



BOARD REPORT SUMMARY SHEET

Meeting:	Trust Board
Date:	26 th September 2019
Title:	RQIA Review of Governance Outpatients Services – Safeguarding
Lead Director:	Paul Morgan – Director of CYP & Executive Director of Social Work
Purpose:	For assurance
<p><u>Key strategic aims:</u></p> <ol style="list-style-type: none"> 1. To review the current position of SHSCT outpatient departments/services with regard to safeguarding arrangements for children and adults. 2. To provide assurances to Trust Board on the following key areas: <ul style="list-style-type: none"> • Culture of safeguarding • Review and reporting of actual and / or potential safeguarding issues or concerns • Information relating to safeguarding on public display and available for staff / patients / family members/ carers and service users • Staff awareness and education / training on matters relating to safeguarding. 	
<p><u>Key issues/risks for discussion:</u></p> <p>SHSCT self-assessment template developed to support teams to consider department compliance</p> <p>Ad hoc walkabout completed to a sample of departments to support staff and identify gaps.</p> <p>Action Plan developed and cascaded via Directorate’s reporting lines for action</p>	
<p><u>Summary of SMT discussion:</u></p> <p>Each department will need to keep the self-assessment updated due to changes in personnel etc.</p>	
<p><u>Human Rights/Equality:</u></p> <p>An understanding of Human Rights is embedded in Safeguarding practice. Consideration of supports and responsibilities to report concerns extended to Occupational Health in relation to staff who raise concerns.</p>	

RQIA Review of Governance Outpatients Services – Safeguarding

Overview Report on children and adult safeguarding within SHSCT Outpatients Services

Background

The SHSCT received a letter from Department of Health on 5th February 2019 regarding a RQIA Review of Governance of Outpatients Services – Early Findings on Safeguarding. The DoH requested the Trust to provide a written report to Trust Board outlining the SHSCT position in advance of a RQIA Inspection later in the year.

Key areas of the review included:

- Culture of safeguarding
- Review and reporting of actual and / or potential safeguarding issues or concerns
- Information relating to safeguarding on public display and available for staff / patients / family members/ carers and service users
- Staff awareness and education / training on matters relating to safeguarding.

Internal Preparation

Self Assessment

To support services to prepare for the upcoming review a self assessment tool was designed to prompt teams to consider their compliance and confidence in these areas. The template was cascaded via the Executive Director of Social Work to Operational Directors across Acute and Community Services. A total of 5 returns were made from Addictions; Primary Mental Health; Support and Recovery; Mental Health and Disability – wheelchair service and Paediatrics. OPPC returns are currently being quality assured. Gaps identified by these teams were in relation to staff trained as designated adult protection officers (PMH); training for team leaders on delegated appointed person responsibility; a small group of staff on sick leave or maternity leave or are new to the service whose CMT is either outdated or outstanding; a number of requests for literature.

Ad Hoc Walkabout

The Adult Safeguarding Head of Service; Adult Safeguarding Senior Practitioner and the Children’s Social Work Governance Lead undertook an ad hoc walkabout over three days between 1st May and 3rd May 2019. Visits were undertaken in the following areas.

Ramone CAH Outpatients	Outpatients DHH
Main CAH Outpatients	Ante Natal
Pre-Operative Assessments	Renal / Haemodialysis

Nurse Led Specialist Clinics	Mental Health – Support and Recovery & Primary Mental Health Newry
Maternity / Ante Natal Blossom Childrens' Unit – Outpatients	South Tyrone general Outpatients
Community Hospital Armagh	Coronation Building Outpatients
Physiotherapy Department Armagh	Paediatric STH
X ray and Fracture clinics Armagh	Mental Health Dungannon

During the walk about the team met ward managers; staff nurses and care workers. Conversations regarding how to recognise safeguarding issues and how to respond to these took place informally creating an environment for staff to ask questions, check understanding and process in preparation for the RQIA review.

Findings

The following is a summary of the key findings for children and adults.

A. Ensure that staff have good awareness and working knowledge of safeguarding; including how to identify and escalate concerns.

CHILDREN - Discussions with a number of staff at a range of grades indicated a solid understanding of their responsibility to identify and raise safeguarding issues regarding children. The overall impression was of a well embedded culture of recognising safeguarding children issues and a strong willingness on the part of staff (spoken to) to do so. They referred to corporate mandatory training and individual experiences where they had identified concerns. There was a preparedness to bring matters to the attention of line managers/senior staff on duty within clinics to check matters out and seek to have them addressed. In the main they were familiar with the role of Children's Gateway Team/the need to seek advice/ the requirement to complete UNOCINIs forms to make referrals. They had lesser understanding of the Children's Safeguarding Nurse Specialist Service.

ADULT - A range of staff grades across all the departments visited have demonstrated a good level of awareness and understanding of Adult Safeguarding and their responsibility to identify and raise issues of concern. The overall impression was that staff spoken to were aware of adult safeguarding and would report any concerns directly to their line manager. Examples were shared of situation staff have been involved with or were aware of. This was encouraging.

Departments provided evidence to support they have developed an information folder for staff that clearly outlines the safeguarding pathway to raise a concern. Some of the details contained in the folders need to be updated such as

- Safeguarding team and hospital staff contact names and numbers
- Removal of outdated APP1 referral forms and SHSCT Procedures

Staff were reminded /advised of the Cross Directorate Adult Safeguarding Sharepoint Tile and advised to access all information from this source.

As anticipated most areas were unclear as to who the Trust Adult Safeguarding Champion was and of the delegated appointed safeguarding person structure and responsibility. Staff referred to hospital social workers in this capacity. However all demonstrated an awareness to bring to the attention of their direct line manager on duty to check issues of concern and have those addressed.

Adult Safeguarding Pathway for Outpatients Services

A one page quick reference guide was developed by the Adult Safeguarding team to support staff in their understanding and decision making in responding to a concern. This was shared and further developed during the walk about and is now available to all staff on the Adult Safeguarding Sharepoint title.

B. Ensure information is prominently displayed for staff; service users; carers (easily seen and understood)

CHILDREN - Overall, in Public Waiting areas there was little (or no) Public Information material on display in respect of Safeguarding Children.

There was a variation across Staff/Office areas in relation to the safeguarding children material on display for staff reference. Staff Office areas has some (but limited) display material and some of this material is not up to date (primarily because of the need to cleanse the material on the intranet &/or direct staff to more up to date material on Sharepoint)

ADULT- In general there was information for staff and patients across public areas with regards to Adult safeguarding. The nature of the information varied but on the whole there was visible evidence of Local Adult Safeguarding Partnership (LASP) posters displayed in waiting rooms, staff rooms /offices; LASP leaflets and SEE SOMETHING, SAY SOMETHING Regional 'A5 cards' were widely available and accessible. More recently the LASP has undertaken a public awareness campaign to distribute the Regional Adult Safeguarding Posters. These posters depict scenes of video clips which made to highlight the subtle nuances of abuse, exploitation and neglect including domestic abuse. These materials were developed by the Southern LASP. These posters are widely visible across the areas visited and teams from across both Acute and Community have accessed bundles of these from the Safeguarding team over the last few months.

The team noted that ward managers report regularly replenishing the safeguarding information leaflet as they are been taken by patients /visitors. There was some evidence of photocopied leaflets which were of poor quality. These were replaced on the day.

It was noted the Adult Safeguarding 10,000 voices executive summary poster or staff and service users was not clearly visible in any services visited.

C. Ensure safeguarding policies are up to date and under active Review (staff knowledge about where to find these)

CHILDREN - It was evident that some staff were aware of the forthcoming RQIA Safeguarding Review and managers had been proactive in updating safeguarding folders within office areas for staff reference. Their difficulty was as previously stated that some material (usually where taken from the intranet) was out of date.

Not all staff/managers were aware that Safeguarding Children Procedures were now on line and not all had registered to ensure access to up to date versions of the procedures. Swift access to procedures and UNOCINI would greatly support staff as navigating the range of material across Sharepoint /Intranet is clearly confusing.

ADULT – As per Children's above

D. Review risk registers to ensure risks in relation to safeguarding are accurately identified; clearly described and actively managed

This was not focused on within the 'walkabout' per se however some managers referenced the fact that clinics often provide services for both children and adults - i.e. there was no separate facilities for these groups on some specialities. Staff were aware of departmental procedures for managing potential risk in such circumstances. No issues were identified.

E. Confirm all relevant staff are trained to the level appropriate to their role

CHILDREN AND ADULTS- This was not confirmed within 'walkabouts' however most staff referenced attendance at Corporate Mandatory Training. Managers clearly had an overview of staff training re safeguarding children and adults. Reference was made to the difficulty releasing staff to attend given staff pressures however there was clearly a willingness to endeavour to do so where ever possible. Some managers displayed proactive efforts to promote staff understanding and learning by creating time for e – learning and for discussion with staff where situations/queries had arisen – using these as a learning experience.

An example of how a manager has taken action to make Adult Safeguarding a priority was seen on a display board in the Main Foyer. This displayed the key messages from the corporate mandatory training on Safeguarding for both staff and patients. Other examples were shared regarding team discussions.

Gaps Identified

CHILDRENS

1. A Simple Flow Chart (similar to adults) should be provided (no more than a single A4 page) for Outpatients Department Staff with electronic links to up to date forms etc and with key up to date contacts who can provide advice.
2. Departments should be provided with up to date display material which should be colour printed for display in both staff and public waiting areas.
3. Trust Intranet/ Sharepoint should be cleansed and up dated appropriately.
4. Concerted effort will be required to ensure Corporate Mandatory Safeguarding training is completed by Outpatients staff.

ADULTS -

1. SHSCT Intranet should be cleansed in relation to outdated information on Adult Safeguarding.
2. Any old PVA documentation or documents containing contact details / procedures preceding the new policy in 2016 should be destroyed by ward managers.
3. Staff should be reminded of the Cross Directorate Adult Safeguarding Sharepoint title where all policies, procedures and forms are maintained and updated as appropriate.
4. Updated Pathway/ aid memoir for responding to adult safeguarding concerns in Outpatients Services should be cascaded to all departments through the operational lines.
5. Departments should access up to date current posters /leaflets as required from the Adult Safeguarding team
6. Concerted effort will be required to ensure Corporate Mandatory Adult Safeguarding training is completed by Outpatients staff.

Deborah Hanlon

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Adult Safeguarding

23rd May 2019