

Annual summary report from sub group / committee reporting to the Quality & Risk Management Group

Name of Committee	Safeguarding Committee																																	
Year Ending	May 2018																																	
Key Issues / highlights discussed in year	<p>Patient Safety:</p> <p>Incident review</p> <ul style="list-style-type: none"> • During the 12 month period of April 2017- March 2018 there were 43 incidents or safeguarding concerns highlighted • This breaks down as – • <u>Adults</u> – 28 incidents • <u>Children</u> – 7 incidents. • <u>Deprivation of liberties safeguards (Dols)</u> 8 applications • <u>Prevent</u> – 0 incidents reported • <u>Modern Slavery</u> - 0 referrals made • <u>FGM</u> – 0 referrals made <p>Incident details -See below</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 25%;">Adults</th> <th style="width: 25%;">Children</th> <th style="width: 10%;">Dols</th> <th style="width: 25%;">Comments</th> </tr> </thead> <tbody> <tr> <td>April 2017</td> <td>0</td> <td>1 safeguarding incident – Concerns re child of seriously ill patient on CCU. Liaison with SSD</td> <td>2</td> <td></td> </tr> <tr> <td>May 2017</td> <td>Significant concerns raised re Domestic Violence – IDVA involved¹ Anonymous concerns raised re patient on CCU.²</td> <td>0</td> <td>0</td> <td>¹Safeguarding referral and referral for IDVA ²Patient denied any basis to concerns and did not wish this to go any further. No referral made</td> </tr> <tr> <td>June 2017</td> <td>0</td> <td>0</td> <td>0</td> <td></td> </tr> <tr> <td>July 2017</td> <td>Concerns raised re patient who was discharged without care being re started. Incident re concerns for patient and his frail wife following domestic argument that possibly contributed to patients heart attack.</td> <td></td> <td>1</td> <td>Established that SSD were already aware of situation and taking steps to address. Liaison re safety of family</td> </tr> <tr> <td>August</td> <td>Concerns raised by Patient</td> <td></td> <td>1</td> <td>¹Police and SSD informed</td> </tr> </tbody> </table>					Adults	Children	Dols	Comments	April 2017	0	1 safeguarding incident – Concerns re child of seriously ill patient on CCU. Liaison with SSD	2		May 2017	Significant concerns raised re Domestic Violence – IDVA involved ¹ Anonymous concerns raised re patient on CCU. ²	0	0	¹ Safeguarding referral and referral for IDVA ² Patient denied any basis to concerns and did not wish this to go any further. No referral made	June 2017	0	0	0		July 2017	Concerns raised re patient who was discharged without care being re started. Incident re concerns for patient and his frail wife following domestic argument that possibly contributed to patients heart attack.		1	Established that SSD were already aware of situation and taking steps to address. Liaison re safety of family	August	Concerns raised by Patient		1	¹ Police and SSD informed
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	<p>2017</p>	<p>re an incident in February where she felt that she had been inappropriately touched on her breast whilst an inpatient. ¹</p> <p>3 incidents regarding same patient and an ongoing and escalating risk of Domestic Abuse. Police and Idva involved.</p> <p>Incident reported where patient anxious and distressed at night because a male resident at the home where she live would wander into her room at night. ²</p>			<p>and investigation carried out. Investigation not substantiated. Outcome notified to Patient, Police and Safeguarding team. Lesson learnt are being looked at</p> <p>²Patient has capacity. Aware that the resident has dementia and the staff were dealing with the situation and it had reduced. Confirmed that the home were aware and dealing with the incidents and patient had turned down solution that had worked for other residents.</p>
	<p>September 2017</p>	<p>Patient disclosed previous concerns at home - . These have been resolved and therefore no referral made – in line with patients wishes</p>		<p>0</p>	
	<p>October 2017</p>	<p>1 referral re self neglect to local board.</p> <p>1 referral to safeguarding board following disclosure of concerns re live in carer</p>	<p>0</p>	<p>1</p>	
	<p>November 2017</p>	<p>2 referrals regarding patients leaving ward inappropriately –No harm – Quality issue</p> <p>2 referrals re Pressure Ulcers ^{1 & 2}</p>		<p>1</p>	<p>¹From external safeguarding board ²</p>
	<p>December 2017</p>	<p>Delayed discharge due to unavailability of care package- misinformation from patient.</p> <p>Patient left ward inappropriately – no harm.</p> <p>Patient who had deteriorating mental</p>	<p>1 discussion with LADO – no further action</p>	<p>1</p>	

	health – referral made to mental health services. patient where there were concerns about his safe arrival home – believed to be missing when carers visited. Escalated to police – found at home asleep			
January 2018	Concern re discharge where care not in place for discharge ¹	2 concerns re patients children - discussed with local teams – not safeguarding	0	¹ Discussed with local team
February 2018	External safeguarding concern raised re patients home situation 2 other incidents raised – did not meet threshold	Concern re safety of unborn baby ¹	0	¹ Reported to safeguarding board ² Reported by another agency – cooperation
March 2018	Unsafe transfer to another hospital ¹	Section 17 information request ² Information request re safety of child ³	0	¹ Reported to safeguarding board ² Section 17 response given ³ Information given to Board

- **Dols.** This year there has been a significant drop in Deprivation of Liberties. This is as a result of the *Ferreira ruling in Jan 2017*. The court in this case held that there is in general no deprivation of liberty where the person is receiving life-saving medical treatment. This effectively removes Dols from Critical Care. Any further appeals in this case have been denied and therefore we have seen a drop in numbers in this area.

Training:

- Safeguarding training delivered to all new starters at Induction
- Safeguarding training delivered at mandatory study days
- Safeguarding link Nurses training Day held – focus on consent and Capacity
- Level 3 safeguarding training provided for relevant staff
- Trainers have attended local LSCB and specific training sessions
- Safeguarding supervision for named nurse
- Level 4 training – Children attended by Safeguarding lead
- Level 4 training Adults attended by Social Worker
- Modern Slavery training attended by Social Worker
- Level 2 updates for period 2017/18 have focused on Capacity, consent and MCA /Dols , Prevent and On line safety.

- There has been attendance at LSCB, SAB and Health Executive Safeguarding Board
- Trainers have attended local LSCB and specific training sessions

- Mandatory safeguarding training – compliance over 2017/18

	% compliant
Level 1	83.2%
Level 2	90%
Level 3	60%
Level 4	58%

Young adult and children activity:

Inpatient activity

	2014/2015		2015/16		2016/17		2017/18		
	No.	% of Total activity	No	% of Total activity	No	% of Total activity	No	% of Total activity	% of children's activity
<9 yrs	8	2%	9	3%	0		2	0.01%	2%
9-13 yrs	10	2%	14	5%	8	3.9% ¹	5	0.02%	6%
14-15 yrs	12	3%	17	7%	19	7.4%	5	0.02%	6%
16-17 yrs	168	39%	107	39%	137	54%	74	0.30%	86%
	198		147		164		86	0.35%	100%
Trend			↘		↗		↘		

Outpatient activity

	2014/2015		2015/16		2016/17		2017/18		
	No	% of Total Activity	No	% of Total Activity	No	% of Total Activity	No	% of Total Activity	% of children's activity
<9 yrs	64	4%	120	7%	137	13.4%	58	0.06%	17%
9-13 yrs	38	2%	94	6%	70	6.8%	24	0.02%	7%
14-15 yrs	61	4%	102	6.5%	79	7.7%	36	0.04%	10%
16-17 yrs	553	35%	516	33%	296	29%	226	0.23%	66%
	716		832		582		344	0.35%	100%
Trend			↗		↘		↘		

Areas of progress / self-assessment	<ul style="list-style-type: none"> ▪ Update of Safeguarding adults Policy ▪ Update of Chaperone Policy ▪ Need to update Children later this year following publication of latest update of Working Together – expected soon – prior to November 2018 ▪ Increased awareness of needs of patients with learning difficulties and dementia. Introduction of quarterly reporting of this. ▪ LD strategy – awaiting finalisation ▪ Continuation of site safety briefing to identify vulnerable patients on daily basis. Work to use Lorenzo to identify this. ▪ Action plan to address prevent deficits. ▪ FALLS coordinator appointed following incidents last year and associated learning ▪ Section 11 return made. ▪ Involvement by TVN in working party across safeguarding board on pressure ulcers and safeguarding.
Areas for development /future objectives	<ul style="list-style-type: none"> • Prevent – action plan to align training required (see attached) • Data quality issues regarding the mind the compliance figures. • Safeguarding in New Hospital to be reviewed prior to move. • Planned move to E-learning for safeguarding
Summary of Monitoring	<p>Quarterly reporting on childrens safeguarding activity Quarterly review of action plans and complaints Quarterly reporting on DoL's activity Health Outcomes Framework for Safeguarding Children – quarterly reporting CQC reporting on DoLs</p>
Terms of reference reviewed	<p>Reviewed and agreed at last joint safeguarding committee</p>
Number of meetings convened in year	<p>The safeguarding committee have met 4 times this year. Monthly meetings of operational leads</p>
Signed by Chair of Sub group / committee	<p>Penny Martin Safeguarding lead Josie Rudman</p>
Date	<p>16/7/2018</p>