NHS Trust in 2014-2015 had 90% attendance at the Oxfordshire Safeguarding Children Board and good representation within the sub-groups.
- 10.2. The safeguarding children team are represented on the Executive Group, Performance and Quality Assurance (PAQA), Training & Policies and Procedures sub group.
- 10.3. The Trust were active contributors to the policies developed during the year, assisted in the multi-agency training programmes; developing resources and contributing to safeguarding activity through the health advisory group, quality assurance group and executive committee.
- 10.4. Active partnership and care pathways are monitored 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.
- 10.5. The joint working between emergency 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.
- 10.6. Information sharing protocols are now formally established between the Multi-Agency Public Protection Agency in Thames Valley and the OUH. This enables proactive assessment which ensures the safety and security of individuals managed within MAPPA and all Trust patients, visitors and staff.
- 10.7. The safeguarding adult and children team attend the Multi-Agency Risk Assessment Conference meeting where high risk domestic abuse cases are reviewed in the city, south and north localities.

## 11. Conclusion for Safeguarding Children

- 11.1. Staff continued to show their commitment to ensuring children and young people are cared for safely and effectively within OUH. Significant safeguarding activity has been seen within all areas of the trust.
- 11.2. The Trusts' continued commitment to partnership is shown by the high levels of active involvement in the OSCB and partnership developments.
- 11.3. The development of new and revised policies that support practitioners to effectively safeguard children while within our services.
- 11.4. The on-going awareness of staff responsibilities to safeguard children through compliance to complete training has led to earlier identification and support being provided to both individuals and families.

## Safeguarding Adults

12. The purpose of the paper is to update the Safeguarding Adults Steering Group in relation to Safeguarding Adults Activity for 2014/15.

- Training
- Policies
- Prevent
- Homeless discharge – multi-agency working
- Missing persons
- Multi-agency Safeguarding Hub (MASH)
- Modern Day Slavery
- The Trust's Safeguarding Adults Governance Structure
- Partnership working
- Safeguarding Adults spring/ Summer work plan

### 13. Background

13.1. This report has been developed from the quarterly Safeguarding Adults reports. These papers present a regular overview, assurance and strengthen governance surrounding safeguarding adults. This ensures the Trust has a greater understanding of the operational and strategic issues relating to safeguarding adults at risk.

13.2. The team is led by the Head of Patient Experience. The organogram, in figure 1, below, presents the structure of the Safeguarding Adults Team.

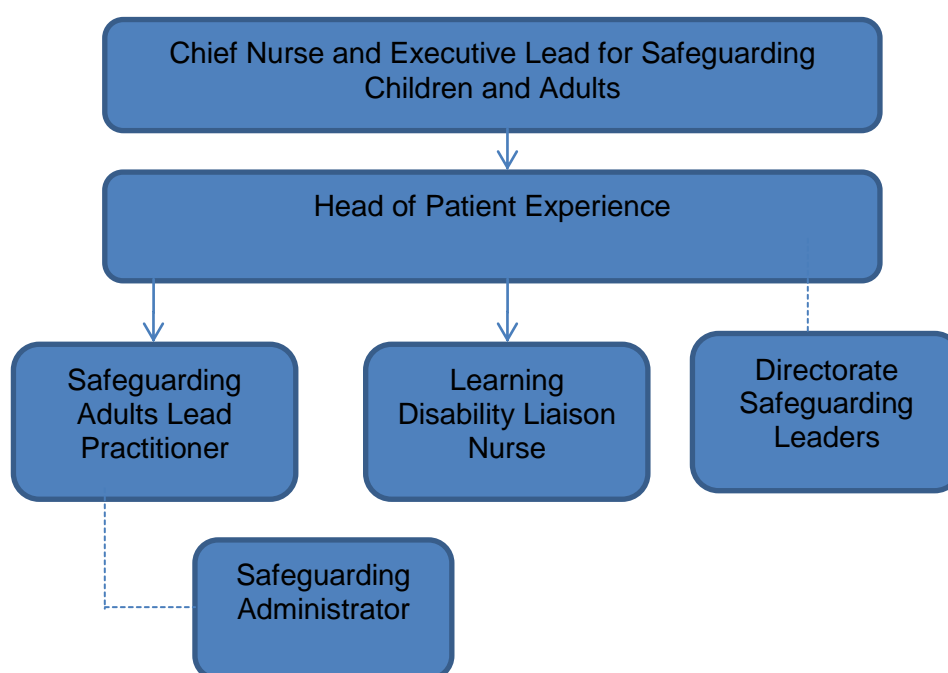


Fig. 1 Safeguarding Adults Team Structure

13.3. The strengthened establishment has facilitated an increased clinical and organisational focus in relation to

- Supporting Safeguarding Adults investigations
- Direct support and advice to clinical staff
- Completion of Safeguarding Adults policy
- Confirmation of the Trust's practice for reporting patients with grade 3 and 4 pressure ulcers as safeguarding alerts
- Review of Safeguarding Adults Training
- Review of the Trust's Safeguarding Adults database
- Documentation of Safeguarding Adults consultations and advice
- Supporting the development of the Domestic Abuse policy for both patients and employees
- Greater involvement in the Multi-Agency Risk Assessment Committee's (MARAC)
- Ability to deliver Wrap3 Prevent Facilitator training.
- Collaboration with investigations by external agencies.

#### 14. Safeguarding Adults Activity

14.1. The Safeguarding team have been able to offer safeguarding adults advice and support to clinical staff in relation to 97 vulnerable adult patients during the year. The team started collecting this information in August 2014 when the Safeguarding Adults Lead Practitioner commenced working with the team. This advice consists of

- Making a safeguarding adults alert
- Safe and coordinated discharge
- Liaison in relation to discharge to a safe place
- MAPPAs (Multiagency Public Protection Arrangements) risk Assessment
- MARAC (Multi-Agency Risk Assessment Committees)
- Involvement in dismissal process for both employees and former employees
- Leading a concise investigation assigned to the Safeguarding Adults Team
- Assisting in investigations requested by Oxford Health to patients who have died
- No transfer documentation received by the care establishment.
- Nursing homes/ residential homes unaware of the transfer of a patient.



- TTOs (Take home medication on discharge) not sent home with patients.
- Patients discharged with Pressure Ulcers, but no information given to care establishment neither prior to discharge or at time of discharge.

The remaining safeguarding alerts have related to concerns expressed about inadequate care in nursing, residential homes and care provided by agencies to clients in their own homes.

## 15. Training

- 15.1. The Trust's introductory safeguarding training is a joint children and adult presentation delivered during the Trust's programme. It has been reviewed and amended to include Mental Capacity Act (MCA), Prevent, Modern Slavery, Female Genital Mutilation (FGM) and Human Trafficking. It is currently delivered by the Learning and Development Team.
- 15.2. The safeguarding adult training was reviewed and now incorporates
  - Changes resulting from the Cheshire West DOLS judgement and the implications for the care of patients who lack capacity
  - Information on PREVENT
  - The Mental Capacity Act (MCA)
  - Local developments in relation to Female Genital Mutilation (FGM)
  - The Multi-Agency Safeguarding Hub (MASH).
  - The implementation of the Care Act 2014. This outlines the responsibilities of all agencies with regards to the delivery of care.
- 15.3. The team have undertaken monthly class room 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 undertaking their statutory and mandatory training that prefer face to face learning. The team have also been closely involved in the training for foundation/preceptorship training and development of the European Nurses (EU) knowledge on all aspects of safeguarding. The presentations for all of these sessions were updated to enhance and strengthen the delegates' knowledge of national and local developments and to incorporate Trust wide learning from safeguarding adults investigations.
- 15.4. The Safeguarding Adults and Children's Teams will be reviewing the Safeguarding Adults and children e- learning during 2015/16. This training is not currently fit for purpose and needs to reflect the rapidly changing children and adults' safeguarding agenda.
- 15.5. Twenty eight delegates undertook the 2nd Safeguarding Leaders programme during July and September 2014 including Physiotherapists, Occupational therapist and Pharmacists' from Neurosciences Orthopaedics, Trauma and Specialist Surgery (NOTSS), Clinical support Services (CSS), Medicine Rehabilitation and Cardiac (MRC) and Surgery and Oncology (S and O). All delegates became key links for safeguarding adults within their departments; and provide additional local support and assistance on issues relating to safeguarding adults.

- 15.6. The Safeguarding Adult Lead Practitioner has provided teaching sessions on DOLS to the Neurosciences Directorate, Ward Sisters within MRC, the Nuffield Orthopaedic Centre and the Oxford Centre for Enablement. Following the delivery of this session, the DOLS Supervisory Office has confirmed that the quality of the applications has improved from the directorate.
- 15.7. The Safeguarding Adults Lead Practitioner and Head of Patient Experience received the Wrap 3 training from the Home Office on 27 January 2015. Following this training and by the end of the financial year, 12 members of staff were trained to become Wrap 3 facilitators and 151 members of staff received PREVENT awareness training. The PREVENT training figures for the Trust are now submitted to the Home Office, NHS England and Oxfordshire CCG on a quarterly basis.

## 16. Policies

- 16.1. The Policy for Safeguarding Vulnerable and at risk Adults was redrafted following the implementation of the Care Act 2014 and was approved by the Policy Group in November 2015.
- 16.2. The Policy for Safe Restraint Practice Restraint policy is awaiting the inclusion of rapid tranquilisation and will be presented to the Trust's Policy Group in February 2015.
- 16.3. The Community Safety Practitioner has completed the policy for employees to support patient's experiencing/ involved in Domestic Abuse. The Human Resources Team have also produced a policy with regard to employee's experiencing domestic abuse and managers' responsibility with regard to the safety of the employee, patients and other staff members.
- 16.4. Considerable work was undertaken with Thames Valley Police to clarify the arrangements when a patient goes missing on Trust property. This culminated in a clear algorithm and was developed by the Head of Security Services and the Lead Nurse (Patient Pathway Co-ordinator Team). This was ratified by the Trust's Clinical Governance Committee and the Missing Persons Policy will be presented to the Trust's Policy Group in January 2015 for ratification.

## 17. The Care Act 2014

- 17.1. The Care Act 2014 has modernised and consolidated the law on adult care in England into one statute.
- 17.2. The key changes include the introduction of national eligibility criteria, a right to independent advocacy and, from 2016, a cap on care costs faced by self-funders. Most notably Safeguarding Adults has become a statutory function with equal status to safeguarding children.

## 18. Multi-agency Safeguarding Hub (MASH)

- 18.1. The children's MASH has been operating since September 2014; aim of the hub is for all the involved agencies to collaborate to effectively meet the needs of those children at imminent risk.
- 18.2. The Head of Patient experience Lead Nurse and the Safeguarding Children and Patient Experience Lead have represented the Trust at the MASH combined Steering Group.
- 18.3. It was intended that the adult MASH (Health and Social Care) would be located at Abbey House in Abingdon with a conference call link to the children's MASH at Cowley Police Station.
- 18.4. The implementation of the Adult MASH has been cancelled due to financial pressures across the health and social care.

## 19. Domestic Abuse

- 19.1. MARAC: Multi-Agency Risk Assessment Conferences (MARACs) are regular local meetings where information about high risk domestic abuse victims (those at risk of murder or serious harm) is shared between local agencies. By bringing all agencies together at a MARAC, and ensuring that whenever possible the voice of the victim is represented by an Independent Domestic Violence Advocate (IDVA), a risk focused, co-ordinated safety plan can be drawn up to support the victim. There are currently over 270 MARACs operating across England, Wales, and Scotland and Northern Ireland managing more than 64,000 cases a year.

Source: CAADA coordinated action against domestic abuse

- 19.2. The Safeguarding Adult Lead Practitioner regularly attends the South Oxfordshire and the Vale of the White Horse Multi Agency Risk Assessment Committee (MARAC) on a monthly basis. The Trust's Safeguarding Children's lead is representing the Trust at the Oxford City MARAC and the Trust's Community Safety practitioner attended the North Oxfordshire MARAC. It is envisaged that this will lead to more collaborative work with outside agencies to reduce families risk from Domestic Abuse.
- 19.3. The Safeguarding Children's and Adults teams continue to strengthen the training, coordination, specialist support and partnership working in relation to Domestic Abuse. The next steps will be to
  - Establish Domestic Abuse sub group within the Trust's new Safeguarding Governance structure.
  - Develop a Domestic Abuse strategy. This will be led by the Trust's community Safety Practitioner.
  - Increase the number of Domestic Abuse champions across each site and within each directorate.
  - Explore the feasibility of implementing an Independent Domestic Violence Advocate (IDVA) within the Trust.

## 20. Partnership working

- 20.1. The Safeguarding Adults Team continues to provide a more cohesive working relationship with the Oxfordshire County Council Safeguarding Adults Team.
- 20.2. The team is also now able to work collaboratively with the divisional leads and clinical teams in relation to safeguarding adults investigations.
- 20.3. The Community Safety Practitioner, Safeguarding Social Worker based within the John Radcliffe Hospital, MRC Discharge Liaison Lead Nurse. and the Safeguarding Adult Lead Practitioner reviewed the discharge process of homeless people from the Trust. It is envisaged that this collaborative work improve the support is given to facilitate the most appropriate discharge destination.

## 21. Missing Persons

- 21.1. The Head of Patient Experience attends the Oxford City Missing person Panel. This panel is comprised of Thames Valley Police, Adult Social Care, Oxford Health NHS Foundation Trust, the Trust and Drug and Alcohol Services to review vulnerable people at high risk of becoming missing persons in Oxfordshire.

## 22. Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLS)

- 22.1. The Safeguarding Adults Team audited 10 patients' healthcare records for whom a Deprivation of Liberty Safeguards (DOLS) application was made during Quarter 2 (July – September 2014). This audit focused on
  - The quality of the documentation and process undertaken to firstly assess a patient's mental capacity.
  - The inclusion of the patient's family or an Independent Mental Capacity Advocate (IMCA) in the best interest decision.
  - The quality of the DOLS application.
  - The inclusion of all DOLS documentation within the patient's healthcare records.
  - The inclusion of the notification to the Trust's Safeguarding Team that the DOLS is no longer required for the patient.
- 22.2. In the majority of cases, the patient had not had an MCA (Mental Capacity Assessment) completed in part or in full. Additionally there was rarely any mention of the clinical need for a DOLS within the inpatient chronology.
- 22.3. However, all of the applications had the full involvement and agreement of the patients' relatives. The application forms were completed appropriately for each patient and monitored once the application had been made.
- 22.4. The DOLS service was not always informed when the patients' were discharged or no longer required the DOLS.

- 22.5. In response to this, the Safeguarding adults Lead Practitioner has delivered bespoke training to clinical teams to increase their knowledge and awareness. In addition the Safeguarding Adult Lead Practitioner undertakes the following:
- Delivers information on DOLS and MCA assessments in monthly face-to-face update sessions for Preceptorship and Foundation course and the EU nurses and the CSW training.
  - Distributes the Trust's MCA assessment, DOLS applications forms, guide for completion and the link to the MCA/DOLS intranet site to all professionals via the Chief Nurse and Medical Director.
- 22.6. The Supreme Court passed judgement on Deprivation of Liberties and Court of Protection earlier in 2014. The critical 'Acid Test' was defined and the parameters for DOLS were clarified. This has significantly impacted on the DOLS applications.
- 22.7. The number of DOLS applications to the Oxfordshire DOLS Supervisory Office has increased significantly since March 2014. Please refer to the table below.

DOLS REQUESTS RECEIVED BY OXFORDSHIRE SUPERVISORY BODY TO DATE						
	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
April	2	14	16	17	13	64
May	1	11	17	23	17	93
June	4	16	22	21	17	126
July	1	25	26	21	19	116
August	4	12	13	12	14	92
September	6	18	21	10	23	129
October	12	22	18	22	21	158
November	6	16	26	18	21	82
December	7	15	14	17	16	145
January	14	22	34	22	25	44
February	15	20	19	18	19	0
March	16	17	18	17	27	0
TOTAL	88	208	244	218	232	1049

- 22.8. There were 63 DOLS applications made within OUH in total during the year.
- 22.9. All DOLS applications are processed through the Safeguarding Adults Team. This has been practice since 6 October 2014; and ensures the Trust is meeting its responsibilities as a DOLS Managing Authority. The Safeguarding Adult Lead Practitioner facilitated an increase in compliance rates by assisting staff to complete the documents appropriately.
- 22.10. The Chief Coroner has clarified that any patient in hospital who dies with an urgent or standard DOLS in place, dies in custody. This means that all such deaths must be reported to the coroner.

## 23. Next Steps

- 23.1. These initiatives will be developed during the coming year in response to both national and local learning and statutory guidance.
- The Modern Slavery Coordinator from Thames Valley Police will deliver two training sessions on modern slavery for the Trust. These sessions for staff to better understand how to identify modern slavery in children and adults, the role of the clinician when slavery is suspected, and what to do in that situation
  - Develop and present a combined children and adult safeguarding strategy for the Trust in collaboration with the Children Safeguarding Team, Adult Safeguarding Team and the Trust Designated Safeguarding Officers
  - Implement the single DOLS application form. This will replace form 1 and 4.
  - Present the Safeguarding training strategy to the Trust's Workforce Committee and implement during 2016. This will include the statutory and mandatory training and specific specialist training including the Wrap 3 facilitator training.
  - Transfer the Safeguarding Leaders programme to a multi-agency programme led by OSAB.
  - Develop a pilot MCA, DOLS training using action research methodology in collaboration with the Oxfordshire IMCA service and the Trust's Psychological Medicine Service. To commence in the Neuroscience Directorate.
  - Further work in collaboration with OSAB to implement the Care Act with particular reference to 'Making Safeguarding Personal'.

## 24. Conclusion for Safeguarding Adults

- 24.1. The Safeguarding Adults Team continues to develop with a much higher profile within the OUH.
- 24.2. The Team are now more accurately able to report safeguarding activity undertaken.

## 25. Recommendation

- 25.1. The Trust Board is asked to note the contents of the report

**Catherine Stoddart**  
**Chief Nurse**

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