

Report to Trust Board

Date 27th July 2011

Agenda item no 9.2

Title Safeguarding report for Quarter 1 (April 2011 – June 2011)
(Adults and children)
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Purpose Assurance/Information

Action required To note and accept the Q1 Trust Board report.
To ensure quality and performance indicators in the contract are met by business units.

Executive Summary

This paper provides the quarter 1 contractual quality and performance indicators/ metrics for safeguarding children and adults and additional information on progress and activity for April 2011 – June 2011.

Relevant CQC standard / Outcome 7
NHS Constitution pledge

Impact assessment:

- quality All items relevant to quality
- financial/business None if contract and regulatory requirements met.
To ensure contractual quality and performance indicators are met.
- equality/diversity Supports the Trust to meet its requirements
- risk
 - Non compliance with CQC outcome 7.
 - Contractual performance indicators in schedule 11 not fully met.
 - Training not 100%.
- legal/statutory Meets CQC requirements
- sustainability N/A

Previous Quarter 4 (June 2011)
consultation/decision/ Annual Report 2010-11 (June 2011)
discussion/

Safeguarding: Quarter 1 report (April 2011 – June 2011).

1.0 Introduction.

This paper provides the quarter 1 contractual quality and performance indicators/ metrics for safeguarding children and adults and additional information on progress and activity for April 2011 – June 2011.

2.0 Safeguarding children and young people.

2.1 Introduction

The following report outlines the contractual performance indicators and additional key performance indicators derived from the latest government reports and guidance for safeguarding children and young adults.

Bedford Hospital NHS trust has approved systems and processes in place to safeguard children that come into contact with the hospital. Trust staff work well within a multiagency context to safeguard and promote the welfare of children and young people. To ensure that these systems and processes are embedded and efficient, there will be a focus in 2011/12 on auditing their effectiveness. This will provide assurance that systems and processes are robust, thereby delivering the required safeguarding outcomes.

2.2 Quality Assurance.

2.2.1 Contract Report (Schedule 11) Q1 2011/12

No	Indicator	Number
1	Number of Information Sharing Forms received	99
2	Number of referrals to Social care	16 new referrals 21 referrals of open cases
3	Number of Child Protection Conferences attended by staff	2 = 100% of those relevant for us to attend agreed with the relevant social workers
4	Number of Child Protection meetings attended by staff	12 strategy meetings 5 other meetings 100% of meetings required to attend
5	Attendance at safeguarding training	Group 1 - 76% Group 2 – 61% Group 3 – 90% Overall – 100%
6	Attendance by Named professionals for clinical supervision	Named Doctor = 1 Named Nurse = 1 (bimonthly meetings) Deputy named nurse = 6 (fortnightly) Lead Midwife = 5

The volume of information sharing forms is increasing and thus leading to an increase in new referrals to social care. In addition children already known to children's social care are being identified, a concern raised and an enquiry made when they attend hospital. This is evidence that the staff are implementing learning from training into effective practice.

Hospital staff are attending 100% of all meetings they are required to attend about children. All staff now have access to and are attending relevant supervision.

2.2.2 Operational processes to meet Laming recommendations (2009), CQC (2009) and Working Together (2010)

The **outstanding** issues from the above report and guidance are outlined below:

<u>Issue</u>	<u>Update</u>	<u>Timescale</u>	<u>By Whom</u>	<u>Outcome</u>
The flag for Child protection plan in place can be missed by reception staff in A&E due to the background colour	Flag is recorded on iPMS. Not able to be printed out on CAS card to be given to the clinicians. For every flag not recorded on a CAS card a Datix incident	July 2011	IT/PiMS manager	A reduction in incidents is being reported since following up staff individually.

being the same as the flag.	form is completed, investigated and the issue addressed with the individual staff member.			
Record child's school on print out of the CAS card from PiMS	As above also in relation to recording of the child's school or home educated status.			
Automatic referral in special circumstances	Policies in place, referral made when there are known drug and/or alcohol abuse, domestic abuse, mental illness that may impact on children in the home	Sept 2011	All	Audit planned
All patients asked about dependants on admission	Space on the admission forms to record this, training to be reviewed and practice to be audited.	Sept 2011	All	Audit to be planned by Adult Safeguarding team

2.3 Training.

Attendance at training is recorded on a rolling year plan.

2.3.1 Numbers of staff with up to date training

<u>Staff groups in Working Together (2010)</u>	<u>% in date with their training</u>
Those who have particular specialist child protection responsibilities	100%
Operational Managers of services for children, young people and/or parents/carers	100%
Those who work predominantly with children, young people and/or parents/carers	90%
Senior managers responsible for strategic management of services for children, young people and/or parents/carers	100%
Those in regular contact or have a period of intensive but irregular contact with children, young people and/or parents/carers	61%*
Those who have infrequent/occasional contact:	76%

*Through the Children Surgical Services Forum arrangements have been made to train all surgeons and anaesthetists which will address group 2 training requirements.

Additional training sessions have been offered and provided to Senior Managers participating in the on call rota for the hospital and Site Managers.

2.3.2 Key Issues from 2010/11

- To expand the range of scenarios to be used in training (in progress).
- To audit staff competencies in relation to Safeguarding Children in order to evaluate training effectiveness (in progress).

2.3.3 Safeguarding Supervision

All standards are being met for named professionals and lead midwives, as external supervision is now accessed by the named Doctor from the Designated Doctor in a neighbouring Trust.

3.0 Audits

3.1 Audits in progress

- Record keeping: to include personalised care plans agreed with parents, documented in the notes and completeness of the Information Sharing Forms.
- No child about whom there is a concern is to be discharged without consultant approval.
- Did not attend (DNA) follow up appointments in clinic.
- Re-audit: Schools to include documentation of home educated children and flags identified by A&E.

3.2 Planned audits

- Automatic referral to children's social care where domestic violence or drug or alcohol abuse or mental ill health may put a child at risk of abuse or neglect (Laming 2009, 4.4, recommendation 20).

3.3 External Audits/Inspections

Prepare for external audit/inspection by regulators - CQC/Ofsted.

Evidence for imminent announced inspection of Safeguarding Children with a 'Looked After Children' focus submitted March 2011. Date of inspection is awaited. Interview candidates and focus groups prepared. Refresher planned as a visit is anticipated in Autumn 2011.

4.0 Safeguarding Vulnerable Adults (SOVA) - Quarter 1 (2011/12) report.

4.1 Introduction

The following part of this report relates to the safeguarding vulnerable adults agenda and activity for quarter 1 including contract quality performance indicators (these are different from the children's safeguarding indicators).

Bedford Hospital has a SOVA lead in post on secondment. Since the review of the service and roles, the safeguarding lead, supported by the Deputy Director of Nursing and Patient Services, is embedding referrals and processes in the organisation as well as developing robust external links with partner agencies. The focus for the coming months will be to:

- Establish and embed the internal operational group,
- Collect meaningful data on all cases and alerts,
- Link SV2 (SOVA alerts) with Datix incidents and SIs creating an automatic electronic link with the referral process,
- Increase the numbers of staff trained in safeguarding, mental capacity and deprivation of liberty
- Develop a patient information leaflet.

In April 2011, the Trust received a warning notice from the CQC in relation to a single safeguarding incident. Immediate action was taken to rectify the issue and a subsequent unannounced visit took place. The feedback and draft report was positive and confirmed that the Trust had taken the warning notice seriously and had responded constructively to the warning. As a result the warning was lifted and a continued minor concern identified in relation to safeguarding of vulnerable adults. Further actions are underway to resolve all issues and ensure compliance with this outcome.

4.2 Quality Assurance.

4.2.1 Contract report Q1 2011/12

Quality and Performance Indicators	Quality and Performance Indicators	Threshold	Quarter 1 Apr – June 2011	Quarter 2 July – September 2011
Mandatory Training	% of workforce who have undertaken safeguarding training	100% of clinical staff 95% of all other staff	100% of target numbers for staff groups	
Employment Checks	% of CRB checks completed on staff before commencement of work.	100%	100%	
Alerts	Number of safeguarding alerts substantiated concerning your services (Total numbers substantiated and non substantiated to be monitored by the quality monitoring process).	100% to be declared Commissioners alerted to all substantiated incidents within 24hours.	41 alerts in Quarter 1 (3 upheld – all in April)	
SIs	Number of incidents (serious incidents, critical incidents) referrals received highlighting issues relating to the safeguarding of adults (care quality, staff recruitment , staff conduct)	100% of incidents meeting threshold	4 SIs with a link to safeguarding adults. (6/4/11 AAU, 3x Grade 3 PUs in June)	0*
Complaints	Number of complaints and PALS enquiries made to the Provider regarding quality of services provided.	As detailed in the quality schedule with safeguarding as a specific interrogated category	0	0**

* Definition to be confirmed re cases of Grade 3+ pressure sores and which are confirmed SV1. No Numbers of confirmed SV1 at time of reporting

**Definition for inclusion for reporting here:

1. Confirmed SOVA by L.A. SOVA panel
2. Is the subject of a complaint

4.2.2 Alerts raised.

Alerts raised in quarter 1.

Month	Number of alerts (includes those made by BHT or others against the hospital)	Number upheld	Number of alerts still open

April 2011	12	0	4
May 2011	11	0	0
June 2011	18	3 (pressure ulcers)	5

In June 2011 the Safeguarding Adults Operational Group met and reviewed all cases culminating in a thematic analysis. This group agreed terms of reference and will meet monthly reporting into the quarterly Trustwide Safeguarding Committee.

The Trust is also represented at the four sub groups of the Local Authority Safeguarding Adults Board, (these relate to policy, training, pressure ulcers and mental capacity).

4.2.3 Pressure ulcer group.

A newly formed (in Quarter 1), pressure ulcer review group has been established which meets every Tuesday.

All pressure ulcers are to be reported on Datix, which is now part of the referral process for the tissue viability (TVN) service and the group reviews the incident data to address and extract any safeguarding issues.

Body mapping on admission is being developed further to identify any pressure ulcers (or other injuries/skin abrasions). An audit (random sample) has been completed in June 2011 to ascertain the percentage of patients who have a body mapping exercise accurately recorded in their clinical record. The high impact action SKIN+ bundle has now been rolled out to all wards thus standardising clinical documentation in relation to skin and pressure area care.

54.2.4 Policy

The Trust's Safeguarding Vulnerable Adults Policy has been reviewed against the multi agency agreement and is with each of the clinical business unit's (CBU's) Quality and Governance Committees for appraisal and ratification.

The Local Authority multi agency agreement is currently being reviewed further through the local Safeguarding Adults Board and will be issued soon. All policies and procedures are accessible on the recently developed Safeguarding Adults microsite on the intranet.

4.3 Training

4.3.1 % of workforce who have received training.

The cumulative rolling 12 month total for all staff is currently 73%, however, due to the new approach in place we are above planned target for training staff in quarter 1.

4.3.2 Breakdown of numbers of staff trained by group in Quarter 1.

Apr-11

Staff Group	Total
Add Prof Scientific and Technical	7
Additional Clinical Services	22
Administrative and Clerical	18
Allied Health Professionals	22
Estates and Ancillary	0
Nursing and Midwifery Registered	38
Grand Total	107

May-11

Staff Group	Total
Add Prof Scientific and Technical	2
Additional Clinical Services	30
Administrative and Clerical	11
Allied Health Professionals	2
Estates and Ancillary	7
Nursing and Midwifery Registered	101
Grand Total	153

Jun-11

Staff Group	Total
Add Prof Scientific and Technical	3
Additional Clinical Services	38
Administrative and Clerical	12
Allied Health Professionals	4
Estates and Ancillary	7
Nursing and Midwifery Registered	87
Grand Total	151

Target numbers for training.

The highlighted staff groups are those receiving annual training, the other staff groups receive bi-annual training.

Staff Group	Target No	Actual number of staff trained in Q1	% for Q1 against target
Add Prof Scientific and Technic	38	12	171%
Additional Clinical Services	276	90	130%
Administrative and Clerical	242	41	136%
Allied Health Professionals	81	28	140%
Estates and Ancillary	164	14	171%
Nursing and Midwifery Registered	784	226	115%
TOTALS	1585		

Mandatory clinical updates and induction training are continuing as well as specific sessions. The quarter target numbers for training are exceeding the targeted plan at present as a drive to ensure training is up to date is taking place.

Training to other staff groups is in progress this includes domestic staff, Allied Health Professionals (AHPs) and sterile services (HSSD) staff. All pharmacy staff have attended training sessions.

The SOVA lead is in the process of developing a framework of staff competencies to ensure a robust monitoring system is in place to ensure the training is effective and staff understand their responsibilities clearly.

An e-learning module has been trialled and implemented for safeguarding adults and in particular, senior medical staff are being asked to complete it.

5.4 Patient experience

A patient information leaflet is being developed and a credit card sized card is being developed (as part of a suite of staff quality and safety prompt cards) to hand out to staff with safeguarding information and relevant phone numbers.

6.0 Summary.

Targets for training staff in relation to safeguarding of children and adults are being met and reported cases are increasing partly as a result of raised awareness. The CQC carried out an unannounced safeguarding inspection in May 2011 and whilst the Trust awaits the formal report, verbal feedback on the day was mainly positive.

Focused training was delivered to junior doctors in June 2011 after the Deanery highlighted that doctors required training in safeguarding, mental capacity and privacy and dignity.

The focus for both children and adults for quarter 2 will be competency frameworks and audit together with ongoing compliance assessments for CQC outcomes.

