

Report to:	Board of Directors				
Date of Meeting:	24 th September 2014				
Report Title:	The Annual Report – Safeguarding Children and Adults				
Status:	For information	Discussion	Assurance	Approval	Regulatory requirement
Mark relevant box with X	x	x			
Prepared by:	Elaine Andrews and Jo Newman				
Executive Sponsor (presenting):	Rob Dearden				
Appendices (list if applicable):					

<p>Purpose of the Report</p> <p>This report is our fifth annual combined safeguarding children and adults report. Prior to 2010 separate reports were submitted for safeguarding children and safeguarding adults. The Board is asked to review and provide comment. The authors will be present to receive comments.</p>
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<p>Key points for discussion</p> <p>The work described in this year’s annual report has taken place against a backdrop of intensive changes in health trusts where the reconfigured NHS has thrown up new challenges. These challenges include our response to the Francis Report, the Saville Investigation and its emerging findings and also the Winterbourne View Enquiry.</p> <p>The annual report provides evidence of our progress and offers assurance of compliance against external safeguarding standards which include CQC compliance and Safeguarding national standards.</p> <p>The report also includes the Trust’s response to the complex and ever changing safeguarding agenda in the form of identified priorities for the next 12 months. .</p>
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<p>Recommendation</p> <p>The Board is asked to receive and note the report and to agree the priorities for the next 12 months</p>
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ANNUAL REPORT
Safeguarding Children and Adults within Airedale NHS Foundation Trust
April 2013- March 2014

Foreword

Welcome to our fifth annual combined safeguarding children and adults report. Prior to 2010 separate reports were submitted for safeguarding children and safeguarding adults.

The work described in this year's annual report has taken place against a backdrop of intensive changes in health trusts where the reconfigured NHS has thrown up new challenges. It provides evidence of progress against safeguarding standards as well as our response to the complex and ever changing safeguarding agenda.

At a national level we have been mindful of standards of care arising out of poor systems and governance and have learned lessons from national enquiries including the Francis report and the serious case review into Winterbourne View. Poor practice may not be an immediate safeguarding issue however it is important to note that if left unchallenged it can develop into one or can lead to an inappropriate culture developing in a care setting

The five West Yorkshire Safeguarding Adults Boards of Bradford, Calderdale, Kirklees, Leeds and Wakefield have been working in partnership to develop joint West Yorkshire Safeguarding Adult Policy and Procedures. The fundamental driver has been to improve quality and consistency in safeguarding practice across the West Yorkshire region.

We remain solidly committed to the safeguarding agenda and partnership working.

Rob Dearden
Director of Nursing
Executive Lead for Safeguarding

EXECUTIVE SUMMARY

- In accordance with the requirements of the commissioning policy for safeguarding children and adults, this report sets out an overview and analysis of the safeguarding children and adults' service within Airedale NHS Foundation Trust during 2013/14. We have declared compliance with CQC Regulation 11 - Outcome 7.
- Approximately 268,000 patients, annually, use services at Airedale General Hospital as inpatients, outpatients, via the Emergency Department, and as users of therapy services. This includes both children and adults.
- Only a very small proportion of patients, who used the Trust's services or experienced care, had cause to have involvement with the safeguarding children's and safeguarding adults' teams. As an example 3.4% of children admitted to the Children's Unit in this year were either known or referred to Children's Social Care by our staff.
- During 2013-14 we have seen a continued focus on safeguarding across the organisation. As awareness of safeguarding has risen amongst staff, we have seen an increase in the number of contacts to both the safeguarding teams for advice, guidance and support.

INTRODUCTION

Safeguarding adults and children is everyone's business. Airedale NHS Foundation Trust (ANHSFT) remains solidly committed to working with partners and within multi-agency safeguarding policies, procedures and guidance. We are committed to comply with policy and take the necessary action to safeguard adults and children experiencing, or at risk, from abuse.

This report provides an update for the Trust Board in relation to the safeguarding children and adults' agenda for Airedale NHS Foundation Trust.

The Children Act of 1989 and 2004 and the statutory guidance *Working Together to Safeguard Children* 2010 have set out principles for safeguarding and promoting the welfare of children and young people. *Working Together* is addressed to practitioners and frontline managers who have particular responsibilities for safeguarding and promoting the welfare of children.

In March 2013 the revised *Working Together to Safeguard Children* was published. The latest revision of our Safeguarding Children and Young People policy now includes specific reference to this document. The revised policy and procedures for safeguarding children and young people is compliant with the revised publication.

The publication of the *Intercollegiate document roles and responsibilities for healthcare staff* in March 2014 also provides recommendations applicable to all staff working in health. These recommendations relate to the roles and competencies and are relevant to all staff working within ANHSFT.

The Children Act 2004 emphasises that we all share a responsibility to safeguard children and young people and provide for their welfare and that all members of the community can help to do this.

No Secrets (DH 2000) gave local Social Care authorities lead responsibility for coordinating local multiagency systems, policies and procedures to protect vulnerable adults from abuse.

The West Yorkshire Multi-Agency Safeguarding Adults Policy and Procedures are based on the following Department of Health safeguarding principles. These principles are also used to guide decision making and practice within the Trust's safeguarding procedures.

Principle 1: Empowerment

All adults should be in control of their lives, and their consent is needed for decisions and actions designed to protect them.

Principle 2: Protection

It is every person's duty of care and/or moral responsibility to act upon suspicions of abuse and to ensure that adults at risk receive the support and protection to which they are entitled.

Principle 3: Prevention

Prevention of abuse is the primary goal. Members of the public, agencies, service providers, individual staff and volunteers, and communities all have a role in preventing abuse from occurring.

Principle 4: Proportionality

It is everyone's responsibility to ensure that responses are proportionate to the assessed risk and the nature of the allegation/concern. Proportionate decisions need to take into account the principles of empowerment and protection.

Principle 5: Partnership

Partnership means working together as partners to prevent and respond effectively to incidents or concerns of abuse

Principle 6: Accountability

This involves transparency and decision making that can be accounted for.

The safeguarding children and adults remit includes safeguarding "vulnerable children" and "vulnerable adults" as well as child protection and adult protection issues. This is now a much wider remit than traditional child and adult protection.

It is essential for all practitioners who encounter children and young people, to be able to practise with competence, and it is necessary to have effective systems for safeguarding children and young people embedded across the health service.

Developments in safeguarding children and adults over the last 12 months include changes in national and local policy, staffing developments and revision of the training packages delivered. There has also been an increase in our interagency joint working.

Safeguarding is an important part of everyday practice within ANHSFT.

PREVENT

PREVENT is an on-going initiative and designed to become part of the everyday safeguarding routine for Trust staff. It does not need new structures to be created but it does need to be understood and integrated into existing processes.

Healthcare staff are well placed to recognise individuals, whether patients or staff, both adults and children, who may be vulnerable and therefore more susceptible to radicalisation by extremists or terrorists. It is fundamental to our 'duty of care' and falls within our safeguarding responsibilities and as such is the business of every member of staff.

A PREVENT Strategy and Training Needs Analysis have been developed and are now used as a reference document in our delivery of PREVENT training. To date we have delivered the PREVENT Health Wrap to managers and Heads of Department. In addition both Children's Unit

staff and Emergency Department nursing staff have received the PREVENT Healthwrap training. This training has been delivered by the Trust's accredited PREVENT trainers and a structured programme of planned sessions is in place.

To date there has been no referrals regarding radicalisation of vulnerable individuals within the Trust.

POLICY AND PROCEDURES

Children

The Safeguarding Children and Young People policy and procedures were updated and approved at the Strategic Safeguarding Children and Adults group in January 2014 and ratified at Procedural Documents Approval group in February 2014. Additions made this year include strengthening the guidance for raising awareness of and managing domestic abuse and also triangulating information received by safeguarding children's team with the safeguarding adults' team. The policy is next due formal review in January 2015.

The updated policy includes reference to and hyperlinks to the Bradford Safeguarding Children's Board (BSCB) procedures. In addition hyperlinks are included for both North Yorkshire and East Lancashire procedures, to allow for the geographical catchment area. The policy and procedures for safeguarding children and young people also includes training requirements for staff across the organisation. Human Resources policies relating to safeguarding children are also included. This includes the specific procedure for management of allegations against members of staff and the referral process to Local Authority Designated Officer (LADO).

The policy includes explicit guidance for all staff groups regarding the recognition of potential or actual concerns and the actions required to be taken.

The policy and procedures are consistent with the requirements of Working Together to Safeguard Children 2013, and are also consistent with the Section 11 Children Act 2004, requirements.

There are specific standards relating to safeguarding children detailed in the Care Quality Commission Standards. The Trust declared compliance against the specific standards relating to safeguarding children for 2013/14. The evidence gathering for this year's standards is in progress.

Adults

The Safeguarding Adults policy and procedures were updated and approved at by the Policy and Procedures Ratification Group in February 2014.

The updated Trust policy includes reference to and hyperlinks to the West Yorkshire multi agency procedures. In addition, links are included for both North Yorkshire and East Lancashire procedures. This is to allow for the geographical catchment area. The policy and procedures for safeguarding adults includes training requirements for staff across the organisation. Human Resources policies are also included.

The Trust policy includes clear guidance for all staff groups regarding the recognition of potential or actual concerns and the actions required to be taken.

There are also specific standards relating to safeguarding adults detailed in the Care Quality Commission Standards. The Trust declared compliance against the specific standards relating to safeguarding adults for 2013/14. The evidence gathering for this year's standards is progress.

GOVERNANCE

The Director of Nursing is the Executive Director with lead responsibility for safeguarding across the organisation. He is a member of Trust Board; thus enabling Board awareness of the safeguarding children and adult's agenda and in addition he represents the Trust on the Bradford Safeguarding Children's Board. The Trust has senior level staff representation on most subgroups of the Bradford Safeguarding Children Board.

Since September 2010, the Trust has had in place a strategic level Safeguarding Children and Adults Group chaired by the Director of Nursing. This group is in addition to Operational Groups for children, adults and the Emergency Department. This group has continued to evolve in order to reflect the changing climate of safeguarding and includes representation across the organisation and includes patient panel members.

The Safeguarding Adults and Children Strategic Group's remit is to provide governance, direction and support for the implementation of policy and procedures and to monitor compliance with statutory requirements. The remit of the operational groups is to share practice developments and promote learning from incidents.

Children

In order to provide leadership, direction and guidance for the Emergency Department's (ED) safeguarding children issues, a Safeguarding Children in ED group was introduced in October 2010. This group has now been expanded to incorporate safeguarding adults in ED. Chaired by the Named Nurse for Safeguarding Children; this group has representation from ED, the safeguarding children and adults' team, Children's Services, paediatric liaison and also the acute mental health liaison team (Bradford District Care Trust).

Adults

In order to provide leadership, direction and guidance for the safeguarding operational agenda, the Trust has an Operational Group for Vulnerable Adults (OGVA). The agenda includes adults at risk of abuse, patients who suffer with dementia and patients with learning disabilities. Representation for this group is multi-professional and multi-agency.

Audit – children

The Trust has in place an agreed programme of audit relating to safeguarding children. Over the last twelve months, the Trust has participated in the agreed programme of audit relating to safeguarding children activity.

This has included; a review of safeguarding training compliance; measurement of compliance with key performance indicators for safeguarding children across the Trust; an audit of outpatient recording of family details; and also compliance with information gathering in the Emergency Department.

Audit – adults

The Trust has developed an agreed programme of audit relating to safeguarding adults. Over the last twelve months, the Trust has participated in the agreed programme of audit relating to safeguarding activity.

An audit programme is in place and monthly Key Performance Indicators (KPIs) are measured and are received by both Nursing and Midwifery Leadership Group (NMLG) and the Strategic Safeguarding Group. Specific safeguarding standards are audited each month via these KPIs.

Any action plans resulting from KPIs are monitored by the above groups

The Trust undertakes monthly dementia carer audits and a bi-annual report is submitted to the Clinical Commissioning Group (CCG). Any actions are monitored via the Nursing and Midwifery Leadership Group (NMLG).

Following root cause analysis (RCA) investigative meetings, the need to undertake compliance audits may be identified.

An audit has been carried out on the Assessment of Capacity and Best Interests Decision tool (AMCBID) /Consent form 4 and will be repeated in November 2014. The action plan is monitored by the Mental Capacity Act (MCA) Working Group

All audits are recorded on a register within the Clinical Effectiveness Department which is updated monthly and stored on Share Point.

SERIOUS CASE REVIEWS

Children

In the twelve months to the date of this report, there have been no serious case reviews requiring internal management reviews for ANHSFT.

Root cause analysis methodology has been utilised on one safeguarding children case where a baby was presented to the Emergency Department with significant head injuries. There has been significant progress noted with all the actions agreed. At the time of this report, the Bradford Safeguarding Children Board serious case review subgroup is still to decide whether this meets the criteria for a serious case review.

Adults

In the twelve months to date there has been no serious case reviews or Domestic Homicide Reviews requiring internal management reviews for ANHSFT.

COMPLAINTS

Children

Over the previous twelve months there has been one complaint involving safeguarding children. This related to a parental challenge of his child having been subject to a referral to Children's Social Care. This was managed through both the Trust internal investigation process and also in accordance with the complaints procedures. The actions undertaken by the staff involved were deemed appropriate and of the expected standard.

The complaints policy includes the requirement for the Named Nurse for Safeguarding Children to review any complaint involving a child or the treatment of a child. An annual report regarding complaints is presented to Trust Board. This includes any complaints involving safeguarding children. With the exception of the above mentioned complaint, no other complaint has had a safeguarding children concern.

Any Patient Advice Liaison Service (PALS) concerns involving children are also reviewed by the Named Nurse for Safeguarding Children. With the exception of the complaint referred to in the above section, which initially came via the PALS route, there have been no PALS issues regarding safeguarding children received in the twelve months to date.

Adults

The Deputy Director of Nursing scrutinises all complaints that come into the organisation and these are subsequently passed to the Safeguarding Adults team to scrutinise for any safeguarding adults issues.

The Safeguarding Adults Team presently reviews all complaints. Any complaint where the team feels that there is a safeguarding concern will be discussed with the Named Nurse for Safeguarding Adults at weekly meetings and will trigger an Adult Protection alert if this is indicated. Complaints with a safeguarding element will be tabled at the Safeguarding Business meeting for discussion

ANHSFT is fully committed to the principles set out by the Government and national policy, ensuring that the services provided help to keep children, young people and adults safe from harm. Therefore, a copy of all 73 complaints (compared to 67 last year) which have been received by the Trust were sent to the Safeguarding Adults Team or Named Nurse for Safeguarding Children, in order to ensure the complaint is assessed and reviewed against the *Safeguarding Adults and Safeguarding Children and Younger People* Trust policies. On two occasions, the complaint prompted further scrutiny and investigation with regard to safeguarding adults; one of which resulted in a safeguarding alert being triggered. The other did not necessitate a safeguarding alert however it was managed via the complaints process.

The Trust objective would be to promote wider use of learning from complaints and recognising when there has been neglectful care.

STAFFING

Children

The Trust has in post a Named Doctor for Safeguarding Children. This is currently held by a locum consultant paediatrician; however a substantive post has recently been approved but not yet appointed to.

There is also a Named Nurse for Safeguarding Children and a Named Midwife for Safeguarding. The Safeguarding Midwife reports directly to the Named Nurse for Safeguarding Children. These arrangements are in accordance with the Care Quality Commission regulations in terms of structure. The Named Nurse for Safeguarding Children also holds the post of Matron for Children's Services.

The safeguarding children team, whilst based in the Women's and Children's Group, have a Trust wide remit to deliver training, provide support and guidance. In addition these staff lead on the delivery of safeguarding children supervision across the organisation.

These posts are held by individuals with significant experience, knowledge and training in safeguarding children. These professionals are all members of the Strategic Safeguarding Children and Adults Group as well as the Operational Safeguarding Children Group. These staff are also trained to complete Individual Management Reviews should one be required to be undertaken.

The Trust has a Nurse Specialist for Safeguarding Children and in addition the Emergency Department receives the services from the Paediatric Liaison Nurse employed by Bradford District Care Trust. The Nurse Specialist and the Liaison Nurse are members of the Operational Safeguarding Children Group. The operational group also includes key staff from across the Trust.

Adults

The Trust has in post a named lead clinician for patients who suffer from dementia, a Named Nurse for Safeguarding Adults (who is also Assistant Director, Patient Safety) and also the Senior Nurse Safeguarding Adults. These posts are held by individuals with significant experience, knowledge and training in safeguarding.

These professionals are members of the Strategic Safeguarding Children and Adults Group as well as the Operational Group for Vulnerable Adults. The Named Nurse for Safeguarding Adults and

the Senior Nurse Safeguarding Adults are also trained to complete Individual Management Reviews should they be required.

QUALITY AND SAFETY

Children

Any safeguarding children incident occurring on the hospital premises, where there has been failure to follow policy or an incident involving Trust staff is captured through the adverse event process (AEF). These are sent to the Named Nurse for Safeguarding Children for monitoring. The Named Midwife reviews any forms generated by maternity services.

The Paediatric Risk Management Group includes the Named Nurse for Safeguarding Children, whose role is to ensure any safeguarding issues are identified and addressed. In addition the Paediatric Clinical Governance Group has safeguarding children as a standing agenda item and also receives an annual report regarding safeguarding children. Safeguarding children incidents are also reviewed at the safeguarding business meetings.

In the twelve months to date there have been six reported safeguarding children incidents. These included disclosures of domestic abuse, failure to gather relevant information and lack of information sharing.

Each case was reviewed by the safeguarding children team and, where appropriate, were referred to Children's Social Care in accordance with the safeguarding children policy and procedures.

Adults

Any safeguarding adult incident occurring on the hospital premises or involving Trust staff is captured through the adverse event process. The Named Nurse for Safeguarding Adults and the Safeguarding Adults Team meet weekly with the Quality and Safety Manager to review all adverse events related to safeguarding adults, falls, and pressure ulcers.

In the twelve months to date there have been fifty eight adverse event forms completed for Safeguarding Adult incidents.

SERIOUS INCIDENT REQUIRING INVESTIGATION (SIRI)

Children

The Trust Serious Incident requiring Investigation Policy includes reference to safeguarding children issues. This includes the action to be taken when a potential concern is raised. All serious incidents requiring investigation involving children are reported in accordance with the Clinical Commissioning Group's Serious Incident Requiring Investigation Policy. Subsequently these are then reported to the Local Area Team via the Strategic Executive Information System (STEIS) system.

There is the Trust's policy for investigating serious incidents and there is also a process for monitoring action plans and outcomes. This is through the SIRI assurance panel.

In January 2013, a serious incident requiring investigation (SIRI) was declared and investigated regarding a teenage girl presenting to the Emergency Department. An action plan was developed following the investigation. Compliance with this is being monitored via the local governance group and the Strategic Safeguarding Children and Adults group. (Whilst this incident was initially reported as a SIRI, it was subsequently "delogged" following the investigation).

Adults

The revised Serious Incident Requiring Investigation Policy (2012) includes reference to safeguarding adults' issues. This includes the action to be taken when a potential concern is

raised. All serious incidents requiring investigation involving an adult are reported in accordance with NHS Serious Incident Framework Document. Subsequently these are then reported to the CCG via the STEIS.

Serious incident investigations are carried out (where the Root cause Analysis Investigation identifies a safeguarding issue), for example on hospital acquired pressure ulcers and in-patient falls where the patient suffers a significant injury. This work is completed in conjunction with the Tissue Viability Nurse Specialist and the Safeguarding Adults Team. All hospital acquired pressure ulcers (categories 3 and 4) and all falls that result in significant injury are subject to a root cause analysis exercise. All RCA action plans are presented to the relevant Assurance Panels in order to provide assurance that actions have been carried through. The action plans are subsequently monitored by the Strategic Safeguarding Group and the operational group

In January 2014, NHS England, via the West Yorkshire Local Area Team, issued revised guidance in respect of the threshold of Safeguarding Incidents which should be classed as SIRIs. Our policies and procedures for safeguarding children and adults are compliant with the principles within this document. Formal reference to this document will be included in subsequent revision of the safeguarding policies.

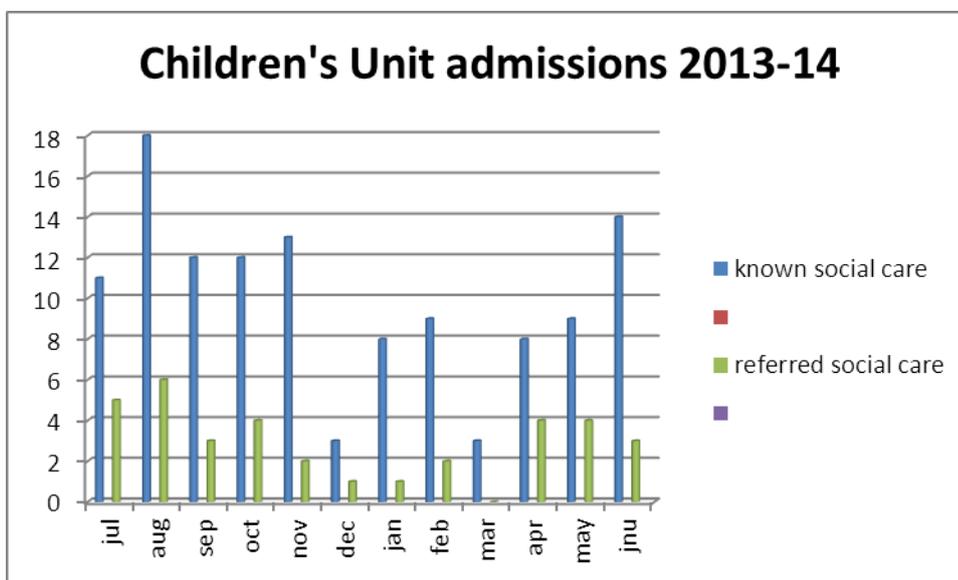
REFERRALS AND ACTIVITY

Children

Referrals to children’s social care

For the time period of this report, a review of activity within the Children’s Unit identified a total of 4452 admissions. Of these children, 118 were either previously or currently known to Children’s Social Care. A total of 35 new referrals were made from the Children’s Unit to Children’s Social Care for safeguarding children reasons.

The table below demonstrates the numbers of children referred to Children’s Social Care for safeguarding reasons from the Children’s Unit.



Reasons for referral to Children’s Social Care included; lack of parental supervision, stresses within the family, neglect, domestic abuse within the house and parental substance misuse.

Three children were referred directly to the Children’s Unit with suspected non-accidental injury.

In addition to the above, 61 children were admitted to the Children’s Unit with incidences of deliberate self-harm and for 21 admissions a history of domestic abuse within the family was noted.

In order to ensure the child is appropriately safeguarded, each of these cases required detailed and timely liaison with social care, health visitors, school nurses and General Practitioners. This is undertaken by the staff supported by the safeguarding children team.

This audit will be repeated annually to enable future comparison.

Additional referrals to Children’s Social Care for safeguarding reasons are made across the Trust by areas including Emergency Department, Main Out Patients and Child Development Centre.

A total of 101 children were referred directly to Children’s Services for child protection medical examinations. These detailed examinations were undertaken by a consultant paediatrician in conjunction with the police and children’s social care.

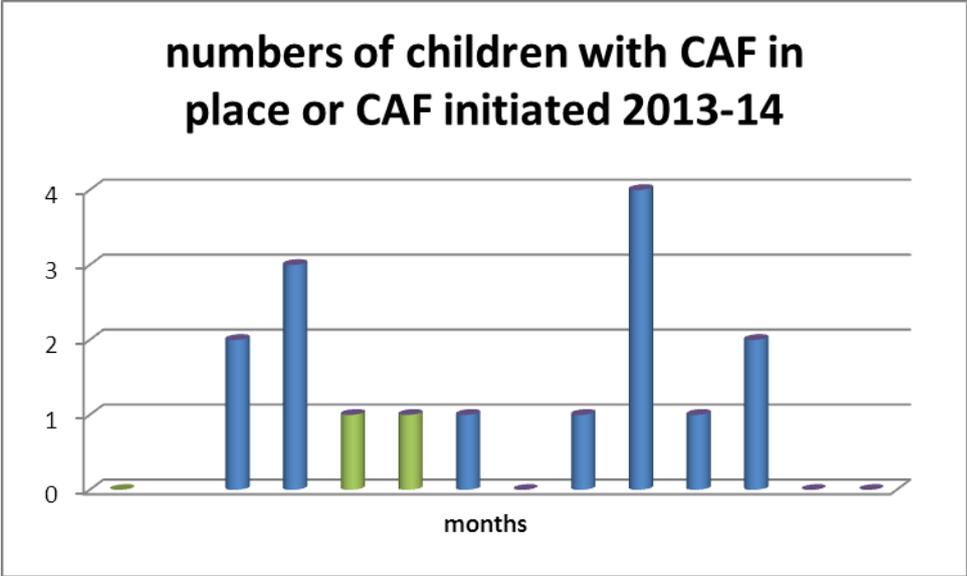
A request has been made to Children’s Social Care to provide the Trust with information regarding total numbers of referrals made across the Trust. Going forward we would look to gather detail on types of referrals, ages of victims and relationship of abuser. We are keen to gather this information from our three neighbouring local authorities.

Common Assessment Framework (CAF)

This Common Assessment Framework is a tool used within safeguarding children to identify those families who might require early intervention and support, which would be in addition to services received from universal services.

The table below demonstrates those children admitted to the Children’s Unit, whose family already had a CAF in place or where the ward staff initiated a CAF.

The blue column indicates existing CAF and the green new CAFs.

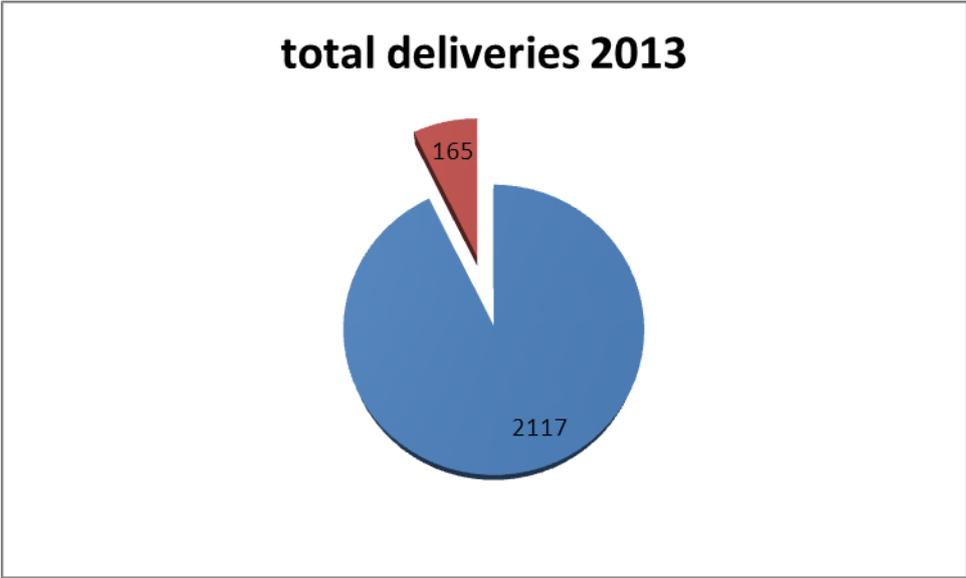


The safeguarding children team also provided support and guidance to staff working with adults across the organisation. In some of these cases a referral to children’s social care was required. Contacts for advice and support from adult’s areas are noted to be increasing by the safeguarding children team, this is believed to be due to the impact of training and the subsequent increased awareness raising amongst the Trust staff and is actively encouraged.

Maternity

The safeguarding midwife undertakes an annual review of safeguarding activity within the Maternity Service. In 2013/14 there were 2282 babies delivered compared to 2012/13 when 2378 babies were delivered.

Of 2013/14's deliveries, 165 were cases where safeguarding issues were identified. Examples of safeguarding issues included a history of domestic violence, lack of support and situations in which babies required adoption. As a percentage of deliveries this equates to 7.2%. Within 2012/13 the total was 7.6%. This suggests that whilst the number of deliveries has reduced the percentage requiring safeguarding intervention is consistent.



A total of 37 pre-birth assessment plans were received from Children's Social Care and 12 babies were removed to local authority care prior to discharge from maternity care in the 2013/14.

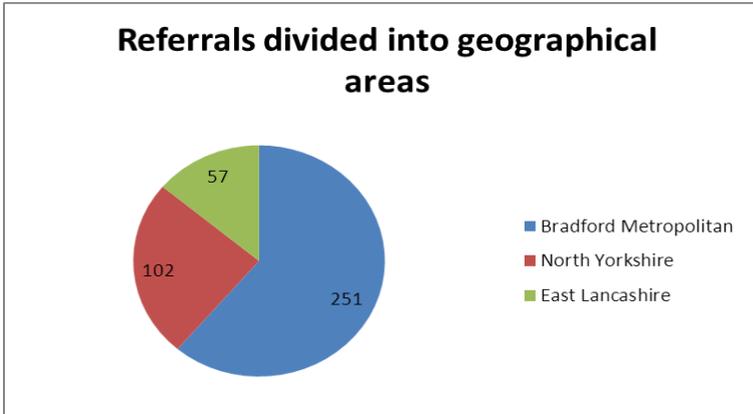
To promote midwifery staff awareness of safeguarding, the Safeguarding Midwife has implemented a link midwife role for both hospital and community teams. Together with the Named Nurse for Safeguarding Children, the safeguarding midwife is working to develop these roles further.

Adults

This year we recorded 410 concerns of abuse and also recorded the Safeguarding Adult Team's response to them; this has seen an on-going increase from last year. When there are concerns that a person has been abused or neglected, a referral is made. Sometimes, after investigation by the appropriate agency we discover that no abuse has taken place and in certain cases people have the right to refuse any intervention on their behalf.

This information will be stored on a secure data base in future and will allow the scrutiny of information in a much clearer way. A database has developed and is now operational.

The referrals were divided in to the following geographical areas: This identifies where the alleged victim lived at the time of the referral.



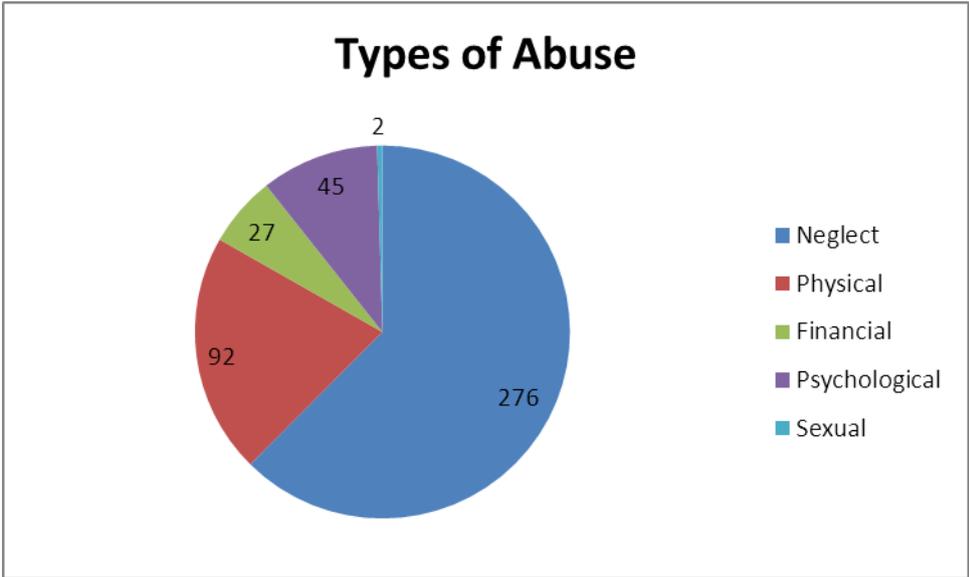
Forty three referrals have also been reported to the police or the police were already involved to allow them to carry out their own investigation. The majority of these cases were related to domestic abuse.

In last year's report we reported two ongoing cases which were being scrutinised by The HM Coroner. Both of these cases involved patients who had developed pressure ulcers prior to admission to hospital and who sadly died whilst in Airedale Hospital. The cases were concluded in 2013. No learning was identified for ANHSFT in either case. ANHSFT was complimented on robust safeguarding procedures relating to the reporting of staff's safeguarding concerns and the subsequent escalation via formal safeguarding routes.

WHAT TYPE OF ABUSE IS REPORTED?

The most common types of suspected abuse reported were financial, neglect and physical, although some reports were of more than one type of abuse. This is in line with reports to the Adult Protection Unit, which shows that the elderly are usually victims of financial abuse and neglect. As the majority of our referrals are for the over 70's this shows that our trends fit with theirs.

- Neglect = 276 cases
- Physical = 92 cases
- Financial = 27 cases
- Psychological = 45 cases
- Sexual = 2 cases

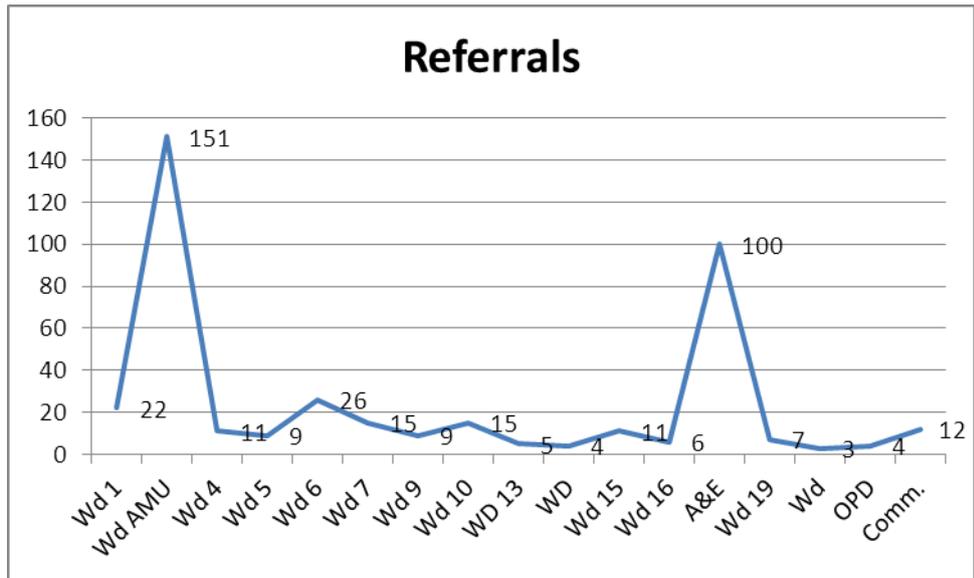


In a significant number of cases there was an element of more than one type of abuse involved. There has also been a significant increase in the number of cases where psychological abuse has been identified.

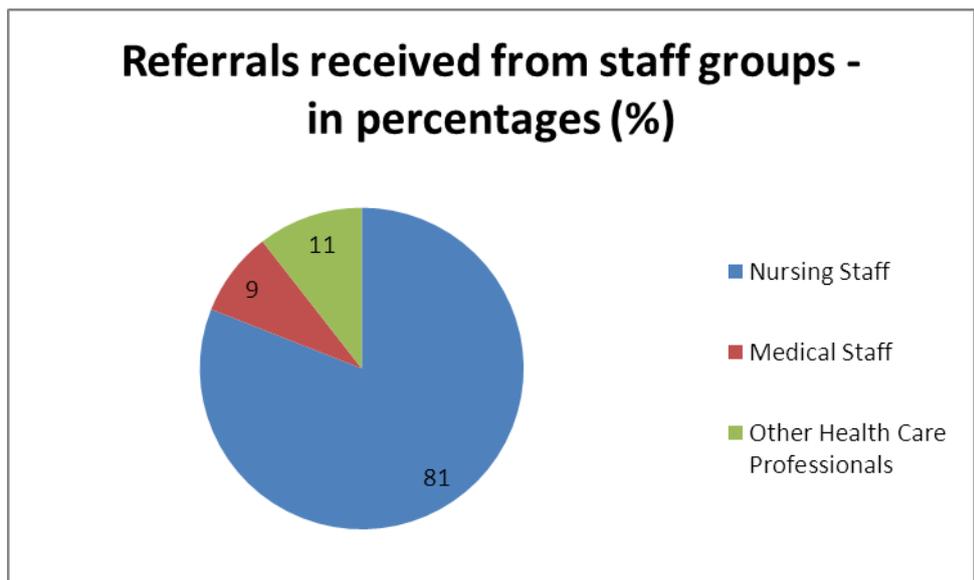
WHO ARE THE ALLEGED VICTIMS?

Approximately 61 per cent of the referrals made to the Trust's Safeguarding Adults Team are for patients aged over 70. 77 per cent were female and 23 per cent were male.

REFERRALS/CONCERNS OF ABUSE WERE RECEIVED FROM THE FOLLOWING AREAS;



REFERRALS WERE RECEIVED FROM THE FOLLOWING STAFF GROUPS



The majority of referrals were received from nursing staff (330, 81%) medical staff (35, 8.5%) the remainder were from other health care professionals within the organisation e.g. physiotherapists, occupational therapists, dieticians, speech therapists. The number of referrals in 2012/13 was 363 so there has been an increase in 2013/14.

MULTI-AGENCY WORKING AND RESPONDING TO CONCERNS

Children

The Trust's Policy and Procedures include clear guidance on managing allegations and concerns regarding safeguarding children. This includes who to contact both in working hours and out of hours. The training given to all staff on induction to the Trust includes reference to what to do if staff are concerned about actual or potential safeguarding. This is further reinforced at all training sessions at all levels.

Within the safeguarding children procedures is guidance on management of allegations against a member of staff. This procedure links to the Safeguarding Board Procedures and also the requirement for the involvement of both the police and the Local Authority Designated Officer (LADO). Updated in December 2013, the procedure identifies the current Named Senior Officer to whom allegations must be reported.

In the twelve months to date there have been no safeguarding children allegations regarding trust staff. The Safeguarding Children's Policy and procedures includes specific guidance regarding a requirement to consider safeguarding whenever any disciplinary investigation is undertaken.

Adults

The policy for safeguarding adults includes clear guidance on managing allegations and concerns regarding safeguarding adults. This includes who to contact both in working hours and out of hours. The training given to all staff on induction to the Trust includes reference to what to do if staff are concerned about actual or potential safeguarding issues.

In the twelve months to date there has been three allegations regarding three Trust staff members. This was managed in accordance with Trust policy. Each allegation was not upheld.

The Safeguarding Adults' Policy is written to be consistent with the new West Yorkshire multi agency procedures.

Within the Safeguarding Adults Policy there is guidance on management of allegations against a member of staff. This procedure links to the Safeguarding Adults Board Procedures and identifies to whom the allegation must be reported.

SAFEGUARDING BOARDS- REPRESENTATION

Children

As a requirement of the Children Act 2004, since 2006 Bradford Safeguarding Children's Board (BSCB) has been in place. The Trust is represented on the Bradford Safeguarding Children Board by the Director of Nursing as Executive Lead for safeguarding.

A restructure of the subgroups for BSCB took place in 2011; the Trust is now represented as follows;

The Named Doctor for Safeguarding Children is a member of serious case review subgroup, the Named Nurse for safeguarding children is a member of Proactive and Responsive Safeguarding Subgroup and the Nurse Specialist for Safeguarding Children is a member of the training subgroup. Additional representation has included task and finish groups for working with non-engaging families and also interfamilial abuse.

Adults

The government has confirmed its intention to establish statutory Safeguarding Adults Boards along with requirements to develop shared strategies for safeguarding and accountability to their local communities on their progress. This legislation will put safeguarding adults boards on a strong statutory footing and will ensure that safeguarding Adults Boards are better equipped both to prevent abuse and to respond abuse when it occurs.

The Named Nurse Safeguarding Adults represents the Trust on the local Safeguarding Adults' Boards (North Yorkshire and Bradford).

The Senior Nurse Safeguarding Adults is chairperson of the district wide training subgroup and as such sits on the LSAB and the Delivery Group which is sub board and involves the chairs of all the

district wide sub groups (5 in total) and is also a member of the improving practice sub-group.

RECRUITMENT AND EMPLOYMENT PRACTICE

The Human Resources Department has in place the necessary identified policy and procedures to meet the NHS Employment check standards.

This includes clear guidance regarding which staff groups require enhanced disclosure and barring service (DBS) checks. This has been revised to include all staff working with vulnerable groups.

No member of staff is able to commence employment, involving patient contact, until the relevant checks have been made.

All contracts of employment and job descriptions for staff now include the explicit responsibility for safeguarding children and adults.

The procedure for managing allegations against a member of staff has been updated and included in the current Safeguarding Children and Young People Policy and Procedures. The same is in place within the Policy for Safeguarding Adults

A programme is in place to ensure all Trust staff are compliant with the Disclosure and Barring Service checks. This initially focused on high risk groups of staff. There has been no issues related to recruitment in 2013/14. A Business Partner from the Trust's HR Department is a member of our Trust's Strategic Safeguarding Group.

TRAINING

Children

The training strategy for safeguarding children is included in the Policy and Procedures for Safeguarding Children. Information regarding the requirement level for all staff groups is identified in the training needs analysis.

The level of training required is determined by the staff member's role. For example, all Trust staff require training at level 1; all clinical staff and managers require training at level 2; and all staff working with children require training at level 3.

This strategy is now in accordance *with Working Together to Safeguard Children 2013*. Work is underway to review the requirements of the recently published Intercollegiate Document 2014 Roles and Competencies for Healthcare Staff. This document provides recommendations for level of training as well as duration of training.

All staff groups attend corporate induction within first three months of commencement of employment. Attendance is monitored by the Trust's Training Department and managers are informed of those staff who do not attend. Training is delivered to all staff groups on induction at level 1 and has been in place since September 2007.

Further in house training is provided by the Safeguarding Children Team at level 2 and level 3. Staff are encouraged, where possible, to access multiagency training externally at levels 3 and 4.

On a quarterly basis the Named Nurse for Safeguarding Children reviews progress with training. This information is included in the Trust's Quality and Safety Report, a copy of which is presented to the Trust's Quality and Safety Operational Group and at Executive Assurance Group. This is also a standing item within The Operational Safeguarding Children's group's agenda.

The current position at the end of quarter 4 2013/14, regarding safeguarding children training is summarised below;

- 71 per cent of staff in key areas working with children have completed annual updates; this includes the Children's Unit, Emergency Department and Day Nursery. This year's updates have included specific reference to PREVENT, domestic abuse and neglect. Additional level 3 training is presently being arranged in order to improve upon the compliance.
- Basic Awareness Training: over recent months progress has been steady with currently 81 per cent of all Trust staff being up to date with level 1 training. This has increased from last year where compliance was 71 per cent; staff can access the monthly Trust induction and also the monthly mandatory update sessions to receive this training.
- A programme of training for level 2 began in June 2010 with the launch of the new style mandatory training programme. A total of 72 per cent of staff have now received level 2 training. This is progress compared to previous year where position was 68 per cent.
- Work is ongoing with the training department to highlight which staff groups require which level of training. Formal monitoring of training is undertaken by the education and training department and now managers are alerted to non-compliance.
- Level 3 packages have also been updated and delivered across the Trust in those areas where staff are working with children. Staff working in a safeguarding children role also access level 4 training externally to the organisation. All these staff have had an annual update.

Adults

The revised training strategy is now included in the Policy and Procedures for Safeguarding Adults. Information regarding the requirement level for all staff groups is identified in the training needs analysis.

All staff groups attend induction within the first three months of commencement of employment. Attendance is monitored by the Trust's Training Department and managers are informed of those staff who do not attend. Training is delivered to all staff groups on induction at level 1, and has been since July 2008.

Further training is provided by the Safeguarding Adults Team at level 2. Level 3 training is provided externally for specific staff as identified in the training needs analysis. A plan is in place.

Training figures for level 2 is as follows starting at 67.28 per cent in quarter 1, 70.10 per cent in quarter 2, 82.56 per cent in quarter 3 and 82.84 per cent in quarter 4. Progress has been steadily improving over the year.

SAFEGUARDING SUPERVISION

Children

Currently supervision and reflective practice takes place following specific cases. This is facilitated by the safeguarding professionals. This is accessible by all staff that have had involvement with these children.

The staff in key safeguarding roles, e.g. the named professionals and the Nurse Specialist for Safeguarding Children, receives safeguarding supervision external to the organisation. A formal system of safeguarding children supervision is in place for Consultant Paediatricians facilitated by the Named professionals.

A policy for implementation of formal safeguarding children supervision has been developed and was approved at April 2012 Operational Safeguarding Children Group. At the end of 2013 we had achieved a total of four staff trained as safeguarding children supervisors. There is an identified training requirement to enable further implementation of this policy. Additional staff are planned to attend in 2014.

Adults

Currently supervision and reflective practice takes place following specific cases following specific cases. This is facilitated by The Safeguarding Team. This is accessible to all staff that have had involvement with adults cases related to safeguarding.

Whenever there is a major safeguarding incident within the Trust debriefing sessions, overseen by the Assistant Director of Patient Safety, are held. This is part of the supervision process.

Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLs)

The MCA working group meets quarterly. This group has representation from the main specialities, Bradford District Care Trust, Community Services and Independent Mental Capacity Advocates (IMCA)

Key activities this year we:

- Updated the MCA/DoLs policy and appendices.
- Agreed a refusal of treatment flowchart, added as an appendix to the MCA policy.
- Supported education and training on the MCA and DoLs by providing sessions at the Trust's mandatory training programme, supplementary sessions as requested by individual departments and enhanced training session now provides DoLS updates to senior staff members on a six monthly basis. In 2013/14 82.7 per cent of Trust staff attended mandatory training related to MCA/DoLs.
- An education session related to the interface between MCA and MHA available to all staff, provided by BDCT took place.
- Audited completion of the assessment of capacity and best interest tool (AMCABID) and we analysed the results. This tool is used to assess capacity and guides Trust staff to work within the legal framework
- Provided an advisory service to all hospital staff via a dedicated line- all staff are well aware of this and use it appropriately for raising concerns related to MCA/DoLs issues; these are then escalated as appropriate.
- The MCA team also act as a central point for all referrals for IMCAs and DoLs requests. .
- Commenced work to formulate a policy for the de-escalation of challenging behaviours and the use of restraint.
- Developed the concept of a *Butterfly Support Team* whose role is to support clinical teams to improve the delivery of closer monitoring of those patients (who may lack capacity) and who require close supervision.

Airedale, Wharfedale and Craven CCG continue to fund a post to support embedding the principles of the Mental Capacity Act throughout Airedale NHS Foundation Trust. The post holder continues to work alongside the Safeguarding Team and the MCA Working Group to assess and contribute to the embedding of the MCA/DoLs within the in-patient wards at ANHSFT.

Dementia Work stream

In August 2012, the Trust held a Rapid Improvement Event (RIE) for Dementia. The event used LEAN methodology and was held over 5 days with key members of staff from Airedale, patient/carer representatives and our local stakeholders and partners. The event mapped the current pathway for people with dementia, and gathered intelligence on aspects of good practice and areas of need. From this event, four options for a new pathway were identified and this was presented to the Trust Board. The event gave structure and focus to the work that was required within the Trust and the work required with our local partner organisations.

The ongoing outcomes are as follows:

- A 'Transform Dementia Services Group' is in place with identified members of the teams. Aligned to the Transform of Community Services work streams the group is the overarching group that oversee the task groups. A dementia crisis and prevention team is currently being established with the overall aim to prevent patients being admitted acutely to hospital and ensuring that the relevant support is available within the home or care environment.
- Four Task Groups were identified to action the work identified within the Rapid Improvement Event. These are Dementia Training, Dementia Environment, Dementia Patient Flow (Including admission avoidance and early supported discharge) and the Dementia Elective Pathway.
- Four wards were identified as 'appropriate wards for patients who suffer from dementia'. The focus for the environmental changes has been undertaken on three of these wards and is currently in progress on the fourth ward. The new Accident and Emergency development is currently on-going and is due for completion in October 2014 within this environment for patients with dementia has been considered within the plans. Members of the patient / carer panel using a nationally recognised audit tool from the King's Fund have audited ward environments and plans are scheduled for re-auditing of the areas that have been completed. Some initial changes such as colour contrasting toilet seats/ handrails and improved signage has taken place on these wards. A rapid training programme continues to be undertaken and the training strategy for dementia is currently been reviewed. The Trust is awaiting the outcome of a bid to the Department for capital money to 'enhance the healing environment'. If successful, the project will be called 'Here to Care'. The Trust has been successful in securing a bid from the Department of Health to 'enhance the healing environment'. The project has been called 'Here to Care'. The *Here to Care* project Group has continued to meet regularly to discuss and plan work being undertaken. REVIEW
- The principles of the 'Enhancing the Healing Environment' are being used within other departments/ areas that are being refurbished. The Endoscopy Department and the Emergency Department have both had baseline environmental audits completed in these areas and the outcomes are being used to develop the plans to ensure they are dementia friendly.

ACHIEVEMENTS IN 2013/14

The following are examples of the achievements in relation to safeguarding children and adults within the past twelve months.

- March 2013 - a fulltime Named Midwife appointed and reports directly to the Named Nurse for Safeguarding Children.
- April 2013- Safeguarding Midwife commences daily visits to maternity areas to promote early identification of safeguarding issues.
- April 2013 -Training department produce report by manager regarding individual staff requirement and compliance with safeguarding children.
- May 2013- Nurse Specialist Safeguarding Children facilitates BSCB training in domestic abuse as an approved trainer and part of training consortium.
- June 2013- Nurse Specialist Safeguarding Children presents as part of BSCB safeguarding children – a shared responsibility course.
- June 2013- The Safeguarding Annual Report was presented to the Trust's Quality and Safety Operational Group.
- July 2013 –A Safeguarding Children conference was facilitated by the Children's Safeguarding Team

- September 2013 -Quarterly reviews of compliance with training strategy undertaken and included in Trust Quality and Safety Report. Progress demonstrated.
- September 2013- All nursing staff working with children complete annual safeguarding children update.
- September 2013 -The Annual Safeguarding report was presented to the Paediatric Clinical Governance Group.
- October 2013- All Emergency Department Nursing staff complete annual safeguarding children update.
- October 2013- safeguarding the unborn conference facilitated at Airedale as part of Bradford Safeguarding Week.
- January 2014- The Safeguarding Children Policy and Procedures were updated in accordance with the revised Working Together 2013 and also the actions following the recent Serious Case Reviews. The Policy was ratified at the procedural documents approval group in February 2014.
- Monthly Operational Safeguarding Children in Accident and Emergency meetings continue to be led by Named Nurse for Safeguarding Children. This group was extended to include the Safeguarding Adults Team and the Mental Health Liaison Service. This group includes the Emergency Department's Liaison Nurse.
- March 2014- a benchmarking exercise was undertaken against 2012 *College of Emergency Medicine Standards for Safeguarding Children in Emergency Department*.
- MARAC (Multi Agency Risk Assessment Conference) - these meetings take place every month across the three social services areas looking at high risk domestic abuse cases. As an organisation we are signed up to the MARAC information sharing agreement. The Trust now receives copies of list for each of the three localities.
- CAMHS quarterly meetings with children's services, Emergency Department and Child and Adolescent Mental Health Service continue. Attendance compliance now appropriate and consistent.
- VAWG- Violence against women and young girls. The Trust has signed up to the *District Wide Health Strategy for Violence against Women and Young Girls* and the Trust has completed an action plan to run in conjunction with this. The district wide work to update this plan began in March 2014.
- An overarching action plan for falls management and prevention was developed. This is monitored by the Trust's Falls Steering Group.
- Processes are in place which reviews the effectiveness of our safeguarding arrangements. This includes weekly meetings to review falls, pressure ulcers, safeguarding incidents
- Reporting processes for pressure ulcers and falls are in place. This involves an electronic alert system
- There is an overarching action plan in place for those Category 3 and 4 pressure ulcers which have developed within the hospital over the past year. This allows themes emerging to be identified and an action plan developed. This is monitored by NMLG and SSG

- RCAs and assurance panel- All category 3 and 4 pressure ulcers (hospital and community acquired) and those falls which result in significant harm are subject to a Root Cause Analysis. The Assurance Panel then seeks assurance that actions within the action plans have been implemented in order to reduce the risk of this happening again.
- Processes are in place which reviews the effectiveness of our safeguarding arrangements.
- All AEFs concerning hospital and community acquired pressure ulcers, falls which result in significant harm and any under the umbrella of safeguarding are reviewed weekly with the Quality and Safety Manager and the Assistant Director for Patient Safety.
- An alert system within the Trust for patients, who are classed as vulnerable adults, has been developed
- An alert system is in place for patients who are admitted and have a learning disability
- In April 2014 - The Safeguarding Midwife completed a review of safeguarding activity over the previous 12 months
- Privacy and Dignity Standards has been developed and ratified
- A PREVENT implementation strategy has been ratified within the Trust and Prevent training is now incorporated within mandatory training
- The Trust was successful in a bid for monies to enhance the healing environment for our patients who suffer from dementia. The “Here to care” project was developed to support the work to improve the environment of care with people who suffer from dementia
- Four wards were identified as ‘appropriate wards for dementia’. The focus for the environmental changes has been undertaken on three of these wards and is currently in progress on the fourth ward.
- The principles of the ‘*Enhancing the Healing Environment*’ are being used within other departments/ areas that are being refurbished. The Endoscopy Department and the Emergency Department have both had baseline audits completed in these areas and the outcomes are being used to develop the plans to ensure they are dementia friendly.
- Representatives from the patient/carer panel are members of the Strategic Safeguarding Group. This offers views of service users and allows for constant service improvement related to safeguarding
- We welcomed Healthwatch *Enter and View Visit* in August 2013 to Ward 1. This visit was prompted by Healthwatch wishing to take the opportunity to work with Airedale NHS Trust to look at a few concerns raised locally by the public in relation to the care of older people with a cognitive impairment on Ward 1. The purpose of the visit was to:
 - Look at communication between staff, patients and family members of people with dementia
 - Work together with staff to look at ways of improving the experience of patients with dementia and other patients
- A draft *De-escalation of challenging behaviour and the use of restraint* policy has been written and is presently being reviewed from a legal perspective
- We updated the safeguarding adults policy in line with the NICE guidance related to Domestic Abuse

- A PREVENT Implementation Strategy has been developed and ratified by the Trust's Health and Safety Group.

PRIORITIES FOR NEXT 12 MONTHS

- To continue to implement a system of formal safeguarding children supervision across the Trust.
- To further develop a database for recording safeguarding children and adults activity.
- To continue to review mandatory training programme and consider different approaches to learning.
- To progress access and inputting to safeguarding templates within the system framework.
- To review resource and capacity for safeguarding children team.
- To review resource and capacity for safeguarding adult's team.
- To implement and embed the dementia work streams.
- To Review the medical illustration policy and consider a risk assessment.
- To strengthen engagement with East Lancashire.
- To ratify the *De-escalation of challenging behaviour and the use of restraint* policy .
- The District wide VAWG Strategy will be updated.
- To evaluate the impact of the work undertaken which enhances the healing environment for our patients who suffer from dementia.
- The principles of the '*Enhancing the Healing Environment*' are being used within other departments/ areas that are being refurbished.
- The new Accident and Emergency development is currently on-going and is due for completion in October 2014 within this environment for patients with dementia has been considered within the plans.
- A rapid training programme continues to be undertaken and the training strategy for dementia is currently been reviewed.
- To monitor the Trust's compliance with regard to the Supreme Court ruling on Deprivation of Liberty and the lowering of threshold.
- Continue to raise awareness about the PREVENT agenda.
- Working to become a dementia friendly organisation
- We have developed a series of triggers for pressure ulcers to allow us to assess whether there is a safeguarding concern

Summary

During 2013/14 we have seen further focus on the safeguarding agenda, in particular strengthening existing systems and processes within children and adult services. Representation on Safeguarding Boards has been strong and we have now progressed with strengthening our relationship with children's services in Lancashire. Work during 2014/15 will continue to build on that already undertaken, focussing on ensuring lessons are learned from local and regional safeguarding incidents.

We remain solidly committed to the safeguarding agenda and partnership working.

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