

Safeguarding Report 2009

1.0 Introduction

Safeguarding is a crucial element of providing care for both adults and children. The elements of safeguarding children and young people have been enshrined in legislation and statutory requirements for some time and subject to various and regular external assessment. Safeguarding vulnerable adults is beginning to develop a similar standing, specifically in relation to the Deprivation of Liberty guidance.

This paper seeks to provide assurance to the Board that the issues related to safeguarding children and young people and vulnerable adults are being satisfactorily managed within the organisation. Including providing appropriate information sharing and links to other appropriate bodies to ensure effective safeguarding across an entire patient journey..

2.0 Statutory requirements

2.1. Safeguarding children and young people The statutory guidance around arrangements to **safeguard children** is set out in the document 'Working together to Safeguard Children', HM Government 2006 and 'Statutory Guidance on making arrangements to safeguard and promote the welfare of children under Section 11 of the Children Act 2004', HM Government 2007, supplemented by standards and guidance published by Royal Colleges and other relevant bodies.

The Care Quality Commission, Standards for Better Healthcare, Core Standard (C2) requires compliance with the following:

- Effective processes are in place for identifying, reporting and taking action on child protection issues in accordance with Working together to safeguard children
- The Healthcare organisation works with partners to protect children as set out in Working together to safeguard children
- Criminal Records Bureau checks are conducted for all staff and students with access to children in the normal course of their duties, in accordance the CRB disclosures in the NHS

The Trusts interim declaration against the SBHC C2 for 2009/10 was 'full compliance'

2.2 Safeguarding Adults

A **vulnerable adult** is someone who is aged 18 and over, who is or may be in need of community care services by reason of mental or other disability, age, or illness and who is or may be unable to take care of him/herself and protect him/herself against significant harm or exploitation, and those who are ill or dependent upon another for any of the aids to daily living (Law Commission Report, 1995).

The policy arrangements developed at the Trust are drawn from The Oxfordshire Multiagency Codes of Practice for the Protection of All Vulnerable Adults from Abuse, Exploitation and Mistreatment' (Oxfordshire County Council, 2002) In addition, the policy is written in the context of Social and Community Services' 'Safeguarding Adults' procedures and reflects the requirement to assess mental capacity and Deprivation of Liberty guidance.

Mental Capacity means the ability to do something, including making a decision, which may have consequences for the person making the decision or for other people. Under UK law any person aged 18 or over has the right to make his/her own decisions and must be assumed to have capacity to do this unless it is proved otherwise. Where there is reason to believe a person lacks capacity an assessment must be undertaken at the appropriate level in accordance with the Mental Capacity Act 2005. Any subsequent decisions made on behalf of a person who lacks mental capacity to make that decision must be in accordance with the person's best interests as defined by the Act.

There are no specific SBHC standards relating to safeguarding for adults, however the key principles apply equally to safeguarding children and adults, including requirement for enhanced CRB checks

3.0 Incidents

Safeguarding incidents are reported via the Datix incident reporting system and reviewed by the relevant groups. The number of incidents during 2009 are as follows:

4 Child Protection Incidents
12 Safeguarding Adults Incidents

4.0 Self assessments

The leads for safeguarding adults and safeguarding children. have undertaken self assessment against best practice checklists, reflecting the compliance with statutory requirements and the current level of practice in the Trust. Copies attached as Appendix 1 and 2

5.0 Safeguarding Children and the Care Quality Commission (CQC) Review

Following the publication of the CQC's report into Safeguarding Children, all Trusts have been required to provide, as a minimum, assurance to Boards on the following points:

- Meeting statutory requirements in relation to CRB checks
- Child protection policies
- All eligible staff are trained to level 1
- Designated / named professional leads
- Executive Director lead for safeguarding children
- Board annual review

The Trust has made the following declaration, which will be published on the NOC website and made available to all stakeholders.

The Nuffield Orthopaedic Centre NHS Trust is committed to ensuring that arrangements for safeguarding children and young people are effective, robust and provide maximum protection for children. The Trust undertakes the following in relation to safeguarding arrangements.

- All appropriate staff have enhanced Criminal Records Bureau pre employment checks completed prior to commencing employment. (In circumstances where there may be a delay in receiving the outcome of a CRB check; a detailed risk assessment is completed to determine whether the employee can commence employment before receipt of the completed check).
- A Trust wide policy for Safeguarding Children and Young People is in place; approved by via the Trust's governance arrangements, regularly reviewed and updated by the designated leads for child protection and compliant with the statutory requirements, Care Quality Commission standards and best practice in safeguarding.
- All staff receive Level 1 training upon commencing employment via induction programmes. A training strategy for safeguarding is in place and specifies the level of training required for specific roles. A competency tracker is updated and reviewed monthly.
- Designated leads Named Doctor, Named Nurse and Named Physiotherapist are in post. Responsibilities of safeguarding are reflected in job descriptions and job plans. The Trust has representation at the Oxfordshire Safeguarding Children Board and works collaboratively with other agencies.
- The Chief Executive / Chief Nurse provides the Board level leadership and responsibility for children's services, including safeguarding children and young people
- The Board reviews provision for safeguarding, receiving a twice yearly report.

NUFFIELD ORTHOPAEDIC CENTRE NHS TRUST

SAFEGUARDING CHILDREN SELF ASSESSMENT

ASSESSMENT	TRUST RESPONSE
What are the leadership arrangements (at all levels) for safeguarding and what support is available?	Section 2.9 in the Child Protection Policy outlines the roles and responsibilities of the Chief Executive, Named Lead Doctor and Nurse, Lead clinicians and managers Job Descriptions for Named Lead Doctor and Nurse need updating. Level C training records are held centrally. The Child Protection group membership has been increased to ensure representation from the whole Trust. Jan Fowler CEO is Named Executive Lead The group is chaired by Nick Wilkinson – Named Doctor. Other named professionals are Sue Wheeler Named Nurse Catherine Barry Named Physio Job descriptions for managers and staff cover safeguarding requirements.
What policies and systems are in place to support safeguarding? Do policies / systems include follow up processes for children / adults for whom a concern has been noted or plans put in place which will safeguard their welfare?	Section 2.6 of the Child protection policy sets out risk management issues and states that all cases of suspected abuse are documented on DATIX. All incidents are reported through to SQS using the Datix system, with an automatic alert sent to the Safeguarding lead with details of the incident. All incidents are audited and discussed at child protection group, and reviewed at CAG.
What do senior managers and the Board do to monitor safeguarding and assure themselves that the safeguarding arrangements are working?	Children's Advisory Group minutes noted at Integrated Governance Committee which reports to Trust Board.
What mechanisms for collaboration between organisations are in place?	The Trust has a representative on the Oxfordshire Safeguarding Childrens group. The OSCB Membership Agreement outlines the minimum requirements/ frequency of attendance. Joint working between ORH and NOC
What process does the Trust	

<p>follow when they review individual cases? What is the monitoring process at Board (or delegated decision making group) level?</p>	<p>As above all incidents are audited and reviewed at the child protection group. Annual Safeguarding Report received by Integrated Governance and Board</p>
<p>What training is in place for staff? What levels of compliance exist? (give appropriate data) Is there a dedicated budget for training? Has the nominated lead received formal training?</p>	<p>The training strategy clarifies level of training for different staff groups? This includes Introductory, generalist and specialist. Child Protection is covered in the mandatory training policy. Child protection forms part of induction training The Competency Assessment Tracker is updated monthly and reviewed at Directorate Boards. All nominated leads have received level C training. Training data below Level A April No reliable data May 39.3% June 42.4% July 42% Aug 44.3% Sept 45.4% Oct 61.1%</p> <p>Level B Aug 73.44% Sept 71.88% Oct 75.81%</p>
<p>What information is requested /</p>	<p>Section 11 audit tool is completed annually for OSCB.</p>

SAFEGUARDING ADULTS SELF ASSESSMENT

ASSESSMENT	TRUST RESPONSE
What are the leadership arrangements (at all levels) for safeguarding and what support is available?	<p>Sara Randall, Director of Operations and Performance - Executive Lead Sylvie Thorn, Service Manager/Modern Matron Enablement Directorate – Trust Operational Lead for Safeguarding Adults left November 2009 David Henderson-Slater Consultant Rehabilitation & Medical Lead. Members of the Group include those above and in addition: Rachael Marsden, MND Clinical Nurse Specialist Sue Wheeler, Inpatient Service Manager for Musculoskeletal Directorate – Trust Lead for Child Protection Ian Mackenzie – Head of Organisational Development Chad Zuriekat Safety, Quality and Standards Manager. The Safeguarding Adults group meet quarterly, so far this year this has been on 3 occasions. There is Trust Board level representation at</p>

	for OCE.
What do senior managers and the Board do to monitor safeguarding and assure themselves that the safeguarding arrangements are working?	Annual Report to Integrated Governance Committee and Trust Board Quarterly SAG meetings Formal Audit of all incidents individually Monitor compliance for training of staff monthly through mandatory training reports
What mechanisms for collaboration between organisations are in place?	Attendance at Oxfordshire Safeguarding Board excellent representation from multiagency across the County and Training subgroup, sharing good practice – there could be more integration work across the county
What process does the Trust follow when they review individual cases? What is the monitoring process at Board (or delegated decision making group) level?	A subgroup of SAG is identified to review individual cases, to learn lessons and share good practice. Formal Audit tool developed to assess each incident – shared across OSAB
What training is in place for staff? What	Induction and Refresher training available and part