

## Trust Board Report

<b>Meeting Date:</b>	1 June 2015
<b>Title:</b>	Safeguarding Report
<b>Executive Summary:</b>	
<b>Action Requested:</b>	
<b>Report of:</b>	Jane O'Daly Head of Safeguarding
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<b>Resource Implications:</b>	None
<b>Public or Private: (with reasons if private)</b>	Public Session
<b>References: (eg from/to other committees)</b>	
<b>Appendices/ References/ Background Reading</b>	
<b>NHS Constitution: (How it impacts on any decision-making)</b>	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> <li>✚ Equality of treatment and access to services</li> <li>✚ High standards of excellence and professionalism</li> <li>✚ Service user preferences</li> <li>✚ Cross community working</li> <li>✚ Best Value</li> <li>✚ Accountability through local influence and scrutiny</li> </ul>

### Background Details

<b>1</b>	There have been significant changes to the national landscape for safeguarding – particularly in relation to safeguarding adults. This report highlights those key changes summarises it's impact and areas of action for the Trust
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#### 1 Background

The current agenda in safeguarding cuts across many of the current initiatives and drivers in the NHS (e.g. Winterbourne View, Dignity, The Francis Enquiry and The Lampard Enquiry). Additionally given that children live usually in families where there may be issues affecting the vulnerability of the adult and impacting on parenting capacity it is vital that staff and organisations adopt a Think Family approach to safeguarding.

There has been significant change across the safeguarding environment the year – particularly with regard to Safeguarding Adults legislation and consequent impact on multi-agency responsibilities and the work-load of single agency safeguarding teams. Additionally a

significant expansion to the test for Deprivation of Liberty Safeguards (DoLS) has resulted in a dramatic increase in the numbers of persons who require an authorisation for their deprivation of liberty with a consequent impact on the work-load of Supervisory Bodies and Managing Authorities alike

Safeguarding children has a relatively stable legislative framework and processes for multi-agency working and risk assessment are clear. However, there has been recently released revised statutory Guidance and this is currently being reviewed for its impact.

## **2 Safeguarding adults**

With regard to safeguarding adults, The Care Act and associated statutory guidance became effective from April 1<sup>st</sup> 2015. Whilst there are significant advancements in safeguarding adults e.g. the introduction of the well-being principle and person centered safeguarding, the statutory guidance has not been well received as it was released with a short time frame to launch and elements of it are unclear. It is expected that this guidance will be reviewed fairly quickly in 2015 following the election.

Headline changes are as follows;

- The categories of abuse have increased to 10 to include domestic violence (DV), modern Slavery and self-neglect
- The threshold for safeguarding has changed so that historical abuse will not be responded to under safeguarding; this will potentially decrease the numbers of safeguarding referrals made against the Trust as agencies or individuals with concerns over care in RWT will be signposted to make a complaint.
- S42 of The Care Act gives the power to Local Authorities (LAs) to delegate responsibility for undertaking an enquiry to any other organisation it sees fit and we can expect that this work will fall to the in-house Safeguarding Team to perform.
- Safeguarding Adult Boards (SABs) are now on a statutory footing and Health are identified as statutory partner agencies.
- Safeguarding Adult Reviews are statutorily required to be completed
- Lastly a Designated Adult Safeguarding Manager (DASM) is required in provider units with responsibility for managing allegations indicating that staff are a risk to vulnerable adults and ensuring that the DBS policies and processes are followed.

The impact of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards 2007 (MCA & DoLS), was subject to inquiry in 2014 by The House of Lords Select Committee for Post Legislative Scrutiny. It concluded that implementation was sparse and patchy across the health service due to a lack of understanding of the legislation and paternalistic attitudes of staff. It is expected that the legislation will be revised and the DoLS system expanded by 2018.

Contemporaneously with this, a judgement from the Court of Protection significantly expanded the definition of a DoL resulting in extreme pressure on the Managing and Supervisory bodies. There was national strategic agreement that a proportionate response should be adopted by Managing Authorities (e.g. NHS Trusts) to avoid total system collapse. However, even adopting a proportionate response, there would appear to be an under-reporting of DoLS at RWT and this is an area of concern being addressed by inclusion of MCA / DoLS into mandatory safeguarding training and additional staff recruited into the team to ensure increased visibility, advice and guidance on the wards and in departments.

“Prevent” is part of the Governments Counter Terrorism Strategy and it imposes responsibilities on all health agencies with regard to training, identification and referral of persons at risk of radicalisation and participation in the local Channel panels. The Trust has done significant work in this area and is represented on the Wolverhampton Channel Panel

## **3 Safeguarding Children**

The national awareness of the scale of Child Sexual Exploitation (CSE) and abuse continues to grow with additional reports from Rotherham, Rochdale and Oxford. There are significant numbers of Looked-after Children in Wolverhampton (approx. 800) They have significant health needs and can be at high risk of abuse and exploitation. A recent joint review of child sexual exploitation in the West Midlands lead by Stephen Rimmer, revealed that 488 children or young people were identified as having been sexually exploited, or at risk of abuse, in the first six months of 2014. A third of the children identified were in care, while a quarter of those living at home had been in care at some point. CSE is an area of practice that requires

development at RWT and in the Multi-agency arena. Wolverhampton has not reported any child as being a trafficked child in the recent 12 months. This is an issue closely aligned to that of CSE and possibly represents the fact that awareness of CSE and practice is in its early days in Wolverhampton

Additionally 2014 heralded the publication of the Lampard Review into the activities of Jimmy Saville. It is now clear that he was able to perpetrate extraordinary acts of abuse of vulnerable adults and children due to his role as a volunteer in several health organisations. The Trust has self-assessed its performance against the recommendations and work to ensure compliance with all recommendations is progressing in a timely way. There have been no reports of incidents of concern with any volunteer working at RWT.

RWT has been involved in 1 Serious Case Review in 2014. This is yet to be published. The work plan is in place and progressing

Domestic Violence is an issue that cuts across both adult and children's safeguarding. The Trust has been involved in 2 Domestic Homicide Reviews in 2014 with no significant learning points for RWT

#### **4 The RWT Safeguarding Service**

In 2015 the Safeguarding Children's and Adult Teams have joined together under the leadership of the recently appointed Head of Safeguarding. A robust assurance process commenced in January 2015 and concluded in February 2015. A work-plan is in place. The Safeguarding Team has been restructured to ensure capacity across the agenda – particularly in the area of domestic violence, adult safeguarding and sexual exploitation.

The Trust's Joint Safeguarding Children Group and Safeguarding Adult Group have agreed to merge in acknowledgement of the cross cutting nature of the agenda. It will meet quarterly with the Director of Nursing and lead Executive for safeguarding as the Chair.

All training is updated, cogniscent of the Care Act and relevant frameworks (Intercollegiate competencies 2013 and Skills for Health 2014). A training needs analysis has been undertaken with regard to safeguarding training and the target audience for level 3 Safeguarding has been expanded to include all Band 6,7 & 8 to access courses on learning from serious case reviews and domestic homicide reviews. Further level 3 Domestic Violence training will also be mandatory for this group and essential for role for other key groups. Prevent is moved from mandatory training to essential for role. Prevent awareness is now included in Level 2 safeguarding training, as is MCA & DoLS

The Safeguarding Adults, Safeguarding Children and Restraint policies have been reviewed and updated and new ones developed / in development and consultation include

- Trust DV policy,
- VIP Visiting Policy,
- Safeguarding Supervision Policy
- Managing Allegations (re adults)
- Managing Adults Self – harm and Suicidal behaviour

#### **5 Conclusions**

This is a very challenging period in terms of managing and responding to the demands of the national agenda in safeguarding and the work-plan for the Trust is appropriately robust. The Safeguarding Team is, in effect, newly established and will be working in a different way from the previous norm to meet the demands and requirements of safeguarding in an acute trust environment. However, the work-plan is progressing in accordance with timescales.