

The ROYAL MARSDEN
NHS Foundation Trust

Annual Report Safeguarding across a lifecycle

2018 / 2019



NHS

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Introduction / Executive Summary

The Royal Marsden NHS Foundation Trust (RM) works hard to ensure that all children, young people and adults are cared for in a safe, secure and caring environment; that all services have safeguarding at their core, and that staff are supported and trained appropriately to manage safeguarding issues where they arise.

The RM Board takes the issue of safeguarding seriously. This Annual Report provides assurance to the RM Board that RM is fulfilling its statutory duties under Section 11 of the Children Act 2004 for Safeguarding Children and compliant with statutory guidance (Working together 2018). Policy and practice is underpinned by the London Child Protection Procedures (2019) which sets out how agencies and individuals should work together to safeguard and promote the welfare of children and young people.

For Safeguarding Adults the RM does this by ensuring as far as possible that each allegation of abuse is managed under the Care Act 2014, Statutory guidance and the London Multi-agency safeguarding adult's policy and procedures.

This report will be shared with the Sutton Local Safeguarding Children Board (LSCB); Sutton Safeguarding Adults Board (SSAB); Tri-Borough (Westminster; Kensington & Chelsea; Hammersmith and Fulham) Safeguarding Adult's Executive Board as well as the designated Leads for Safeguarding Children and Adults for Sutton Clinical Commissioning Group (CCGs).

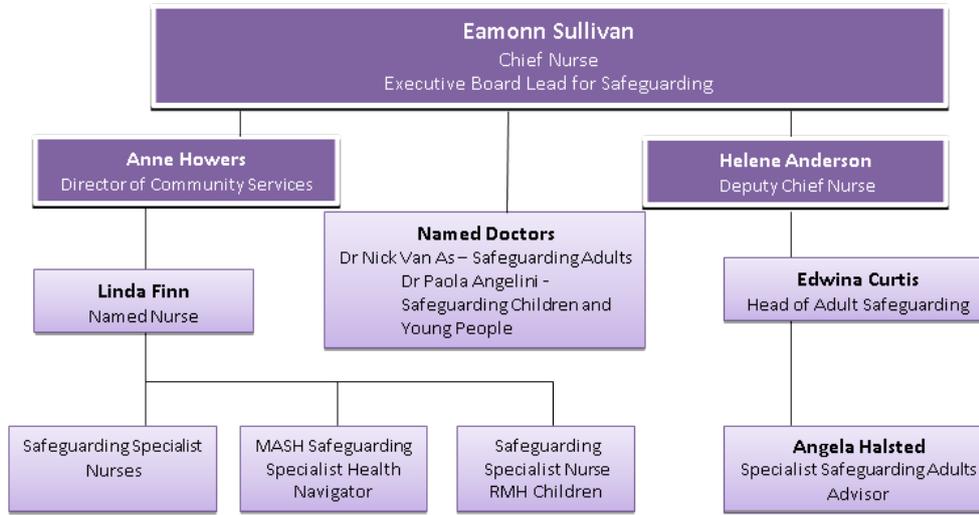
This report covers the 12 month period, from April 2018 to March 2019. It has been produced by the; Nurse Director for Safeguarding Children and Projects (formally Divisional Director for Community Services), the Chief Nurse, and the Safeguarding Leads for Children and Adults with contributions from the Safeguarding team. It summarises the work undertaken to ensure safeguarding of children, young people and adults within RM. The report also includes the Trusts achievements in relation to the dementia and learning disabilities agendas.

Governance and Accountability

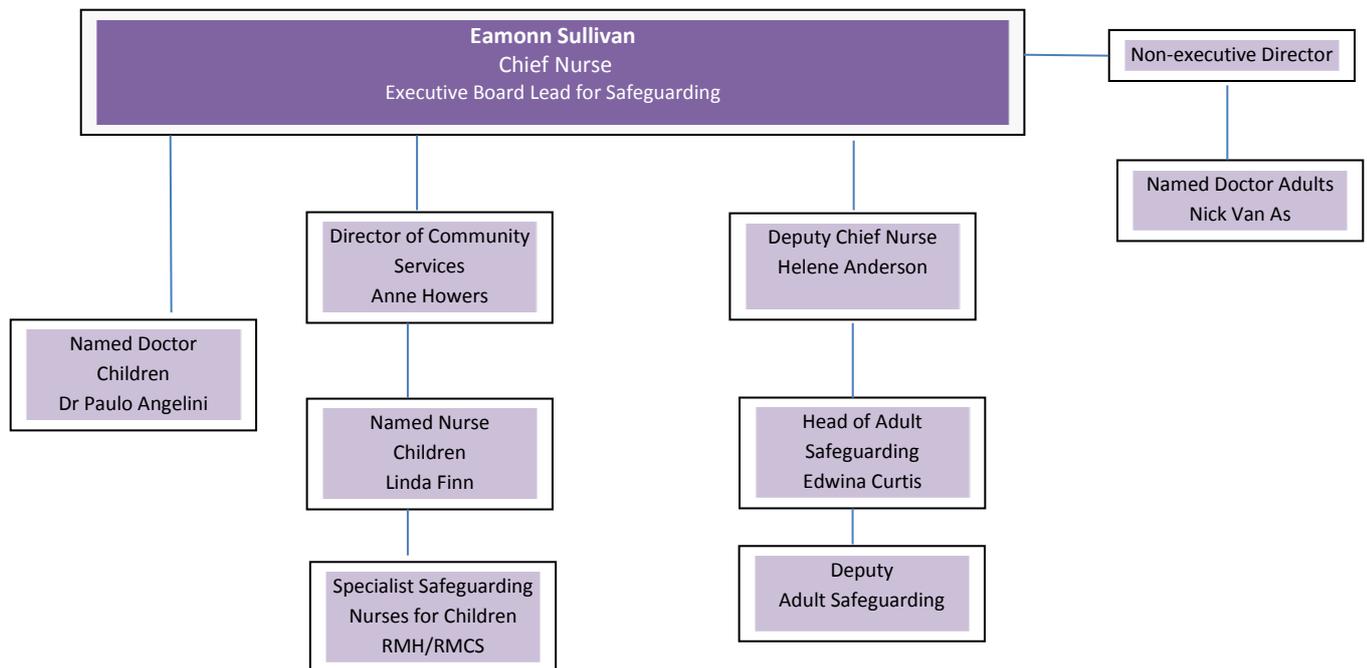
Safeguarding Structure

RM has a Safeguarding Team who lead on all issues in relation to Safeguarding Children and Child Protection and Safeguarding Adults. They are clear about their roles and receive relevant support and training to undertake their duties, which include close contact with other social and health care organisations.

Management Structure 2018 /2019



Governance Structure 2018 /2019



Royal Marsden – Safeguarding Adults and Children’s Board

This Board is chaired by the Chief Nurse on a quarterly basis and brings together senior staff within RM from both children and adult services including the Clinical Children’s Services Nurse Director, Named Nurses and Doctors, Divisional Clinical Nurse Directors, Learning and Development Lead , HR Lead and the safeguarding designated professionals from

Sutton CCG. The safeguarding board receives assurances from the leads and named professionals in order to provide assurance to the Trust board and external safeguarding partners including Sutton's Designated Nurses, for children and adults.

Royal Marsden Integrated Safeguarding Committee

The integrated safeguarding committee was chaired by the Deputy Chief Nurse monthly until November 2018 and onwards by the Divisional Director for Community Services. This meeting provides overview to the work of the safeguarding services for children and adults and provides assurance of work completed to the Trust Safeguarding adults and children's Board

Training

Safeguarding Children and Adults Compliance Summary as of March 2019

Area	Target	March 2019 compliance	Trend
Safeguarding Children Level 1	90%	92%	constant
Safeguarding Children Level 2	90%	90%	1% increase
Safeguarding Children Level 3	90%	84%	0.5% increase
Safeguarding Adults Level 1	90%	92%	constant
Safeguarding Adults Level 2	90%	92%	1% increase
Safeguarding Adults Level 3	90%	82%	8% increase
Wrap	85%	89%	3% increase

The Trust has increased the compliance for Safeguarding Children and Adults, level 1, 2 and 3; for the second consecutive quarter achieving its 90% target for level 1 and 2. Most divisions met the expectation of 90% compliance and met the Trust annual target.

Automated reminders are sent for all training due to expire, including safeguarding, to ensure timely completion. Additionally, Divisional Directors are sent Monthly Compliance Dashboards, providing detailed information and highlighting key areas for improvement.

Safeguarding Level 3 for both children and adults are areas that require improvements. Non-compliant staff for Safeguarding Adults Level 3 are contacted to encourage completion and this had a positive impact on performance. Discussions with staff groups are underway to understand how we may support compliance in level 3 areas. For Safeguarding children for RMCS staff an issue was; that the appropriate multiagency course was not available within the required timeframe. This has been raised with the LSCB training team who provide these courses for the future, and this year +level 3 training in house has been provided.

Volunteer Safeguarding Compliance

Area	Compliance Safeguarding Adults	Compliance Safeguarding Children
Friends of Chelsea	100%	100%
Royal Marsden Cancer Charity	100%	100%
Radio Marsden*	100%	100%

All volunteers in the organisation are now fully compliant.

New Legislation

This year has seen the introduction of new legislation and guidance. That which relates to safeguarding children is **The NHSE National Child Death Review Programme**, which brought about significant changes to the Child Death Overview Process (CDOP) from April 1st 2018. These include:

- Move of responsibility for reporting and data flow from DfE to DH
- Creation of a national database for CDOP data (National CDOP programme)
- A review of CDOP structures and sizes to a population of c 500,000 to enable meaningful population analysis of trends
- A new national standard for investigations

The Children and Social Work Act 2017 also proposes radical changes to the safeguarding landscape. The Proposed changes are set out in Working Together (2018) and include:

1. Replacement of Local Safeguarding Children's Boards (LSCB) with new local flexible Multi agency safeguarding arrangements. The responsibility for this join-up locally rests with the three safeguarding partners (Local authority; Clinical Commissioning groups and police) who have a shared and equal duty to make arrangements to work together to safeguard and promote the welfare of all children in a local area.
2. The responsibility for how the system learns the lessons from serious child safeguarding incidents lies at a national level with the new National Child Safeguarding Practice Review Panel (the Panel) and at local level with the safeguarding partners. The Panel is responsible for identifying and overseeing the review of serious child safeguarding cases which, in its view, raise issues that are complex or of national importance. Locally, safeguarding partners must make arrangements to identify and review serious child safeguarding cases which, in their view, raise issues of importance in relation to their area.
3. Duty on local authorities to notify incidents of where a child dies or is seriously harmed to the National Child Safeguarding Practice Review Panel

The Department for Education has revised the guidance **Working Together to Safeguard Children 2018** to include the changes needed to support the new system of

multi-agency safeguarding arrangements established by the Children and Social Work Act 2017 as outlined above. Working Together to Safeguard Children 2018 was published in August 2018 with changes being implemented by April 2019.

Sutton has completed this work and formed a Local Safeguarding Children's Partnership (LSCP) to which The Royal Marsden NHS Foundation Trust is an active member.

A revised 4th edition of Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Fourth edition was published in January 2019 this requires additional training for staff working with children and young people

In relation to adults new legislation includes:

Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) Legislation and guidance

Parliament have agreed to reform DoLS and introduced the Mental Capacity (Amendment) Bill. This is currently going through parliament and due to be given Royal Assent and be in force in Spring 2020. This is a significant change and will mean that the Trust will become the responsible body for assessment and authorisation of DoLS, something which currently sits with local authorities. The Trust is making steps to respond and prepare the organisation for the proposed changes. An Intercollegiate task and finish group has been set up and meets monthly and a plan to implement the new Safeguarding: Roles and competencies for health care staff Intercollegiate Training guidance is being developed.

The group is exploring new ways of delivery training, including webinar to allow for a greater number of staff to attend sessions and to minimise travel time.

Summary of Key Risks and Risk mitigating factors

The safeguarding across the lifecycle has a shared risk register which is reviewed monthly within the integrated safeguarding committee and Quarterly within the Safeguarding Children and Adults Board. During the 2018/2019 reporting year, the key areas identified and their mitigating factors were;

- Currently there is no Flagging system for safeguarding on the trusts electronic patient record (EPR) system, nor ability to record information securely / confidentially relating to safeguarding or parental responsibility. To mitigate this risk, requests have been made for the Safeguarding and function to record parental responsibility through the change advisory board and IT strategy group. This is currently recorded within the record.
- There is no current flag to identify patients with dementia on the Trusts EPR systems. This has also been requested through the change advisory board and IT strategy group. This is currently recorded within the record.
- More robust application of the Mental Capacity Act and DoLS within RMH/RMCS including for 16 and 17 year olds is required, which is evidenced through audits, incidents and observation. Training has been implemented and we have planned on-going audits to mitigate this risk.
- All current volunteers mandatory training and DBS required are in line with Saville recommendations following the appointment of a Volunteers Manager and the

implementation of a bespoke mandatory training programme for volunteers and systems for managing and recording DBS checks.

Partnership Working

Trust participation and representation at Local Safeguarding Boards

The Trust is an active member of the London Borough of Sutton's Local Safeguarding Children's Board (LSCB); The Divisional Director for Community Services (now Nurse Director for Safeguarding) is the trust's representative on the board and deputy chair of the LSCB Board as well as Chair of the LSCB Policy and Practice Sub group.

The Trusts Named Nurse is an active member of the following board Sub-groups of Sutton Safeguarding Children's Board

- Quality Assurance Subgroup
- Learning and Development Subgroup
- Policy and Practice Subgroup
- Case Review Subgroup
- Multi Agency Safeguarding Hub (MASH) Governance Board
- Missing and Sexual Exploitation Strategic Panel
- Domestic Violence and Violence against Women and Girls Strategic Board

The Named Nurse is also a member of the Named Professionals Forum hosted by NHSE

The Trust is an active member of the Sutton Safeguarding Adults Board (SSAB) and Bi-Borough Safeguarding Adult Executive Board (SAEB) (formally Tri-Borough Safeguarding Adults Executive Board). The Trust has also engaged in the following safeguarding board subgroups; Safeguarding adults review subgroup (SSAB and Bi-Borough SAEB)

- Developing Best Practice subgroup (Bi-Borough SAEB)
- Quality and Practice subgroup (SSAB)
- Learning and Development subgroup (SSAB)
- Joint Intelligence Group (JIG) (SSAB)

The Trust also engages with the NHS Provider Forum for Safeguarding Adult and Prevent Leads and Sutton Domestic Violence Health Economy Network.

Audit and quality assurance

Annual audit plan and SARAT

During the reporting year, the Trust developed an annual audit plan for safeguarding adults, dementia and learning disabilities. During the 2018/2019 reporting year the following audits were completed;

- Safeguarding adults, practice and record keeping audit
- Survey monkey for awareness of staff on Mental Capacity Act and DoLS
- Dementia Practices

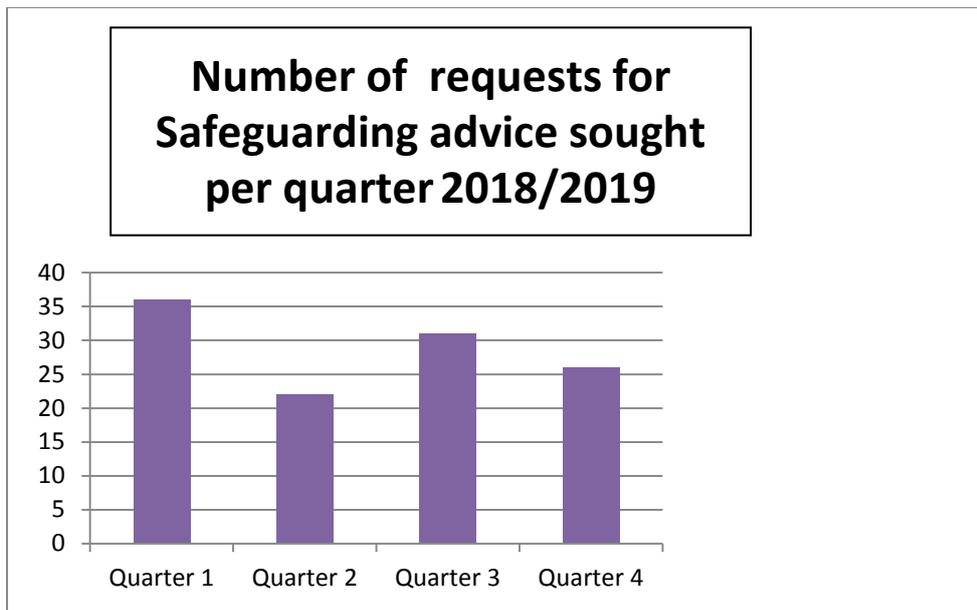
The learning from the audits have been shared within the “Safeguarding across the lifecycle newsletter” and within training and safeguarding surgeries across the Trust.

The Trust also completed the ‘Safeguarding Adults at Risk Audit Tool (SARAT)’ for the Sutton Safeguarding adults board and a revised version for the Bi-Borough Safeguarding adults executive board, and participated in challenge and learning events with partnership agencies from the boards. The aim of this audit tool is to provide a consistent framework to assess, monitor and / or improve safeguarding adult’s arrangements and to support the Safeguarding adults boards (SAB’s) in ensuring effective safeguarding practice across the partnerships. This was reported to the Trust safeguarding children’s and adult’s board and the integrated governance and risk management committee.

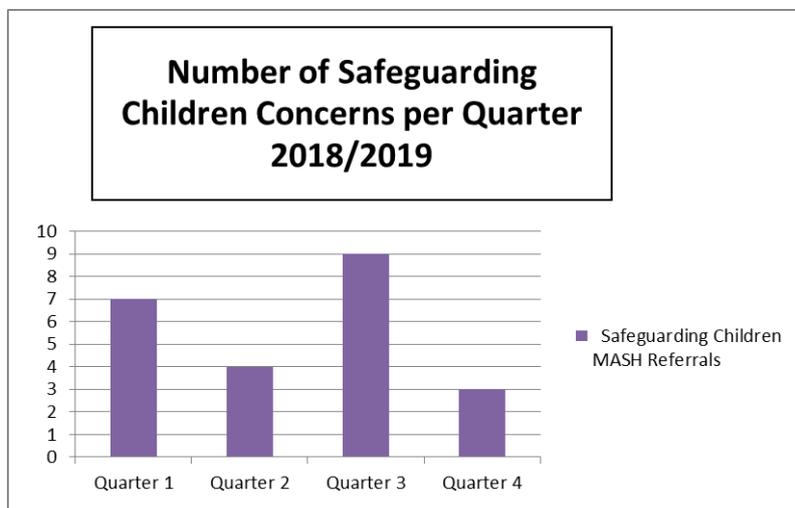
Children and Young People

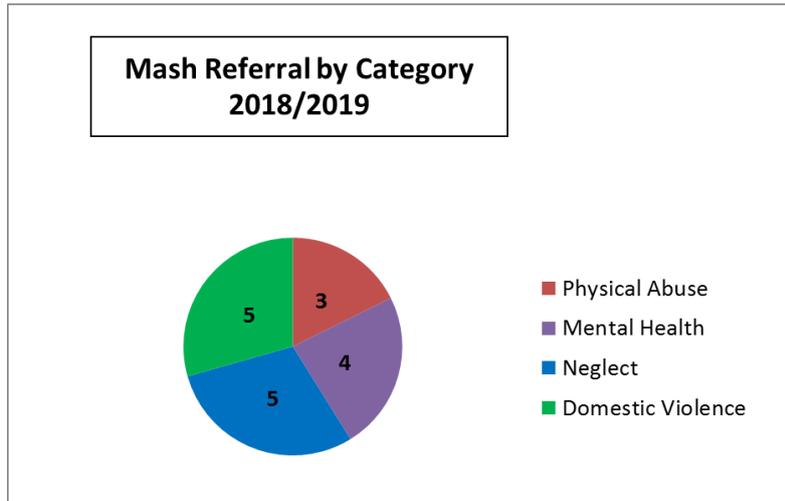
Safeguarding Activity - Royal Marsden Hospital

Throughout 2018/2019 staff has consistently sought safeguarding advice and support in relation to concerns for children. There have been 138 direct contacts for advice and support (including those requiring referral but excluding repeated consultation for the same case) in the reporting year. Some of the advice sought has been in relation to extremely complex cases that have required multi-disciplinary meetings/ professional meetings to be convened and where appropriate legal advice sought. For some families requiring support but below the statutory threshold referrals have been made to early help support services in the local area.

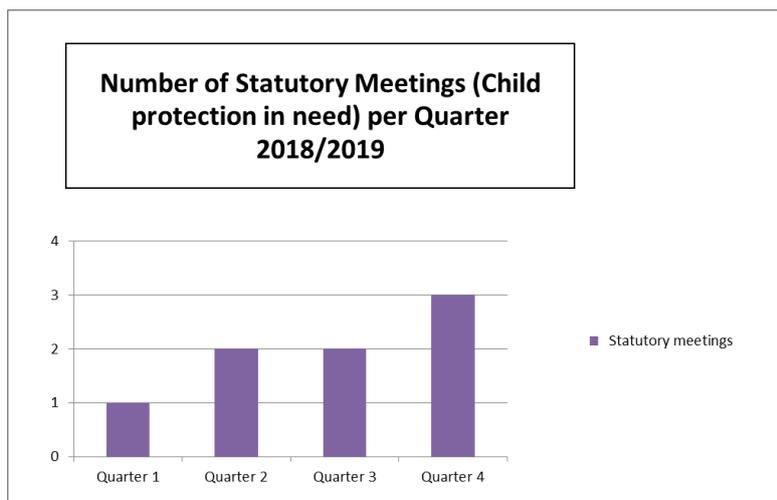


All concerns that suggest a child has suffered or is likely to suffer significant harm are referred to the Multi Agency Safeguarding Hub (MASH) in the area in which the child is normally resident. The trust has consistently identified children at risk and referred as required.





The Trust has provided care to children subject to a Child Protection plan and looked after in 2018/2019. The safeguarding service has represented the trust at all statutory meetings (child protection /child in need) and core groups. Staff supported social care competency assessments for both parent / foster carer prior to a looked after child discharge from hospital and contributed to decision making for placement plans.



The safeguarding service has established a number of activities to raise awareness of safeguarding children. Individual supervision is available to all case holding staff (clinical nurse specialists) and the service has started to offer bi monthly themed reflective safeguarding case based discussions which are accessible to all staff groups. Sessions have been well attended, and the themes covered were Neglect and Domestic violence. The Named Nurse / specialist safeguarding nurse attend weekly MDT meetings for both paediatrics and teenage and young people's services.

The safeguarding service provided Level 2 training to all new staff members joining the Children's unit to facilitate a prompt induction. The service has also established a monthly meeting with the Sister for the Children's Day-care unit to ensure the unit is regularly updated about any children attending day-care for whom there may be current or on-going safeguarding concerns

Conflict Project – RMH

The RM Children and Young People unit are one of four UK sites involved in a conflict project where some very challenging patient/family cases have occurred impacting negatively in the on-going clinical therapeutic relationships. This is managed by the medical mediation foundation whereby they give us the tools to recognise triggers to poor working relationships

The project has been designed to implement and test a novel approach to managing conflict called the conflict management framework (CMF). The CMF is aimed at helping clinicians to manage conflict with families and intervene in situations where conflict is developing and has the potential to escalate. It is based on the concept of checklists, which are common in other safety critical industries (Haynes et al. 2009). At each daily safety huddle, the team in charge will be asked if they have identified the warning signs of conflict in any of the families on the ward. These warning signs are described in two flowcharts identifying the triggers and warning signs of conflict based on the mild, moderate and severe phases of conflict escalation identified by Forbat et al (Forbat et al. 2015). The flowcharts describe the actions to take at each stage of conflict escalation

Serious Case Reviews (SCR) Safeguarding Children

There have been none for the hospital this year.

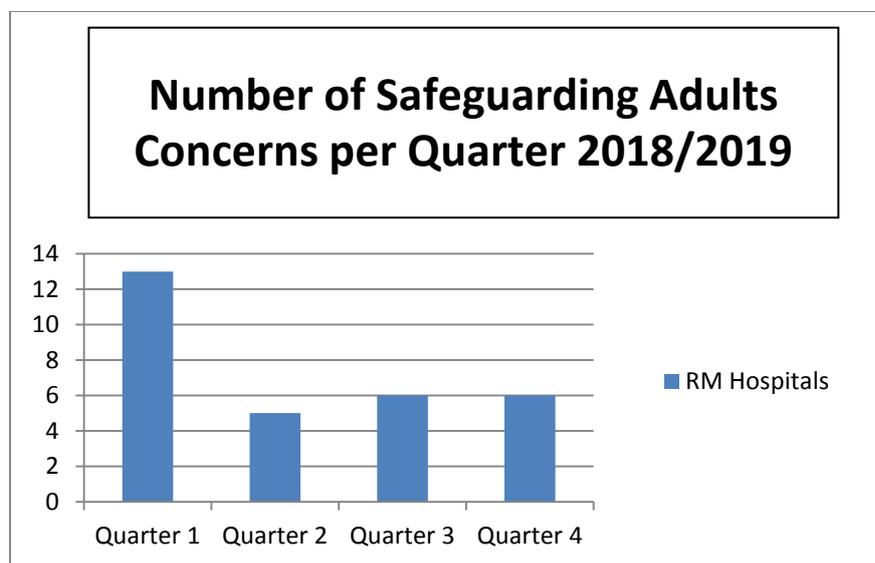
Safeguarding adults at risk

RM Hospital – Chelsea and Sutton

Safeguarding activity

Table 1: Breakdown of number of Safeguarding Adults Concerns per Quarter 2018/2019 – Hospital services (Chelsea and Sutton)

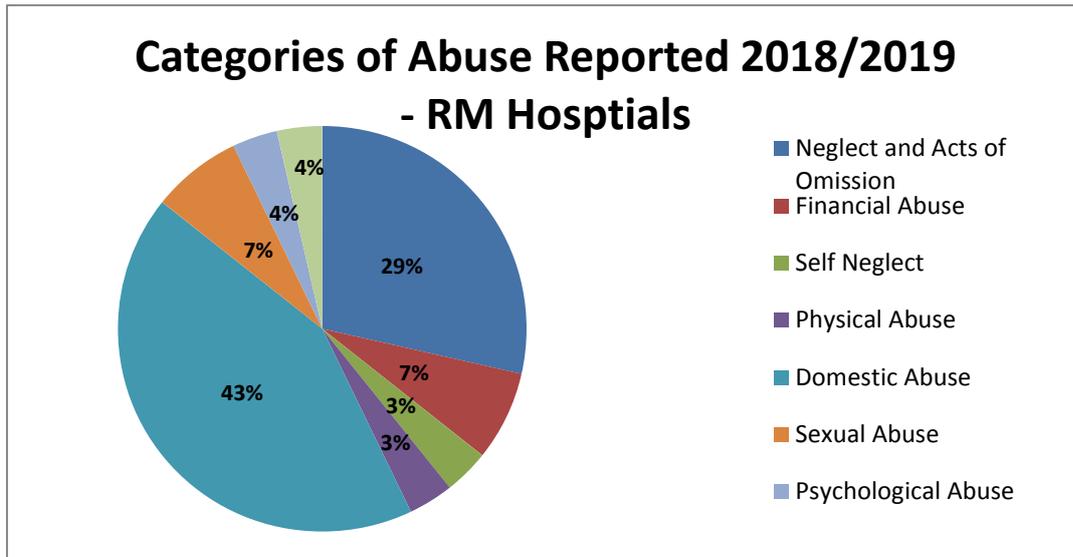
During 2018/2019 reporting year, the Trust's safeguarding adults team were informed of 29 safeguarding adults concerns raised to local authorities in relation to concerns of abuse which were raised from the hospital based sites. This has been an increase from 2017/2018 when 19 concerns were raised from hospital services. The increase in referrals is felt to be attributable to the increased training, safeguarding adults surgeries and awareness raising throughout the year.



Categories of abuse

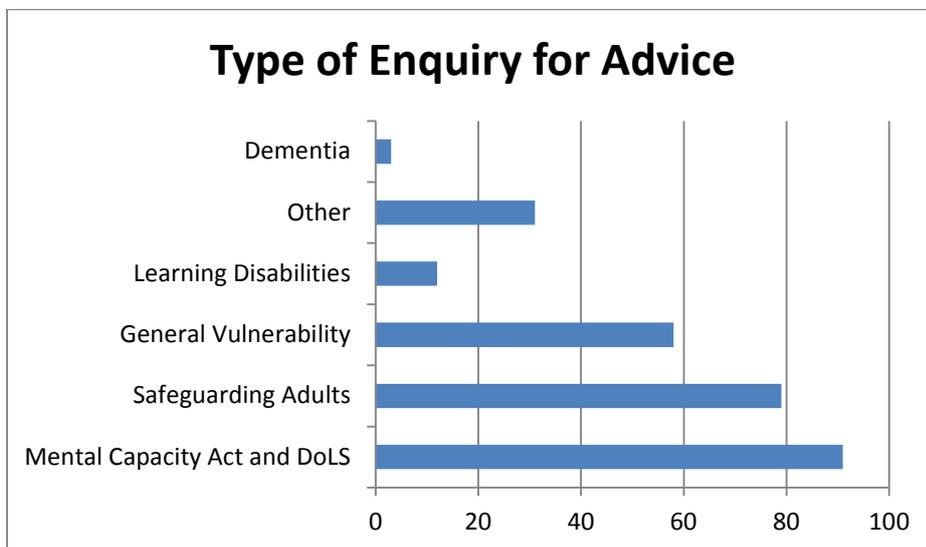
Of the 29 concerns raised within the acute hospital sites, there was 8 categories of abuse identified (some cases had more than one category). Domestic Abuse was the highest reported category of abuse within the reporting year accounting for 43% of the safeguarding adults referrals. This was followed by neglect and acts of omission which accounted for 29% of referrals; with sexual and financial abuse each accounting for 7% of the referrals; psychological abuse and organisational abuse accounted for 4% of referrals; and physical abuse and self-neglect 3% of referrals. As a result of the high prevalence of domestic abuse disclosures, the Trust continues to be an active member of the Sutton Domestic Violence Transformation board and Health partner's network, which has an aim to develop robust policies and practice, pathways and training for staff across the health sector around responding to disclosures of domestic abuse.

Table 2 Annual categories of abuse



Contacts for advice

There are a number of cases where the safeguarding adult’s threshold (under the Care Act 2015) was not met, but where staff required support and advice from the safeguarding adult’s team. During the 2018/2019 reporting year, the safeguarding adult’s team received 274 direct contacts for advice and support (NB: this does not include repeat advice in relation to the same case).



Type of Enquiry for Advice

Advice around the application of the Mental Capacity Act and concerns about Safeguarding were the two most common enquiries, followed by general vulnerability (which includes patients who require a care act assessment), other (which includes seeking advice around patients with mental health needs), learning disabilities and dementia.

Safeguarding adults reviews (SARs) and Domestic Homicide Reviews (DHR's) – Hospital based services

During the reporting year, the Trust hospital based services have not been directly involved in any commissioned Safeguarding Adults Reviews (SARs) or domestic homicide reviews. The Trust however has engaged in the safeguarding adult review subgroups for the Sutton Safeguarding adult's board and Bi-Borough Safeguarding Adults executive board and shared learning from SAR's within safeguarding adults training and via the safeguarding adult's newsletter.

Allegations against staff members

Allegations Against Staff of RM in 2018/2019

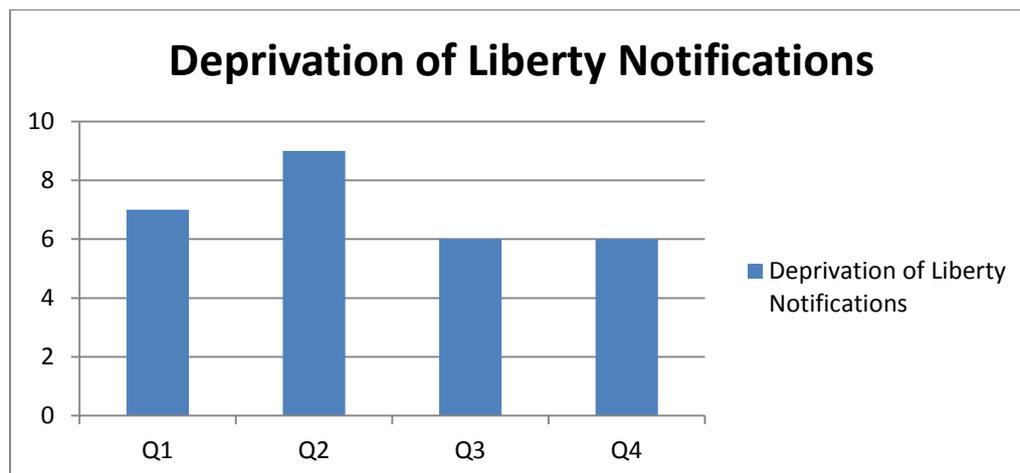
During the 2018/2019 reporting year there have been 2 allegations made against staff with 1 allegation being related to their working lives, and 3 of which involved the local LADO. During this reporting year, the Trust has developed managing allegations against staff that may harm children or vulnerable adult's policy and procedures.

Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS)

Legislation and guidance

Following significant scrutiny of the current deprivation of liberty (DoLS) procedures, parliament have agreed to reform DoLS and introduced the Mental Capacity (Amendment) Bill. This is currently going through parliament and due to be given Royal Assent and be in force in Spring 2020. This is a significant change and will mean that the Trust will become the responsible body for assessment and authorisation of DoLS, something which currently sits with local authorities. The Trust is making steps to respond and prepare the organisation for the proposed changes.

Deprivation of Liberty figures



During the reporting year, there have been 28 new urgent deprivations of liberty requests made across the hospital sites Trust in 2018/2019. This is a decrease from 2017/2018 where there were 41 deprivations of liberty requests.

Local Authorities continue to struggle with capacity to meet the significant national rises in applications from NHS trusts and Social Care organisations. This is resulting in a national breach of assessments for patients under urgent deprivation of liberty safeguards. At RMH we are working closely with our community partners to overcome these challenges and reduce local risk of patients being deprived of their liberties without authorisation or assessment.

Training and awareness

Basic awareness training of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards is provided in the Level 2 and Level 3 Safeguarding Adults' mandatory training which is completed by clinical staff on a 3 yearly basis.

During the reporting year, specific Mental Capacity Act Training has been provided to all nursing staff as a part of their mandatory training programme and 89.9% of acute nursing staff has been trained. The consent e-learning model for medical staff has also been revised and now includes consideration of the Mental Capacity Act and DoLS.

Court of protection (COP)

During the reporting year, the Trust has not made any referrals to or be involved in cases being presented to the Court of Protection. Learning from the court of protection however is shared within safeguarding adults training.

PREVENT

PREVENT is part of CONTEST, which is the abbreviated name for the UK Government's counter terrorist strategy. The aim of PREVENT is to help identify vulnerable persons who are at risk of engaging in or supporting terrorism or terrorist activity. Approximately 30 areas of the UK have been identified as priority boroughs. The highest numbers of priority areas are within London and therefore London as a whole is considered a high priority area for Prevent, although this can change based on latest intelligence and world events.

Training and awareness

All Trust staff receives basic Prevent awareness training in Level 1 and 2 Safeguarding Children's and Adults training. The Trust has also identified key staff in line with the NHS England Prevent training and Competencies Framework to complete Workshop to Raise Awareness of Prevent (WRAP) or Health WRAP training and set a target of 85% compliance to be achieved by March 2018 and maintained. The Trust has maintained this compliance level through delivery via face to face methods and use of e-learning.

Percentage Compliance 31st March 2019

a.	Basic Awareness	97%
b.	WRAP Training	88%

Domestic Abuse

Nationally it is recognised that in their lifetime, 1 in 4 women and 1 in 6 men will experience domestic violence and abuse and each year, over 130,000 children live in homes where there is domestic violence or abuse.

Over the past year, the reports and disclosures of patients experiencing domestic violence and abuse resulting in a statutory safeguarding adult's referral has increased by 14% within the Trust, being the highest reported category of abuse for adults within the Trust. There has also been a rise in disclosures where patients do not want a statutory referral to be completed and where they have been signposted to other agencies.

During the reporting year, the Trust has engaged with the Sutton Domestic Violence Transformation board and health economy network, to look at innovative ways to improve policies, procedures, training and support available to victims of domestic abuse. The Trust has also established a task and finish group to manage the work plan and actions around domestic violence and abuse.

Dementia and Learning Disabilities

Dementia strategy

“Dementia is a significant challenge for the NHS with an estimated 25% of acute beds occupied by people with Dementia, their length of stay is longer than people without dementia and they are often subject to delays on leaving hospital. Whilst work is underway nationally to improve the nature of outcome data, the process measure of dementia risk assessment will set an effective foundation for appropriate management of patients allowing significant improvements in the quality of care and substantial savings in terms of shorter lengths of stay.” (Department of Health April 2012)

A key aspect of ensuring quality outcomes for people living with dementia is to improve the quality of care in hospitals, to this end the Royal Marsden continues to ensure the following aims and objectives are in place and regularly reviewed:

- Early detection; patients over 75 are routinely screened under an early detection programme and information shared with their GP for further assessment
- Modernising the way we communicate; through ensuring access to information and involving family and carers.
- Dementia friendly environments; we have been able to improve ward areas to ensure that they are dementia friendly and continue to review and monitor patient environments.
- Patient engagement; is supported through the use of activity boxes developed by the Occupational Therapy team, together with the dementia reminiscence interactive therapy and activities pod (RITA), kindly provided by The Friends of Royal Marsden Hospital Sutton.
- Person centred care; the Trust uses the Alzheimer's society “This is Me” form for patients with dementia to support person centred care.
- Skilled workforce; training is provided both within the Trust induction programme and bespoke sessions to improve knowledge in line with the Trust agreement as a part of the dementia action alliance. The Trust works in partnership with Admiral Nurses to deliver bespoke training.

The Trusts Dementia Champions network drives the Trust strategy, supports with delivery of training within the Trust and shares good practice.

Learning Disability

The Trust is committed to provide good personalised care for patients with learning disabilities and to meet the Learning Disability framework requirements (NHS England). As an NHS Foundation Trust, the Board are required to certify that the Trust meets the six requirements in the Risk Assessment Framework for patients with learning disabilities. These requirements are;

1. Does the NHS foundation trust have a mechanism in place to identify and flag patients with learning disabilities and protocols that ensure that pathways of care are reasonably adjusted to meet the health needs of these patients?

The Trust has a mechanism in place to identify and flag patients with learning disabilities coming into the Trust as well as pathways of care to ensure reasonable adjustments can be made to meet the health and support needs of these patients. Each ward has a Learning Disability resource folder which includes copies of Hospital Passports we give to Patients and their families, guidance on making reasonable adjustments and a communication book to assist staff with communicating effectively. The Trust has a Learning Disability Buddies network that supports these initiatives and shares good practice.

2. Does the NHS foundation trust provide readily available and comprehensible information to patients with learning disabilities about the following criteria?
 - Treatment options;
 - Complaints procedures; and
 - Appointments

The Trust has access to the Change - Macmillan easy read information which is accessible through the Trusts Patient, Advice and Liaison services (PALS). An easy-read complaints process is included in the Trust's Complaints Procedure. The Trust has also signed-up to 'AccessAble' (previously 'DisabledGo') to enable patients with learning disabilities and their families to obtain information about the services provided by the Trust and how to accessing services.

3. Does the NHS foundation trust have protocols in place to provide suitable support for family carers who support patients with learning disabilities?

There are clear provisions for the support of family and other carers within the Trusts Carers Policy (2017), including provision for support in case of accompanying overnight admissions and the pathway to support patients with learning disabilities.

4. Does the NHS foundation trust have protocols in place to routinely include training on providing health care to patients with learning disabilities for all staff?

Training for learning disabilities is currently included within the Trust's safeguarding adults mandatory training programme via face to face sessions for nurses as a part of the mandatory training update. There is also a learning disabilities case study included in the

Equality and Diversity e-learning package which all new joiners to the Trust are required to complete as a part of their induction. Bespoke training is also available to staff on request.

5. Does the NHS foundation trust have protocols in place to encourage representation of people with learning disabilities and their family carers?

All patients / relatives who come into contact with the Trust are encouraged to represent the Trust within various forums, including the patient and carer advisory group and reasonable adjustments can be made to support representation.

6. Does the NHS foundation trust have regularly protocols in place to audit its practices for patients with learning disabilities and to demonstrate the findings in routine public reports?

The safeguarding across the life cycle audit plan includes audits to the use of patient passports and patient experience questionnaires.

As part of our commitment to improve patient experience for people with a learning disability, the Trust signed up to the Learning Disability Improvement Standards data collection (NHS Improvement). The standards, developed by people with a learning disability and families include:

- (1) Respecting and protecting rights; (2) Inclusion and engagement; and (3) workforce

Outcomes from patient feedback via a Service User Survey, Staff Survey and Trust policies and activities; will be incorporated into the safeguarding audit plan and learning disability work plan when available from NHS Improvement.

LeDeR (and engagement)

As a result of the confidential Inquiry into Premature Deaths of People with Learning Disabilities (CIPOLD, University of Bristol 2013), which identified that nearly a quarter of people with learning disabilities were younger than 50 when they die and a third of all deaths were linked to poor health care, NHS England commissioned the University of Bristol to undertake a mortality review programme (LeDeR) in 2015.

From 01 May 2017 all deaths of adults with learning disabilities and /or autism aged 17-74 require a mortality review. The purpose of the review is to determine if there are any areas of concern in relation to the care of the person who has died or if any further learning could be gained from a multiagency review of the death that would contribute to improving practice. As a member of the multiagency Sutton LeDeR Steering Group, which oversees reviews, and local developments, the Trust continues to ensure learning from the reviews is shared across services and the Learning Disability Buddies network.

What we've achieved in 2018/2019

Objective	Lead	Measures of Success	Achievements
Develop a better understanding of the profile of safeguarding concerns raised within the Marsden	Head of Adult Safeguarding /Named Nurse Specialist Safeguarding Nurse/ Specialist safeguarding adults advisor	-Thematic review of themes / trends -Having a better analysis of types of advice sought and types of concerns being raised -Be able to imbed into training / initiatives	Identified a theme of concerns and enquiries relating to domestic abuse within RM acute based services Engaged with Sutton health economy domestic violence network Established Domestic Violence Task and finish group to revise policies, procedures and training within the Trust
Further develop the implementation of the Mental Capacity Act and imbedding act into practice	Head of Adult Safeguarding / Specialist Safeguarding adults advisor	-Reflected in confidence in application of the act -Clearer understanding around DoLS and process' -Increased number of staff trained	Application of the MCA and staff survey of awareness of the MCA has been imbedded as a part of the annual safeguarding adults audit plan. We have also trained acute nursing staff in Level 2 Mental Capacity act training through the mandatory training programme in 2018/2019.
Improve profile of the domestic abuse pathways	Named Nurse / Head of Adult Safeguarding / Specialist Safeguarding adults advisor / Specialist Nurse Safeguarding children	-Improve pathways following disclosure and referral to IDVA / MARAC services, which would include support for staff -Increased interagency working Review of policy updating pathways -Training available to staff as a part of safeguarding training portfolio -Domestic abuse leaflets and information available for patients	Established Domestic Violence Task and finish group to revise policies, procedures and training within the Trust, including risk assessment and referral to IDVA / MARAC services Engaged with Sutton health economy domestic violence network Ensured national domestic abuse information is available to patients in communal areas of the organisation
Develop a safeguarding adults link role / champion	Specialist Safeguarding adults advisor / Head of Adult Safeguarding	Include dementia and learning disabilities champions Support to deliver the safeguarding adults priorities	Dementia and Learning disabilities network meetings continued in 2018/2019 and started planning for including safeguarding adult's priorities. Achieved over national average for 2018/2019 PLACE assessment for dementia environments.

Establish clear structures for Safeguarding adults Surgeries	Specialist Safeguarding adults advisor / Head of Adult Safeguarding	Establish safeguarding surgeries across the organisation Ensure clear structure reflected in appropriate guidance	Safeguarding adult's surgeries rolled out across the Trust and bespoke topics discussed such as fire safety; managing risk; mental capacity.
Commenced implementation of regular reflective safeguarding case based discussions (themed) in children's services	Named Nurse / Specialist Safeguarding Nurse	Establish reflective safeguarding case based discussion in children's services	Bespoke topics discussed such as neglect and domestic abuse
Establish a training strategy for safeguarding across the lifecycle	Head of Adult Safeguarding /Named Nurse	Establish a strategic vision for safeguarding training across 3 year period Ensure clear link between themes and training provide	Established a Task and finish group to implement training in line with the intercollegiate Adults Safeguarding; Roles and competencies guidance. Domestic violence task and finish group reviewing bespoke training needs for domestic violence and abuse.

Our Future Plan 2019 -2020

- Continue to raise awareness of MCA and prepare the Trust for Liberty Protection Safeguards including application for 16-17 year olds
- Raise staff awareness of children at risk of sexual and criminal exploitation and contextual safeguarding issues
- Establish robust delivery of monthly themed safeguarding case based reflective discussion seminars
- Implement a revised supervision policy and support staff to participate in regular safeguarding supervision
- Develop and implement a policy for children not brought to appointments
- Develop standard operating procedures for the management of the use of cannabidiols by parents of children receiving in patient treatment
- Raise awareness of MCA and prepare the Trust for Liberty Protection Safeguards
- improve the Domestic Violence policy and pathways and training and awareness
- Develop a "Think family" approach and professional curiosity in potential safeguarding cases arising in adult services
- Review and develop the mandatory training programme in line with the Adult Safeguarding; Roles and competencies guidance (issued 2018)
- Review and update all training for staff working with children and young people to be compliant with the 4th edition of Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Fourth edition - January 2019
- Improve the Domestic Violence policy and pathways and training and awareness
- Develop a the "Think family" approach and professional curiosity in potential safeguarding cases, including developing a safeguarding champion role
- Implement new learning disabilities and dementia policies and pathways

- Review and update our processes and reporting in line with the new NHSE National Child Death Review Programme, and the Child Death Overview Process (CDOP)

Royal Marsden Community Services (RMCS)

Safeguarding Children

Safeguarding Activity

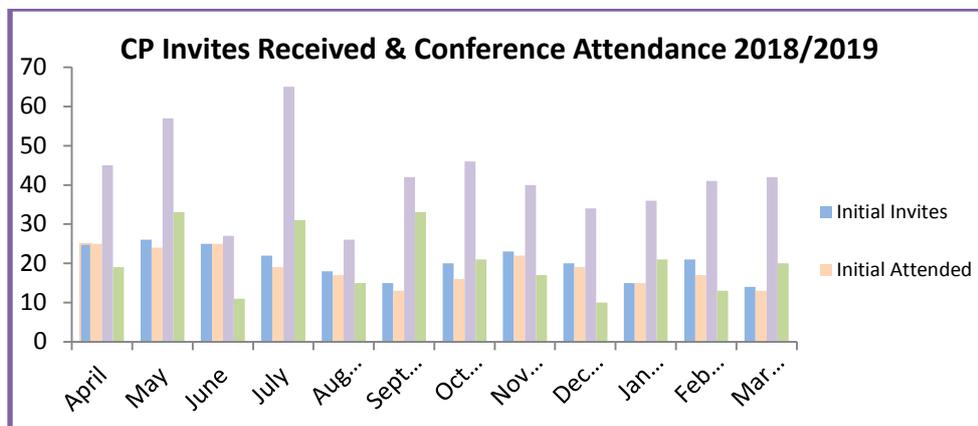
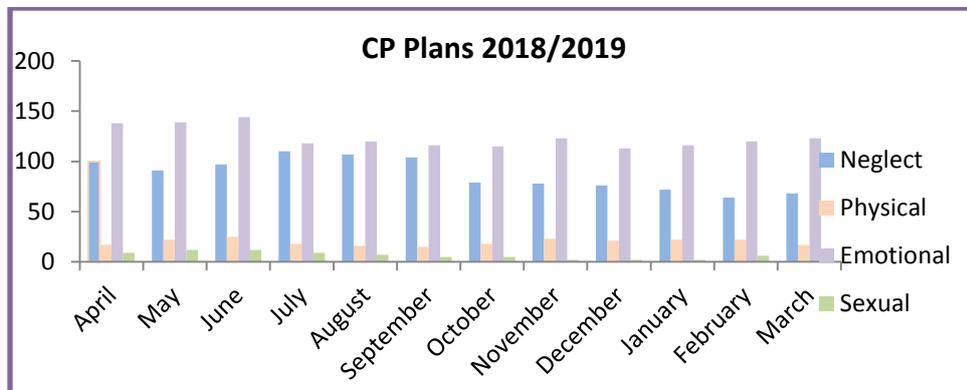
Children subject to a Child Protection Plan

The Trust’s Children’s safeguarding service monitors safeguarding activity on children’s safeguarding metric dashboard which is completed monthly. The dashboard provides an analysis of concerns raised, including themes and trends which is shared with divisions for wider distribution.

During 2018/2019 the number of children in Sutton subject to a Child Protection Plan has steadily declined. There has been an overall 17% decrease in children subject to a child protection plan between Q1/Q2 and Q4. Most children subject to a plan were recorded under the category of emotional and numbers within this category have remained stable throughout the year.

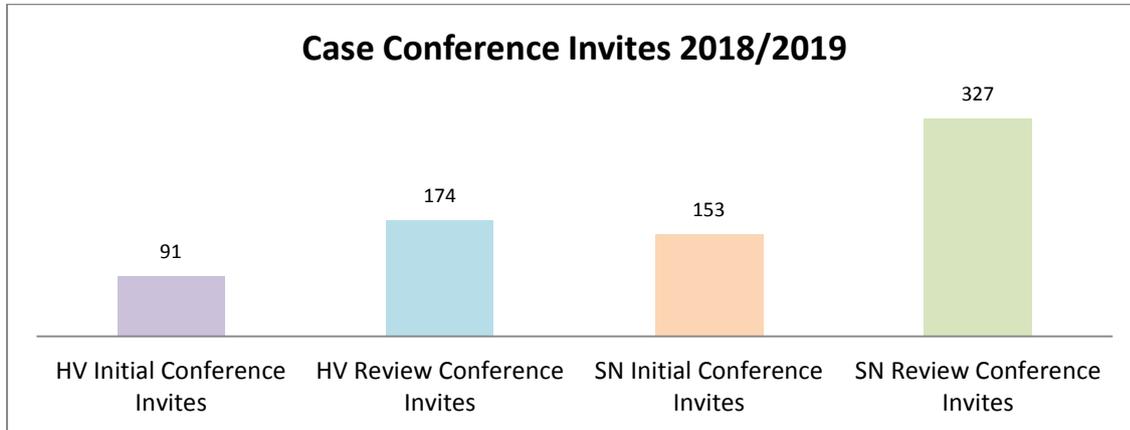
Neglect is the 2nd most common category and there has been a 28% decrease in children being made subject to a plan for neglect. The decrease for children recorded under physical abuse has been 8% and sexual abuse 61%.

Table 1: Breakdown of number of Children subject to a Children Protection Plan & category 2018/2019



Staff working in the 0-19 service on a Health Visiting (HV) or School Nursing (SN) caseload is required to attend all Initial Child Protection Conferences. The School Nursing service only attends Review Child Protection conferences where the child has been identified with health needs.

Table 3: Breakdown of number of invitations to initial and review child protection conference by service 2018/2019



There has been a 16% decrease in invitations to child protection conferences for the 0-19 service compared to the previous year. This equates to a 35% decrease in invitations to initial child protection case conferences for health visiting and an 18% decrease for school nursing. The decrease in invitations for review child protection conferences is 17% for both services.

This decrease is likely to be attributable to the LSCB's introduction of an Early Help Assessment Tool (EHAT) for children and young people. This is an assessment tool used to fulfil statutory duties towards children and young people and support the early identification of children and young people's emerging needs and strengths and promote coordinated, timely service provision.

Compliance with attending initial child protection cases conferences was 97% for health visiting and 89% for school nursing.

Compliance with attending review child protection cases conferences was 91% for health visiting and 23% for school nursing. The school nursing service only attends review conferences for which there is an identified health need for the child/young person.

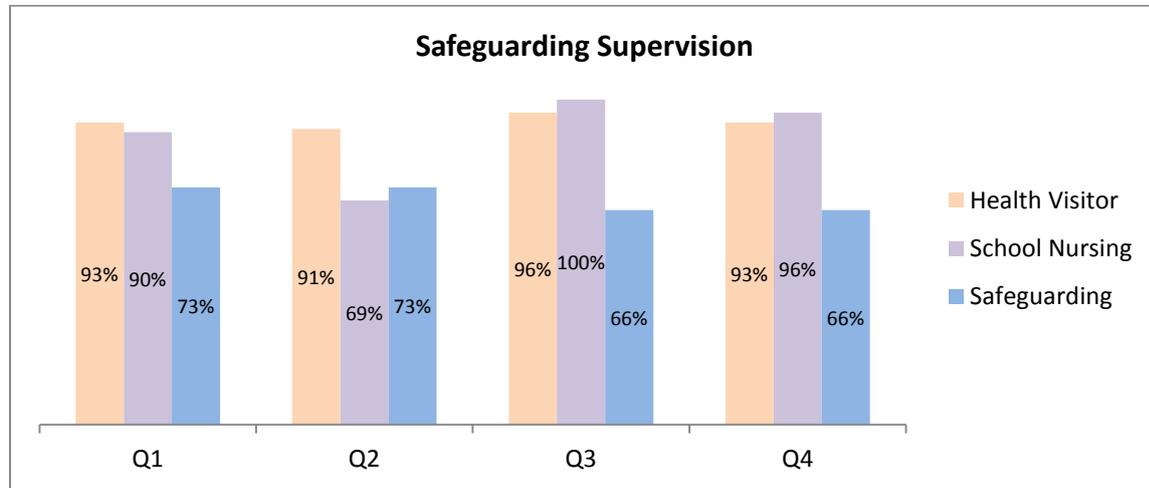
Safeguarding Supervision

The Trust has a Safeguarding Children and Young People Supervision Policy detailing staff compliance requirements with regard to supervision. Safeguarding supervision is provided to all clinical staff working directly with children and families. Requirements for supervision are detailed in the policy and compliance is monitored quarterly with a compliance target of 90%.

In 2018/2019 between Q2 – Q4 the safeguarding service had a significantly reduced staffing capacity. During this time staff working in the safeguarding team was more reliant upon accessing ad hoc supervision from the Named Nurse. The availability and provision of ad hoc supervision was robust and staff was also able to attend quarterly action learning group

supervision provided by the Designated Nurse. Similarly ad hoc supervision was available to the school nursing service in Q2 when there was decreased capacity to offer formal supervision.

Table 4: Quarterly compliance with safeguarding supervision 2018/2019

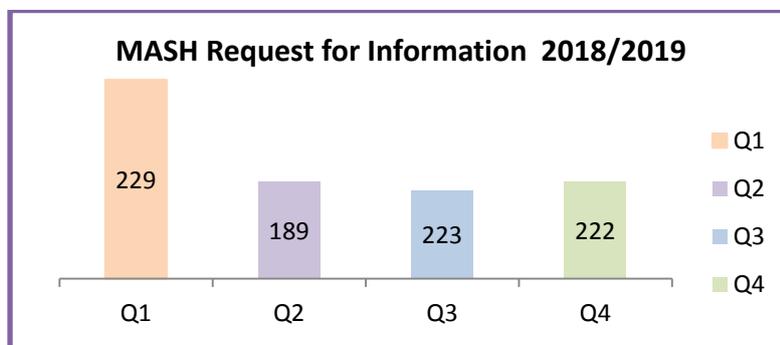


Multi –Agency Safeguarding Hub (MASH)

During the reporting year community services made 94 safeguarding referrals to children’s social care. Of these 32% related to domestic abuse, 5% to CSE and 63% to other types of safeguarding concerns. No PREVENT referrals were made in the reporting year.

The trust provides a full time Health Navigator to work as part of the multi-agency team in the MASH. The MASH is the single point of contact for all referrals to children’s social. The Health Navigator acts as an interface between other health provider services analysing and sharing information with the MASH to assist in determining thresholds and interventions required to safeguard children. The Health Navigator attends and participates in MASH daily team meetings.

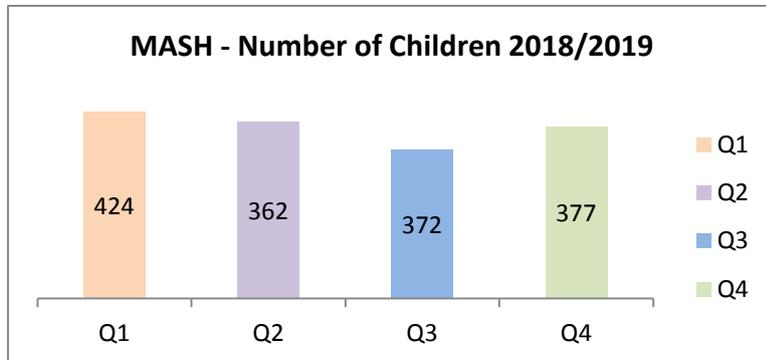
Table 5: Breakdown of number of Safeguarding Concerns raised requiring information sharing from Multi Agency Safeguarding Hub (MASH) Health navigator 2018/2019



There has been a 9% increase in information sharing requests compared to the 2017/2018 reporting year. In addition to this the MASH has introduced a Multi-Agency Meeting

Domestic Abuse (MAMDA) twice weekly meeting which commenced July 2018 and the health navigator represents the service at these meetings.

Table 6: Breakdown of number of children per quarter where Safeguarding Concerns were raised requiring information sharing from Multi Agency Safeguarding Hub (MASH) Health navigator 2018/2019



Compared to 2017/2018 there has been an 11% increase in the number of children where a request for health information is made in relation to a safeguarding referral.

Safeguarding Community Liaison

An information sharing agreement between Royal Marsden NHS Trust and Epsom & St. Helier NHS Trust (ESTH) enables information to be shared between both organisations in relation to children presenting at Accident & Emergency for the purposes of effectively safeguarding children. A member of the safeguarding team specialist nurses triages information daily and liaise relevant notifications to RMCS staff.

Comparison between the previous reporting year shows a significant increase in activity. Paediatric A&E notifications increased by 35%, those from adult A&E by 20% and maternity notifications by 25%.

Revised guidance by the Royal College of Paediatrics and Child Health (Facing the Future: Standards for children in emergency care settings, June 2018) required all acute trusts to ensure information was shared with primary care and community services for all children and young people attending A&E. In response to this requirement the information sharing agreement was revised and all notifications managed through the community services administration centre. It became the responsibility of individual health visitors and school nurses to review, triage and respond to notifications removing the function from the safeguarding service.

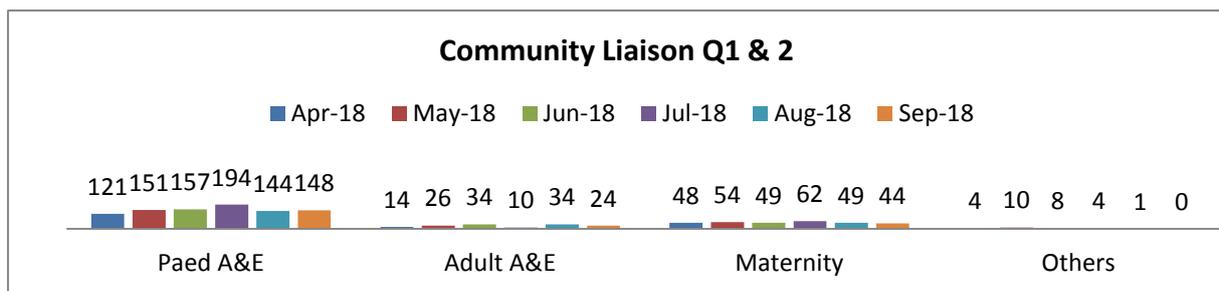
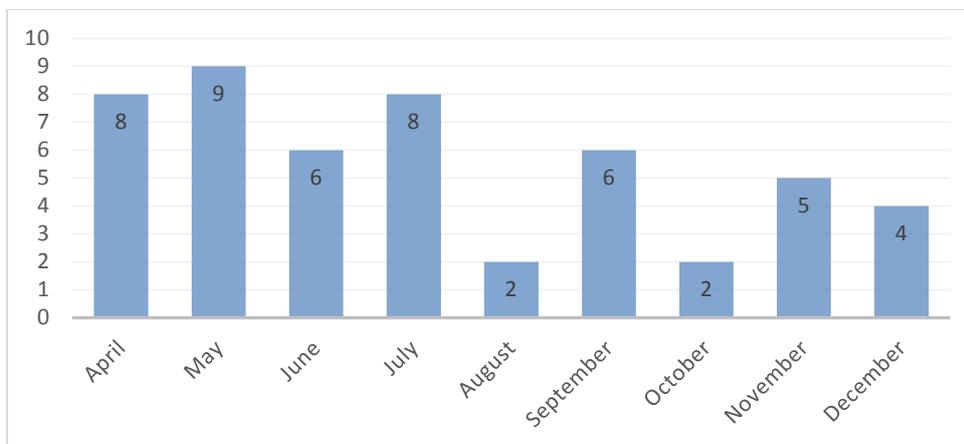


Table : Safeguarding activity Community Liaison by department 2018/2019

Child Sexual Exploitation (CSE)

The London Borough of Sutton LSCB holds a multi-agency Missing and Child Sexual Exploitation (MACE) Panel that convenes monthly to provide risk assessment and case management for children identified as at risk of exploitation (as a victim or perpetrator). Information about children and young people identified as at risk is shared at a panel meeting one week prior to the multi-agency operational group meeting. This group analyses local trends and associated risks (premises, locations etc.) as well as sharing learning from national sources. The operational group meeting reports to the MACE Strategic Panel quarterly which reports to the LSCB. Trust representation at the strategic panel is provided by the Named Nurse.

Table 9: Breakdown of number of children discussed at the MACE operational group as at risk of CSE 2018/2019



Sutton LSCB has been consistently reviewing data capture and analysis to refine reporting and analysis of children at risk of CSE. Children deemed missing but not at risk of CSE are discussed in a separate weekly operational group that does not require attendance from RMCS unless specifically requested. This change in practice has contributed in part to a 74% decrease in cases of CSE being discussed at the monthly operational group compared to the 2017/2018 reporting year.

Data analysis in Q3 highlighted that the most frequent missing and high risk cases were all with children looked after (LAC). Analysis of the 5 most high risk cases to the MACE panel brought attention to children experiencing both sexual and criminal exploitation. A priority area for the LSCB is to minimise the risk of criminal exploitation associated with some placements. In light of these findings RMCS Manager for the Looked after Children's Service also attends the MACE operational group.

The Children's Safeguarding Team provided representation to the raising CSE awareness planning group and participated in a variety of multi-agency activities for National CSE Awareness week in March 2019.

Female Genital Mutilation (FGM)

There have been no reported cases of FGM in the 2018/2019 reporting year requiring mandatory reporting. The trust has a policy for Female Genital Mutilation that provides a

link to the local LSCB FGM risk assessment tool. FGM is identified as a safeguarding concern in all levels of safeguarding training for the trust.

Looked after Children

The Looked after Children (LAC) Team comprises of 1.7 WTE Specialist Nurses supported by a part time Administrator and Service Manager. The nurses undertake review health assessments for all looked after children, either directly or through arrangement with teams nationwide. All review health assessments are quality assured by the Designated Nurse for Looked after Children in Sutton CCG and the standard is consistently of a high quality.

Areas for improvement, where identified, are incorporated into training for Health Visiting and School Nursing colleagues involved in this work.

In 2018/19 training was delivered to Health Visitors and School Nurses and Social Workers in partnership with the Designated Nurse (Sutton CCG) and Designated Doctor (Epsom and St Helier).

Quarterly partnership LAC Health Strategy meetings, co-chaired by the Designated Nurse and LBS Head of Corporate Parenting, seek assurance and monitor the provision and quality of health assessments and leaving care summaries within statutory timescales. 2018/19 also saw the commencement of regular meetings between the two administrative functions of Health and LBS which has resulted in a significant improvement in processes and partnership working which was previously adversely affecting the completion of assessments within timescale.

Staffing continued to be a challenge but to minimise the effect on capacity, a six-month internal secondment was put in place. As a result, performance (as measured by completions in timescale) was good overall. For those children living more than 20 miles outside of Sutton, outcomes are generally worse. This has been escalated to the Designated Nurse for Safeguarding and Q4 data did reveal a small improvement.

In addition to the internal and external mechanisms for scrutinising this data, we are also monitoring the data relating to health recommendations arising from assessments, which again demonstrates a commitment to both quality and quantity.

Serious Case Reviews (SCR) Safeguarding Children

Following an unexplained injury to a baby (Child O) Sutton LSCB notified the Child Safeguarding Practice Review panel whose recommendation was for a serious case review to be completed at a local level. At the time of this report the Independent management review (IMR) has been completed, approved by the Chief Nurse and shared with the Local Safeguarding Children's Board. Learning from the review will be available once the independent author has completed the SCR.

Learning reviews

A Learning Review (Child M) was agreed at the LSCB Case review subgroup in February 2018. Child M who had a neuro- metabolic condition and complex needs died unexpectedly at home. Child M's mother's engagement with services was poor, there was lapse visiting

when child M was hospitalised and his mother had her own significant medical needs. Child M's death was not determined to be due to safeguarding issues but it was felt a learning review was required.

The action plan continued into the 2017/2018 reporting year and identified 3 areas for practice improvements for community services.

1. Record keeping standards – Trust to provide AHP/ staff at Sherwood Park and Cedar Lodge with training for compliance with record keeping standards for attendance at statutory meetings in line with the service SOP using the signs of safety.
2. Ensure that all safeguarding information is held on the electronic clinical record and not in paper form at Cedar Lodge
3. Ensure that staff proactively access interpreting services when family members/ child has limited English, especially when the child is non-verbal.

Progress against the plan;

1. Action complete - Safeguarding Team provided designated training to staff, training and attendance list provided to the LSCB for assurance purposes
2. Action complete – Service manager reviewed and confirmed no safeguarding information was held in paper form
3. Action complete and on-going – Importance of providing interpreting services is highlighted in trust policies (Child Protection and Safeguarding /Responding to domestic violence)

The Trust has an annual audit plan that combines internal and partnership audits. In the reporting year the following audits were completed:

Audit review of all cases on the Enhanced parent pathway

Following the decommissioning of the Family Nurse partnership the health visiting service introduced a new offer of an enhanced parent pathway for all pregnant first time mothers under the age of 21. The enhanced pathway offers a minimum of 2 ante natal and 10 post natal contacts in the first year of life. Assessment tools such as Edinburgh post natal depression score (EPDS), Generalised Anxiety Disorder (GAD7) and karitane parenting confidence tool are used to monitor and assess parenting confidence and progress.

All FNP caseload families that had been transferred to HV service were reviewed in supervision prior to decommissioning of FNP and a plan documented in the records. In 2018/2019 two babies sustained unexplained injuries both of whom had been known to the FNP/EPP service. This resulted in an ad hoc audit review of all 58 families currently enrolled on the EPP pathway. The findings were:

- Compliance with the schedule of required visits was high
- There was limited evidence documented of the recommended assessment tools being used at the recommended contact visit
- Not all cases had been brought to safeguarding supervision

Action plan:

The health visiting service to audit their compliance with use of tools in the audit year 2019/2020. This action is transferred to the Sutton and Health Care Alliance

The annual safeguarding supervision audit to incorporate a percentage review of cases enrolled on the EPP programme to determine if cases are being brought to supervision. This recommendation comprises part of the recommendations in the Child O IMR.

LSCB Children at risk of deliberate self-harm audit

To provide assurance that children and young people presenting with deliberate self-harm were being appropriately responded to and compliant with Sutton LSCB Deliberate self-harm protocol a randomised audit of known cases were undertaken by the LSCB and partner agencies. As yet some agencies have not completed the audit.

The summary of findings from the audit to date is as follows:

- All children selected for the audit had a history of domestic abuse as a parental risk factor;
- Not all agencies were aware of plans in place for the child;
- Effectiveness of intervention was not always well documented and evidenced;
- There was little evidence of the LSCB Management of Self-Harm Protocol being utilised by agencies;
- There was seen to be good management oversight on the majority of cases and for the majority of agencies.

Recommended actions:

1. Once all responses have been received, an audit workshop to be held to develop an action plan

Action: To be transferred to Sutton Health Care Alliance

2. Each agency to take forward their own recommendations for improvement within their agency

Action: RMH to review and consider pathways for managing and supporting children and young people presenting with self-harming behaviours

Mock Joint Targeted Area Inspection Audit – theme domestic abuse

Sutton LSCB commenced a mock Joint Targeted Area Inspection Audit to seek assurance that statutory safeguarding responsibilities were effective for children and young people living with domestic abuse. This was an extensive exercise.

Community services participation included:

- One day observation of the Health Navigator role by the Designated Nurse Sutton CCG to establish impact and assess how the role is best utilised

- Completion of self-assessments by single agencies
- MASH audit of domestic abuse contacts
- Observation of MARAC
- Observation of strategy clinic meetings
- Observation of child protection conferences

This is an on-going piece of work with a comprehensive multi agency action plan.
Recommendations specific to the trust include:

- From the MASH contact audit - Health visitor liaison to be utilised for contacting families following a MASH DV contact

Action: To be transferred to Sutton Health Care Alliance

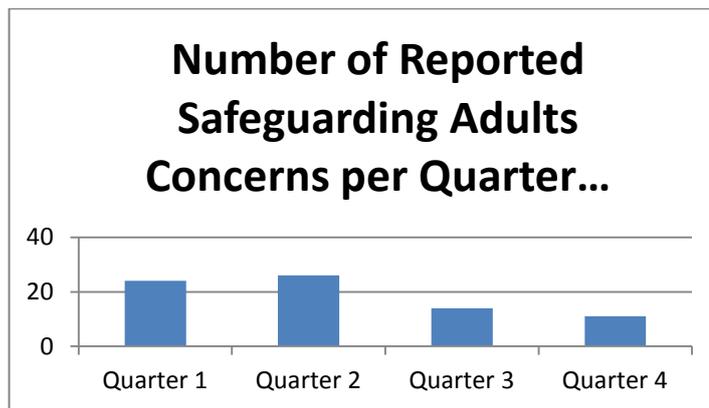
- From the multi-agency case audits – identified a low level use of assessment tools

Action Complete: Barnardos DARAC risk assessment training commissioned for September 2019 – places allocated to RMCS staff and Named Nurse RMH

Safeguarding adults at risk

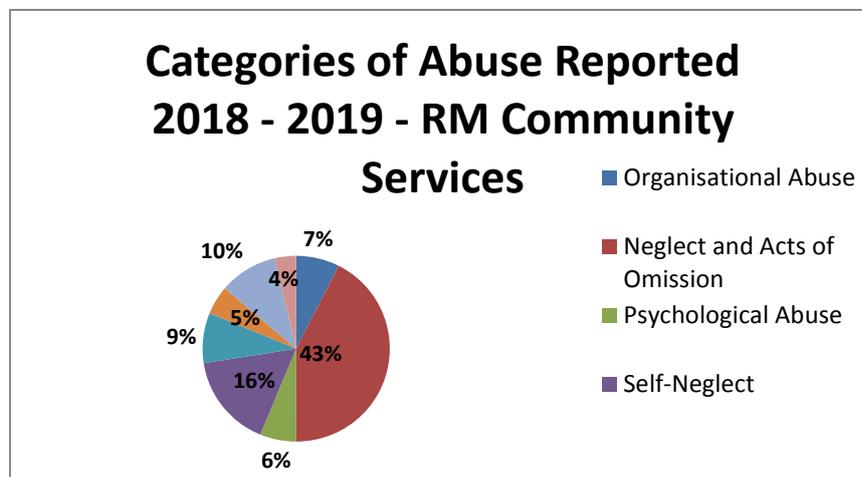
Number of Concerns raised (RMCS)

During 2018/2019 reporting year, the Trust's safeguarding adults team were informed of 75 safeguarding adults concerns raised to the London Borough of Sutton in relation to concerns of abuse from Royal Marsden Community Services (RMCS). This has been a decrease from 2017/2018 when 85 concerns were raised from RMCS. Whilst there has been a decrease in the number of concerns raised, it is felt that due to support and training, including safeguarding adult's surgeries being rolled out during the reporting year that referrals for assessment are being requested more appropriately, rather than requesting this via a safeguarding adult's referral.



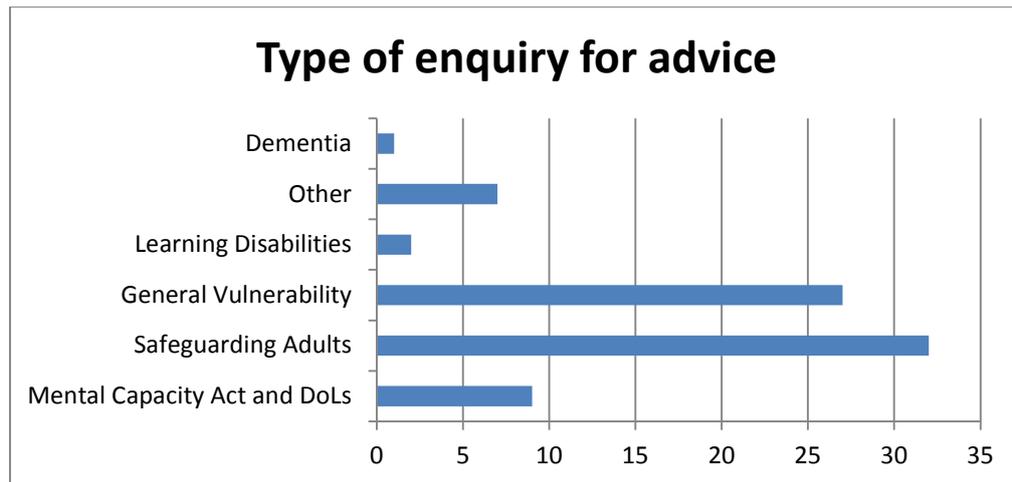
Categories of abuse (RMCS)

Of the 75 concerns raised with community services during the reporting year, there were 8 categories of abuse identified. Neglect and acts of omission accounted for 43% of concerns and was the highest reported category of abuse within the reporting year, which is consistent with previous years. This was followed by self-neglect which accounted for 16% of referrals; financial abuse which accounted for 10% of referrals; Domestic abuse which accounted for 9% of referrals; followed by Organisational abuse (7%) and psychological abuse (6%) followed by physical abuse (5%) and unlawful restraint (4%). The Trust has engaged with the Sutton Joint Intelligence Group (JIG) in response to the concerns raised to share information locally and engage in support to reduce the risk of abuse and neglect in local care homes and home care services.



Contacts for advice

There are a number of cases where the safeguarding adult's support and advice from the safeguarding adult's team is required, which might relate to a statutory referral or for general advice. During the 2018/2019 reporting year, the safeguarding adult's team received 78 direct contacts for community services. Safeguarding adult's advice and advice around general vulnerability (i.e. patients who require a re-assessment of their needs) was the most common enquiry, following by Mental capacity / DoLS and other (which includes patients with primary mental health needs).



Safeguarding adults reviews (SARs) and Domestic Homicide Reviews (DHR's)

During the 2018 / 2019 reporting year, RMCS has been directly involved as a partnership agency in one (1) safeguarding adult's review which has been agreed by the London Borough of Sutton, Safeguarding Adults board. It was recommended that a learning event is scheduled involving all partners, which is planned to be scheduled in the 2019 / 2020 reporting year.

A case file review was also recommended as a part of a safeguarding adults review commissioned by the Sutton Safeguarding adult's board for a case that was known to RMCS. The final report is still pending.

RMCS has not been involved in any domestic homicide reviews during the reporting year.

Allegations against staff members

There have been no allegations against staff members from RMCS reported to the safeguarding adult's team in the 2018/2019 reporting year.

Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS)

Legislation and guidance

Following significant scrutiny of the current deprivation of liberty (DoLS) procedures, parliament have agreed to reform DoLS and introduced the Mental Capacity (Amendment) Bill. This is currently going through parliament and due to be given Royal Assent and be in force in 2019/2020.

Deprivation of Liberty figures

During the reporting year, there have been 3 standard deprivation of liberty requests made from RMCS at Cedar Lodge, a short breaks service for children with complex health needs, learning disability and social needs.

Local Authorities continue to struggle with capacity to meet the significant national rises in applications from NHS trusts and Social Care organisations. This is resulting in a national breach of assessments for patients under urgent and standard deprivation of liberty safeguards.

Training and awareness

Basic awareness training of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards is provided in the Level 2 and Level 3 Safeguarding Adults' mandatory training which is completed by clinical staff on a 3 yearly basis. During the reporting year, bespoke Mental Capacity Act Training has been provided to clinical staff within RMCS.

Court of protection (COP)

During the 2018 / 2019 reporting year, RMCS has not made any referrals to or be involved in cases being presented to the Court of Protection. Learning from the court of protection however, is shared within safeguarding adults training.

PREVENT

PREVENT is part of CONTEST, which is the abbreviated name for the UK Government's counter terrorist strategy. The aim of PREVENT is to help identify vulnerable persons who are at risk of engaging in or supporting terrorism or terrorist activity. Approximately 30 areas of the UK have been identified as priority boroughs. The highest numbers of priority areas are within London and therefore London as a whole is considered a high priority area for Prevent, although this can be changed based on latest intelligence and world events.

Training and awareness

All RMCS staff receives basic Prevent awareness training in Level 1 and 2 Safeguarding Children's and Adults training. The Trust has also identified key staff in line with the NHS England Prevent training and Competencies Framework to complete Workshop to Raise Awareness of Prevent (WRAP) or Health WRAP training and set a target of 85% compliance to be achieved by March 2018 and maintained. The Trust has maintained this compliance level through delivery via face to face methods and use of e-learning.

Percentage Compliance 31st March 2019

Basic Awareness	85%
WRAP Training	92%

Dementia and Learning Disabilities

Dementia strategy

“Dementia is a significant challenge for the NHS with an estimated 25% of acute beds occupied by people with Dementia, their length of stay is longer than people without dementia and they are often subject to delays on leaving hospital. Whilst work is underway nationally to improve the nature of outcome data, the process measure of dementia risk assessment will set an effective foundation for appropriate management of patients allowing significant improvements in the quality of care and substantial savings in terms of shorter lengths of stay.” (Department of Health April 2012)

A key aspect of ensuring quality outcomes for people living with dementia is to improve the quality of health care to this end the Royal Marsden continues to ensure the following aims and objectives are in place and regularly reviewed:

- Early detection; patients over 75 are routinely screened under an early detection programme and information shared with their GP for further assessment
- Modernising the way we communicate; through ensuring access to information and involving family and carers.
- Person centred care; the Trust uses the Alzheimer’s society “This is Me” form for patients with dementia to support person centred care.
- Skilled workforce; training is provided both within the Trust induction programme and bespoke sessions to improve knowledge in line with the Trust agreement as a part of the dementia action alliance. The Trust works in partnership with Admiral Nurses to deliver bespoke training.

The Trusts Dementia Champions network drives the Trust strategy, supports with delivery of training within the Trust and shares good practice.

Learning Disability

The Trust is committed to provide good personalised care for patients with learning disabilities and to meet the Learning Disability framework requirements (NHS England). As an NHS Foundation Trust, the Board are required to certify that the Trust meets the six requirements in the Risk Assessment Framework for patients with learning disabilities. These requirements are;

Does the NHS foundation trust have a mechanism in place to identify and flag patients with learning disabilities and protocols that ensure that pathways of care are reasonably adjusted to meet the health needs of these patients?

The Trust has a mechanism in place to identify and flag patients with learning disabilities accessing services provided by the Trust as well as pathways of care to ensure reasonable adjustments can be made to meet the health and support needs of these patients. Each community team has access to an electronic Learning Disability resource folder which includes copies of Hospital Passports we give to Patients and their families, guidance on making reasonable adjustments and a communication book to assist staff with communicating effectively. The Trust has a Learning Disability Buddies network that supports these initiatives and shares good practice.

Does the NHS foundation trust provide readily available and comprehensible information to patients with learning disabilities about the following criteria?

- Treatment options;
- Complaints procedures; and
- Appointments

The Trust has access to the Change - Macmillan easy read information which is accessible through the Trusts Patient, Advice and Liaison services (PALS). An easy-read complaints process is included in the Trust's Complaints Procedure. The Trust has also signed-up to 'AccessAble' (previously 'DisabledGo') to enable patients with learning disabilities and their families to obtain information about the services provided by the Trust and how to accessing services.

- Does the NHS foundation trust have protocols in place to provide suitable support for family carers who support patients with learning disabilities?

There are clear provisions for the support of family and other carers within the Trusts Carers Policy (2017), that includes ensuring families are signposted to their nearest Carer's Centre.

- Does the NHS foundation trust have protocols in place to routinely include training on providing health care to patients with learning disabilities for all staff?

Training for learning disabilities is currently included within the Trust's safeguarding adults mandatory training programme via face to face sessions for nurses as a part of the mandatory training update. There is also a learning disabilities case study included in the Equality and Diversity e-learning package which all new joiners to the Trust are required to complete as a part of their induction. Bespoke training is also available to staff on request.

- Does the NHS foundation trust have protocols in place to encourage representation of people with learning disabilities and their family carers?

All patients / relatives who come into contact with the Trust are encouraged to represent the Trust within various forums, including the patient and carer advisory group and reasonable adjustments can be made to support representation.

- Does the NHS foundation trust have regularly protocols in place to audit its practices for patients with learning disabilities and to demonstrate the findings in routine public reports?

The safeguarding across the life cycle audit plan includes audits to the use of patient passports and patient experience questionnaires.

As part of our commitment to improve patient experience for people with a learning disability, the Trust signed up to the Learning Disability Improvement Standards data collection (NHS Improvement). The standards, developed by people with a learning disability and families include:

(1) Respecting and protecting rights; (2) Inclusion and engagement; and (3) workforce

Outcomes from patient feedback via a Service User Survey, Staff Survey and Trust policies and activities; will be incorporated into the safeguarding audit plan and learning disability work plan when available from NHS Improvement.

LeDeR

As a result of the confidential Inquiry into Premature Deaths of People with Learning Disabilities (CIPOLD, University of Bristol 2013); which identified that nearly a quarter of people with learning disabilities were younger than 50 when they die and a third of all deaths were linked to poor health care, NHS England commissioned the University of Bristol to undertake a mortality review programme (LeDeR) in 2015.

From 01 May 2017 all deaths of adults with learning disabilities and /or autism aged 17-74 will require a mortality review. The purpose of the review is to determine if there are any areas of concern in relation to the care of the person who has died or if any further learning could be gained from a multiagency review of the death that would contribute to improving practice. As a member of the multiagency Sutton LeDeR Steering Group that oversees reviews and local developments, the Trust continues to ensure learning from the reviews is shared across services and the Learning Disability Buddies network.

Audit and quality assurance

- a. Children's annual audit plan and Section 11
- b. Adults annual audit plan and SARAT

During the reporting year, the Trust developed an annual audit plan for safeguarding adults, dementia and learning disabilities. During the 2018/2019 reporting year the following audits were completed for the Royal Marsden Community services;

- Safeguarding adults, practice and record keeping audit
- Survey monkey for awareness of staff on Mental Capacity Act and DoLS
- Application of the Mental Capacity Act and DoLS Audit

The learning from the audits have been shared within the "Safeguarding across the lifecycle newsletter" and within training and safeguarding surgeries across the Trust.

The Trust also completed the 'Safeguarding Adults at Risk Audit Tool (SARAT)' for the Sutton Safeguarding adults board and participated in challenge with partnership agencies from the boards. The aim of this audit tool is to provide a consistent framework to assess, monitor and / or improve safeguarding adult's arrangements and to support the Safeguarding adults boards (SAB's) in ensuring effective safeguarding practice across the borough.

What we achieved in Community

Objective	Lead	Measures of Success	Achievements
Develop a better understanding of the application of the Mental Capacity Act for 16-17 year old young people	Named Nurse /Specialist Safeguarding nurses	Increased number of staff trained Clearer understanding around principles of the act and process	Bespoke training commissioned and delivered to designated staff
Continue to support staff to develop a better understanding of the health needs of looked after children	Specialist Nurses for Looked after children	Increased number of staff trained Clearer understanding of the health needs of looked after children	Bespoke training delivered to all health visiting and school nursing staff in collaboration with the designated Doctor for looked after children Bespoke training delivered social workers in the looked after teams to ensure health needs are considered adequately in LAC reviews
Increase awareness of child sexual exploitation	Named Nurse /Specialist Safeguarding nurses/ School Nursing service	Good attendance at events for CSE week Engagement with members of the public (adult and children)	Regular partnership attendance at the MACE panel Significant contribution by the service to the planning and delivery of CSE awareness raising activities for National CSE awareness week
Develop a better understanding of the profile of safeguarding concerns raised within the Marsden	Head of Adult Safeguarding / Specialist Safeguarding adults advisor	Thematic review of themes / trends Having a better analysis of types of advice sought and types of concerns being raised Be able to imbed into training / initiatives	Identified an on-going theme of concerns and enquiries relating to neglect and acts of omission within RM community services. Engaged with the Sutton Joint Intelligence Group (JIG) to work in partnership to respond to this trend Established safeguarding adults surgeries to support staff in recognising and responding to concerns of abuse and neglect
Further develop the implementation of the Mental Capacity Act and imbedding act into practice	Head of Adult Safeguarding / Specialist Safeguarding adults advisor	Reflected in confidence in application of the act Clearer understanding around DoLS and process' Increased number of staff trained	Application of the MCA and staff survey of awareness of the MCA has been imbedded as a part of the annual safeguarding adults audit plan and was completed for RM community services. We have also offered Level 2 training sessions to staff in 2018-2019.
Develop a safeguarding adults link role / champion	Specialist Safeguarding adults advisor / Head of Adult Safeguarding	Include dementia and learning disabilities champions Support to deliver the safeguarding adults priorities	Safeguarding adult's champion's role established and piloted in RM community services.

Establish clear structures for Safeguarding adults Surgeries	Specialist Safeguarding adults advisor / Head of Adult Safeguarding	Establish safeguarding surgeries across the organisation Ensure clear structure reflected in appropriate guidance	Safeguarding adults surgeries rolled out across RM community services. Themes and trends identified to support in work planning and partnership working with the Sutton safeguarding adult's board.
Establish a training strategy for safeguarding across the lifecycle	Head of Adult Safeguarding / Named Nurse	Establish a strategic vision for safeguarding training across 3 year period Ensure clear link between themes and training provide	

2019/2020 – Our Recommendations for Sutton Health and Social Care

- Health visitor liaison to be utilised for contacting families following a MASH DV contact
- Ensure utilisation of the LSCB Self-Harm Protocol in community children's services by under taking an audit workshop and development of an action plan
- The health visiting service to audit their compliance with use of enhanced service tools in the audit year 2019/2020.
- Record keeping audit to ensure application of MCA for young people aged 16-17 years
- Planning and implementation for Safeguarding Adults Training under Adult Safeguarding competencies framework
- Continue to deliver bespoke MCA / DoLS sessions for clinical staff working in the community
- Deliver dementia awareness training sessions to community services staff

References

- Children's Act 1989 HM Government
- Children's Act 2004 HM Government
- Working Together to safeguard children 2018 HM Government
- Sutton LSCB County lines toolkit for professionals 2018
- Sutton LSCB Management of self-harm protocol 2018
- Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff RCPCH 2019
- London Child Protection Procedures London LSCB 2017
- Care Act 2014 HM Government
- Care Act 2014 Statutory Guidance Updated 2017
- London Multi-agency Adult Safeguarding Policy and Procedures 2016
- National Competence Framework for Safeguarding Adults – Bournemouth University 2010
- Sutton Multi-Agency – Self Neglect and Hoarding Protocol 2015
- Care Quality Commission Regulation 13 Safeguarding service users from abuse and improper treatment.
- Counter Terrorism Strategy (CONTEST) HM Government 2011
- PREVENT Strategy HM Government 2011
- The Counter Terrorism and Security Act 2015 HM Government 2015
- The Mental Capacity Act 2005 HM Government 2005
- The Mental Capacity Act – Code of Practice 2016