

Trust Board Meeting in Public: Wednesday 8 July
2020
TB2020.64

Title	Oxford University Hospitals Foundation Trust (OUH) Safeguarding (Children and Adults) Report 2019-2020
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Status	For information
History	The previous Safeguarding Children and Adults Annual Report was presented at the OUH Trust Board on 10 th July 2019

Board Lead(s)	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 Nurse 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.												
<p>3. Safeguarding children consultations increased by 21%, there were 2827 consultations, an average of 236 per month. Neglect remains the main consultation category which is reflected in the Local Authority as 60% of children are on Child Protection Plans for neglect. There was an increase of 4.6% (n=364) maternity bookings (n=8,253) this year of which 12.8% (n=1692) of all bookings had safeguarding issues identified. Maternal mental health, domestic abuse and drug and alcohol issues were the main categories of concern.</p> <p>Emergency department cases referred to the Liaison Service totalled 8,719, this increased by 7.6% (n=667).</p> <p>Child Protection – Information Sharing (CP-IS) went live this year and is integrated into the electronic patient record for all unscheduled attendances through ED. This has had a significant impact out of county cases for county drug lines or missing children as information is shared directly.</p> <p>Requests for information were provided to support decision making at 379 Initial Child Protection Case Conferences involving 693 children and 70 unborn babies. This is decrease of 27%.</p>												
4. Safeguarding Adult consultations increased to 1847); there were 4677 Emergency Department (ED) Electronic Patient Record reviews following referrals from ED, and 1699 clinical incident reviews where clinical teams were concerned there may have been a safeguarding concern following a clinical incident. There were 31 Section 42 enquiries (21 in 2019/20). Of these, 17 enquiries were substantiated, 10 were unsubstantiated, four were inconclusive and four remained open investigations.												
<p>5. Training compliance¹</p> <table> <tr> <td>Adult Level 1</td> <td>= 81.2%</td> <td>Children Level 1 = 85%</td> </tr> <tr> <td>Adult Level 2</td> <td>= 83.4%</td> <td>Children Level 2 = 83%</td> </tr> <tr> <td>Prevent Level 1&2</td> <td>= 80.7%</td> <td>Children Level 3 = 77%</td> </tr> <tr> <td>Prevent Level 3,4&5</td> <td>= 82.2%</td> <td></td> </tr> </table>	Adult Level 1	= 81.2%	Children Level 1 = 85%	Adult Level 2	= 83.4%	Children Level 2 = 83%	Prevent Level 1&2	= 80.7%	Children Level 3 = 77%	Prevent Level 3,4&5	= 82.2%	
Adult Level 1	= 81.2%	Children Level 1 = 85%										
Adult Level 2	= 83.4%	Children Level 2 = 83%										
Prevent Level 1&2	= 80.7%	Children Level 3 = 77%										
Prevent Level 3,4&5	= 82.2%											
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.												
<p>7. Key achievements significant partnership working to safeguard children and adults. The OUH achieved a high level of compliance in the annual OSCB/OSAB self-assessment and peer review.</p> <p>Key challenges this also demonstrates the impact of the teams</p> <ul style="list-style-type: none"> • There continues to be a significant increase in consultations across the Trust and all sites • Increase in complexity of safeguarding cases often require ongoing support from the teams • Increase in the number of requests for child protection information and participation at conferences due to high numbers of children with plans • Timely mental capacity assessment and documentation • The length of time to assess and authorise DOLS applications • The increase in patients and staff affected by domestic abuse • The challenges in achieving the KPI of 90% for safeguarding children and adults training; including the introduction of training passports 												
<p>8. Recommendation</p> <p>The Trust Board is asked to note the contents of the report.</p>												

¹ Local Safeguarding KPI is 90%: National Prevent Level 3, 4 and 5 KPI is 85%

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 1st April 2019 to 31st March 2020 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 10th July 2019.

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.

3.3 During 2020 the safeguarding teams will merge to form a single, all age, and family based safeguarding service in line with national excellent practice.

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 2827 consultations (*average* 236 per month) with the safeguarding children team. This is an increase of 21% (n=618) from 2019-20 (see Figure 1).

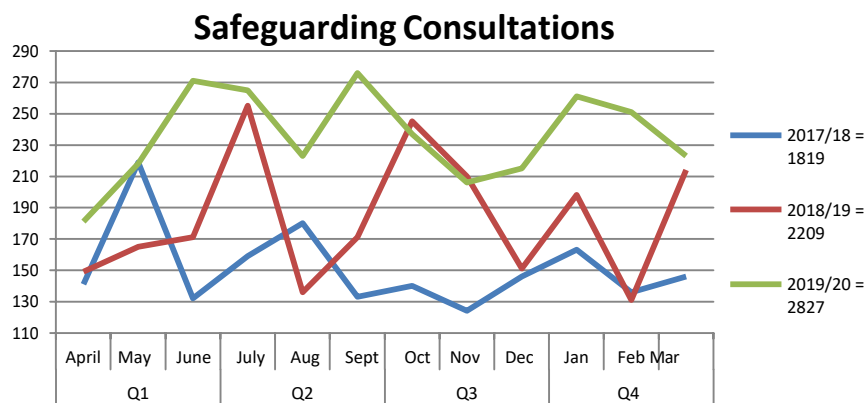


Fig. 1: Safeguarding Children Team Consultations 2017-2020

- 4.3 There were 539 children at the end of March 2020 with a Child Protection Plan (CPP) in Oxfordshire, a decrease of 11% (n=65) from 2019/20. Neglect remains the main category (60%) of CPP. The number of children that were ‘Looked After’² rose by 1% to 782.
- 4.4 Neglect remains the main consultation category to the safeguarding children team which reflects the Local Authority (LA) figures as 60% of children are placed on CPPs for neglect in Oxfordshire. Participation continues at the multiagency Neglect Strategy Group to advise and champion work to tackle neglect and increase early help for families.

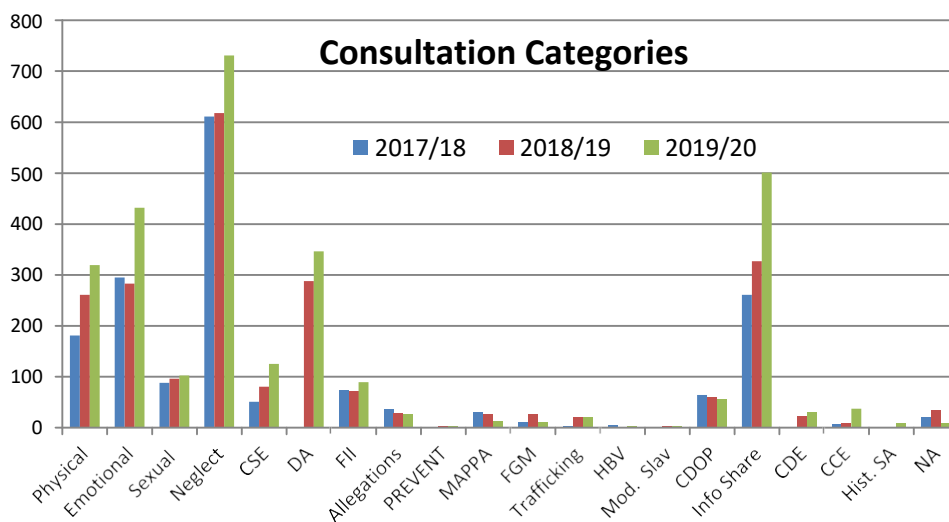


Fig. 2: Consultation category for previous three years

- 4.5 Complex cases related to adolescent mental health, to non-accidental injury and to perplexing presentations have been a feature this year. Escalation procedures have continued to be used due to delays in discharging children that require mental health settings or social care placements and maternity cases awaiting court attendance.
- 4.6 The Safeguarding Liaison Service shares information with primary care in relation to all children who attended ED with a safeguarding concern; all under 1 year olds and when a parent attends ED and there is a safeguarding concern identified (Appendix 3). This allows primary care to have a greater awareness of potential

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

Safeguarding concerns and the impact on children and also to notify when a child is known to Children Social Care.

- 4.7 The Safeguarding Children Liaison Service shares information with primary care in relation to all children who attended ED with a safeguarding concern; all under 1 year olds and when a parent attends ED and there is a safeguarding concern identified (Appendix 3). Children Social Care was also notified when a child is known to their services.
- 4.8 Safeguarding children referrals from Emergency Department (ED) totalled 8,719 as presented in Figure 3. This was an increase of 7.6% (n=667).

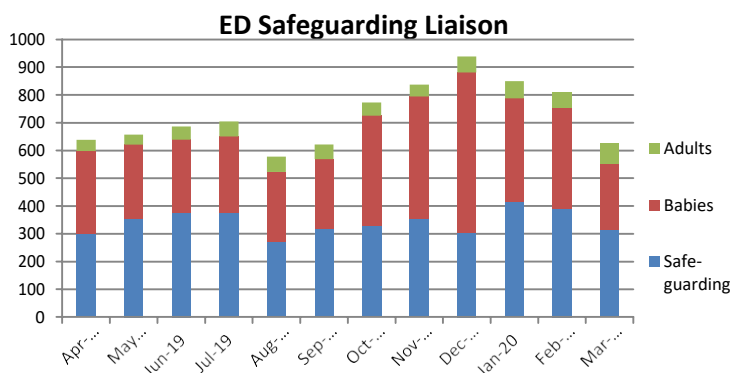


Fig. 3 Liaison Service ED Attendances April 2019 – March 2020

- 4.9 There has been a joint project with Thames Valley Police to identify any overlap involving children at high risk of exploitation, which includes criminal, sexual and drug exploitation (CCE, CSE & CDE) and attendances at ED. Of the 38 children identified 29 had attended ED with trauma, assault, drug, alcohol, mental health or sexual health issues. Sixteen had flags on their records as they were either looked after Children (LAC), on a CPP or known to the Kingfisher exploitation team. This has led to further work plans to identify cases jointly known to support early and signpost to services. A plan to introduce youth worker across TVP and the OUH is being explored to make opportunistic contact with children at risk of exploitation to change behaviours.
- 4.10 Self-harm ED attendance recording is broken into 2 age groups in line with public health the national data set. Self-harm attendances for 10-14 (n=213) an increase of 10 and an increase of 130 for the 15-19 age group (n=1250) see figure 4.

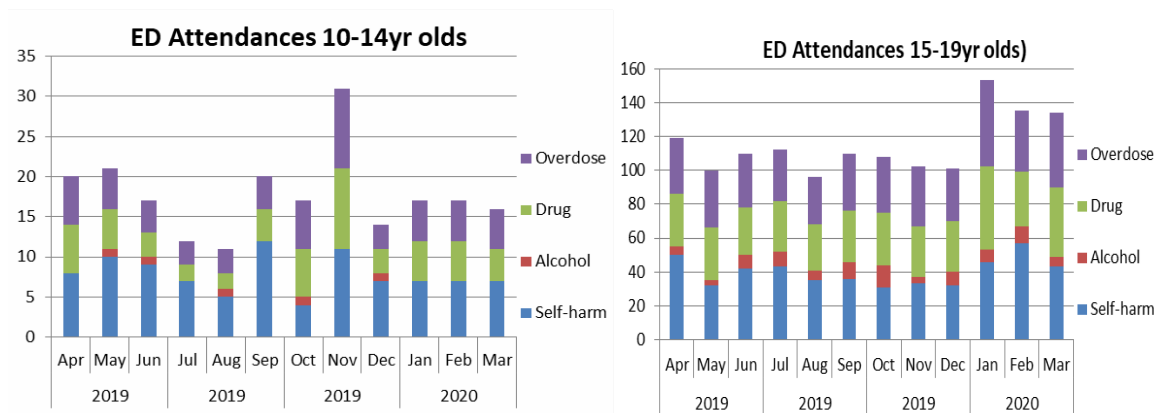


Fig. 4 ED Attendances for Self-Harm

- 4.11 Participation continues at the 3 Oxfordshire multi-agency locality self-harm forums to review the self-harm to ensure support and treatment is targeted to reduce presentations.
- 4.12 There was an increase of 4.6% (n=364) maternity bookings (n=8,253) this year. There were 12.8% (n=1692) of all bookings that were identified as either category 3 or 4 public health risk³, an increase of 162. The main category of concern continues to relate to maternal mental health however, domestic abuse and drug and alcohol issues are an ongoing issue.
- 4.13 There were 59 days where discharge was delayed beyond clinical need involving 17 maternity cases. Cases have been escalated and courts are asked to prioritise maternity and the safeguarding team work closely with children social care when placements are being sought.
- 4.14 Changes to reduce the JR hospital children social care team were implemented in December as part of CSC plan to move to a Family Safeguarding model restructuring across Oxfordshire. The remaining team will be co-located with children safeguarding team to enable closer joint working.
- 4.15 The children safeguarding team attended 155 strategy meetings working with practitioners and children's social care to ensure information is shared to help with the assessment of risk to protect a child or unborn baby.
- 4.16 Support from Psychological Medicine for staff debrief sessions following significant safeguarding events or complex safeguarding cases has continued.

5. Safeguarding Adult Activity

- 5.1 The Team's safeguarding activity and caseload divides into four work streams.
- investigation of safeguarding concerns surrounding Trust services including Section 42 investigations⁴ and safeguarding Adult Reviews (SARS)
 - consultations relating to safeguarding, anti-radicalisation and domestic abuse
 - training and education reviewing and processing the DOLS applications for the Trust
 - Supporting the safeguarding partnership working.
- 5.2 Safeguarding Adult consultations increased to 1847 (22% increase from 1516 in 2018/19); there were 4677 (from 4713 in 2018/19) Emergency Department (ED) Electronic Patient Record reviews following referrals from ED, and 1699 (from 1577 in 2018/19) DATIX where clinical teams were concerned there may have been a safeguarding concern following a clinical incident.

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

⁴ Care Act 2014

5.3 Table 2, below, shows the increase in activity when compared with the previous year.

	2018/19	2019/20	numerical difference	% change
Safeguarding Adult consultations	1516	1847	331	22%
Emergency Department (ED) Electronic Patient Record reviews following referrals from ED	4713	4677	-36	-1%
Clinical Incident review where clinical teams were concerned there may have been a safeguarding concern following a clinical incident	1577	1699	122	8%

Table 2: Comparison with activity with 2018/19

5.4 Consultations: Figure 5 shows the combined activity for the previous two 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.

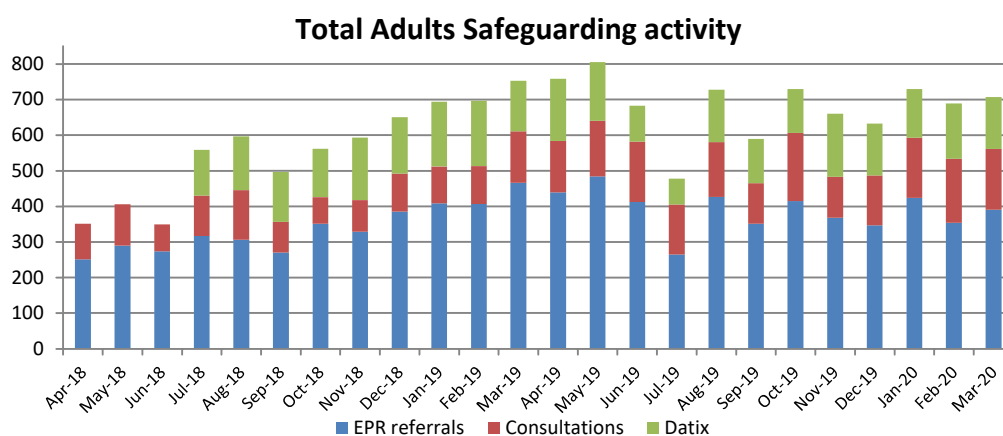


Fig.5 Safeguarding Adults Combined Activity

5.5 The team’s consultations include advice on the implementation of the mental capacity Act (MCA), completion of DASH⁵ forms when supporting someone at risk 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 6 below.

⁵ The Domestic Abuse, [Stalking](http://www.dashriskchecklist.co.uk/) and [Honour Based Violence](http://www.dashriskchecklist.co.uk/) (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>

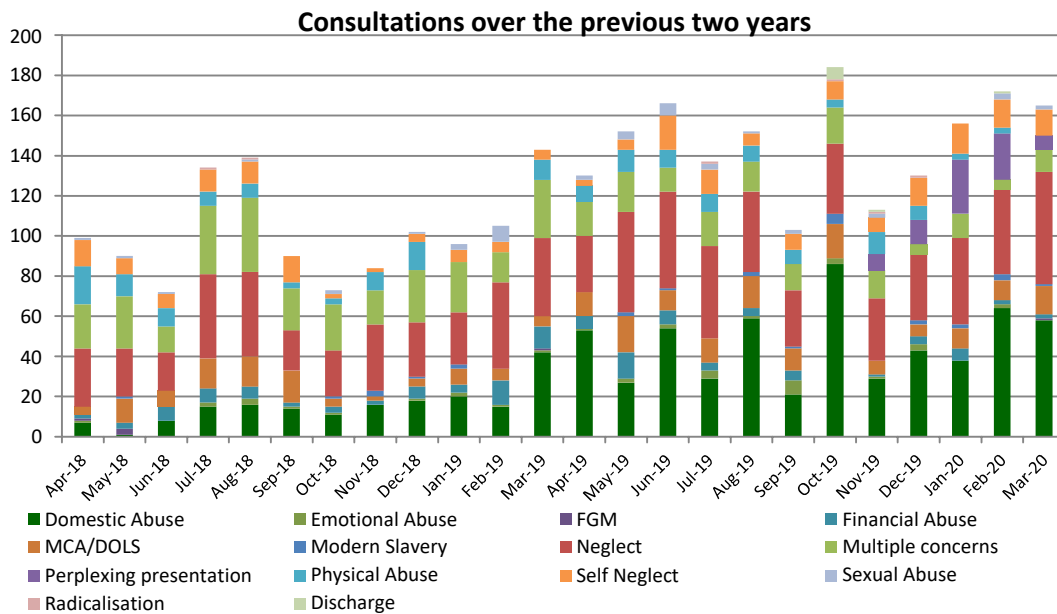


Fig. 6 consultations during 2019/20

5.6 Figure 7, below, shows the Section 42 (Sc. 42) enquiries during the year. The Trust received requests for 31 investigations. Of these, 22 were partially or completely substantiated, seven were unsubstantiated, one was inconclusive and one remains open.

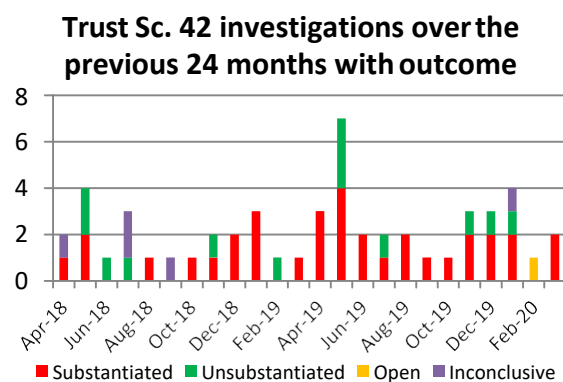
5.7 The open investigation is complex, involves two organisations and is also under investigation by Thames Valley Police.

5.8 Figure 8, below shows the divisional proportion of the investigations

5.9 The nature of the investigations has changed over the previous three years.

- 2017/18: Hospital acquired pressure ulceration, complexities surrounding discharge and falls whilst in hospital
- 2018/19: Neglect and discharge.
- 2019/20: Discharge, Pressure ulcers, TTO's⁶,

5.10 Figure 9, below shows the themes arising from Sc. 42 investigations.



F Fig. 7 Sc. 42 investigation with outcome consultations during 2019/20

31 Sc. 42 investigations 1st April 2019 to 31st March 2020.

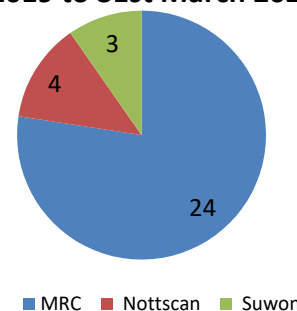
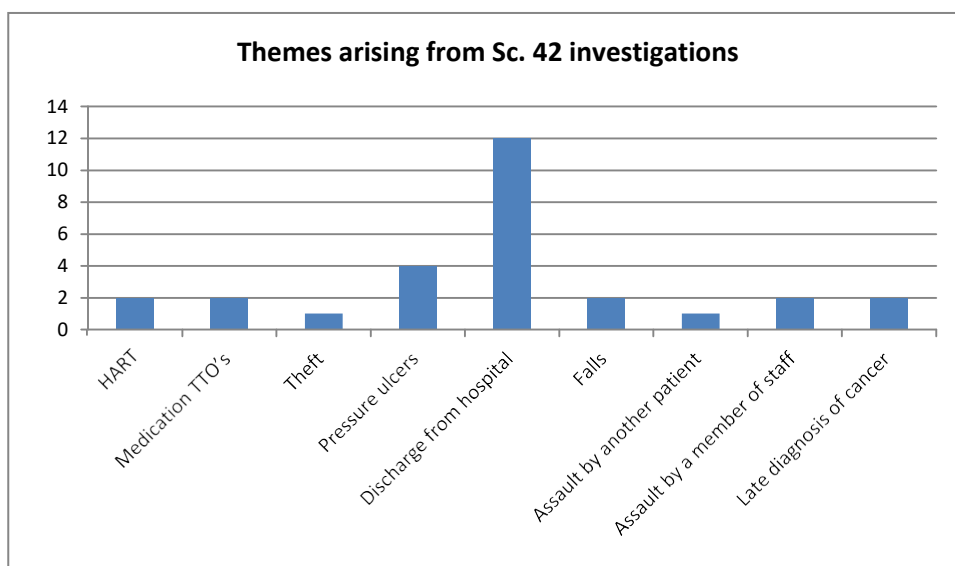


Fig. 8 31 Sc. 42 investigations by division

⁶ Medication to take home on discharge from hospital



6. Partnership Working to improve outcomes for children and adults

6.1 The safeguarding children team are members of nine sub-groups for the OSCB. The adult safeguarding team are members of five subgroups for the OSAB. This is shown in Table 2, below. The Head of Adult Safeguarding is the OSAB member and the Head of Children Safeguarding is the OSBC member and Business group member.

OSCB sub groups	OSAB sub groups
Training sub group	Training sub group(TSG)
Performance Audit and Quality Assurance (PAQA)	Performance Information and Quality Assurance (PIQA)
Case Review and Governance (CRAG)	Safeguarding Adults Review (SAR)
Policies and Procedures	Mental Capacity Forum
Child Exploitation Sub Group	Vulnerable Adult Mortality Group (VAM)
Neglect Task and Finish Group	
Child Death Overview Panel (CDOP)	
Health Advisory Group	
Business Group	

Table 2: Membership of OSCB/OSAB sub groups

6.2 The Trust also attends the Oxfordshire Community Safety Partnerships, Modern Slavery Forum, the Oxfordshire Domestic Abuse Strategic Group and the multiagency Partnerships in Practice meetings.

6.3 Both the children adult safeguarding teams contribute to the OSCB and OSAB training pool.

6.4 The safeguarding children team continued to contribute to the functioning of the Multi-Agency Safeguarding Hub (MASH) 2 days a week. This function, in

Conjunction with Oxford Health NHS FT, ensures appropriate health response to concerns raised to inform the partnership of concerns.

- 6.5 Both teams participate at the three areas and monthly Multi-Agency Risk Assessment Conferences (MARAC) to share relevant information in high risk domestic abuse cases. Information is recorded on the electronic patient record so that practitioners are aware of these risks when patients attend the Trust.
- 6.6 Both teams participate in the Oxfordshire Channel process.
- 6.7 Information is requested for all Initial Child Protection Case Conference (ICPCC) under section 47 of the Children Act 1989. There were 379 ICPCC invites, a decrease of 27% (n=152) involving 693 children and 70 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 and shown in Table 3, below.

		2018/19	2019/20	Difference	% Change
ICPCC Invited		531	379	-152	-27%
Information Shared	Unborn	92	70	-22	-24%
	Children	826	693	-133	-16%

Table 3 ICPCC information requests

- 6.8 The OUH went live with the Child Protection–Information Sharing (CP-IS) project from NHS England and NHS Digital in February this year. The system has been integrated into EPR and automatically notifies staff when a child or unborn baby is at risk in England and on a CPP or is Looked After by the LA. This currently involves unscheduled attendances through ED; phase 2 will include all attendances. This has had the biggest impact on children outside of Oxfordshire especially in cases of county drug lines or missing children. Children social workers nationally are informed of any attendance through CP-IS.
7. **Female Genital Mutilation (FGM)** - FGM-Indicator System is an additional 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'. The Trust is currently not complying with FGM-IS, as it is considered disproportionate as there are established local safeguarding processes in place. Alerts may adversely impact on women seeking health advice if an alert is in place. Any concerns are shared by primary care health professionals locally and nationally and the Trust is working with NHS England to assure an effective process is in place.

8. COVID-19.

- 8.1 The team's activity followed the usual and expected pattern but changed from 16th March 2020 as a result of the COVID 19 pandemic.
- 8.2 There was a considerable reduction in Domestic Abuse referrals. This mirrored the experience from the Police, Oxford Health and the county's Domestic Abuse services and was a significant difference with nationally reported domestic abuse data. The concern related to victims at home in lockdown with a perpetrator and unable to contact services safely. The multiagency health and social care sector county Domestic Abuse group increased the communications to raise the profile across the community. An At a Glance has been developed for maternity to highlight issues of domestic abuse during social isolation. The safeguarding team

- are part of the county wide domestic abuse strategy and information is regularly updated on the intranet safeguarding pages to support staff to support patients and colleagues.
- 8.3 The referrals for neglect relating to the reason for patients' admission from home increased considerably during March from previous months. Significant neglect was noted in relation to patients identified as shielded or patients who were carers who contracted COVID-19.
- 8.4 This was shared with the Oxfordshire CCG and the OCC Adult Safeguarding team; the local COVID support groups developed during the 2nd half of March and the OCC Community Support Hubs were developed by 9th April. This in part helped with the response to the concerns for isolated and vulnerable people in this situation and the potential for neglect/ harm from a reduction in statutory services.
- 8.5 The implementation of the Mental Capacity Act remained the same during COVID-19. The Trust's Mental Capacity Intranet site was amended to reflect the pandemic. This was collaboration between POWHER⁷, Childrens and Adults Safeguarding Teams, Learning Disability Teams and Oxford Health NHS Foundation Trust.
- 8.6 The Safeguarding Teams increased the partnership working during March 2020. Some were instigated by the Trust and adopted the Trust's safety huddle as a model. These included
- Thames Valley Police, Oxford Health and OUH (Community Safety, Safeguarding and Security Services)
 - The Trust and Oxford Health Learning Disability services
- 8.7 The teams joined the system wide partnership coordination meetings relating to learning disability. These started in March 2020. This system wide meeting shared the impact of COVID-19 for people with learning disability which was shared with NHS England and enabled a rapid implementation of the COVID -19 passports. The Trust's Learning Disability Team uploaded 455 individual and person centred COVID -19 passports onto patients individual Electronic Patient Records (EPR). The passports were developed by NHS England with family carers and completed with individuals with a learning disability, families, social supporters, Oxford Health and the Trust learning Disability Liaison Service.
- 8.8 Carers Oxfordshire, Oxford Family Support Oxford Health and the Trust's Learning Disability Services network held a successful and well received virtual on line seminar on 9th April 2020 for family carers worried about the impact of COVID-19 on their relative with a learning disability. The planning for this event was held in late March and was instrumental in family carers feeling more confident about the Trust's care for people with learning disability.
- 8.9 The national rapid LEDER (Learning from Learning Disability Death Review) was implemented in March to enable rapid learning from anyone's sad death from COVID-19. The Trust participated in this with the Oxfordshire VAM (Vulnerable Adult Mortality Group).
- 8.10 Safeguarding teams have continued to support staff during the changes to working providing advice, supervision and support with case management.

⁷ <https://www.pohwer.net/forms/contact-us>. Pohwer provide the Independent Mental Capacity Act Advocate services in the county.

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

- 9.1 The correct implementation of The Mental Capacity Act 2005 (MCA) is pivotal to patient centred healthcare. This important legislation 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 years and over.
- 9.2 Mental Capacity is time and decision specific which safeguards against assumptions and decisions being made about the patient.
- 9.3 The Trust’s MCA assessment is embedded within the Electronic Patient Record System (EPR). The Trust’s MCA site gives clinical staff current information on the implementation and statutory responsibilities for MCA. The site was recently reviewed in light of the COVID- 19 pandemic.
- 9.4 The Deprivation of Liberty Safeguards (DOLS) form part of the Mental Capacity Act 2005. DOLS were introduced in 2009. The Trust’s ward nursing teams are responsible for the DOLS application and management on the ward. The adult safeguarding team manage and administer the DOLS for the Trust.
- 9.5 Each DOLS application is reviewed by the safeguarding adult’s team prior to the safeguarding administrator sending to the appropriate DOLS supervisory office. This process is shown in Appendix 4 and includes the statutory responsibilities to inform the Care Quality Commission (CQC).
- 9.6 An administrative and clinical review is undertaken prior to the submission of the DOLS application form. This ensures
 - a relevant mental capacity assessment is documented
 - accurate, appropriate and comprehensive DOLS
 - The appropriate use of Sections 5 and 6 of the Mental Capacity Act. For example if a patient is experiencing acute delirium and it is likely they will recover mental capacity.
- 9.7 During the year, 200 DOLS applications were made. Figure 9 shows the comparison with the previous four years and shows a reduction for the second consecutive year, although in March eight DOLS applications were made because of the emphasis of preparations for COVID - 19. Please note that the 2019/20 figures have been broken down by division.
- 9.8 Figure. 10 shows the DOLS applications dropped in March to eight. This was due to the increasing focus on the Trust’s preparations for COVID 19.

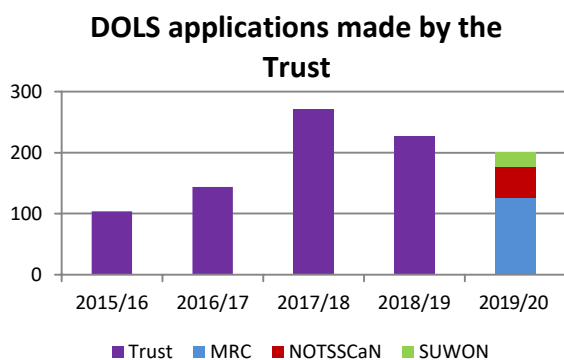


Fig. 9 DOLS applications submitted

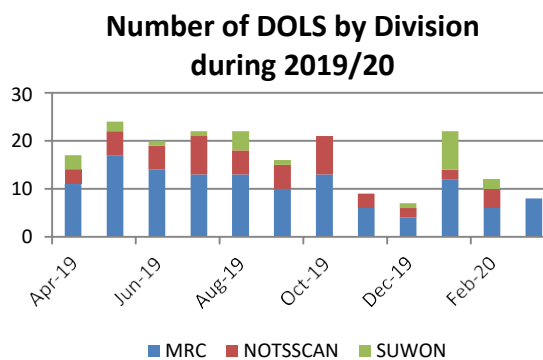


Fig. 10 DOLS by Division during 2019/20

9.9 The risks and mitigations in association with the implementation of DOLS are shown in Table 4.

Risk	Mitigation
Lack of clarity regarding the implementation of Liberty Protection Standards in the Mental Capacity Assessment Act 2019.	The national implementation has been postponed due to the delay in the publication of statutory guidance and the COVID-19 pandemic.
Continued impact of Cheshire West judgement in 2014 ⁸	Escalation for Trust's patients ensuring timely clinical and Best Interest assessment when needed during the DOLS application process.
Documentation for MCA	Update of Mental Capacity Act assessment 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. Planned implementation of the Health Education England (HEE) 11 modules on MCA
Collection of all activity relating to DOLS applications	The DOLS spreadsheet has been expanded to include the status of a DOLS application. This enables more accurate recording of the number of DOLS reviewed. <ol style="list-style-type: none"> 1. Waiting for DOLS authorisation 2. Transferred - DOLS application not submitted 3. Sadly died – DOLS application not submitted 4. Using Sc. 5 and 6 of MCA – DOLS not required

Table 4: Implementation of MCA/DOLS

9.10 The Mental Capacity Amendment Act (2019) gained Royal Assent on 16th May 2019. The act was drafted 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. In the Act, DOLS will be replaced by Liberty Protection Standards (LPS). There is no date for national implementation although it is likely to be within the next 18 months.

10. Case Reviews

10.1 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.

10.2 The Trust participated in two children's reviews across Oxfordshire, one in Swindon, one in Berkshire and one in Buckinghamshire.

10.3 The Trust participated in one partnership local review and one overview of acts for an historical SCR to review learning points and agency action plans were completed.

⁸ <http://www.communitycare.co.uk/2014/03/19/supreme-court-ruling-heralds-sharp-rise-deprivation-liberty-safeguards-cases/>

- 10.4 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.
- 10.5 Safeguarding Adults Reviews (SAR): commissioned by OSAB. During 2019/20, two SARs were commissioned but have not yet concluded.
- 10.6 One review relates to nine homeless people who died in Oxford during 2018-2019. There is national concern relating to homeless people.
- 10.7 Both SARs will be reviewed by the OSAB Executive Group on 23rd June 2020.

11. Training

- 11.1 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%.
- 11.2 The Adult and the Children Safeguarding Training Intercollegiate guidance⁹ ¹⁰are used to inform the Trust training. The online safeguarding training is provided by E-Learning for Health (Health Education England)¹¹. The online Prevent training is provided by the UK Home Office.
- 11.3 Tables 5 and 6, below, present the Trust and Divisional level of compliance.

Safeguarding Level	Compliance % on 31 st March 2020
Adults Level 1	81.2%
Adults Level 2	83.4%
Children Level 1	85%
Children Level 2	83%
Children Level 3	77%
Prevent Level 1&2	80.7%
Prevent Level 3,4 &5	82.2%

Table 5: Trust Safeguarding Training Compliance

⁹ <https://www.rcn.org.uk/professional-development/publications/pub-007069>

¹⁰ <https://www.rcn.org.uk/professional-development/publications/pub-007366>

¹¹ <https://www.e-lfh.org.uk/>

	Adult Level 1 %/gap	Adult Level 2 %/gap	Children Level 1 %/gap	Children Level 2 %/gap	Children Level 3 %/gap	Prevent Level 1&2	Prevent Level 3,4 & 5
Corporate	84%/130	81%/37	86%/119	75%/36	50%/15	81.0%	90%
MRC	85%/112	82%/472	85%/106	80%/459	71%/97	81%	80%
NOTTSCaN	76%/237	82%/522	77%/223	81%/410	75%/191	75%	79%
SWUON	91%/70	89%/268	91%/68	88%/268	83%/57	85%	85%
CSS	91%/95	90%/94	90%/120	88%/115	100%/0	86%	87%

Table 11: Divisional Safeguarding Training Compliance

11.4 Compliance with training dropped at the end of the year due to stopping face to face training as a result of the Covid-19 pandemic and NHS England and Government advice on social distancing. Training is available on line and there are plans to introduce remote seminars to provide a blended approach to achieving compliance. The OSCB and OASB are developing a suite of training to be available on line and through webinars to support agencies. Staff will be signposted to training to access.

11.5 The plan to achieve compliance continue in both adult and children safeguarding as follows:

- The Electronic Learning Management System (ELMS) Electronic Staff Record (ESR) are directly linked.
- The Trust are moving to a new learning platform which is expected to provide a passport programme to enable staff to transfer their previous Statutory and Mandatory Training to their Trust account and any additional CPD, webinar attendance, updates to provide evidence of compliance with the Intercollegiate guidelines for both adult and children. 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 the Divisional Directors.

11.6 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 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.

11.7 During 2020/21 the Trust will implement the following training, delayed because of COVID-19 pandemic.

- Level 3 Adult Safeguarding training
- Advanced Mental Capacity Act training for clinicians
- Online ACT (Action Counter Terrorism) training

12. Audit

- 12.1 The Trust submission of the annual OSCB/OSAB self-assessment of compliance with Section 11 of the Children Act and the Care Act 2014 was positively peer reviewed and commended on the quality of the return. The Trust was also commended for the high number of responses (n=836/55%) to the practitioner audit undertaken for the assessment.
- 12.2 A small audit was undertaken to ascertain clinical staff awareness of safeguarding and neglect. The focus on assessment tools and procedures to report concerns and confidence in reporting. Results showed that 100% of respondents (n=63) knew how to access support and where to obtain information from the intranet. There were 91% of respondents aware of the referral process and 74% were familiar with the OSCB tools. Raising awareness of the Threshold of Need matrix and the Child Development checklist was highlighted and is included in training and supervision.
- 12.3 A short audit was undertaken to establish if Emergency Department (ED) discharge summaries were being received by GP practices for children who attended the OUH EDs and were on a Child Protection Plan (CPP) or that were Looked After Children (LAC). A concern was raised during a serious case review that discharge summaries were not all received by GP practices. The results showed that a 100% of discharge summaries (n=17) had been received by the child's GP practice.
- 12.4 Two audits were undertaken relating to section 42 investigations.
- outcomes from closed investigations
 - process of investigation

The finding of the audits with recommendation for change in practice will be presented to the Nursing and Midwifery Board (NMB) on 13th July 2020 and then Clinical Governance Committee on 19th August 2020.

13. Impact

- 13.1 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.
- 13.2 The challenges with capacity have been considerable again this year. The establishment has been reviewed and a decision has been made to merge both teams into a single all age family based safeguarding team. This is in line with national practice.
- 13.3 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.
- 13.4 The number of consultations undertaken has enabled teams to support patients and their families in challenging and extremely complex circumstances. The teams have contributed to the level of safeguarding children and adults knowledge across the Trust and in the county.
- 13.5 The adults' team's review of each DOLS application continues to maintain 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.

- 13.6 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.
- 13.7 The team have supported the Trust's clinical teams to complete 31 Sc. 42 enquiries and reviewed prior to submission. The impact of this has been to raise the importance of this statutory function.

14. Documentation of data relating to children and adult safeguarding

- 14.1 There is a considerable amount of safeguarding data relating to Trust consultations, DOLS, Section 42 investigations and SARs stored in secure excel spreadsheets.
- 14.2 This has become unsustainable given the size of storage required and the statutory nature of the safeguarding clinical workload.
- 14.3 The Ulysses safeguarding module will be procured in the second wave of Trust procurement during 2020. This has been ratified by the Chief Nursing Officer and Clinical Governance Committee.

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

- There continues to be a significant increase in consultations across the Trust and all sites in both children and adult safeguarding¹²
- Increase in complexity of safeguarding cases e.g. mental health, maternity, perplexing presentations, domestic abuse and neglect. These often require ongoing support from the teams
- Increase in the number of requests for child protection information and participation at conferences due to high numbers of children with plans
- Timely mental capacity assessment and documentation
- The length of time to assess and authorise DOLS applications
- The increase in patients and staff affected by domestic abuse
- The challenges in achieving the KPI of 90% for safeguarding children and adults training; including the introduction of training passports via the new learning platform Totoro

16. The Key achievements

- The significant amount of daily interagency partnership work to safeguarding children and adults
- OSCB and OSAB self-assessment which evidenced good practice

¹² reflected locally and nationally

- Effective patient centred collaboration when working alongside multidisciplinary clinical teams to safeguard patients

17. Conclusion

17.1 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.

17.2 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.

17.3 The teams will merge into a single all aged, family based service within the Q1 and Q2 2020/21. This is an extremely positive move and is in line with national best practice.

18. Recommendation

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

Executive Lead: Sam Foster Chief Nurse

Authors:

Tracy Toohey Head of Children Safeguarding and Patient Experience

Caroline Heason Head of Adult Safeguarding and Patient Experience

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 him or her 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).

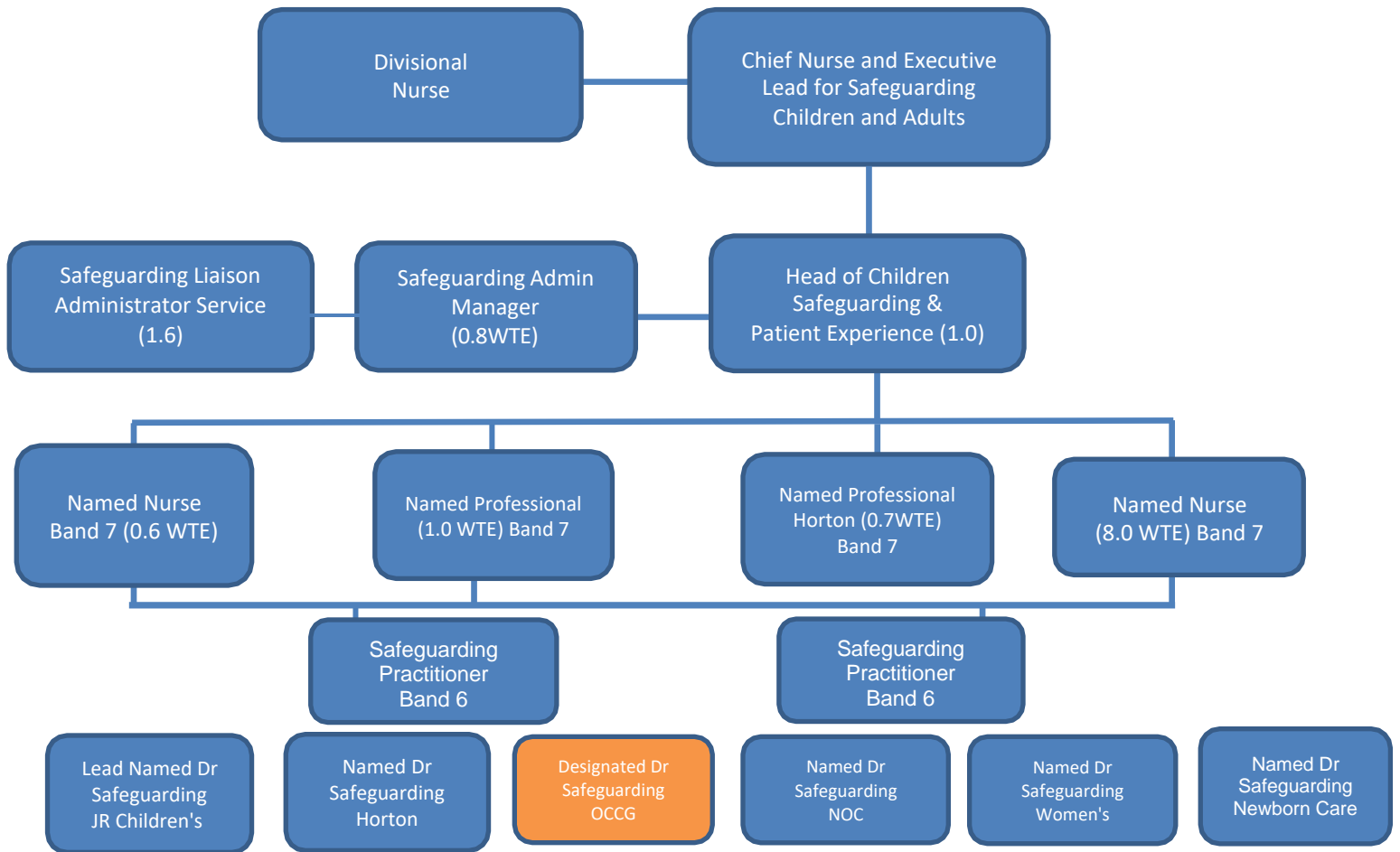
Each member of the Safeguarding Adults Board must co-operate in and contribute to the carrying out of a review under this section with a view to:

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

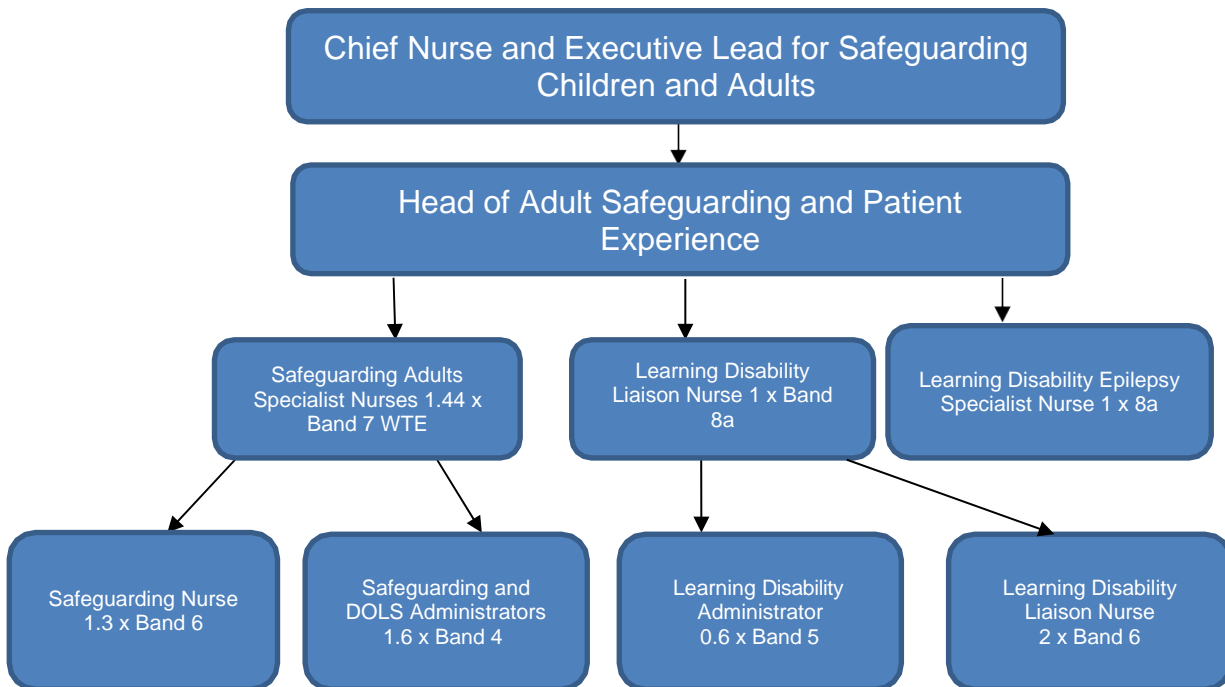
Source: Care Act 2014.

Appendix 2

Safeguarding Children team



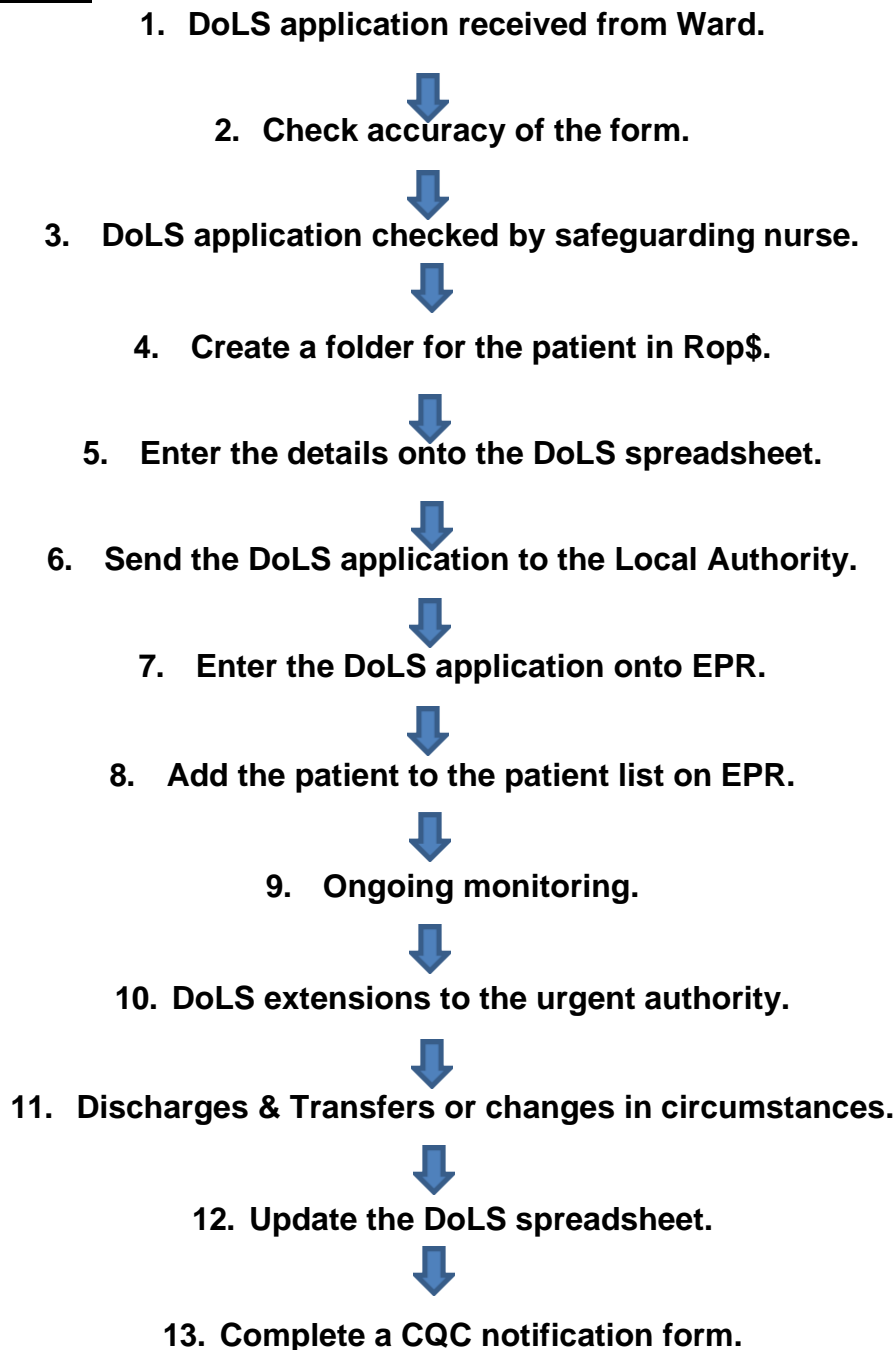
Safeguarding Adult Team



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 3 months or 10 in a 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

Trust DoLS Process

A Deprivation of Liberty Safeguard (DoLS) is applied for when the patient does not have capacity to consent to care and/or treatment and has an impairment of mind or brain. The DoLS can be authorised by the Trust (the Managing Authority) as an URGENT AUTHORISATION for an initial 7 days and then can extend it for an additional 7 days (14 days in total). At the same time raising an urgent authorisation the Trust also applies for a STANDARD AUTHORISATION to the local authority DoLS Office (known as the supervisory body). The patient's usual place of residence will decide which local authority administers the application.

1. DoLS application received from Ward.

The DoLS application will be received through the shared Safeguarding Adults Email address, safeguardingadults@ouh.nhs.uk

2. Check accuracy of the form.

Check that the form has been completed correctly and all mandatory boxes are complete. An annotated version of the DoLS form can be found here: <Z:\SAFEGUARDING - DO NOT DELETE\Safeguarding Adults Files\DoLS\DoLS forms\annotated DOLS form.docx> Ensure the DoLS has been signed and dated as the DoLS office will not accept the form without a signature. REMEMBER: this is a legal document.

ENSURE that there is a mental capacity assessment (MCA) documented on EPR. The MCA is a decision trigger for a DoLS being put in place, it confirms the patient's lack of capacity and that the decision for the application is proportionate, legal, accountable, necessary and ethical.

3. DoLS application checked by safeguarding nurse.

One of the safeguarding nurses will check the validity of the application; they may decide that the patient should be treated under Sections 5&6 of the MCA or that the application is not warranted (in the case of Section 5&6 or not warranted then the nurse will make an entry on EPR).

4. Create a folder for the patient in Rop\$.

Create a folder for the patient in the "Current DoLS case files" folder. This can be found in Rop\$, save the DoLS application and the email sent by the ward. You can find the folder at the following location; <Z:\SAFEGUARDING - DO NOT DELETE\Safeguarding Adults Files\DoLS\Current DOLS cases files>

Save a copy of the email from the Ward in the patient folder and then file the email in the DoLS folder in Outlook;

Enter the details onto the DoLS spreadsheet.

The DoLS spreadsheet is password protected and can be found at; <Z:\SAFEGUARDING - DO NOT DELETE\Safeguarding Adults Files\DoLS\DOLS database October 2020.xlsx> Enter the details of the patient onto the spreadsheet. If the safeguarding nurse feels that the patient should be treated under Sections 5&6 of the MCA or if the DoLS is not warranted record this under the "Rejected DoLS" tab.

5. Send the DoLS application to the Local Authority.

Send the DoLS application to the local authority. Oxfordshire DoLS office use EGRESS encryption service. Other authorities use different systems in which case use the safeguarding adults shared NHS.net account. Northamptonshire has a different system altogether and uses an online system for registering DoLS. Details of DoLS officers and any associated logins can be found here; <Z:\SAFEGUARDING - DO NOT DELETE\Safeguarding Adults Files\Useful Information V1 04.03.2020.docx>

6. Enter the DoLS application onto EPR.

Enter the details of the DoLS application on the electronic patient records (EPR) system which includes uploading the DoLS application.

- a. Start by bringing up the patient details, then click on the "Notes" tab on the left hand side menu bar.
- b. At the top of the page you will see a grey toolbar; the first tab is what looks like a piece of paper with a yellow star. Click on this.

- c. The narrative box will appear (titles Add Document: patient's surname, patient's Christian name)
- d. Where the dropdown box says "*Type:" type in "safeguarding"
- e. In "Subject:" type in "DoLS application.
- f. Click in the narrative box and then start typing.

You can use the following narrative;

DoLS application submitted to **DoLS office, see attached.***

Please inform safeguarding of any changes in the patient's medical status or levels of restrictions.

Please inform safeguarding if the patient is transferred or discharged.

Then either (if the extension part of the DoLS has not been signed);

DoLS urgent authority Expiry Date: DD/MM/YYYY. If a further 7 day extension is required please complete page 7 of the DoLS application and submit this to the Safeguarding Adults Team before the above expiry date.

Or (if the extension has been signed);

DoLS urgent authority expiry date: DD/MM/YYYY

- g. Add a document by clicking on the paperclip.
- h. When you are happy that the entry is correct click on the "Sign" box.

7. Add the patient to the patient list on EPR.

The patient list is an easy way of keeping track of the DoLS patients. The list will show when a patient is discharged however, open up the patient records to check as this is not always the case. To add a patient to the DoLS EPR list click on the gold star with green person, enter the NHS number and then ok, this will then add the patient to the list. To remove a patient highlight their name and then hit the red cross with green person.

8. Ongoing monitoring.

Check the patient list in EPR. Sometimes the patient will show as discharged but do not rely on this. Check the DoLS spreadsheet for any extensions that need to be chased. Also speak to the Ward.

9. DoLS extensions to the urgent authority.

Upload the DoLS extension to EPR in the same way as logging the DoLS application and then file in the patient folder.

10. Discharges & Transfers or changes in circumstances.

Update the DoLS office if the patient is discharged, transferred or deceased or if there have been any changes to the patient's levels of restriction. If the patient has been assessed as having regained capacity inform the DoLS office immediately letting them know when and who undertook the assessment. If there is no longer a need for the DoLS move the patient file to the "Closed DoLS case files" folder which can be found here; <Z:\SAFEGUARDING - DO NOT DELETE\Safeguarding Adults Files\DoLS\Closed DoLS case files>

11. Update the DoLS spreadsheet.

Update the DoLS spreadsheet. Move the patient from "open DoLS" to "closed DoLS" and record when and where they were transferred or discharged to, record the date that the DoLS office was informed of the discharge/transfer/regain capacity.

12. Complete a CQC notification form.

The CQC notification forms can be found here: <Z:\SAFEGUARDING - DO NOT DELETE\Safeguarding Adults Files\DoLS\CQC Notification Form\CQC notification form MASTER COPY.doc>

There is also an annotated CQC form which can be found here: <Z:\SAFEGUARDING - DO NOT DELETE\Safeguarding Adults Files\DoLS\CQC Notification Form\CQC notification form annotated.pdf>

The CQC reference number is raised when a patient moves from “open DoLS” to “closed DoLS”. This number is made up of the year and then sequential number e.g. 2020-01, 2020-02 etc. Save a copy of the CQC notification form in the patient folder.

The location references which will be needed for the completion of the form are as follows;
Churchill = RTH02

NOC = RTH03

HGH = RTH05

JRH = RTH08

This form is then emailed to Dawn Gilkes at: dawn.gilkes@ouh.nhs.uk

CQC will acknowledge the receipt of the notification and issues a unique reference, Dawn will forward this on. The unique reference (starting ENQ1-) should be recorded on the DoLS spreadsheet. The email you receive back from Dawn will look like this (file this email in the patient folder):

