

Trust Board Meeting in Public: Wednesday 10 July 2019

TB2019.81

Title	Safeguarding (Children and Adults) Report 2018-2019
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Status	For information
History	The previous Safeguarding Children and Adults Annual Report was presented at the OUH Trust Board on 12 September 2018

Board Lead(s)	Mrs Sam Foster, Chief Nursing Officer			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

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 2018/19. This is an annual report.
2. The Chief Nursing Officer represents the OUH on the Oxfordshire Children Safeguarding Board (OSCB) Oxfordshire Adults' Safeguarding Board (OSAB) and is deputised by the Children Safeguarding and Patient Experience Lead and Head of Adult Safeguarding.
3. Safeguarding children consultations increased by 21%, there were 2209 consultations, an average of 184 per month. The main issue remains neglect which reflects county and national statistics. There have been complex cases, young people with mental health difficulties and maternity safeguarding concerns requiring on-going support from the team.

Emergency department cases referred to the Liaison Service totalled 8,052, this reduced by 2.4% (n=200). Maternity bookings reduced by 4%, however cases with safeguarding increased.

Requests for information were provided to support decision making at 531 Initial Child Protection Case Conferences involving 826 children and 92 unborn babies. This is an increase of 22%.
4. Safeguarding Adult consultations increased to 1516; there were 4713 Emergency Department (ED) Electronic Patient Record reviews following referrals from ED, and 1577 DATIX where clinical teams were concerned there may have been a safeguarding concern following a clinical incident. There were 31 safeguarding adults concerns raised about the Trust's care and 21 Section 42 enquiries. Of these, eight enquiries were substantiated, six were unsubstantiated, three were inconclusive and three remain open investigations.
5. Training compliance¹

Adult Level 1 = 78.3%	Children Level 1 = 81.6%
Adult Level 2 = 78.8%	Children Level 2 = 81.3%
Prevent Level 1&2 = 68.2%	Children Level 3 = 86.2%
Prevent Level 3 = 60%	
6. Partnership Working continues to be strong with membership at OSAB & OSCB sub groups, multi-agency meetings, participation in the MASH for the children's team, participation in multiagency audits and processes in place to share relevant information of risks to protect children and adults.

¹ KPI 90%

7. **Key achievements** the significant amount of partnership working to safeguard children and adults. Audit activity demonstrated that both Trust and multiagency evidenced good practice. The OUH achieved a high level of compliance in the annual OSCB/OSAB self-assessment and peer review.

Key challenges are the ongoing increase in consultations with both children and adult safeguarding; children and pregnant women presenting with mental health difficulties; complex children and adult cases requiring ongoing support; Domestic Abuse with and without involvement of children; increased requests for child protection information and participation at conferences due to high numbers of children with plans; documentation surrounding Mental Capacity Assessment; and the compliance with training and the accuracy of data. Due to the specialist nature of this work, a business case in is preparation to increase the Corporate Safeguarding Team.

8. Recommendation

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

Annual Report

1. Definitions

1.1 Safeguarding Children

- A child is an individual under the age of 18 years.
- 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 with safe and effective care in order to fulfil their potential.

1.2 Safeguarding adults

- An adult is an individual aged 18yrs or over.
- Appendix 1 gives the definition of vulnerable adults according to the Care Act 2014.

2. Purpose

2.1 This paper presents the annual report for safeguarding children and adults for April 2018 to March 2019 in line with 'Working Together to Safeguard Children' 2018, the Children Act 2004 and the Care Act 2014.

2.2 This sets out the requirement for Trust Boards to produce an annual report with an analysis of the effectiveness of local safeguarding arrangements. The last annual safeguarding report was received by the Trust Board on 12th September 2018.

3. Background

3.1 The safeguarding children team is led by the Head of Children Safeguarding and Patient Experience. Please refer to Appendix 2 Figure. 1 for the structure of the Safeguarding Children team.

3.2 The safeguarding adult team is led by the Head of Adult Safeguarding. Please refer to Appendix 2 Figure 2, for the structure of the Safeguarding Adults Team.

4. Safeguarding Children Activity

4.1 Safeguarding activity is divided into 3 main areas:

- Consultations relating to safeguarding to support staff
- Safeguarding Liaison between emergency department and primary care
- Partnership working

4.2 There have been 2209 consultations (average 184 per month) with the safeguarding children team. This is an increase of 21% (n=390) from 2017-18 (see Figure 1).

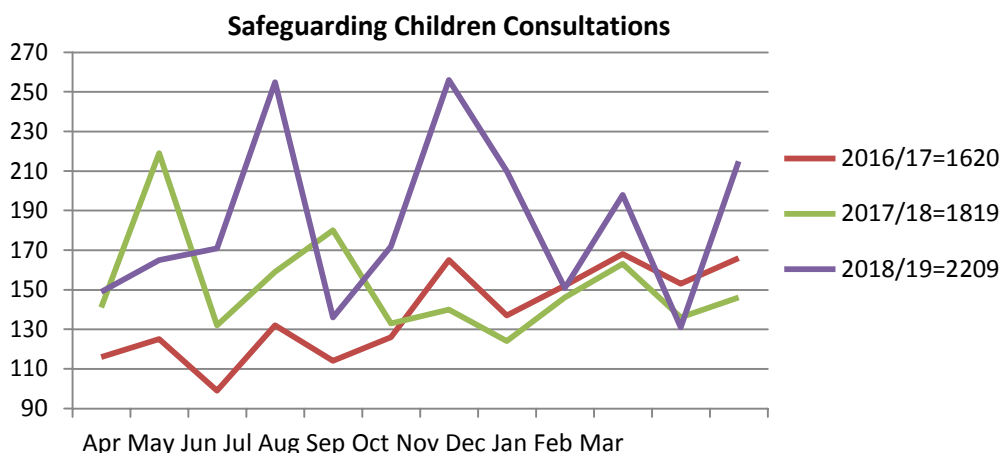


Fig. 1: Safeguarding Children Team Consultations 2016-2019

- 4.3 The increase in OUH safeguarding children activity (see fig.1) and the number of complex cases requiring ongoing support to practitioners from the team, senior managers and legal services has been recognised. The Trust has invested additional resource in the safeguarding team with two band 6 safeguarding advisers and additional administrative hours to support the team.
- 4.4 There were 604 children with a Child Protection Plan (CPP) in Oxfordshire at the end of March 2019. This was a decrease of 17% from 2018/19. The main category that children were placed on a plan continues to be for neglect (69%). The number of children that were 'Looked After²', rose a further 12% to 774.
- 4.5 The main category for consultations relates to neglect which reflects the local and national picture of children on a CPP. The OUH are participating with partner agencies on the multiagency neglect strategy to identify neglect early and improve the outcomes for children.

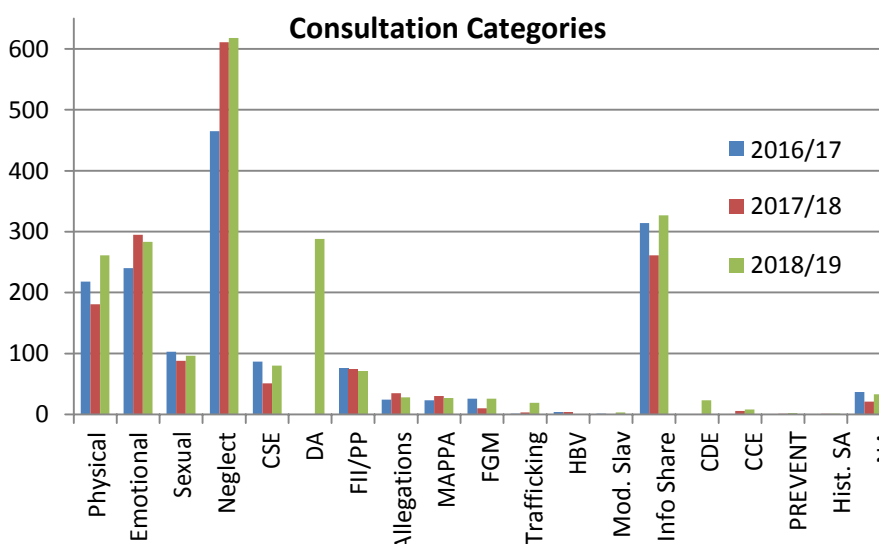


Fig. 2: Consultation category for previous three years

² A Looked After Child may either be accommodated (which means that the council is looking after them with the agreement, at the request or in the absence of their parents) or subject to a Care Order made by the Family Courts

- 4.6 There continue to be a number of complex cases related to adolescent mental health, to non-accidental injury and to perplexing presentations. An audit undertaken over 2017-18, presented to the Oxfordshire Safeguarding Children Board (OSCB), identified there had been a delay of 178 days in total for patients awaiting discharge from hospital to an adolescent mental health bed. This continues to be monitored and escalated appropriately.
- 4.7 The Safeguarding Liaison Service shares information with primary care in relation to all children who attended the Emergency Department (ED) with a safeguarding concern (see Appendix 3 for safeguarding criteria). This includes parents who attend ED where their presentation may have a safeguarding impact on their child(ren), and all under 1 year old due to their vulnerability of age. This allows primary care to have a greater awareness of potential safeguarding concerns and the impact on children and also to notify when a child is known to Children Social Care.
- 4.8 Emergency department cases referred to the Safeguarding Liaison Service totalled 8,052 as presented in Figure 3. This is a reduction of 2.4% (n=200).

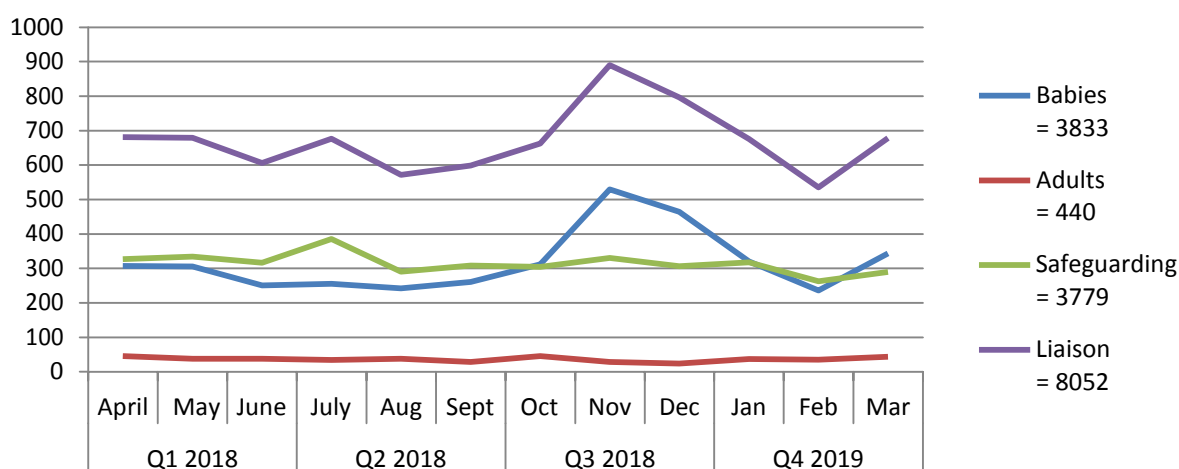


Fig. 3 Liaison Service ED Attendances April 2017 – March 2018

- 4.9 The category of domestic abuse has been reported separately this year to monitor trends. Previously this was included in the category of emotional abuse due to the impact on children.
- 4.10 There is ongoing concern about the rise in child criminal and drug exploitation (CCE & CDE). The safeguarding children team are members of and contributed to the multiagency task and finish group to tackle the increased activity in CDE and CCE that includes knife and gang crime. New Trust guidance has been produced to support staff managing CDE³.

³ Drug use and exploitation amongst children
<http://ouh.oxnet.nhs.uk/ChildrensServices/Document%20Library/General%20Paediatric%20Guidelines/Child%20Protection/Medical%20management%20of%20body%20packing%20and%20stuffing.pdf> Medical Management of a child following suspected body packing or stuffing

- 4.11 Attendances at ED for self-harming behaviours has previously been reported for 12-17 year age group. Nationally recording data has changed to record self-harm attendances; in the Trust there were 203 attendances for 10-14 and 1250 in the 15-19 age groups. The majority of attendances are for 18 & 19 year olds (n=607). This information is shared with the OSCB as part of the local data set to compare with other data to monitor activity in localities. The safeguarding children team continue to participate in the 3 Oxfordshire multi-agency locality self-harm forums to review trends of self-harm to ensure support and treatment is targeted to reduce presentations. The data shows that attendances to ED for self-harm for 12-17 year olds has decreased by 51% over the past year. This will be reviewed by the self-harm strategy groups to understand if this is reflected across agencies.
- 4.12 There were 4% (n=334) less maternity bookings (n=7,889) this year. However, there has been an increase to 19% (n=1500) of all bookings that were identified as either category 3 or 4 public health risk⁴, an increase of 212. As in previous years, the dominant category of concern remains maternal mental health issues. The Trust works closely with mental health services within the OUH to support maternal mental health needs.
- 4.13 Child Sexual Exploitation screening tool assessment was undertaken in 100% of teenage pregnancies. This ensures early recognition of risks to enable concerns to be escalated to protect a young person and their baby.
- 4.14 The JR Hospital Children Social Care team provide support to manage cases on-site for maternity and the children's hospital. There were 9 more (n=133) strategy meetings, 8 less (n=67) Initial Child Protection Case Conferences (ICPCC) and 5 more (n=44) court care orders to place children in local authority care. Maternity had the most significant increase. Cases at the Horton hospital are managed by the North Assessment team.

Strategy Meetings	Children's	30	133
	Maternity	103	
ICPCC	Children's	8	67
	Maternity	59	
Care Order	Children's	23	44
	Maternity	11	

Table 1. Outcome of Referrals to JR Children's Social Care Team

- 4.15 The children safeguarding team attended 234 strategy meetings working with practitioners and children's social care to ensure information is shared to help with

<http://ouh.oxnet.nhs.uk/ChildrensServices/Document%20Library/General%20Paediatric%20Guidelines/Child%20Protection/Drug%20use%20and%20exploitation%20amongst%20children.pdf>

⁴ Maternal Health & Social Score Level 3 = low obstetric/high public health risk Level 4 = high obstetric/high public health risk

the assessment of risk to protect a child. This includes cases for children and unborn babies in the North Oxfordshire team and children from other counties.

4.16 Psychological Medicine have provided supportive debrief sessions for staff following significant safeguarding events or complex safeguarding cases.

5. Safeguarding Adult Activity

5.1 The Team’s safeguarding activity and caseload divides into three work streams. These support:

- investigation of safeguarding concerns surrounding Trust services
- consultations relating to safeguarding, anti-radicalisation and domestic abuse
- supporting the safeguarding partnership working

5.2 Consultations: Figure 4 shows the combined activity for the previous four years. The team started collecting data for the referrals from the Emergency Departments via Electronic Patient Record (EPR) in April 2017 and the notifications of clinical incidents with potential safeguarding concerns from July 2018.

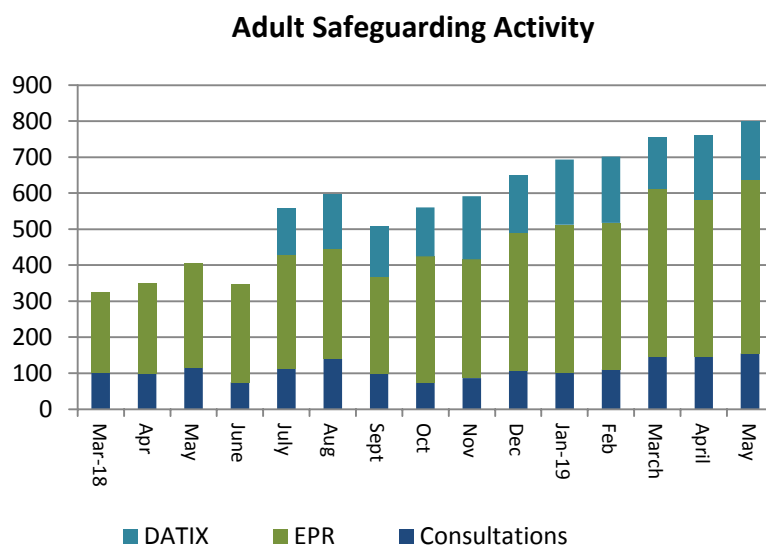


Fig.4 Safeguarding Adults Combined Activity

5.3 The team’s consultations include advice on the implementation of the mental capacity Act (MCA), completion of DASH⁵ forms when supporting someone at risk

⁵The Domestic Abuse, [Stalking](#) and [Honour Based Violence](#) (DASH 2009) Risk Identification, Assessment and Management Model was implemented across all police services in the UK from March 2009, having been accredited by ACPO Council, now known as National Police Chief Council (NPCC) <http://www.dashriskchecklist.co.uk/>.

Multi-Agency Public Protection Arrangements. It is the process through which the Police, Probation and Prison Services work together with other agencies to manage the risks posed by violent and sexual offenders living in the community in order to protect the public. <https://mappa.justice.gov.uk/connect.ti/MAPPA/groupHome>

of domestic abuse, advice regarding Modern Slavery, completion of Section 42 enquiries, eligibility for and completion of Deprivation of Liberty Safeguard application forms, advice on discharge if a patient is vulnerable and MAPPA assessments. This is shown in Figure 5 below. In total, 311 patients presented with multiple concerns over the year; this is a change and shows the increasing understaffing of adult safeguarding across the Trust and the level of complexity and vulnerability of some patients.

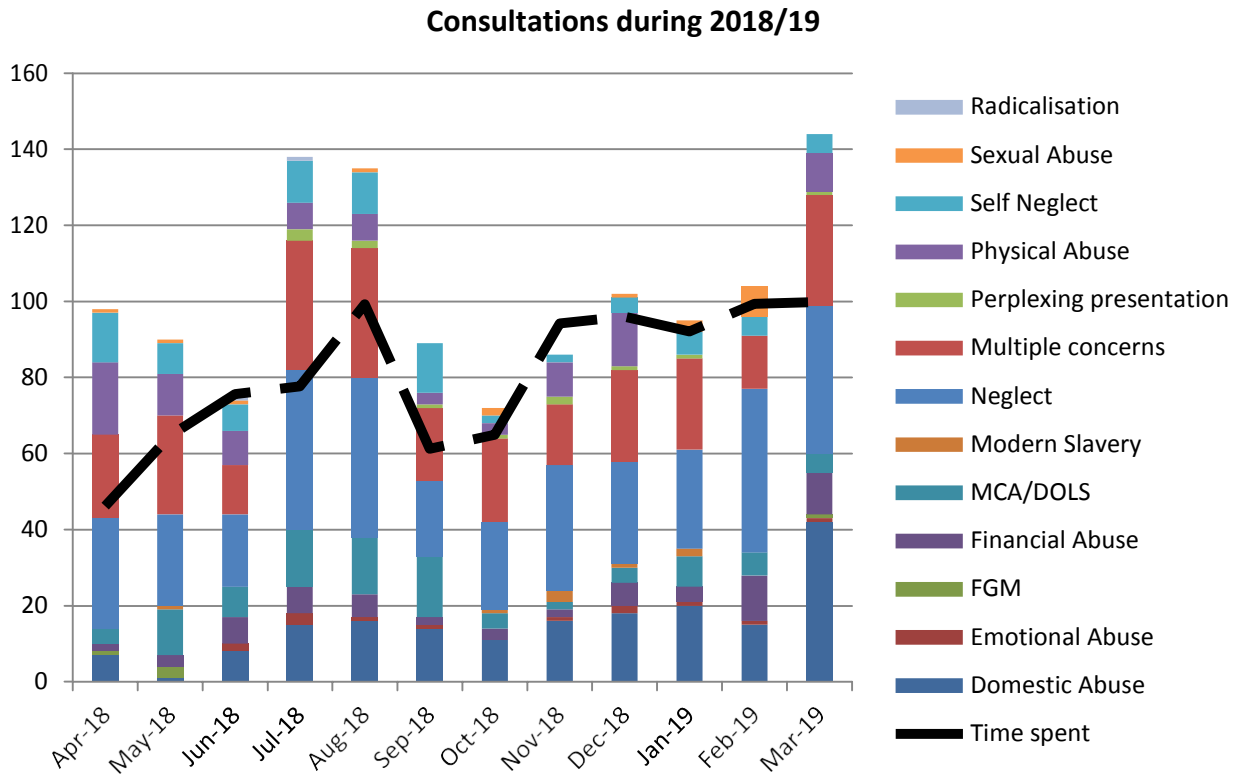


Fig. 5 consultations during 2018/19

5.4 Figure 6, below shows the length of time taken for consultations alongside the number of consultations over the previous year.

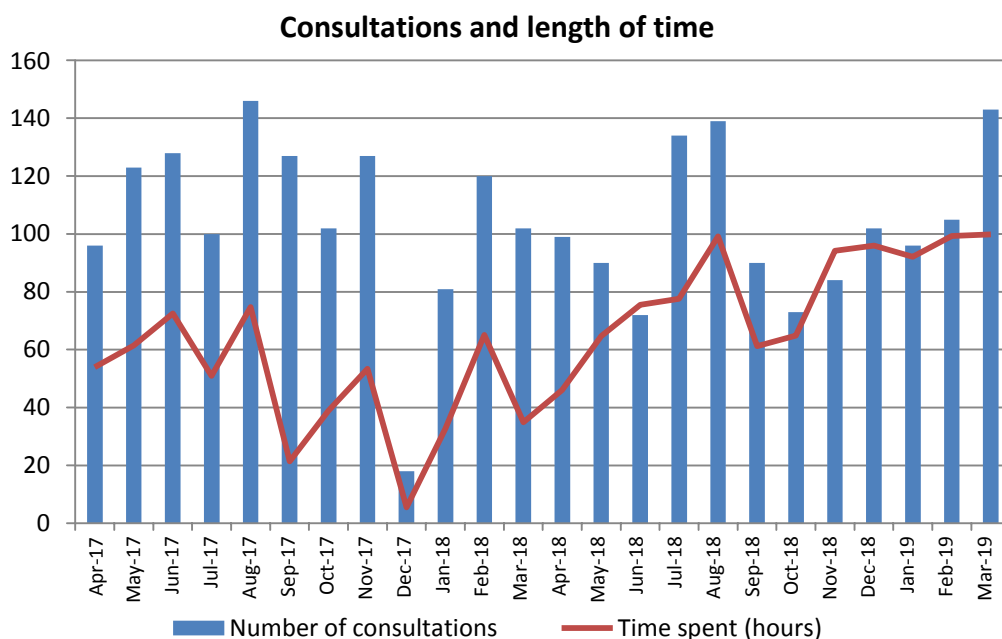


Fig. 6 Consultations and time spent

5.5 Figure 7, below, shows the reasons for Section 42 enquiries during the year. The enquires have centred around neglect and discharge. This has changed from 2017/18 where the main reasons for the section 42 enquiries were hospital acquired category 3 pressure ulceration, complexities surrounding discharge and falls whilst in hospital.

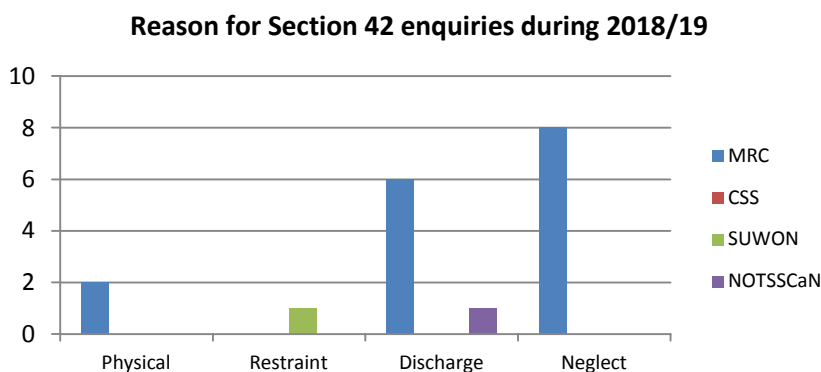


Fig. 7 Section 42 Enquiries across the Trust

5.6 Figure 8, below shows more detail surrounding the reason for and the outcome of MRC division Section 42 enquiries relating to neglect and discharge. The majority of Section 42 enquiries relating to neglect have been unsubstantiated and most relating to discharge have been substantiated.

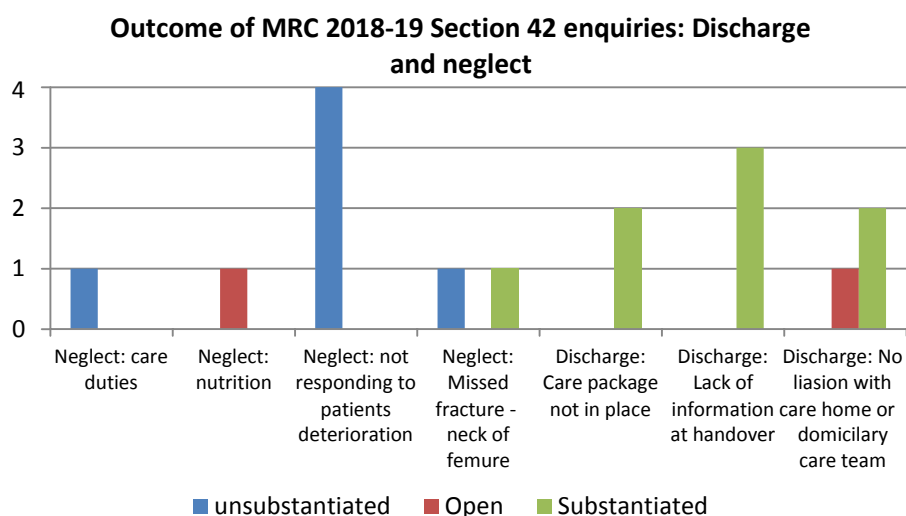


Fig. 8 Outcome of MRC Section 42 enquiries during 2018/19

6. Partnership Working

- 6.1 The safeguarding children team are members of five sub-groups for the OSCB and five for the OASB working in partnership to improve outcomes for children and adults.
- 6.2 The safeguarding children team continued to contribute to the functioning of the Multi-Agency Safeguarding Hub (MASH) 2 days a week and jointly fund the administrator in the MASH. This function, in conjunction with Oxford Health NHS FT, ensures appropriate health response to concerns raised.
- 6.3 The OUH participates at the three area Multi-Agency Risk Assessment Conferences (MARAC) and Multiagency Tasking and Coordination (MATAC) to share relevant information in high risk domestic abuse cases. Information is recorded on EPR so that practitioners are aware of these risks when patients attend the Trust.
- 6.4 Information is requested for all Initial Child Protection Case Conference (ICPCC) under section 47 of the Children Act 1989. There were 531 ICPCC invites, an increase of 22% (n=97) involving 826 children and 92 unborn babies where relevant health information was provided to support decision making. This is a reduction of conferences however, an increase in the number of cases (table 2). Participation at ICPCC by OUH staff is monitored by the OSCB and had improved to 100% participation.

		2017/18	2018/19	Difference	% Change
ICPCC Invited		434	531	+97	+22%
Information Shared	Unborn	73	92	+19	+26%
	Children	848	826	-22	-3%

Table 2. ICPCC information requests

- 6.5 The Child Protection–Information Sharing (CP-IS) NHS England and NHS Digital project has been agreed and at time of writing has been implemented. CP-IS helps children social care staff share information across England for children on child protection plans and for Looked After Children (LAC).
- 6.6 FGM-IS is an NHS Digital requirement for Trusts to flag all female children of women who have undergone FGM, on the central NHS spine with a label 'family history of FGM'. OUHFT is currently not complying with this request, because of concerns that it is discriminatory and disproportionate.

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

- 7.1 The Mental Capacity Act (MCA) protects and empowers individuals who may lack the mental capacity to make their own decisions about their care and treatment. It applies to individuals aged 16 and over.
- 7.2 Deprivation of Liberty Safeguards (DOLS) form part of the Mental Capacity Act 2005. DOLS were introduced in 2009.
- 7.3 The Trust ward nursing teams are responsible for the DOLS application and management. Each application is reviewed by the safeguarding adults team prior to sending to the appropriate DOLS supervisory office. This includes reviewing as to whether the use of Sections 5 and 6 of the Mental Capacity Act is more appropriate. This is the case if a patient is experiencing acute delirium.
- 7.4 There were 221 applications for Deprivation of Liberty Safeguards (DOLS) during the year. Figure 9 shows the comparison with the previous three years and shows a reduction in contrast to the previous three years.

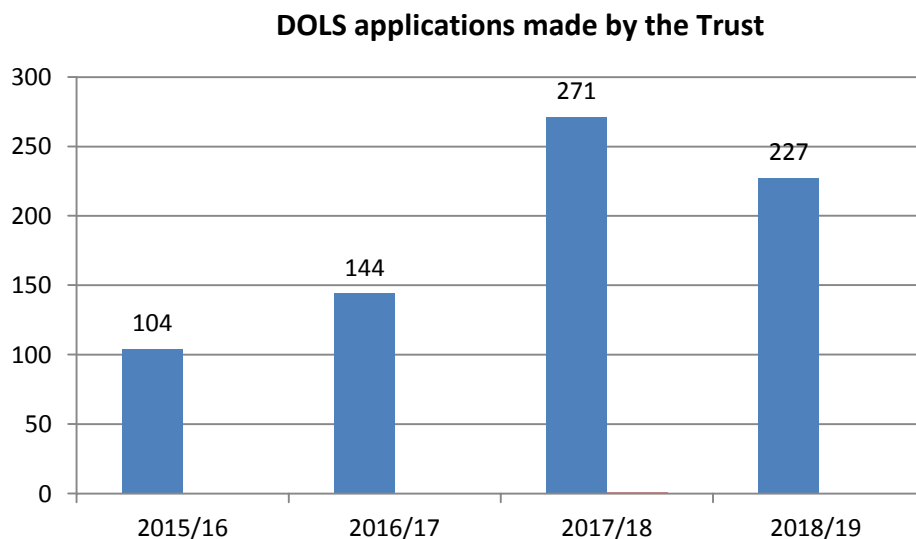


Fig. 9 DOLS applications made by the Trust over the previous four years

7.5 The 2017/18 Annual report highlighted a number of risks in connection with the implementation of DOLS. These risks continued into 2018/19. Table 3, below shows the mitigations to address.

Risk	Mitigation during 2018/19
Applications for patients who are not Oxfordshire residents	Dedicated Adult Safeguarding Administrator coordinating the administration of DOLS
Continued impact of Cheshire West judgement in 2014 ⁶	Escalation for Trust’s patients ensuring timely clinical and Best Interest assessment when needed
Documentation for MCA	Update of Mental Capacity Act forms and advice on the Electronic patient Records (EPR)
Clinical understanding of MCA. Particularly nurses and Allied Health Professionals (AHPs) understanding that they can assess mental capacity.	MCA module included in the suite of training for Level 2 Adult Safeguarding

Table 3: Implementation of MCA/DOLS

7.6 The Mental Capacity Amendment Act (2019) was developed following the House of Lords Select Committee in 2014 and the Care Quality Commission’ (CQC) concerns surrounding the national implementation of the Mental Capacity Act.

⁶ <http://www.communitycare.co.uk/2014/03/19/supreme-court-ruling-heralds-sharp-rise-deprivation-liberty-safeguards-cases/>

8. Case Reviews

8.1 Children Serious Case Reviews (SCR) are commissioned by the LSCBs when a child or young person dies or experiences serious harm or injuries and there are multiagency lessons to be learnt.

- The Trust participated in two children's reviews across Oxfordshire, one in Wiltshire, two in Berkshire and one in Buckinghamshire.
- There are no outstanding actions and any learning is being disseminated in safeguarding level 3 training; through the 'At a Glance' learning documents, and participation at OSCB learning events.

8.2 Safeguarding Adults Reviews (SAR): commissioned by Oxfordshire Adult Safeguarding Board (OSAB). During 2018/19, no SARs were concluded.

9. Training

9.1 The Key Performance Indicator (KPI) for safeguarding training is locally agreed with the CCG and is 90%. The nationally agreed KPI for Prevent Level 3 training is 85%. Tables 4 and 5 presents the Trust and Divisional level of compliance.

Safeguarding Level	Compliance % on 31 st March 2019	Compliance at the time of writing
Adults Level 1	71.1%	78.9%
Adults Level 2	77.1%	80.9%
Children Level 1	77.5%	81.6%
Children Level 2	83.8%	81.3%
Children Level 3	78.6%	86.2%
Prevent Level 1&2	38.6%	68.4%
Prevent Level 3	15.9%	60.2%

Table 4: Trust Safeguarding Training Compliance

	Adult Level 1	Adult Level 2	Children Level 1	Children Level 2	Children Level 3	Prevent Level 1&2	Prevent Level 3
Corporate	81.1%	82.8%	88.3%	90%	80%	70.3%	73.9%
MRC	78.6%	77.4%	79.9%	80%	80.1%	65.9%	54.1%
NOTSSCa N	75.6%	77.9%	80%	80.2%	85.2%	67.7%	58.7%
SWUON	85.6%	83.8%	88.1%	87.3%	90%	77.1%	60.9%
CSS	87.8%	82.8%	89.3%	86%	100%	79.5%	72%

Table 5: Divisional Safeguarding Training Compliance

- 9.2 The Adult Safeguarding Training Intercollegiate guidance⁷ was implemented on 15th February 2019. The guidance clarifies the competencies, knowledge, skills and attitudes required for each level of training and the staff required to undertake each level.
- 9.3 The national Adult Safeguarding Level 3 training is currently being developed by NHS England and Health Education England. The Trust is currently developing local level 3 training for implementation until the national training is available.
- 9.4 Figure 11 below shows the increase in compliance following the introduction of the intercollegiate guidance. The compliance is still below the local and nationally agreed KPIs; however significant progress has been made in 16 weeks.

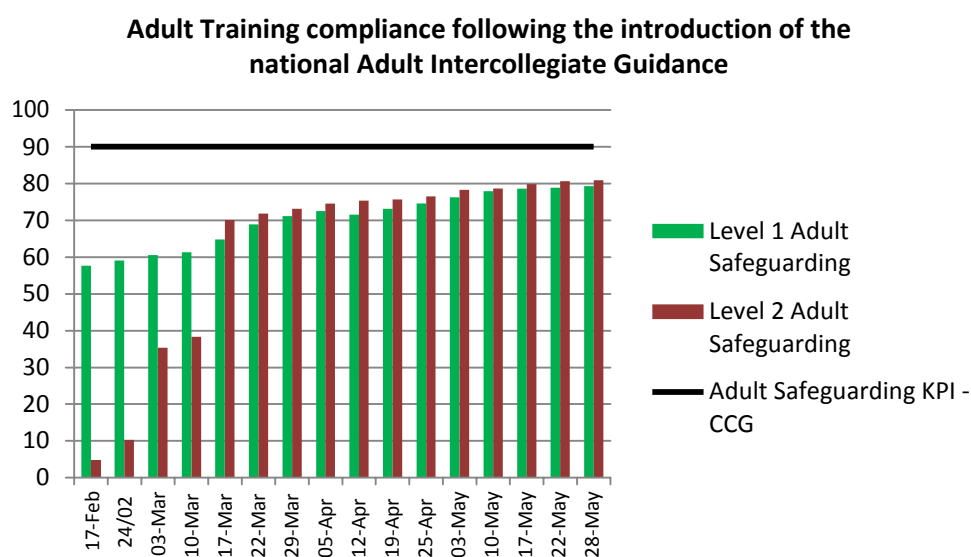


Fig. 11 Adult Training Compliance

- 9.5 The updated Children's Safeguarding Intercollegiate Guidance outlining roles and competencies for healthcare staff⁸ was published in January this year. There are additional expectations that are being reviewed to ensure compliance and mapping to correct training are in place. Additional assurance through contract monitoring is being requested by the Oxfordshire Clinical Commissioning Group (OCCG).
- 9.6 The plan to achieve compliance in both adult and children safeguarding training by 30th September 2019 is as follows:
- The Electronic Learning Management System (ELMS) Electronic Staff Record (ESR) are now directly linked.

⁷ <https://www.rcn.org.uk/professional-development/publications/pub-007069>

⁸ Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Fourth edition: January 2019 <https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2019/january/007-366.pdf>

- The Regional passport programme will enable staff to transfer their previous Statutory and Mandatory Training to their Trust ELMS account. This is included on Trust induction.
- Individual members of staff and their respective line managers who have not completed their training are followed up with further escalation to Chief Nursing Officer and Chief Medical Officer as necessary.
- Reminders are sent via the Trust’s YAMMER account and Now@OUH.
- The safeguarding training that is incorporated in the Trust weekly Induction training is now accepted as Level 1 compliance and ensures that all staff receives a basic level of understanding of safeguarding and know who to contact for support.

9.7 This year has seen the introduction of E-Learning for Health online level 3 safeguarding children training. This consists of 7 modules to obtain the competency. Face to face level 3 training continues and is evaluated well, with 75% evaluating training as excellent, 24% good and 1% average. Practitioner follow up 3 months after attending training is being implemented to ascertain impact training has on practice.

9.8 The online Home Office training for Prevent was introduced as on line training via ELMS on 17th March 2019.

9.9 Five complaints were received during the implementation of the national Prevent training. Concerns were expressed surrounding the bias against Islam. This was escalated to NHS England and has now been resolved. Figure 12, below shows the increase in compliance since the introduction of the training.



Fig. 12 Prevent Training Compliance

10. Audit

- 10.1 The OSCB/OSAB joint annual safeguarding declared compliance with S11⁹ of the Children Act 2004 and Care Act 2014 against the 10 standards measured. The peer review concurred a rating of Green for the training standard as no follow up to evidence impact of training had been implemented and Green¹⁰ rating for one area regarding training and Blue¹¹ for all other areas.
- 10.2 Oxford Sexual Health Service audited 25% (n=110) of 16-17 year old children that attend the service each month to monitor compliance in completion of the shortened safeguarding risk assessment form. This showed that 89% (97) were completed, 7 were identified as having been completed within the previous 6 months. The service strives to embed further to achieve 100% completion.
- 10.3 Ten cases were audited to evaluate the quality of documentation in child protection cases seen within acute paediatric in-patient services between March and September 2017. This showed 90% clear documentation between senior doctors as per the child protection guidelines, and all cases resulted in a multiagency strategy meeting attended by a paediatrician.

11. Impact

- 11.1 At an operational level, the impact of the teams can be seen in the level of clinical activity, particularly the number of consultations over the year. The challenges with capacity over the autumn were considerable and this has significantly eased following the recruitment of additional team members. The introduction of the safeguarding adults' daily duty rota and on call has enabled the team to be more proactive and support clinical teams during the weekends and evenings. This has not been fully replicated in children safeguarding and is to be considered over the coming year.
- 11.2 The impact of the teams at a strategic level has predominately been with the partnership work to support the activity of the OSCB and OSAB. This has involved contributing to sub groups, serious case reviews and SARs, the development of county wide domestic abuse service, contribution to MARAC, Community Safety Partnerships, Channel and Prevent.
- 11.3 The number of consultations undertaken has enabled teams to support patients and their families in challenging circumstances. The teams have contributed to the level of safeguarding children and adults knowledge across the Trust and in the county. The increase in capacity in the safeguarding adult's team towards the end of the year enabled the teams to support patients and their clinical teams in extremely complex situations.

⁹ Places duties on a range of organisations, agencies and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

¹⁰ Green = Partially compliant, need evidence follow up evaluation for all training

¹¹ Compliant and able to provide evidence

- 11.4 The adults' team's review of each DOLS application has increased the standard of the DOLS applications. Although considerable challenges surrounding the implementation of the MCA have been established, the adults' contribution to improving the Trust's compliance through training and the development of MCA within EPR has been significant.
- 11.5 At the joint OSCB/OSAB annual self-assessment and peer review the OUH attained the highest level in all but one area in the self-assessment and peer review. There is a plan in place to review training at 3 months to evidence impact.
- 11.6 The team have supported the Trust's clinical teams to complete 28 Sc. 42 enquiries and reviewed prior to submission. The impact of this has been to raise the importance of this statutory function.

12. Key Challenges: This also demonstrates the impact of the teams

- There continues to be a significant increase in consultations in both children and adult safeguarding that is reflected locally and nationally
- Increase in complexity of safeguarding cases e.g. mental health, maternity, perplexing presentations
- Increase requests for child protection information and participation at conferences due to high numbers of children with plans
- The safeguarding teams continue to support staff with complex children's and adults' cases requiring ongoing support from the teams
- Documentation surrounding Mental Capacity Assessment
- The number of DOLS applications and the length of time to assess
- The increase in patients and staff affected by domestic abuse
- The challenges in achieving the KPI of 90% for safeguarding children and adults training and ensuring accuracy of data surrounding this

13. The Key achievements

- The significant amount of partnership working to safeguarding children and adults.
- Audit activity both Trust and multiagency has evidenced good practice.

14. Conclusion

- 14.1 The Safeguarding Children and Adults Teams continue to develop their profile within the OUH and worked in partnership with agencies to meet the requirements set out in section 11 of the Children Act 2004 and the Care Act 2014.

14.2 The multiagency joint working demonstrated the Trust's commitment to work together to improve the identification of concerns, and to protect children and vulnerable adults within the Trust.

15. Recommendation

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

Executive Lead:

Sam Foster

Chief Nursing Officer

Authors:

Tracy Toohey Head of Children Safeguarding and Patient Experience

Caroline Heason Head of Adult Safeguarding and Patient Experience

12 June 2019

Appendix 1

The Care Act 2014 describes an adult with care and support as:

- an older person
- a person with a physical disability, a learning difficulty or a sensory impairment
- someone with mental health needs, including dementia or a personality disorder
- a person with a long-term health condition
- someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living.

Source: Care Act 2014

People with care and support needs are not inherently vulnerable, but they may come to be at risk of abuse or neglect at any point due to:

- physical or mental ill-health
- becoming disabled
- getting older
- not having support networks
- inappropriate accommodation
- financial circumstances or
- being socially isolated.

Source: Care Act 2014

Section 42: Section 42 Enquiries

- A. When a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there)
- i. has needs for care and support: (whether or not the authority is meeting any of those needs),
 - ii. is experiencing, or is at risk of, abuse or neglect, and
 - iii. as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.
- B. The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case (whether under this Part or otherwise) and, if so, what and by whom.

Source: Care Act 2014

Section 44: Safeguarding Adults Reviews (SAR)

A Safeguarding Adults Board must arrange for a review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if

- there is reasonable cause for concern about how the Safeguarding Adults Board, members of it or other persons with relevant functions worked together to safeguard the adult, and
- condition 1 or 2 is met.

Condition 1 is met if:

- the adult has died, and
- the Safeguarding Adults Board knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died).

Condition 2 is met if:

- the adult is still alive, and
- the Safeguarding Adults Board knows or suspects that the adult has experienced serious abuse or neglect.

A Safeguarding Adults Board may arrange for there to be a review of any other case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs).

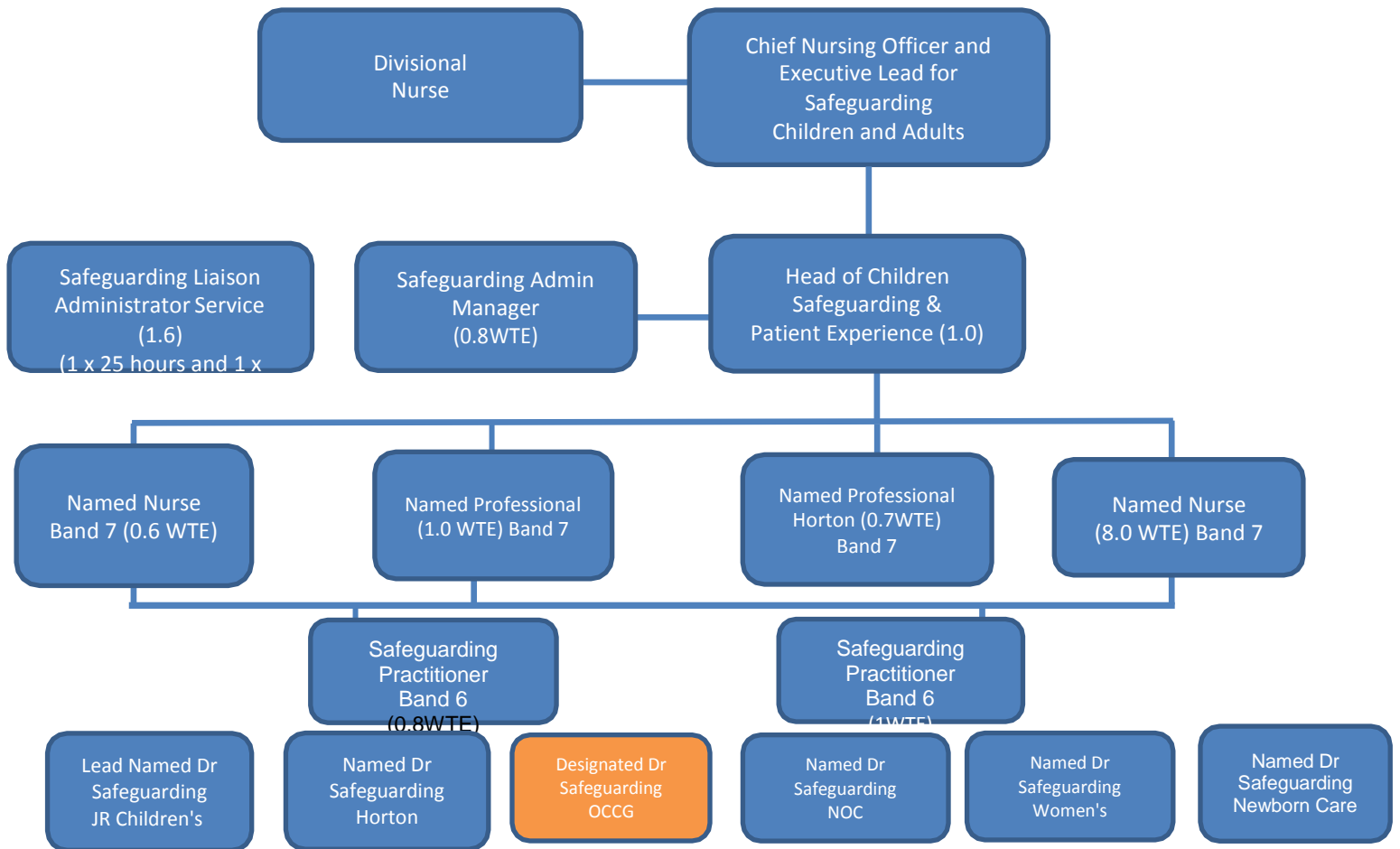
Each member of the Safeguarding Adults Board must co-operate in and contribute to the carrying out of a review under this section with a view to:

- identifying the lessons to be learnt from the adult's case, and
- applying those lessons to future cases.

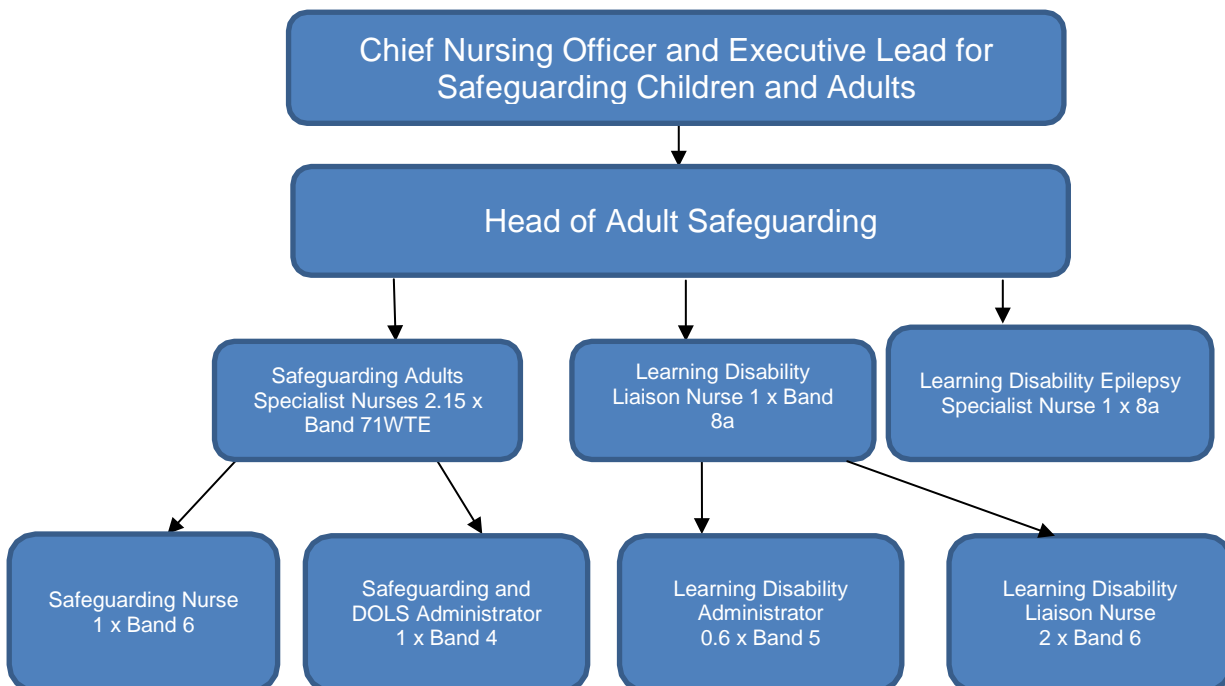
Source: Care Act 2014.

Appendix 2

Safeguarding Children team



Safeguarding Adult Team



Appendix 3

ED Safeguarding Children Liaison Referral Criteria

Referral Code	OUH Children's Safeguarding Liaison Criteria
A	Children / young people subject to CPP & LAC
B	Unaccompanied by adult with parental responsibility
C	Drugs & Alcohol
D	Assault
E	Vulnerable Adult (incl.OD) with dependent children where there are safeguarding concerns
F	Frequent attendances - more than 3 in past year
G	Not registered with GP
H	Did not wait to see medical staff
I	Parenting / supervision concerns
J	Development / weight / hygiene concerns
K	Child not in school / school issues
L	0 - 18yrs - Concerns re nature of injury / presentation / NAI
M	Delayed presentation
N	Overdose / self-harm
O	Death 0 - 18 years
P	Dog bite
Q	Burns
R	Other - Any safeguarding concerns not listed above

Appendix 4

Learning from 2018/19 Section 42 Enquiries.

- Checking the patient transfer documentation travels with the patient for the care establishment.
- When patients are discharged with Pressure Ulcers, it is essential that assessment and care information is given to care establishment either prior to discharge or at time of discharge.
- All patients admitted on the ward must have a falls assessment within 4 hours of admission.
- Named nurses to assess a patient's history in relation to falls risk and identify the possible need to re-allocate such patients to be in an area visible to nurse's station.
- Use handover to highlight patients identified as high risk of falls during general hand-over and in addition alert the bleep holder matron.
- The care plan/turning chart documents are an important aspect of care and enables deterioration to be found earlier and preventative measures taken to prevent further deterioration
- Checking patient's healthcare records documentation on admission/handover is vital.
- The process of agreeing and facilitating a discharge earlier in the day enables a patient to be transferred to a care home or intermediate care bed earlier in the day.
- Ward staff need to learn how to refer to an Intermediate Care Bed.
- It is important to share a relevant list of contact numbers including all ward numbers and the Bleep Holders to care homes.
- Clear, comprehensive and accurate documentation is key.
- Work closely with outside agencies and the patient's family and friends when a patient is very challenging to support and considerable organisation and team work is needed to facilitate a calm and organised discharge and onward package of care for a Patient.
- The prompt liaison with the Trust's Safeguarding team, OCC and DOLS Supervisory Office is necessary to support when situations are very complex.
- The prompt involvement of the Trust's Chief Nursing Officer and Chief Operating Officer is key when a ward is supporting an immensely complex patient and there is significant physical and emotional pressure on the ward team.
- Always share a patient's care plan to a third party who are also supporting a patient on the ward.