

**Safeguarding Annual Report 2018/19**

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# **1. Introduction**

Over the past year South East Coast Ambulance Service NHS Foundation Trust (SECAmb) has striven to meet its statutory responsibilities in the care and protection of patients of all ages. This report demonstrates to the Trust Board and external agencies how SECAmb discharges these statutory duties and the report offers assurance that the Trust has effective systems and processes in place to safeguard patients who access our services. We continue to deliver a high quality credible service to patients and families, whilst reflecting continually on areas for learning and improvement.

The existing statute which continues to underpin the work of colleagues who support healthcare practitioners delivering services to children is in line with Working Together to Safeguard Children 2015 guidance and Section 11 of the 2004 Children Act. All staff have a statutory responsibility to safeguard and protect the children and families who access our care.

The legislation which frames the work of colleagues in adults’ services is influenced by the introduction of the 2015 Care Act. The introduction of The Care Act put adult safeguarding on a statutory footing for the first time in addition to embracing the principle that “the person knows best”. In addition our work to safeguard adults is informed by The Mental Capacity Act (2005) and Deprivation of Liberty Safeguards amendment in 2007.

SECAmb acknowledges that safeguarding is everyone’s business and strives to support the Department of Health’s six principles of Safeguarding:

• **Empowerment** – People feel safe and in control, give consent to decisions and actions about them. They should be helped to manage risk of harm either to themselves.

• **Protection** – Support and help for those adults who are vulnerable and most at risk of harm

• **Prevention** – Working on the basis that it is better to take action before harm happens

• **Proportionality** – Responding in line with the risks and the minimum necessary to protect from harm or manage risks

• **Partnership** – Working together to prevent or respond to incidents of abuse

• **Accountability** – Focusing on transparency with regard to decision making.

The Annual Report provides the readers with the following detail:

• An overview of the national and local context of safeguarding

• An overview of the areas of practice included in safeguarding within the Trust

• An update on safeguarding activity within 2018/19

• Assurance that the Trust is meeting its statutory obligations and the required national standards with regard to safeguarding

• An overview of any significant issues or risks with regard to safeguarding and the actions being taken to mitigate these

• A briefing on the challenges and work to be addressed by the safeguarding teams in 2019/20.

# **2. Governance and Commitment to Safeguarding**

As an NHS Service provider SECAmb is required to demonstrate that they have safeguarding leadership and commitment at all levels within the organisation and that we are fully engaged in support of local accountability and assurance structures, via the Safeguarding Boards across Kent, Medway, Surrey, Sussex and NE Hampshire.Most importantly, SECAmb reinforces the principle that safeguarding is everybody’s responsibility and develops a culture of continuous learning and improvement to promote the safety and welfare of adults at risk, children and young people and looked after children. SECAmb ensures that our senior management are committed to safeguarding demonstrated at Executive and Non-Executive level at Trust Board. The non-executive director (NED) who is chair of the Trust’s Quality and Patient Safety (QPS) Committee is the also the NED lead for safeguarding. Safeguarding is always included in the annual cycle of business and comes within the scope of influence and scrutiny of the QPS Committee. The Trust have robust governance structures and systems in place in line with Working Together to Safeguard Children 2015 and the Care Act 2014.

Evidence of SECAmb’s commitment to safeguarding includes clear statements on the Trust’s website demonstrating how our services safeguards the welfare of children, young people and adults. The Trust’s Five-Year Strategic Plan for 2017-2022, refreshed in January 2019 also recognises how safeguarding and patient safety underpins its core services.

The Trust’s Safeguarding function sits within the portfolio of the Nursing and Quality Directorate and is led by the Executive Director for Nursing & Quality. The work of the department is scrutinised at the monthly Safeguarding Sub-Group (SSG) meeting jointly chaired by the Nurse Consultant for Safeguarding and Safeguarding Lead. Terms of Reference for the group highlights the required core membership and includes senior roles and individuals from a wide range of operational, educational, HR, staff partnership and commissioning colleagues. 2018/19 evidenced a significant investment by the Trust in its safeguarding function. During the year a new substantive Nurse Consultant for Safeguarding was appointed to lead on strategic safeguarding across the Trust and support the Director of Nursing & Quality in delivering high standards of care and experience to patients. Additional investment was also seen across the team following the introduction of a second full time Safeguarding Practitioner. The total investment has allowed greater focus on the Trust’s external safeguarding responsibilities including improved representation at Safeguarding Boards and child death review panels across Kent, Surrey and Sussex.

Standing agenda items at each SSG meeting provide assurances to the Trust Board and Executive Team. These include a review of the Trust’s Safeguarding policies and procedures, departmental workplan, safeguarding risks and monitoring progress against safeguarding action plans following Serious Case Reviews, Domestic Homicide Reviews, Safeguarding Adults Reviews or Section 11 returns.

Following the process of novating the three-county level SECAmb contracts into a single contract, on the 1st April 2018 the role of lead commissioner for SECAmb was transferred to NHS North West Surrey CCG. In response to this the Surrey Wide CCG Safeguarding Team undertook the lead for implementing a safeguarding assurance process and developed a communication strategy to ensure safeguarding communication/assurance reports are shared with CCGs, LSABs and LSCBs across Kent, Surrey & Sussex and shared with NHS England.

Regular assurance evidencing how the trust is discharging its safeguarding responsibilities is provided to the Designated Professionals at the CCG; this includes:

* Submission to the Surrey wide CCG Designated Safeguarding team of an annual report and 6 monthly update that provides a narrative and data against each of the standards
* Submission of exceptions reporting for any areas of non - compliance with the standards as identified
* Submission to the Surrey wide CCG Designated Safeguarding team of Section 11 audits undertaken and resultant action plans for the Surrey Safeguarding Children Board
* Providing evidence at Contract Quality Review Meetings (CQRM)
* Providing evidence at other contract monitoring meetings
* Named / Lead professionals meetings/supervision with Surrey wide CCG Designated Safeguarding team and use of the Annual Assurance Framework Report
* Providing information to the Surrey wide CCG Designated Safeguarding team in the twice yearly Dashboard on safeguarding activity.
* Providing evidence at SSAB, SSCB meetings and sub groups
* Participating in Surrey wide CCG Designated Safeguarding team and SSCB and SSAB audits and inspections

The Trust also attends and have contributed to the work of the Health Sub-Groups of the two Surrey Safeguarding Boards; this includes submitting a SECAmb action plan in response to the July 2018 Surrey Ofsted Report.

Although the Surrey Safeguarding Boards remain lead Boards for SECAmb, throughout 2018/19 improvements have been noted in SECAmb’s representation at Safeguarding Board meetings across Kent, Medway, Surrey and Sussex. The Trust has continued to invest in senior safeguarding leadership across the organisation resulting in greater capacity to contribute to the priority areas of each Board.

# **3. Policies, Procedures and Guidelines**

As a commissioned NHS provider SECAmb needs to ensure that staff are aware of the Trust’s Safeguarding policy and any relevant guidance and procedures.

The Safeguarding function assumes lead responsibility for several organisational policies, all of which have been ratified and are in date. The policies are:

* Managing Safeguarding Allegations – Policy and Procedure
* Mental Capacity Act Policy
* Safeguarding Policy for Children, Young People and Adults
* Safeguarding Referrals Procedure
* Seeking Consent Policy
* Child Death Procedures
* Freedom to Speak Up: Raising Concerns Policy

The Mental Capacity Act Policy and the Seeking Consent Policy were ratified in June 2018. The Managing Safeguarding Allegations Policy and Procedures are due for review during 2019, this policy focuses on the actions the Trust are expected to follow when allegations with a safeguarding nature are made against SECAmb staff while in the line of duty.

The ratified safeguarding policies reflect the Children Act 1989/2004 and the Care Act 2014. Although the Trust doesn’t currently operate any stand-alone policies, the Safeguarding Policy for Children, Young People and Adults includes specific information on Child Sexual Exploitation, Exploited and Trafficked, Female Genital Mutilation, Prevent, Looked After Children, Modern Day Slavery, Domestic Abuse, and Neglect.

Areas of safeguarding policy development during 2019/20 includes the development and ratification of a Trust-wide Safeguarding Supervision Policy. The policy will set out the requirements of the workforce in relation for supervision for staff working directly with children and adults. A second priority area of policy development for 2019/20 will focus on the Workforce Domestic Abuse Policy. It’s anticipated the policy will support employees who are experiencing domestic abuse and providing guidance for employees and management to address the occurrence of domestic abuse and its effects on the workplace.

# **4. Appropriate Training, Skills and Competencies**

The *Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff* Intercollegiate Document defines the safeguarding training expectations for all individuals working in healthcare. The document sets out five levels of training based on roles throughout the organisation. Throughout 2018/19 there was an expectation that every member of staff would complete level 2 training as a minimum.

During 2018/19 all operational staff were expected to complete both child and adult safeguarding training at Level 2 as an e-learning element of their key-skills. Since the start of the 2018/19 a total of 94% of staff completed the safeguarding children adult safeguarding courses. The 111 service achieved over 86% of completed training. Contracting standards agreed with the Trust’s lead commissioners require 85% training compliance.

Closer scrutiny of training figures identified that L2 compliance within the Operating Units remained very high throughout the year with many achieving 100% across adults and children. The figures suggested a low uptake of training within the Emergency Operations Centre (EOC), with only 58% of EOC clinicians completing the required training. However a significant number of EOC clinicians successfully undertook the previous year’s L3 face-face training, thus explaining the perceived low figures for 2018/19. According to the Intercollegiate Document training can be tailored by organisations to be delivered annually or once every 3 years and encompass a blended learning approach and would explain the apparent low figure completed for 2018/19. The annual Safeguarding Training Needs Analysis for the coming year will clarify the appropriate level of Safeguarding training required by each cohort of SECAmb staff.

In response to recommendations made in a 2017 Serious Incident investigation that outlined a case of grooming within the Trust, sessions on harmful behaviours (coercive and controlling behaviours which may be linked to grooming or bullying and harassment) were delivered to all staff with direct patient contact were delivered during 2018/19. Current data indicate 92.2% staff completed this training throughout the year.

Impact of Training

Feedback from staff measuring the impact of the L2 training suggested that over 80% of staff identified that it was relevant to their role. Measuring the impact of the training remains difficult to establish; however wider analysis of SECAmb’s contribution to Domestic Homicide Reviews, Serious Case Reviews and Safeguarding Adults Reviews have highlighted the input that Trust crews and clinicians have played in maintaining patient safety and welfare.

The department has continued to see a year on year increase in referral activity. During 2018/19 a total of 13,784 safeguarding referrals were made to local authorities across Kent, Surrey, Sussex and Hampshire. This equates to an increase of 22 per cent over the previous year, much of which highlighted areas of potential self-neglect. During 2017/18 a significant amount of Safeguarding resource was invested in delivering enhanced face-face training to all paramedics and registered health practitioners; additionally, greater focus highlighted the risks of self-neglect. This training may explain the reason for the considerable increase in referrals throughout the year.

# **5. Effective Supervision and Reflective Practice**

# Safeguarding Supervision for the Trust’s Safeguarding Lead and Nurse Consultant is undertaken by the relevant Designated Nurse for Safeguarding within clinical commissioning.

NHS Commissioning Safeguarding Standards for 2018/19 highlights that SECAmb should have a separate safeguarding and looked after children supervision policy. The Trust is currently in the process of developing a stand-alone Safeguarding Supervision policy and has scoped the required level of supervision for each relevant staff group across the organisation. In the meantime all members of the Safeguarding Team receive supervision in line with contractual expectations

# **6. Effective Multi-Agency Working**

As has been highlighted above, the department has continued to see a year on year increase in referral activity. During 2018/19 a total of 13,784 safeguarding referrals were made to local authorities across Kent, Surrey, Sussex and Hampshire. This equates to an increase of 22 per cent over the previous year, much of which highlighted areas of potential self-neglect. All referrals continue to be reviewed by members of the Safeguarding team before forwarding to the relevant local authority.

Despite the year-on-year increase in referrals there has been general acceptance that a significant number of these highlight individuals who, rather than safeguarding, require wider assessment of need. Clearly processing these increasing number of referrals in a timely way increases the pressure on the limited safeguarding resources across the health and social care economy. Throughout 2018/19 increasing pressure on processing referrals has been challenged within SECAmb and by external agencies including the Safeguarding Boards. As a consequence, a priority area for the Safeguarding Team is to work with commissioners, Boards and local authorities to triage referrals according to thresholds operating across Kent, Surrey & Sussex. This will allow greater focus on the quality of each referral to ensure information is shared with the appropriate service and to improve outcomes for those individuals at risk.

Referrals to other agencies recognises the preventative role that Fire & Rescue Services can play in supporting adults at risk. During 2018/19 SECAmb activity indicates that over 200 referrals have been made to Fire & Rescue services across Kent, Surrey and Sussex. Any subsequent feedback received by the Safeguarding Team from the relevant Fire Service is in turn feedback to the relevant ambulance crew or station raising the original concern.

During 2018/19 SECAmb contributed directly to over 30 Child Death Review Processes (CDOP) across Kent, Surrey & Sussex. One area of learning identified for SECAmb was in relation to telephone/radio communication between the ambulance service and the Emergency Department at a local hospital. There was a miscommunication in that the hospital thought the caller said there was a 80 year old cardiac arrest enroute to hospital when in fact it was an 8 year old. As a result, there was a delay in the process of alerting the Paediatric team at the hospital. While this didn’t impact on the outcome for the patient, it was recognised that it could have a negative impact on another child in the future. In response the Trust’s Quality Hub in discussion with the Safeguarding team produced a ‘Radio Etiquette’ poster reminding staff to communicate with other professionals by ensuring appropriate terminology that minimises risks of ambiguity. The poster was cascaded to all front-line and operational staff.

The Trust’s Safeguarding policy recognises that the patient, or representative must provide consent before any information is shared with and disclosed to other external agencies. Safeguarding training and education throughout 2018/19 considered areas of safeguarding risks that challenged staff to consider the ‘think family’ principle. Although ‘think family’ wasn’t explicitly included within the training terminology, evidence from safeguarding referrals highlighted as part of formal review processes suggests that staff are able to recognise safeguarding concerns that might impact on other individuals at risk within the family, home or other environments.

Throughout 2018/19 SECAmb provided regular assurance about its safeguarding function to the Safeguarding Boards and Clinical Commissioners across Kent, Medway, Surrey, Sussex and NE Hampshire. Monthly exception reporting and quarterly dashboard returns were submitted in line with other NHS providers to NHS Guildford & Waverley CCG. The information was subsequently shared with all Safeguarding Boards across the region. Regular reporting included assurance on:

* SECAmb’s policy developments in relation to Safeguarding Supervision
* Prevent activity
* Safeguarding training
* Referral activity

Areas of challenge in SECAmb’s safeguarding assurances and governance are discussed and agreed at the Safeguarding Sub-Group and through Safeguarding Supervision with Designated Professionals at the CCG.

Local Safeguarding Children Boards (LSCBs) seek assurance about organisational compliance under Section 11 of the Children Act 2004. The introduction of the Care Act 2015 placed Safeguarding Adult Boards (SABs) onto a statutory footing and each Board has been developing benchmarking assurance tools to identify good practice for safeguarding adults which broadly replicates the Section 11 requirements.

Section 11 audits are received every two years; throughout 2018/19 SECAmb received section 11 audit requests from the Surrey and East Sussex Safeguarding Children’s Board. The audits recognised previously highlighted gaps and risks in the SECAmb’s Safer Recruitment and DBS processes. Challenge events held by the relevant Safeguarding Boards have allowed the opportunity for SECAmb to provide assurance on how risks are mitigated and improved.

The Care Act 2014 (Section 42) requires that each local authority must make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom.

When an allegation about abuse or neglect has been made, an enquiry is undertaken to find out what, if anything, has happened.

The findings from the enquiry are used to decide whether abuse has taken place, whether the adult at risk needs a protection plan and whether any wider learning can reduce future risk.

During 2018/19 SECAmb were asked to contribute to 31 separate Section 42 enquiries. These were broken down into the local authorities below:

* Kent – 6
* Medway – 2
* East Sussex – 7
* Surrey – 6
* West Sussex – 7
* Brighton and Hove – 3

In many of these cases the Trust was asked to provide a summary of involvement as concerns had been raised on the care delivered by other providers. Areas of learning for SECAmb are recorded and monitored at the monthly Safeguarding Sub-Group. The example below highlights the outcome of a Section 42 enquiry and the subsequent learning for the Trust in relation to the patient’s mental capacity.

*Care Act - Section 42 Enquiry - case summary*

*The Trust attended a patient following a fall in her home. She was an adult with learning difficulties who lived with her elderly parents. Although sustaining an arm injury, she was not transported to hospital at the time and two further calls over the subsequent 10 days were made, before she was finally transported to hospital where a fractured dislocation of her shoulder were identified.*

*Areas of good practice*

*The patient was identified as being vulnerable and a safeguarding referral was completed following the second attendance at her home. Each attendance was well documented overall with good worsening care advice given and clear treatment plans agreed prior to leaving scene. Crews were sensitive to the patient's wishes to remain at home because of her fear of attending hospital.*

*Areas of learning*

*Attending crews made treatment plans assuming that the patient's parents would be able to undertake these (transport to local walk-in centre). It was not possible for the crews to fully appreciate the limits of the parent's capacity to understand the advice and to act upon it, resulting in the planned attendance at the walk-in centre not happening. Whilst the capacity of the patient was assessed at the second visit, a Mental Capacity Assessment form was not completed which made understanding the decision making was problematic. A best interest decision was made for the patient which was appropriate, but again relied on the parent's (carers) own capacity.*

*Changes in practice or service delivery/reminders of practice*

*Staff should utilise the Trust's MCA assessment and Best Interest plan documentation to evidence clinical decision making. Appreciation of the possible vulnerability of care givers and whether they can undertake and understand the worsening care advice being given should be considered.*

NHS England’s Safeguarding *Accountability and Assurance Framework* sets out the safeguarding roles, duties and responsibilities of all organisations commissioning and delivering NHS health and social care. During 2018/19 SECAmb completed two self-assessment documents benchmarking its position in relation to twelve commissioning standards incorporated into the Framework. Any gaps or risks in the self-assessment document were included in the annual safeguarding workplan and monitored at the monthly Safeguarding Sub-Group. Monitoring of the Trust’s compliance against the Accountability & Assurance Framework is undertaken via CCG exception reporting and Safeguarding Supervision.

Following the 2018 inspection, the Care Quality Commission recommended the Trust should ensure that processes for providing staff with feedback from safeguarding alerts is improved to strengthen and develop learning.

Following the development of an action plan jointly agreed between Safeguarding and the Project Management Office that was reviewed every two weeks at Quality Compliance Steering Group, all the actions were on track and were completed.

The action plan consisted of three over-arching themes:

* setting staff expectations when receiving feedback,
* promoting system wide learning from safeguarding concerns
* establish the consistency of local authority feedback to staff.

The main actions and updates from the three themes as below:

|  |  |  |
| --- | --- | --- |
| Action | Update | Status |
| Ensure staff expectations on level of feedback are included in standard Safeguarding e-mail responses to alerters | Copy of updated standard e-mail responses were updated to reflect staff expectations | Complete |
| Document current process for system wide learning from safeguarding concerns | Learning is discussed and highlighted at the Trust’s Safeguarding Sub-group and feedback agreed. This is cascaded via the Trust’s monthly internal bulletins/ quality posters.  Safeguarding information is also shared through the weekly bulletin as and when required | Complete. However this action overlaps with wider organisational learning from other avenues including Incidents, Sis, Complaints |
| Establish the consistency of local authority feedback to staff | There were approximately 200 cases which have feedback to return to the referrer (in addition to the original automated feedback response) – capacity within the safeguarding team has been limited to complete all of these. | Complete - There is no capacity to deliver this task therefore it was agreed at QCSG the learning feedback being incorporated into the monthly QI Hub poster – this will demonstrate what action has taken place following feedback |

# **7. Reporting Serious Incidents (SIs)**

Contained within the safeguarding commissioning standards are the expectations that SECAmb will ensure that any serious incidents are reported and are investigated in line with the Serious Incident Framework. Additionally, the Trust needs to ensure that any serious incident related to safeguarding children and adults is reported to the lead commissioners. As has been highlighted elsewhere within this report regular exception reporting to the lead commissioner provides assurances on the overlap between SIs and safeguarding.

During 2018/19 there was a significant improvement in how SECAmb ensured greater safeguarding oversight of SI declarations, SI investigations and SIs that have a safeguarding element. There were also significant improvements in how the recording and learning from these events were cascaded throughout the organisation.

Changes introduced during 2018/19:

* Formal recording highlighting any safeguarding themes on the weekly SI tracker
* Confirmation at Serious Incident Group (SIG) meeting that declare Safeguarding SIs
* Improved ability to record Safeguarding SIs aligned to the relevant Local Authority
* Align individual SIs to S42 Care Act (2014) Enquiries coordinated through each local authority
* Oversight by the Safeguarding Lead of the Prevention of Future Deaths Regulation 28 requirements made by HM Coroner to the Trust
* Assurance that SI action plans with a safeguarding theme are shared and reviewed in partnership with commissioners
* Provision of improved assurance to commissioners on SI declarations and Section 42 action planning for Q4

Examples of Areas of Learning

|  |
| --- |
| **SI Investigation - Case Summary** Concerns that two frail and vulnerable sisters known to SECAmb and temporarily residing at the same property could have been left on the kitchen floor for up to three days without any safety netting in place. One of the individuals subsequently died of pneumonia and hypothermia, the other individual was taken to hospital and was discharged back home four to five weeks later. |
| **Areas of good practice** There was evidence of welfare calling There was regular communication between SECAmb and the police who made the original call to 999 |
| **Areas of Learning** • There was failure to recognise worsening changes in patients’ conditions and did not escalate • The ambulance was stood down without escalating or referring the upwards |
| **Changes in practice or service delivery/reminders of practice** All Staff involved in overseeing patient welfare who assess evidence of worsening condition should ensure they have the mechanism to escalate. |

# **8. Engaging in SCRs/SARs/DHRs/Partnership Reviews**

In line with the Local Safeguarding Children Boards (LSCB) Regulations (2006) which describes the responsibility of LSCBs in relation to undertaking Serious Case Reviews (SCRs) under Section 14 of the Children Act 2004, and for Safeguarding Adult Boards (SABs) the Care Act 2015 introduced the requirement to undertake Safeguarding Adult Reviews (SARs). Domestic Homicide Reviews (DHRs) were established on a statutory basis under Section 9 of the Domestic Violence, Crime and Victims Act (2004).

Throughout 2018/19 SECAmb were asked to contribute summaries of involvement to commissioning Safeguarding Boards and Community Safety Partnerships to over forty SCRs, SARs and DHRs across Kent & Medway, Surrey, Sussex and Hampshire. Of this total, 24 progressed to formal reviews, these figures were broken down to:

* Domestic Homicide Reviews – 9
* Serious Case Reviews – 6
* Safeguarding Adult Reviews - 9

Many of these reviews remain in progress at the time of writing however SECAmb can provide assurance that demonstrates that the Trust have adopted learning from both local and national reviews. For example, a recent DHR highlighted signs of potential domestic abuse where the victim sadly took her own life. The records indicated that SECAMB had very limited contact with this patient. All calls were handled well and attended promptly by crews. However, with the benefit of hindsight, it’s debatable whether triggers recognising potential domestic abuse could have been escalated by SECAmb staff. As a result of this case SECAmb will continue to raise awareness of escalate and report any concerns suggesting domestic abuse.

It is important to note that during 2018/19 over 750 safeguarding referrals made by SECAmb staff highlighted domestic abuse as the primary concern. The 750 safeguarding referrals highlighting concerns of potential abuse constitutes around five per-cent of the total number of safeguarding referrals made by SECAmb to the various agencies across Kent & Medway, Surrey, Sussex and Hampshire during 2018/19.

The trust has produced several different DA resources for staff. This information has been designed to support the staffs’ understanding of the issue so they can potentially spot and provide support to people who may be being abused. These resources include the identification of risk indicators and signs of domestic abuse; there is advice provided on the actions available to staff who may need to raise or escalate concerns via the Safeguarding Team. Other resources include DA Aide Memoire for front-line staff and call centre clinicians where information may be disclosed by the victim or the victim’s representative.

As part of the formal review processes the Trust constructs and implements its single agency action plan in response to its own internal investigation. Progress against any action plan is monitored at the monthly Safeguarding Sub-Group with any subsequent organisational risk escalated at the Clinical Governance Board meeting. Similar assurances are reported to the Trust’s lead commissioners and the health sub-groups of the two Surrey Safeguarding Boards.

# **9. Safer Recruitment and Retention of Staff**

Highlighted within the 2018/19 Safeguarding and Looked after Children Standards for NHS Foundation Trusts is the expectation that providers can demonstrate they have safe recruitment procedures that protect and safeguard adults at risk and children in line with guidance for NHS employers.

During 2018/19 the Trust’s Recruitment and Selection Policy and Procedure was ratified with a review date due in 2021. The policy confirms that all job descriptions include a statement on the roles and responsibilities to safeguard and promote the welfare of children, young people and adults at risk of abuse and neglect. The safeguarding statement in all job descriptions take into account the work of all staff and volunteers throughout the organisation. All contracted services or individuals that work in regulated activity for the Trust follow safer recruitment processes.

In line with commissioning standards for safeguarding, SECAmb has a process in place to respond to positive Disclosure and Barring Service (DBS) concerns. All cases whereby a disclosure is made or a DBS check identifies previous convictions/cautions etc. will be reviewed by the DBS panel. The panel will consist of a member of the HR recruitment team, a senior operational manager and a senior safeguarding representative. The HR representative will ensure that the decisions made, and the rationale for them, are captured, shared in a timely manner and held securely. All decisions will be made by the operational and safeguarding representatives.

SECAmb’s 2018 East Sussex LSCB Sec 11 audit highlighted an area of risk regarding its recruitment processes. Assurance could not be provided that all staff who have contact with children, young people and families were properly selected and had appropriate checks in line with current legislation and guidance; follow-up DBS checks were not 100% compliant although it was recognised that process were in place to address these deficits

A project mandate with Executive oversight to address deficiencies in SECAmb’s safer working processes was developed. The objectives of the project were:

1. Review and implement a system to maintain electronic personnel files by 30 June 2019

2. Ensure all employees have had necessary pre-employment checks undertaken by 30 June 2019

3. Complete the inventory of all paper and electronic files by 31 March 2019

Scrutiny and assurance of the project was provided at the weekly Quality & Compliance Steering Group. Outcomes from the Quality & Compliance Steering Group were escalated up to the Trust Board and shared with local NHS commissioners.

At the end of the reporting period there were 4 people being followed up for outstanding DBS renewals. This has seen over a 99% reduction in outstanding DBS checks since June 2018. For the remaining individuals this work is being supported through the QI Hub and HR are working with the staff members’ line managers to get this complete.

# **10. Managing Safeguarding Allegations Involving Members of Staff**

SECAmb is required to adhere to statutory guidance in Working Together to Safeguard Children 2015, the Care Act 2014 and the Safeguarding Boards’ multi-agency procedures. The Trust therefore has a duty to report any incident where a member of staff has behaved in a way that has or may have harmed a child/adult at risk, acted inappropriately towards a child/adult at risk or committed a criminal offence against or related to child/adult at risk.

The Trust’s Managing Safeguarding Allegations policy and procedure sets out how SECAmb will manage any allegations against employees relating to the abuse of children and adults at risk.

This policy seeks to prevent and address abuse by those who work with both children and adults at risk, particularly children and adults who may be at increased risk and may be unable to protect themselves from harm because of their care and support needs.

This policy sets out the Trust’s commitment to safeguarding children and adults from abuse and neglect and gives direction to enable the Trust to deliver an appropriate response. ​​The procedures also clarify the actions than the Trust are expected to take in the event to the relevant external agencies including the Local Authority Designated Officer (LADO).

During 2018/19 the findings of a comprehensive review were presented to the Trust Board, commissioners and NHS England identifying whether SECAmb correctly identified and managed all potential safeguarding cases over the past 2 years. For the two-year period of review from March 2016 – March 2018 the total number of Trust disciplinary cases were reviewed and of these 37 were initially considered to have an underlying safeguarding component. Using the questions highlighted above, closer oversight of the 37 disciplinary cases identified that 14 of these required dedicated safeguarding involvement to maintain and promote the safety of vulnerable individuals. It’s an area of concern that the review of the 14 safeguarding cases evidenced the Safeguarding Lead was made immediately aware of only seven of these cases. This suggests that nearly half of formal disciplinary cases with a safeguarding theme were either not known to the Safeguarding Lead or were bought to the attention of the Lead mid-way through the investigation.

Following the review a comprehensive nine point action plan was developed aimed at addressing the subsequent risks identified throughout the 2017/18 review. Scrutiny of progress was provided at the trust’s monthly Safeguarding Sub-Group meeting and assurances were provided to the Trust Board and commissioners

During 2018/19 records show that allegations of a safeguarding nature were made against twenty-six members of staff. Concerns included historical allegations of child abuse and neglect, inappropriate physical contact without patient consent and allegations of physical assault. Throughout the reporting period there was evidence that nineteen of these allegations were reported to the relevant LADO across Kent, Surrey and Sussex. Of the remaining seven cases a referral to the LADO was not considered appropriate as there was no indication that the allegations met the required threshold for LADO involvement. Where appropriate and cases and allegations that met LADO thresholds were raised to the police, CQC, HCPC, lead commissioners and were reported the Serious Incident reporting process.

Actions for continued development and improvement of SECAmb’s Managing Allegations procedures throughout 2019/20 include develop a suite of training resources aimed at increasing HR staff awareness of vulnerabilities within different cohorts of staff where allegations may be raised. This will link into the Key Skills sessions for front line staff that focuses on recognising behaviours and traits indicative of wider safeguarding concerns.

# **11. Mental Capacity Act Policy**

# The Mental Capacity Act 2005 (MCA) provides a legal basis for determining an individual's capacity to make decisions at the time they need to be made.

The Trust’s MCA policy is for all staff working within SECAmb who are involved in the care, treatment and support of people over the age of sixteen (living in England or Wales) who are unable to make some - or all - decisions for themselves.

The policy is designed primarily for all staff who have direct patient contact, however all staff have a duty to act in accordance with the MCA. ​

Where patients may lack capacity to consent to treatment or be unable to make decisions for themselves SECAmb ensures that best interest decision making is evident that’s consistent with the five principles of the Mental Capacity Act. Throughout 2018/19 the Trust’s Clinical Audit Department undertook an audit of the organisation’s mental capacity processes. The aim of this audit was to ensure that there is sufficient documentary evidence of capacity assessment and best interest decisions.

This audit found that there were an extremely high proportion of incidents where a mental capacity assessment form was not completed on patients that had a cognitive impairment and would not have been able to give valid consent. This needs to be further clarified; the MCA policy highlights that capacity assessments should be completed whenever a patient lacks capacity to consent. In most cases where there was a lack of capacity to consent, the patient was still happy to accept the clinical intervention, therefore the capacity assessment wasn’t formally documented.

There was also 100% non-compliance for documenting a reason for not completing the mental capacity assessment form.

60% of patients deemed to not have capacity had a best interest form completed.

There was no documentation of rationale for not completing a Mental Capacity Assessment form for all the non-compliant incidents. This low compliance may be due to mental capacity assessment forms not being linked to incidents. This means the database was searched manually for every incident number included in the audit and 13 were found. However, the field ‘MCA Form’ tick box was also viewed on the patient clinical record and resulted in no extra incidents being found.

The audit made two recommendations for future practice:

Recommendation 1

The proportion of patients that are assessed using the mental capacity assessment form when there is a concern around mental capacity should be raised to over 95% by 2020/2021.

Recommendation 2

When a patient is deemed to not have mental capacity, the proportion of these patients that have a best interest plan should be raised to 100% by 2020/21

Progress on the two recommendations highlighted above will continued to be monitored via the Safeguarding Sub-Group. Safeguarding training for all clinical staff for 2019/20 has, through Key Skills and e-learning had a greater focus on the Mental Capacity Act. Additionally, developed within the new electronic Patient Care Record (ePCR) is an improved section that will promote improved compliance with the expectations of the Mental Capacity Act. This new ePCR will require clinicians to complete mandatory fields before progressing onto the recording of any subsequent best interest decision making.

Restrictive Practice

As a commissioned NHS provider, SECAmb needs to ensure that patients’ rights are protected through the lawful use of any restriction and restraint. The Trust’s MCA policy and safeguarding training & education packages provide resources that focus on the lawful use of restraint.

During the reporting period the Trust received a formal complaint and a Section 42 request from a local authority requiring information on allegations that SECAmb staff used disproportionate restraint when conveying a patient with capacity to hospital. The outcome of the investigation concluded that following a mental capacity assessment, the crew acted in the patient's best interest in conveying the patient to hospital for on-going mental health input. These actions would be in line with SECAmb's mental capacity policy and training. The investigation also highlighted significant concerns regarding the patient’s capacity to consent to hospital conveyance and that the level of restraint used to convey was proportionate and least restrictive.

SECAmb DNACPR Processes

South East Coast Ambulance Service NHS Foundation Trust (SECAmb) have improved the way in which Do-Not Attempt Cardiopulmonary Resuscitation (DNACPR) documents are managed. DNACPRs are now uploaded to the Trust’s Intelligence Based Information System (IBIS) so that they can be viewed by ambulance clinicians if the original form cannot be found at the patient’s side.

This streamlined process ensures that a patient’s clinical needs are met, and wishes at the end-of-life are adhered to, even in the case that a DNACPR is lost or destroyed on scene.

To ensure the form is recognised as valid by SECAmb clinicians, and to allow for effective upload, all of the following information is required on the DNACPR:

* Patient details – Full name, address, NHS number (essential for upload)
* Signed and dated by the appropriate senior Health Care Professional
* Review date (if applicable) or indefinite
* Must be legible.

# **12. Priority Areas for 2019/20**

The priority areas for the year are highlighted as below and have been included within the coming year’s workplan that’s scrutinised at the monthly Safeguarding Sub-Group meeting

* Embed changes in SI and safeguarding incidents reporting during 19/20
* This year the focus will look at embedding a greater understanding of domestic abuse and how to support staff in dealing with domestic abuse in patients and colleagues.
* Work in partnership with commissioners, local authorities and Safeguarding Boards to streamline and triage safeguarding referrals
* We are looking to develop and embed greater understanding of the link between the Mental Capacity Act and consent in our service.
* Develop a stronger model of safeguarding supervision across the organisation.
* Training Plans for 2019/20
* Increased Mental Capacity Act Key Skills training
* Introduction of a new Prevent Basic Awareness e-learning training package for all staff
* Focus on developing Level 3 Safeguarding Adults training resources consistent with the Intercollegiate Document

# **13. Conclusion**

2018/19 saw continued developments within the safeguarding function across the Trust. Greater financial investment in the Safeguarding Team has allowed improved processing of safeguarding referrals submitted by practitioners across the Trust. The introduction of a substantive Safeguarding Consultant to work alongside the Trust’s Safeguarding Lead has increased safeguarding leadership across the Trust; it has allowed greater flexibility in ensuring that SECAmb is represented at and committed to the priority areas of the Safeguarding Boards across Kent, Medway, Surrey and Sussex.

Following regular challenge from SECAmb’s commissioners, during 2018/19 there was a significant change in how SECAmb ensured greater safeguarding oversight of SI declarations, SI investigations and SIs that have a safeguarding element. There were also significant changes in how the recording and learning from these events were cascaded throughout the organisation.

Learning from incidents, complaints and safeguarding reviews have allowed the team to contribute to monthly learning posters from safeguarding incidents, operational bulletins have included learning from CDOP reviews and the Key Skills programme this year has had a focus on coercive and controlling behaviours.