

SAFEGUARDING ANNUAL REPORT

1st April 2024 – 31st March 2025

INTRODUCTION

Bolton Hospice is committed to ensuring that the mental health and safeguarding of our patients, those important to them, our staff, volunteers and our communities are at the foundation of our hospice values and are embedded throughout the organisation.

This report will provide evidence to support assurance that the hospice is fulfilling its duties and responsibilities in relation to promoting the welfare of children, young people and adults who come into contact with our services.

The 2024-25 annual report provides the Board with:

- An overview of local, regional and national context of safeguarding
- The Safeguarding practice, activity, achievements and progress during 2023-24 to develop a culture that puts safeguarding at the centre of all care delivery
- Assurance that the Hospice is meeting its statutory obligations and the required national standards with regard to safeguarding
- 2024-2025 challenges, future priorities and work plans to demonstrate continuous improvement on the arrangements currently in place

DEFINITIONS

Safeguarding: The Care Quality Commission (CQC) state; ‘Safeguarding means protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect. It is fundamental to high-quality health and social care’ (CQC, 2022).

Safeguarding Children: a child is defined within the Children’s Act 2004 as – “an individual who has not reached their 18th birthday”.

Safeguarding Adults: An adult is an individual aged 18 years or over.

The Care Act 2014 defines an ‘adult at risk’ as:

- An adult who has care and support needs (whether the needs are being met or not);
- Is experiencing, or at risk of, abuse or neglect; and
- As a result of those care and support needs, is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

Named Professionals - All Bolton Hospice staff have a statutory responsibility to safeguard and protect those who access our care. Named Safeguarding Professionals have specific roles and responsibilities for safeguarding children and adults, as described in the Intercollegiate Safeguarding Competencies for Adults (RCN 2018, last updated June 2022) and Children and Young People (2019).

Named Safeguarding Professionals provide advice, guidance and support to staff and volunteers, ensuring that the hospice meets its obligations and responsibilities in safeguarding people, including external escalation of situations and events. Together with promoting good practice across the organisation.

BOARD TO FLOOR GOVERNANCE



Everybody has the right to be safe and free from abuse and protected from harm, no matter who they are, or what their circumstances. The term ‘safeguarding’ encompasses all activities to assist children, young people and adults at risk, to live a life that is free from abuse and neglect and to enable independence, wellbeing, dignity and choice. Safeguarding includes the early identification and/or prevention of harm, exploitation and abuse by using national guidelines, local multi-agency procedures and by circulating ‘lessons learnt’ and sponsoring best practice from serious incidents to develop forthcoming service development for patients and staff.

All staff receive training via Blue Stream to inform ‘what’ and ‘when’ to report safeguarding issues and the level at which concerns should be reported externally is well-defined, this includes the Care Quality Commission (CQC), Integrated Care Partnership (ICP), NHS England CD Reporting, Adult Social Services Safeguarding Team, professional regulatory bodies (including General Medical Council (GMC), Nursing & Midwifery Council (NMC); Health and Care Professions Council (HCPC) and Social Work England (SWE). The volunteers based within the hospice main buildings also receive Safeguarding training at Induction with the Volunteer Handbook also includes information relating to safeguarding. The Volunteer Development Manager highlights the Freedom to Speak Up Guardian and is also currently reviewing the opportunity to introduce annual refresher training going forward.

A Safeguarding Report is submitted quarterly to the Bolton Integrated Care Partnership Collaborative. This report includes Complaints and Compliments, Safety Information / Reportable issues and Staff Training information, together with harm data, patient falls and pressure ulcers, Safeguarding Referrals, DoL Applications and Mental Capacity Assessments.

There is a further quarterly report titled Quality and Performance Standards for the Greater Manchester ICB, which also captures Safeguarding referrals, DoLs and Mental Capacity Assessments data.

The hospice has been represented at the Bolton Integrated Care Partnership Safeguarding Collaborative (BICPSC) and the Learning Disabilities Mortality Review (LeDeR) group by the Clinical Nurse Director, who left the organisation earlier this year. Following a restructure of the hospice and the appointment of new roles, an action has been taken to ensure that a member(s) of the team is assigned to represent the hospice going forward. This will support knowledge awareness and that all safeguarding practices within the hospice are consistent with the locality approach.

A requirement of our contract with the ICP is to complete an annual audit of safeguarding to provide additional assurance and the latest audit was very positive, with the only action being to increase and maintain compliance with mandatory safeguarding training, which unfortunately was lower than tolerance in some areas due to staff sickness, vacancies and recruitment. This is a priority action for the coming year, which will be very much supported by the increasing headcount with new joiners on the Inpatient Unit.

The hospice is statutorily required to maintain certain posts and roles within the organisation in relation to safeguarding, which have been fulfilled throughout 2024/25.

STATUTORY FRAMEWORKS AND NATIONAL POLICY DRIVERS

Whilst safeguarding shares the same agendas and principals for adults and children, there are substantial variances in the laws and policies that profile how we safeguard these groups. The legal structure to protect children is contained in Working Together to Safeguard Children (2023), and the Care Act (2014) for adults. Though the predominant objective for both is to enable children and adults to live a life without harm, abuse or neglect.

The Counter-Terrorism and Security Act 2015

The Counter-Terrorism and Security Act 2015 places a specific duty on statutory bodies including the police, local authorities and health organisations to have 'due regard' to help 'prevent' people being drawn into terrorism. It also makes attendance / representation at the CHANNEL process (a standardised voluntary multi-agency programme for people at risk of radicalisation), a legal requirement for public bodies across the country.

The UK's CONTEST Strategy aims to reduce the risk to the UK from terrorism. The strategy addresses all forms of terrorism across the extremism spectrum, from extreme far right to Daesh or Al-Qaeda inspired groups and from domestic to international terrorism.

The CONTEST strategy has four key components:

- Pursue - to disrupt terrorist activity and stop attacks;
- Prevent - to stop people becoming or supporting violent extremists and build safer and stronger communities;
- Protect - strengthening the UK's infrastructure to stop or increase resilience to any possible attack;
- Prepare - should an attack occur then ensure prompt response and lessen the impact of the attack.

The NHS and its partners have a role in the 'Prevent' section of this strategy which is underpinned by the Counter-Terrorism and Security Act 2015. The purpose of the Prevent strategy is to safeguard and support those most at risk of radicalisation through early identification, intervention and offering support to prevent children and adults at risk from being radicalised into supporting terrorism or carrying out terrorist acts. Radicalisation is a form of exploitation similar to other forms of exploitation, such as grooming and child sexual exploitation.

Current position of Bolton Hospice

- The Executive Lead for Prevent at Bolton Hospice is the Chief Executive Officer. The Prevent Lead provides a point of contact for the Regional Prevent Co-ordinators. Any Prevent activity within the Hospice would be reported to NHS England and advice and support would be provided for all Bolton Hospice staff involved and liaise with Counter Terrorist Regional Police to share information for Channel or high risk cases.
- Bolton Hospice ensures staff complete Home Office Prevent training; this is embedded into all Inductions, either via Blue Stream or as highlighted earlier for the volunteers working within the main hospice buildings.
- The hospice submits a quarterly report to the ICP Safeguarding Leads, which includes data regarding:
 - Training compliance
 - Any referrals made via the Channel process

The Modern Slavery Act 2015

Modern slavery is the recruitment, movement, harbouring or receiving of children, women or men through the use of force, coercion or abuse of vulnerability, deception or other means for the purpose of exploitation. Individuals may be trafficked into, out of or within the UK, and they may be trafficked for a number of reasons including criminal or 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 and the hospice has an organisational statement in relation to Modern Slavery (as required under section 54 of the Modern Slavery Act 2015).

Current position of Bolton Hospice

- Modern slavery and trafficking (including the sexual or criminal exploitation of children), identification, management and reporting is included in the level 1 (corporate Induction) level 2 safeguarding package and in the level 3 training provided by our e-Learning platform Blue Stream and all staff undertake training that is relevant to their role.
- Bolton Hospice has a mechanism for reporting and sharing information about individuals affected or suspected of being victims of modern slavery and trafficking. This includes referral procedures for those requiring the National Referral Mechanism (NRM).
- Bolton Hospice has a published Modern Slavery Statement.
- Bolton Hospice confirms the identities of all new employees and their right to work in the United Kingdom, in line with Safer Recruitment Procedures.

Domestic Violence

The Crime Survey for England and Wales estimated that 2.1 million people aged 16 years and over experienced domestic abuse in the year ending March 2023. There was not significant change in the prevalence of domestic abuse experienced in the last year compared with the previous year. The police recorded 889,918 domestic abuse-related crimes (excluding Devon and Cornwall) in the year ending March 2023, a similar number to the previous year, with 51,288 domestic abuse related prosecutions in England and Wales for the year.

There have also been many other forms of exploitation identified and reported, including online grooming, scams, frauds, adult abuse, family poverty, mental health issues, and all the consequences that those things bring for families and communities.

Current position of Bolton Hospice

- As highlighted above, following the organisational restructure, the hospice will arrange for new representation at both the BICPSC and LeDer group.
- Bolton Hospice has up to date policies to raise awareness of domestic violence and to provide support to staff if needed.
- The completion of safeguarding mandatory training provides staff and volunteers with the right knowledge regarding the problems of modern slavery and domestic violence and how to report concerns.

MCA / DoLs / Liberty Protection Safeguards (LPS)

The clinical documentation staff use will be developed further when the LPS is implemented, although the details are not yet known.

The change to LPS will also require our policies and procedures to be amended and there will be a programme of education for staff to ensure that all understand the changes and their responsibilities in relation to LPS. Updates on training will be provided through the quarterly reports to provide assurance of implementation and compliance.

External Safeguarding Governance and working with partners

Bolton Hospice is a committed and key partner for safeguarding across Bolton. This is achieved by:

- Previous and future planned hospice representation at the BICPSC and LeDer group, to ensure that all safeguarding practices within the hospice are consistent with the locality approach.
- Bolton Hospice provides quarterly reports to the BICPSC regarding safeguarding at the hospice, which includes information regarding safeguarding referrals, DoLs, incidents and harm, as well as mandatory training compliance.
- Previous active and future planned contribution and participation in the Annual Reports and associated key work streams of the BICPSC.
- Previous and future planned close liaison and dissemination of information with the BICPSC and LeDer Group.

Safeguarding Training

The Hospice continues to demonstrate ongoing commitment to safeguarding training ensuring staff receive the required levels of safeguarding training under guidance of the Intercollegiate Document for Safeguarding Children (RCPCH 2019) and the Intercollegiate Document for Adults Safeguarding: Roles and Competencies for Health Care Staff (RCN 2018, last updated June 2022). The current safeguarding training is designed to ensure that every member of staff is aware of their safeguarding responsibilities, is able to recognise abuse and knows the correct route to act upon that concern.

Safeguarding Training Compliance Status

During 2024-2025 training has been tracked and progress reported on a quarterly basis; the maintaining of compliance continues to be an ongoing challenge due to staffing, including recruitment and sickness, which all impact on the time available for staff to complete their mandatory training. These challenges have been reviewed since the last report, and the Education Team have developed a robust Induction Programme to facilitate new staff members completing essential mandatory training to aid future higher levels of completion and compliance.

| Standard for Level 1 – 95%, all other training 85% Compliance | Staff completed training | 2024-2025 |
|--|-------------------------------------|------------------|
| Safeguarding Adults at risk Training | Non-clinical | 92% |
| | Registered Nurses | 90% |
| | Unregistered Nurses | 94% |
| Safeguarding Children Level 1, 2 and 3 | Non-clinical (Level 1) | 88% |
| | Clinical (Level 2) | 91% |
| | Safeguarding Leads (Level 3) | 100% |
| Mental Capacity | Registered Nurses | 100% |
| Deprivation of Liberty Safeguarding (DoLs) | Registered Nurses | 90% |
| Dementia Friends Training (Staff) | All Staff | 69% |
| Dementia Friends Training (Volunteers) | Volunteers | 0 |
| Dementia Awareness (Mandatory) | All Staff | 90% |
| Channel General Awareness Module (Prevent Training) | All Staff | 93% |
| Channel General Awareness Module booklet (Prevent Training) | Volunteers | 68 |
| Autism Awareness Training - Tier 1 | All Staff | 98% |

For all service users accessing hospice services we continue to endorse holistic assessments and ongoing reviews, which identify and effectively manage an individual's care needs. Our service user cohort includes patients and those important to them and either the patient or an individual important to the patient who may have a learning disability, autism and dementia. Therefore, it is imperative that our staff are aware of and understand how to care for someone with these conditions.

People with a learning disability, autism and dementia can be extremely vulnerable due to the nature of their condition. It is imperative that all individuals are treated with dignity, maintaining their human rights and ensuring that appropriate safeguards are put in place to protect them from abuse of any kind.

All hospice staff play a key role in helping to ensure that a person with one or more of these conditions is safe in our care, regardless of whether they are an inpatient or under the care of our Wellbeing Hub or Hospice at Home team.

Young Adults Transition Project

The work and research done by the Project Manager on the Young Adult Transition Project has led to an organisational focus on inclusivity and engagement with patients with learning disabilities. It became clear that through engagement with Derian House (the original project which is still part of these plans) and a multitude of health and social care teams across Bolton that this cohort of patients were really being overlooked and not offered the same level of service(s) as the general population.

Working collaboratively with Bolton's Learning Disability Health and Social Care teams, both in community and at Bolton Foundation Trust, we plan on providing expert training in palliative care and also put on advance care planning workshops, whilst at the same time receive expert learning disability and communication training from the Learning Disability teams. All of this will help the hospice become more accessible and inclusive to patients from all backgrounds and with the most complex of needs receive the same level of care and give them and their families a positive palliative and end of life care experience that may previously have not been possible. The Education and Development Lead will overview the future training requirements for the hospice.

Training / Education

Oliver McGowan Tier 1 training is to become mandatory for all staff in the organisation. Tier 2 training will become mandatory for all patient facing staff and those who have contact with patients. Tier 2 training requires a full day training by trainers with lived experience of learning disability and autism. Tier 1 will be available to all staff through Blue Stream. Tier 2 rollout is a real struggle nationally and requires a project and strategy to come from the Integrated Care Board for Greater Manchester. The Education and Development Lead will overview the training requirements for the hospice.

Safety Information / Reportable Issues (ICP, CQC and Adult Social Services) includes all Harms

During 2023 the new Business Management Software application, Vantage, was implemented. This allowed a more functional and accessible program to report and manage all incidents and complaints across the whole organisation.

The Safeguarding module was also added to enhance the reporting and sharing of incidents to the appropriate safeguarding team. Ongoing communication with external safeguarding teams continues to be utilised, to enhance response and the required actions are implemented.

The use of Vantage allows immediate visibility and immediate escalation to Service Leads and Managers.

The Chief Executive Officer and Quality and Governance Lead meet weekly to review all incidents reported across the Hospice.

These are then summarised with an overview for the quarterly Quality and Governance Committee, which is attended by members of the Trustees. This information is also shared across the whole of the Board of Trustees, to ensure transparency and quality assurance.

This data is then utilised to identify forming trends of reporting/themes to offer data that informs this process but also aids enhancements and adaptations of practice to ensure quality and safe practices are implanted across the whole organisation.

As a GM collaborative the ongoing development and implementation of Patient Safety Incident Response Frameworks, Bolton Hospice representatives have been an active influence within this group, and ongoing development of consistent approaches to sharing incidents and best practice will continue to be a focus within the coming year.

Reportable Harms

| Includes all reportable Harms – 1 st April 2024 – 31 st March 2025 | | |
|--|---------------------|--|
| Number of Falls | No Harm | 9 |
| | Low Harm | 16 |
| | Moderate Harm | 1 |
| | Severe Harm | 0 |
| | Death | 0 |
| | TOTAL | 26 |
| Number of Pressure Ulcers | Grade 1 | 2 (1 inherited – 1 acquired) |
| | Grade 2 | 43 (18 inherited – 25 acquired) |
| | Grade 3 | 7 (4 inherited - 1 of which deteriorated from Grade 2 to Grade 3 since admission) 1 acquired Inherited (2 patients with multiple grade pressure ulcers) |
| | Grade 4 | 0 |
| | Ungradable | 5 (3 individual patient inherited – 2 acquired) |
| | Moisture Lesions | 0 |
| | DTIs | 19 (3 inherited - 16 acquired) |
| Number of UTIs | 0 | |
| Number of VTE Risk Assessments | 100% | |
| MRSA | 0 | |
| CDiff | 2 (1 admitted with) | |
| Sharps Injuries | 1 | |
| Total No. of Incidents Reported | 308 | |
| Clinical Incidents | 217 | |
| Non-clinical Incidents | 91 | |
| Total No. of Serious Untoward Incidents | 0 | |
| Reportable CD Errors to NHS England Local Intelligent Network | 0 | |
| Safeguarding Referrals | 0 | |
| Deprivation of Liberty Applications | 1 | |
| Mental Capacity Assessments | 16 (12 patients) | |
| LeDeR Death notifications | 0 | |

External reporting of incidents is integral in the hospice incident reporting process for certain harms. This reporting may be to the Integrated Care Partnership (ICP), CQC, BICPSC and the Coroner, dependent on the incident and the level of harm. Those reported include all new grade 2 and above pressure ulcers, along with a Route Cause analysis (RCA) and any falls resulting in Moderate / Severe Harm or Death.

Controlled Drugs Incidents/Governance

The CQC monitor the governance regarding controlled drugs and arrangements for this can vary across organisations, often in response to the needs of the organisation and the people they serve. Within the hospice we have a clear process for the reporting of all accidents, incidents and near misses, including those involving controlled drugs. All clinical incidents are reviewed by Head of Clinical Services, with Medical Incidents reviewed by the Medical Director and all incidents, as highlighted previously, are overviewed by the CEO weekly, or at the time of occurrence if of a significant nature.

The change in organisational structure has required the appointment of a new Controlled Drugs Accountable Officer (CDAO), who has now completed the formal training. The responsibility of the CDAO is to undertake a six monthly audit of controlled drugs, ensuring that any risks identified or concerns are answered with support of the clinical team.

During the year there have been no Controlled Drug Incidents reported to the LIN.

Health and Safety

Health and Safety tests have been carried out for legionella and water chlorination with no issues reported. iFM Estates from the local NHS Foundation Trust undertake the H&S Risk Assessment and Fire Risk Assessment and their comments were very positive.

Service User Feedback

Complaints and Compliments

| | 2024 - 2025 | |
|-------------|---|---|
| Complaints | <i>Formal</i> | 8 |
| | <i>Informal</i> | 1 |
| Compliments | Social Media - 220 Thank You Cards - 230 | |

All aged care service providers are required to have internal complaints resolution processes under the Aged Care Act 1997 (Aged Care Quality and Safety Commission (ACQSC), 2019). The hospice has a robust process for reporting all complaints received onto Vantage, which are reviewed by Service Leads / Managers and formally signed off and closed by the relevant Director / Chief Executive Officer. Through the provision of an effective complaint handling process, the hospice is able to create opportunities to restore confidence in our services, where the service fell below expectations and / or the required standards.

Learning from complaints is shared with the staff and volunteers involved and where appropriate, more widely. As highlighted also, a quarterly Quality and Governance Newsletter is forwarded to staff which captures examples of incidents and learning opportunities.

A Vantage module is currently being incorporated which will effectively and efficiently capture compliments and positive feedback received from service users.

Service user feedback provides valued facts about the hospice services offered. Examining patients' feedback, and those most important to them, provides a direct insight into what is working well and opportunities for further improvement in the way care is delivered.

At the hospice we collate feedback through various channels, including:

- Compliments and Complaints across the whole organisation
- Relatives Satisfaction Survey on End of Life Care

- The Patient Liaison Nurse will be supporting patients and their families and friends whilst in the Hospice to provide feedback digitally and in paper format if this is appropriate. Feedback will also be sought from families, friends and significant others by the forwarding of paper forms upon discharge from Hospice services.

The hospice receives very favourable feedback and verbatim, which is shared with the Quality and Governance Committee and it also shared across the teams too, recognising our staff and volunteers for the care and service provided.

Action Plan 2024 – 2025

- Update policies in line with guidance as it is released, concerning the change from DoLs to Liberty and Protection Safeguards (LPS). **Action Owner (AO): Head of Clinical Services**
- To implement LPS training for staff through the Education Team (who will access train the trainer training for LPS) and provide assurance on the undertaking of this training through internal and external reporting structures. **AO: Education and Development Lead**
- Implementation of education and training in relation to the care needs of young adults with life limiting conditions and patients with learning disabilities, with assurance delivered through the hospice reporting structures. **AO: Education and Development Lead**
- A heightened focus on timely completion of mandatory safeguarding learning, with support provided where to create capacity, where needed, both for staff and volunteers. **AO: Education and Development Lead and Service Leads / Line Managers**
- The training of two new Named Safeguarding Professionals increasing the Safeguarding Team members up to five people. **AO: Deputy CEO and Head of Clinical Services**
- Representation at the BICPSC and LeDeR Group. **AO: Head of Clinical Services**
- Introduction of annual Safeguarding refresher training for volunteers based within the main hospice buildings. **AO: Volunteer Development Manager**
- Overview and actions required in relation to the Oliver McGowan Tier 1 Training Programme. **AO: Education and Development Lead**
- Overview and actions required in relation to working collaboratively with Bolton's Learning Disability Health and Social Care teams, both in the community and at Bolton Foundation Trust, delivering expert training in palliative care and also advance care planning workshops. **AO: Education Development Lead.**

Conclusion

This Annual Report exhibits that safeguarding vulnerable people continues to be an important priority for Bolton Hospice, highlighting areas of focus and immediate opportunities, together with continuous improvement in building clarity, knowledge and capability. This is an ongoing requirement and priority for the team with new people joining and the changing of roles and responsibilities and essential in ensuring that everyone is fully engaged in the effective prevention of and response to safeguarding concerns.

Lisa Tate

Head of Clinical Services

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