

SAFEGUARDING ANNUAL REPORT

Quality and Standards Committee – April 2021

Jenny Gallagher - Clinical Nurse Director

1. INTRODUCTION

This report provides assurance to Bolton Hospice, its patients and those important to them and Bolton Clinical Commissioning Group (CCG) Safeguarding Team that we have satisfied our statutory responsibility to safeguard the welfare of adults and children. We have done this through having safe and effective systems in place which safeguard adults and children at risk of abuse, neglect and exploitation. Within Bolton Hospice we see safeguarding as a key priority and ensure that all our staff are aware that 'safeguarding is everyone's business' and we all have a role to play in ensuring our patients and those important to them receive outstanding care.

All staff are aware 'what' and 'when' to report safeguarding issues to external organisations such as the Care Quality Commission (CQC), Clinical Commissioning Group (CCG), NHS England CD Reporting, Adult Social Services Safeguarding Team, General Medical Council (GMC) and Nursing & Midwifery Council (NMC).

The aim of this report is to summarise the safeguarding activity within Bolton Hospice during the period April 2020 – March 2021. This activity was analysed against set objectives which are in line with Bolton Safeguarding Adult Board (BSAB) and Bolton Safeguarding Children Partnership (BSCP) reporting requirements and National/Legal requirements e.g. Care Act 2014, Children Act 1989/2004, Health and Social Care Act (2008) and being able to demonstrate compliance with the Care Quality Commission (CQC) regulations for hospices (2009 and 2014) and set actions for the next year (2021-2022).

Furthermore, the report aims to:

- Provide assurance to the Hospice Board of Trustees that the Hospice is fulfilling its safeguarding obligations.
- Assure service commissioners and regulators e.g. CQC and NHS Improvement that the Hospice's activity over the year has developed in terms of preventing abuse and reducing harm.
- Appraise the Hospice staff and managers regarding the activity and function of the safeguarding leads and the support it provides to operational and clinical service delivery.
- Ensure that patients, service users and carers know that safeguarding of children and adults is a hospice priority.

The report will also provide an overview of developments within the safeguarding arena both locally and nationally over the last 12 months; highlighting how these developments have impacted upon the service provided by the hospice and how we work as a partnership to ensure the patients and their families accessing services within Bolton are protected.

2. SAFEGUARDING LEADS

**Dr. h.c. Leigh Vallance
Chief Executive**

Prevent Lead and Safeguarding Children Lead

**Dr. Ellie McCann
Medical Director/ Consultant
with Specialist Interest
Adult Safeguarding Lead**

**Jenny Gallagher
Clinical Nurse Director
Adult Safeguarding Lead**

**John Hall
Spiritual Care & Bereavement
Support Lead
Safeguarding Children Lead**

3. KEY NATIONAL THEMES

Child sexual exploitation (CSE) is a form of sexual, emotional and physical abuse which involves the manipulation and/or coercion of a child/young person under the age of 18 into sexual activity. This may be through the use of technology.

As an organisation, Bolton Hospice continue to provide representation at the Multi Agency Sexual Exploitation (MASE) Group, which ensures oversight of CSE at a local level, sharing information with other agencies to protect vulnerable children/young people. Children/young people identified at risk would be flagged within the Hospice, enhancing information available to staff aiding effective and safe risk assessments.

FGM (Female Genital Mutilation)

The Serious Crime Act 2015 introduced mandatory reporting by regulated professionals from October 2015. In order to ensure compliance with legislation, and to provide assurance to the board that hospice colleagues are competent and confident to recognise and respond appropriately, FGM is included in all staff induction training and mandatory updates. This has ensured all staff starting employment at the Hospice have the knowledge and skills to recognise and report FGM as per legal and safeguarding processes.

The 'Safeguarding Children & Child Protection Policy and Procedure' was a policy which was formally ratified following a full rewrite to reflect the updated Working Together to Safeguard Children (2018) statutory guidance. There are clear pathways to follow in and out of hours and senior clinical staff are available out of hours should they be required, and therefore, barring any update to legislation, no further updates to the policy will be required until December 2022. The Clinical Nurse Director provides representation at the Bolton Safeguarding Health Collaborative enabling the provision of assurance for the Hospice and leads upon any statutory responses to identified risks or cases from a safeguarding perspective in conjunction with the Children's Safeguarding Lead (Chief Executive Officer).

Modern Slavery

Modern Slavery was introduced as a separate category of abuse in relation to adults at risk under the Care Act in 2014. It involves the recruitment, movement, harbouring or receiving of children, or adults through the use of force, coercion, and abuse of vulnerability, deception or other means for the purpose of exploitation. Individuals may be trafficked into, out of or within the United Kingdom. They may be trafficked for a number of reasons including sexual exploitation, forced labour, domestic servitude and organ harvesting.

The Modern Slavery Act 2015 identifies Modern Slavery as a national and local priority. Local safeguarding adult boards require assurance that staff are to be able to identify and respond appropriately to potential modern slavery and know when and where to refer concerns. Bolton Hospice safeguarding training includes information on modern slavery.

As a consequence of the Safeguarding Audit 2020 we have introduced an organisational statement in relation to Modern Slavery (as required under section 54 of the Modern Slavery Act 2015).

MCA/DoLs

A review of documentation in clinical areas is in progress to support staff decision making and recording – this has been progressed with change implementation in some areas, with others still being developed into 2021-22.

A significant issue to be considered in the upcoming year is that of legislative change around MCA and the move towards Liberty and Protection Safeguards to replace DoLs. This will likely have a key impact on working practice, although the details are not yet known.

Particular emphasis will be placed on further development of our policies for the change from DoLs to the introduction of Liberty and Protection Safeguards (LPS) due to be implemented 2022, acknowledging the Covid 19 outbreak may lead to revision in the planning for this. Ensuring our policies and training are changed to the new LPS and that we support the implementation of this with training will deliver assurance through the hospice reporting structures.

4. SAFEGUARDING ACTIVITY

Bolton Hospice has made 1 safeguarding referral, by the Hospice at Home Team, in the last 12 months.

Safeguarding Adults Reviews (SARs) and Domestic Homicide Reviews (DHRs) and Children Serious Case Reviews (SCRs)

Bolton Hospice has a statutory requirement to engage in any multi-agency Serious Case Reviews (SCRs), Safeguarding Adult Reviews (SARs) or Domestic Homicide Reviews (DHRs) where we have had involvement in the care of the victim, perpetrator or their family, if relevant.

Domestic Homicide Review (DHR)

There have been 0 requests for DAR, SAR, SCR/Child Safeguarding Practice (CSPR) requests for year 2020/2021. Bolton Hospice did not have involvement for a Bolton request.

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

Referral	2019 - 2020	2020 - 2021
DoLs	6	5
Safeguarding	3	1

As a result of the annual safeguarding audit we needed to undertake an audit to analyse the standard of MCA/Best Interests Decision making and application for DoLs, this has been delayed due to the impact of the Covid-19 pandemic and staffing but will be completed in the coming few months and we will develop an action plan following the audit for any areas that need improvement.

We have also worked on increasing awareness with staff regarding the need to identify patients with caring responsibilities (which may or may not be children), if a patient has dependants as well as specific information to identify those of whom have a diagnosis of a learning disability or dementia. Ascertaining these key pieces of information is of paramount importance to support the identification of any potential safeguarding issues for the patient or their family members and ensure that the correct support and referrals to external services are made in a timely manner, as part of the holistic care we offer.

In addition, we have worked hard to increase awareness regarding the option of Chaperones, with an updated policy, the introduction of mandatory training for staff and information displayed within all inpatient rooms and clinical areas promoting availability and access to chaperones, which contributes to ensuring service users are safeguarded from abuse (CQC, regulation 13: 2014). We have undertaken some work on reviewing and updating assessment

and care plan templates to ensure that the offer and acceptance of chaperones is prompted and can be effectively evidenced.

Over the next couple of months we will complete the MCA/Best Interests Decision Making/DoLs audit and action plan as appropriate, to provide evidence and reassurance to the local safeguarding board of the processes and policies used in practice.

In addition, over the coming twelve months particular emphasis will be placed on further work to review the electronic records and templates to ensure the identification of patients who may require additional support to maintain their welfare due to their circumstances or a diagnosis and to continue to promote the use of chaperones ensuring that patient's choices regarding chaperones is recorded more routinely and that assurance can be delivered through the hospice reporting structures, acknowledging the Covid 19 outbreak may lead to revision in the planning for this.

5. WORKING WITH PARTNERS

There have been no changes to the structures for the Safeguarding Adult's Board. The hospice continues to be represented on the strategic level Bolton Health Economy Safeguarding Collaborative and the Learning Disabilities Mortality Review (LeDeR) group, to ensure that all safeguarding practices within the hospice are united to the locality approach and to foster effective working relationships with health services and partners to create a culture of honesty and transparency. In addition, membership of these groups affords effective access to safeguarding guidance and support, to guarantee that we maintain the safety of all individuals who use our services and our staff/volunteers.

As part of the commissioning of hospice services, we are required to undertake an annual safeguarding audit, which contributes to the assurance process. This year's audit was exceptionally good with only a small action plan required (^{Appendix 1}), and all but one of the actions has been completed.

The hospice also provides a quarterly report for Bolton Health Economy Safeguarding Collaborative within the Clinical Commissioning Group (CCG), outlining our progress against a set criteria (^{Appendix 2}). This report includes compliance information regarding mandatory training against defined levels, as detailed in Section 3.

Within the quarterly report we also report on levels of harm within the hospice and although the monthly NHS Safety Thermometer, which was an improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care, has been discontinued we have continued to report on these harms. The calculating of the four key harms (pressure ulcers, harm from falls, urinary infection in patients with catheters and Venous Thromboembolism (VTE) assessments) gives a snap-shot in time of harms within the inpatient unit. All new grade 2 pressure ulcers are reported to the CCG and a Root Cause Analysis (RCA) is undertaken, a new Grade 3 or 4 pressure ulcers or a fall resulting in Moderate, Severe Harm or Death are viewed as neglect and necessitate reporting to the CQC, CCG and Adult Safeguarding Team. Grade 2 and 3 pressure ulcers are also reported to the Coroner if they are a contributory factor in a patient's death. The reduction in some harms can be attributed to the pandemic and the varying levels of occupancy as a consequence of this. In the last 12 months we have not had any harms resulting in moderate, severe harm or death and the reporting demonstrates compliance with CQC regulations (2009; regulation 16 and 18).

QUALITY PERFORMANCE INDICATOR Figures to March of each year				
Safety Information <i>(Report includes all reportable Harms)</i>	2019 - 2020		2020 - 2021	
• Number Falls	No Harm	19	No Harm	7
	Low Harm	14	Low Harm	4
	Moderate Harm	2	Moderate Harm	0
	Severe Harm	0	Severe Harm	0
	Death	0	Death	0
• Number Pressure Ulcers	Grade 1	0	Grade 1	0
	Grade 2	12 new/ 5 previous	Grade 2	5 new/ 3 previous
	Grade 3	1 new/ 4 previous	Grade 3	1 new/ 3 previous
	Grade 4	1 new/ 1 previous	Grade 4	1 previous
	Ungradable	4 new/ 1 previous	Ungradable	4 new/ 1 previous
• Number UTIs	4 new/2 previous		1 new	
• Number of VTE Risk Assessments	100%		100%	
MRSA	0		0	
CDiff	0		3 (pre-existing on admission)	
Safeguarding Referrals	6		1	
Deprivation of Liberty Applications	3		5	

When assessing the safety of an organisation it is appropriate to consider the number and type of clinical incidents and the levels of harm that result for the patient/visitor or staff member. Bolton Hospice aims to deliver all its services and carry out all its activities to a consistently high standard. As with all health and social care provision in the UK, the hospice has a duty to investigate all untoward occurrences, including incidents and complaints in a proportional and consistent manner. In addition, it has a statutory obligation to report and fully investigate serious incidents (SIs).

The collation and analysis of all data on incidents of all types and near misses, and all associated investigations, is an intrinsic part of risk management as it provides valuable opportunities to learn and improve. It should be recognised that as an organisation committed to continuous improvement, learning from incidents is an invaluable opportunity to develop our care, our services and standards.

With regards to controlled drugs incidents, the Controlled Drugs Accountable Officer (CDAO) is required to report all incidents involving the safe use of controlled drugs in hospice services, to the Greater Manchester Controlled Drug Accountable Officer (GM CDAO). This is done by reporting all incidents within 48 hours to ensure that a clear audit trail is maintained, although low to moderate incidents can be reported on a quarterly basis, the hospice has chosen not to adopt this approach. Reporting for all but serious incidents was stood down during the COVID pandemic, but this has now resumed via the online portal.

Within the hospice, all incident reports are reviewed at senior management level and then at the Clinical Governance Group and Quality and Standards Committee for confirmation of completion

of actions, plan for those still outstanding and to provide reassurance to the committee and the Board of Trustees. In August 2020 a new CDAO report was introduced and this will be repeated annually, to provide reassurance of the robust policies and processes within the hospice to maintain patient and staff safety. The report analysed the errors reported in the previous 12 months and demonstrated that controlled drugs are being managed appropriately within the organisation. In 2019/20 there were no catastrophic or major incidents reported and no cause to escalate concerns about diversion of controlled drugs to the Police and NHS England. The increase in incident reporting is a positive step and as there will always be the potential for human error having an open, transparent approach to managing incidents and supporting staff with learning and practice development to minimise the risk of harms, can only be a positive thing.

	2019 - 2020	2020 - 2021
Total No. of Incidents reported	318	185
Clinical Incidents	166	111
Non-clinical Incidents	152	74
Total No. of Serious Untoward Incidents	0	0
Reportable CD Errors to NHS England Local Intelligent Network	33	24

During the pandemic the bed occupancy has varied and all the shops and café have been closed, which accounts for the reduction in overall incidents. However, throughout the pandemic the process for incident reporting and investigation with lessons learned was still maintained.

6. DISCLOSURE AND BARRING SERVICE (DBS) COMPLIANCE

Bolton Hospice has a duty of care to protect the safety and wellbeing of patients. The Hospice must therefore have in place, measures to ensure that it does not employ or continue to employ individuals who might be considered unsuitable to work with, or have access to vulnerable patients. The Hospice will never knowingly employ anyone in a post meeting the definition of "Regulated Activity" if the person is on one of the DBS's Barred lists. A criminal conviction does not necessarily prevent someone from working in the Hospice. Some types of offences however, e.g. violence or sexual abuse may indicate that an applicant is unsuitable to have access to patients and should not be employed. Any disclosure of a conviction will be considered in accordance with specific legislation and guidance, e.g. Rehabilitation of Offenders Act 1974, and with consideration of all circumstances and including:

- Age of the applicant at the time of the offence,
- Applicant's subsequent record,
- Relevance of the offence to the post for which the application is made.

All offers of employment, both paid and unpaid, made by the hospice are conditional upon satisfactory completion of pre-employment checks, including DBS for staff, Trustees and other workers as well as volunteers undertaking regulated activity, to ensure service users are protected. The DBS checks are repeated every three years to provide assurance and meet regulatory requirements. Currently, there are 98.8% of all employees, Trustees, bank staff and those with practising privileges staff, have a DBS that is within the last three years and the remaining 1.2% (2 out of 165 in total) are in progress.

Agency staff, locums and independent contractors are required to provide evidence of a relevant DBS check, issued within the last 12 months. When employed through an agency, it is the agency's responsibility to supply evidence (unique disclosure number and date of issue) of a DBS

check. Student placements for long term (over 7 days), the educational institution is required to provide evidence of a DBS check and for those on short term placements (i.e. up to 7 days) they will be supervised at all times.

In the last twelve months we have not rejected or dismissed anyone for employment within the hospice's regulated activities due to an individual being on one of the DBS's Barred lists.

7. TRUSTEE AND MANAGEMENT LEADS

Trustee, Adrian Crook, Assistant Director – Adult Social Care (Bury Local Care Organisation), with his wealth of knowledge and expertise in Adult Health and Social Care, is the Lead Trustee for all safeguarding within Bolton Hospice. Mr Crook reviews all safeguarding policies and reports before submission to the Safeguarding Leads for Adult and Children's Safeguarding at the CCG for external ratification.

Our Clinical Nurse Director, Jenny Gallagher, who along with Dr. Ellie McCann, Medical Director are Adult Safeguarding Leads and Leigh Vallance, CEO and John Hall, Spiritual and Bereavement Co-ordinator are Children Safeguarding Leads within our organisation.

8. TRAINING

Due to the Covid-19 pandemic we have not delivered face-to-face training for staff in the key areas of safeguarding within the last 12 months. The current standard for Level 1 training is – 95%, all other training 85% compliance needed (updated Dec 2020).

Training is completed using e-Learning delivery through induction and mandatory training programmes.

The chart below shows a comparison between the end of Q4 2019/20 and Q4 2020-21:

	No. of Staff completed Training – staff	2019-2020	2020-2021
Safeguarding Adults at risk Training	Non-clinical	82.6%	88.1%
	Registered Nurses	93.3%	88.9%
	Unregistered Nurses	100%	50% (6 staff outstanding)
Safeguarding Children Level 1, 2 and 3	Non-clinical (Level 1)	79.9%	71.6%
	Clinical (Level 2)	70.7%	68.8%
	Safeguarding Leads (Level 3) (Face to Face)	100%	100%
Mental Capacity	Registered Nurses	86.7%	88.9%
Deprivation of Liberty Safeguarding (DoLs)	Registered Nurses	86.7%	88.9%
Dementia Friends Training (Staff)	All Staff	77.2%	76.5%
Dementia Friends Training (Volunteers)	Volunteers	3	None since March 2020 due to Covid - 19.
Dementia Awareness (Mandatory)	All Staff	95.5%	83.5%
Channel General Awareness Module (Prevent Training)	All Staff	67.7%	98.3%
Channel General Awareness Module booklet (Prevent Training)	Volunteers	16	None since March 2020 due to Covid - 19.

During the pandemic changes have been made to services and some staff have been redeployed and this has impacted on compliance of mandatory training for some staff groups, generally clinical staff training. Of the training completed, some areas have been a great improvement and some topics are being addressed at present. In addition, it should be acknowledged that remote e-Learning was also implemented for Fire Training and Basic Life Support due to not being able to arrange face-to-face training which has contributed to completion rates.

In the last twelve months we have undertaken a full audit of training and documented evidence for Trustees. This review included ensuring compliance with mandatory safeguarding and PREVENT training, fit and proper persons declarations and DBS checks, and we have 100% compliance with all aspects reviewed (^{Appendix 3}).

Learning Disabilities (LD) is an area where we have improved, in our recording of this diagnosis on a patients record following changes made to our assessment templates as an action from 2019 – 2020 safeguarding annual audit for the Bolton Health Economy Safeguarding Collaborative.

When someone with a known LD is admitted to a hospice service it is important that we can identify any reasonable adjustments that may be required for the person in a timely alert for staff, with the aim to support excellent care for people with autism and learning disabilities in the Hospice. In order to develop staff understanding and ensure, for example, that staff can differentiate between a learning disability and a learning difficulty, the latter of which can include dyslexia, dyscalculia, there is a need for education using case studies to support the needs of patients with Learning Disabilities and Autism.

In November 2019, the Government published 'Right to be Heard', its response to the consultation on proposals for introducing mandatory learning disability and autism training for health and social care staff. The response included a commitment to develop a standardised training package. The training will draw on existing best practice, the expertise of people with autistic people, people with a learning disability and family carers as well as subject matter experts. Health Education England (HEE) and Skills for Care are co-ordinating the development of training in both health and social care.

Dementia

In 2015, the Policy paper: "Prime Minister's Challenge on Dementia 2020", was published by the Department of Health, citing that by 2020 the Prime Minister wanted England to be the best country in the world for dementia care and support, and for people with dementia, their carers and families to live. Within the hospice we actively promote identification and care appropriate to a patient with dementia's needs. This includes mandatory training care which focuses on the needs of the patients with dementia, and elements that can support how they care for their individual needs. We also provide additional face-to-face Dementia Friends training for all new staff/volunteers in regulated activities to ensure that care is aligned to the Dementia Assessment and Improvement Framework (NHS Improvement, 2017), which has been on hold due to the pandemic but will resume in the coming year. Through the delivery of the training we can support the following:

- Person centred care
- Patient and carer information and support
- Workforce education and training
- Environment
- Nutrition and hydration

Over the next twelve months we will extend the face-to-face training to our shop volunteers to support them in assisting individuals with dementia who go into the hospice shops.

Particular emphasis will be placed on education regarding the implementation of Liberty Protection Safeguards and Autism/Learning Disability training for all staff involved in regulated activities, over the coming twelve months and assurance can be delivered through the hospice reporting structures, acknowledging the Covid 19 outbreak may lead to revision in the planning for this. We will also look to recommence face-to-face delivery for the Dementia Friends training, including to our new starters that have been recruited during the pandemic and for the shop volunteers.

9. COVID-19

At the end of March 2020 the COVID-19 pandemic became a national emergency, which impacted upon the safeguarding and vulnerability agendas. Some processes were streamlined and some delayed whilst we focused upon ensuring the safety and wellbeing of all patients attending our hospice. As a result there has been oversight and monitoring within the multi-agency forums within the Bolton locality that the Hospice links with and therefore part of the 2021/22 agenda moving forward will be to review and analyse the impact of COVID-19 upon children, young people and adults and learn any identified lessons. This learning will be responded to throughout the next reporting period and summarised within the Annual Report for 2021/22.

10. CONCLUSION

The safeguarding agenda has continued to progress within the hospice during 2020/2021 and the approach that safeguarding is everyone's responsibility has developed further. Staff understand their responsibility to identify and respond to concerns/disclosures in line with legislative and professional responsibilities and we will build on this further over the coming year actioning the priorities identified in this report to the best of our ability and within the current pandemic restrictions as they change.

Priorities:

1. Further development of our policies for the change from DoLs to the introduction of Liberty and Protection Safeguards (LPS).
2. Implementation of training for staff regarding LPS and provide assurance on the undertaking of this training through the Hospice reporting structures.
3. Complete the MCA/Best Interests Decision Making/DoLs audit and action plan as appropriate, to provide evidence and assurance to the local safeguarding board of the processes and policies followed in practice.
4. Implement the new version of I-Care electronic patient records, with review of templates to ensure they capture information regarding potential indicators of a safeguarding issue or a need for additional support and referrals to external services to support the patient and those important to them, including being able to evidence the offer and acceptance of chaperones and assurance can be delivered through the Hospice reporting structures.
5. Implementation of education and training regarding Autism and Learning Disabilities for all staff and volunteers involved in regulated activities, over the coming twelve months and assurance can be delivered through the Hospice reporting structures.
6. To recommence face-to-face delivery for the Dementia Friends training, including to our new starters that have been recruited during the pandemic and for the shop volunteers.

Jenny Gallagher
Clinical Nurse Director

APPENDICES

Appendix 1 – Annual Safeguarding Audit Action Plan

Appendix 2 – Safeguarding Quarterly Report

Appendix 3 – Trustee Records

REFERENCES AND FURTHER READING:

Care Act (2014) Available at <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted> [Accessed 12th March 2021]

Children's Act (2004) Available at <http://www.legislation.gov.uk/ukpga/2004/31/contents> [Accessed 12th March 2021]

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (legislation.gov.uk). Available at <https://www.legislation.gov.uk/ukdsi/2014/978011117613/contents> [Accessed 10th April 2021]

Care Quality Commission (2009) Regulations for service providers and managers. Regulations 2009 (Part 4) (as amended) Available at https://www.cqc.org.uk/sites/default/files/20150324_guidance_providers_meeting_regulations_01.pdf [Accessed 16th March 2021]

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The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (legislation.gov.uk). Available at <https://www.legislation.gov.uk/ukdsi/2014/978011117613/contents> [Accessed 10th April 2021]

Appendix 1



NHS PROVIDER SAFEGUARDING AUDIT TOOL ACTION PLAN - 2020/2021

APPENDIX 2a: 2020-2021 - NHS Provider Safeguarding Audit Tool - Governance and Policies			
Section	Feedback	Action	Date of completion
9. A programme of safeguarding audit and review is in place that enables the organisation to evidence the learning from reviews, incidents and inspections	Please advise re audit schedule in relation to SG and any improvements as a result of this. 26/1/21 - monitor MCA and capture info about carers, rarely have incidents. Jenny to identify a person to carry out an audit.	Medical team to undertake an audit of SG and recommendations from this will be shared with SG CCG team.	By end of March 2021 – extended to May 2021
15. Staff at all levels, have easy access to safeguarding policies and procedures which are consistent with statutory, national and local guidance. The policy should include key categories of abuse in accordance with the Care Act (2014) and Working Together to Safeguard Children (2018). They should also include reference to: <ul style="list-style-type: none">• Human Trafficking• Domestic Abuse• Forced Marriage• Honour Based Violence• Female Genital Mutilation• Self-Neglect• Human Slavery• Chaperone• Prevent (this may or may not be a separate policy)	Latest version of policies to be forwarded to SG team to confirm up to date.	Latest version of policies to be forwarded to SG team.	Done 8 th Jan 21 and confirmed accepted 15 th Feb – no further action needed.
20. The Provider has a modern slavery and human trafficking statement.		January 2021 - Hospice statement is in the process of being drafted.	Completed & ratified April 2021
APPENDIX 2c: 2020-2021 - NHS Provider Safeguarding Audit Tool - Mental Capacity Act and Lampard			
59. All NHS hospital providers should a policy for agreeing to and managing visits by celebrities, VIPs and other official visitors. The policy should apply to all such visits without exception.		Income Gen & Comms Director to devise policy–	Completed & ratified April 2021

REPORT TO
Bolton Integrated
Safeguarding Committee

January – March 2021

Jenny Gallagher, Clinical Nurse Director



	APR – JUN 2020	JUL – SEP 2020	OCT – DEC 2020	JAN – MAR 2021
LEADERSHIP	<p>Report run regarding completion of records for specified elements of care information including of caring responsibilities/dependents/ dementia and learning disabilities.</p>  IMA - June 2020.xlsx	<p>Started Annual Safeguarding Audit – to be completed by December 2020 for submission. Working with service leads to support staff with outstanding mandatory training to complete and increase completion rates.</p>	<p>Completed Annual Safeguarding Audit and submitted December 2020.</p>	<p>Significant increase in admissions which has impacted on completion training rates – work ongoing to action this.</p>
GOVERNANCE ARRANGEMENTS/ QUALITY ASSURANCE	<p>Provided regular updates for CCG Safeguarding Lead to provide assurance re: safe practices and processes during pandemic.</p>  Annual SG report 2019 - 20.pdf	<p>Started Annual Safeguarding Audit – to be completed by December 2020 for submission.</p>	<p>Completed Annual Safeguarding Audit and submitted December 2020. Safeguarding Audit Assurance Virtual Visit due 26th Jan 2021</p>	<p>Successful annual Safeguarding Audit and Virtual Visit undertaken – small action plan in progress – one item outstanding. The Macmillan Cancer Environment Quality Mark inspection took place virtually 22/03/21. Photographs/documents were submitted as evidence beforehand and we scored the highest score possible.</p>

Safeguarding issues reported to CCG, CQC and Adult Social Services

Pressure Ulcers – (2 Grade , 3 and 4)

Grade 2 (New)	2 new	2 new	0	1 new
Grade 3 (New)	0	0	0	1 new
Grade 4 (New)	0	0	0	0
Ungradable	2 new	0	0	2 new/1 previous
Patients admitted with a Grade 3 or 4 Pressure ulcer (OLD)	0	2	1	1 previous
Safeguarding Referrals	0	0	1	0
DoLS Applications	1	0	0	4
Patient Falls (Moderate, Severe Death Harm)	0	0	0	0
Mental Capacity Assessments	7 full MCA assessments	5	3	7

	APR – JUN 2020	JUL – SEP 2020	OCT – DEC 2020	JAN – MAR 2021
SERVICE USER ISSUES	0 – Formal 2 - Informal	0 – Formal 6 - Informal	2 – Formal 5 - Informal	0 - Formal 3 - Informal
DOMESTIC VIOLENCE / FGM / FORCED MARRIAGE	Nothing to report	Nothing to report	Nothing to report	No referrals made.
INFORMATION SHARING	Nothing to report	Nothing to report	Nothing to report	Nothing new to report
INTER-AGENCY SHARING	Nothing to report	Nothing to report	Nothing to report	Nothing new to report
RECRUITMENT PRACTICES	Nothing to report	Nothing to report	Full review of recruitment checks/documentation in progress for all Trustees	Full review of Trustee documentation completed and up to date.
RECORD KEEPING	Report run regarding documentation of caring responsibilities/dependents/ dementia and learning Disabilities and results very positive.	Continuing to monitor compliance of documenting key safeguarding information.	Nothing to report.	Nothing new to report.
SUPERVISION	Nothing to Report	Nothing to Report	Nothing to Report	Nothing to report

TRAINING								
Standard for Level 1 – 95%, all other training 85% Compliance needed (updated Dec 2020)	No. of Staff completed Training – staff		No. of Staff completed Training - Staff		No. of Staff completed Training - Staff		No. of Staff completed Training - Staff	
Safeguarding Adults at risk Training	Non-clinical	97.1%	Non-clinical	95.5%	Non-clinical	91.2%	Non-clinical	88.1%
	Registered Nurses	86.7%	Registered Nurses	93.1%	Registered Nurses	92.6%	Registered Nurses	88.9%
	Unregistered Nurses	100.0%	Unregistered Nurses	90.9%	Unregistered Nurses	66.7%	Unregistered nurses	50%
Safeguarding Children Level 1, 2 and 3	Non-clinical (Level 1)	95.6%	Non-clinical (Level 1)	89.6%	Non-clinical (Level 1)	85.3%	Non-clinical (L1)	71.6%
	Clinical (Level 2)	75.9%	Clinical (Level 2)	88.0%	Clinical (Level 2)	83.3%	Clinical (L2)	68.8%
	Safeguarding Leads (Level 3) (<i>Face to Face</i>)	100.0%	Safeguarding Leads (Level 3)	100%	Safeguarding Leads (Level 3)	100%	Safeguarding leads (L3)	100%
Mental Capacity	Registered Nurses	90.0%	Registered Nurses	93.1%	Registered Nurses	100%	Registered Nurses	88.9%
Deprivation of Liberty Safeguarding (DoLs)	Registered Nurses	90.0%	Registered Nurses	93.1%	Registered Nurses	100%	Registered Nurses	88.9%
Dementia Friends Training (Staff)	All Staff	77.0% - no training undertaken during this % due to Covid-19.	All Staff	75.2% No training undertaken during this % due to Covid-19	All Staff	76.7%	All Staff	76.5%

	APR – JUNE 2020	JUL – SEP 2020	OCT – DEC 2020	JAN – MAR 2021
TRAINING (Cont'd ...)				
Standard for Level 1 – 95%, all other training 85% Compliance needed (updated Dec 2020)	No. of Staff completed Training – staff	No. of Staff completed Training - Staff	No. of Staff completed Training - Staff	No. of Staff completed Training - Staff
Dementia Friends Training (Volunteers)		Suspended March 2020		None due to Covid - 19.
Dementia Awareness (Mandatory)	All Staff	97.5%	All Staff	92.3%
Channel General Awareness Module (Prevent Training)	All Staff	75.4%	All Staff	86.3%
Channel General Awareness Module booklet (Prevent Training)	-	None since March 2020 due to Covid -19.	-	None since March 2020 due to Covid -19.
CHANNEL PANEL	Staff reminded to undertake mandatory training. No referrals in last quarter.	Staff reminded to undertake mandatory training. No referrals in last quarter.	No referrals this quarter, increase in number staff completed training.	No referrals
RESPONSE TO NEW NATIONAL GUIDANCE	New National Referral form now in place	Nothing to Report	CND attendance at Locality SG group – provides reassurance to group that processes are up to date, fit for purpose and followed by staff.	CND maintained virtual attendance at SG Collaborative.

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Trustee Records

Initials	First Appointed	Profile	Induction/ Induction pack given	DBS Expiry Date	Appraisal Date (1 st review after one year then appraisals every 2 years)	Appraisal Due	Re-election Date (Every 3 years)	Other Committees/ Responsibilities	Fit & Proper Persons Declaration form completed (Annually)	Conflict of Interest Declaration Form completed (Declared before each Board Meeting but checked annually)	PREVENT Training (Every 3 years)	PREVENT training Due	Safeguarding Training (Annually)
JB	21/06/2006	✓	✓	25/03/22	05/01/21	January 2023	October 2021	<ul style="list-style-type: none"> Board of Trustees Chair (inc SIRO) Quality & Standards Finance Buildings 	06/11/20	18/02/20	17/12/19	17/12/22	22/06/20
AC	20/07/2016	✓	✓	06/01/23	08/01/20	January 2022	October 2021	<ul style="list-style-type: none"> Safeguarding Champion Finance 	12/11/20	20/02/20	10/12/19	10/12/22	17/06/20
LD	11/07/2018	✓	✓	07/08/21	10/12/19	December 2021	October 2021	<ul style="list-style-type: none"> Health & Safety Buildings 	30/12/20	18/02/20	12/06/20	12/06/23	12/06/20
EI	24/10/2019	✓	✓	07/10/22	30/09/20	September 2022	October 2022	<ul style="list-style-type: none"> Health & Safety 	09/11/20	22/04/20	17/06/20	17/06/23	07/03/20
GH	07/12/2011	✓	✓	09/01/22	11/11/20	November 2022	October 2023	<ul style="list-style-type: none"> Board of Trustees Vice Chair Quality & Standards 	11/11/20	17/02/20	18/12/19	18/12/22	05/03/20
BH	10/10/2012	✓	✓	11/12/21	08/01/20	January 2022	October 2021	<ul style="list-style-type: none"> Quality & Standards 	17/10/20	18/11/20	13/12/19	13/12/22	05/03/20
JK	30/10/2013	✓	✓	11/12/21	08/01/20	January 2022	October 2022	<ul style="list-style-type: none"> Company Secretary Buildings 	04/11/20	21/04/20	11/12/19	11/12/22	08/04/20
PL	11/02/2009	✓	N/A	14/03/22	08/01/20	January 2022	October 2022	<ul style="list-style-type: none"> Treasurer Finance 	13/1/21	16/06/20	18/06/20	18/06/23	01/08/20
GM	23/01/2013	✓	✓	10/01/22	08/01/20	January 2022	October 2022	<ul style="list-style-type: none"> Caldicott Guardian Quality & Standards Informatics 	05/11/20	08/02/20	17/12/19	17/12/22	26/03/20
AM	15/12/2010	✓	N/A	10/02/23	06/01/21	January 2023	October 2023	<ul style="list-style-type: none"> Buildings Finance 	07/01/21	12/02/20	21/01/20	21/01/23	21/01/20
IS	11/07/2018	✓	✓	20/08/21	10/12/19	December 2021	October 2023	<ul style="list-style-type: none"> Strategic Development 	10/11/20	07/10/20	09/06/20	09/06/23	10/03/20