

The ROYAL MARSDEN
NHS Foundation Trust

Annual Report Safeguarding across a lifecycle

2016 / 2017



NHS

Author:

Anne Howers
Clinical Children's Services Director
Childrens Safeguarding Lead

Contributors to the report:

Eamonn Sullivan
Chief Nurse, Executive Board Lead for Safeguarding Children and Adults

Sarah Rushbrooke
Deputy Chief Nurse
Named Nurse Adults

Linda Finn
Named Nurse, Children

Edwina Curtis
Associate Safeguarding Adults Lead

Mary Taj
Named Doctor

Adele Kendrick
Learning and Development

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1. Introduction

- 1.1 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 Board 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 for Safeguarding Adults by ensuring as far as possible that each allegation of abuse is managed under the Care Act 2014 and Statutory guidance as well as the *London Multi-agency safeguarding adults 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 Groups (CCGs).

- 1.2 This report covers the 12 month period, from April 2016 to March 2017. It has been produced by the Safeguarding Lead and the Chief Nurse with contributions from the Safeguarding team, and summarises the work undertaken to ensure safeguarding of children, young people and adults within RM.

- 1.3 There is a diversity in Safeguarding services provided by RM, ranging from community universal children's services, children's therapy and respite services, to the specialist children cancer services in the hospital; as well as specialist areas in Looked After Children (LAC), Youth Offending Team (YOT), Domestic Abuse (DA) and the Safeguarding Liaison role. Services provided for adults range from in-patient and outpatients of the hospital, private patients as well as the community nursing and therapy teams for the London Borough of Sutton.

- 1.4 Domestic abuse, Early Help and Children and Young people at risk of Child Sexual Exploitation have been identified by the local Safeguarding Children's Board (LSCB) as a key priority of our work and the development of our services to support these has been a key issue this year.

Embedding the multi-agency self-neglect protocol; developing multi-agency peer audits; enhancing training; and improving communications in regards to safeguarding adults have been the key priorities of the Sutton Safeguarding adults board (SSAB) for this year. The key priorities for the Tri-Borough Safeguarding Adults Executive Board for 2016 – 2017 was to provide opportunities for people to be involved in safeguarding and the work of the executive board; work together to ensure that local services are safe, respectful, and of a high standard; and to develop better information sharing. The Trust contributed to both boards key objectives through engagement in both boards and relevant sub-groups.

2. Governance and Accountability

- 2.1 RM has a Safeguarding Team who lead on 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.

The Royal Marsden NHS Foundation Trust -CQC Inspection April 2016 Quality Report finding and rating in relation to Safeguarding and Vulnerable Adults The

Trusts CQC report was published in January 2017 following the inspection on the 19 – 22 April 2016

Overall, the inspection reported highlighted that the Trust had appropriate policies and procedures in place for safeguarding and staff were able to describe safeguarding concerns and how they would escalate any concerns.

For adults it highlighted “must do” improvements required across the Trust to ensure that staff act in accordance with the Mental Capacity Act 2005 when patients aged 16 years or older lack capacity to consent. Following the report being received, an external and internal action plan has been created to ensure that the required improvements are actioned and monitored appropriately. The actions include internal audits; increased training and awareness sessions around the Mental Capacity Act; review of the Trust policy and governance procedures in relation to the Mental Capacity Act; and ensuring that staff have on-going access to guidance and support. The actions from this plan will be on-going into 2017 / 2018 and progress will be monitored internally by the Trusts Safeguarding Board and Safeguarding Management meeting.

The overall CQC rating for Children’s Community Services was ‘Good’. In relation to Children’s Safeguarding, services were ‘Good’ because:-

- Senior staff within children and young people’s service had a clear visions on how the services were to develop and move forward, this included opportunities to hare learning across services.
Governance structures were in place. In Children’s Community Services there were divisional management meetings which fed into children’s services manager’s operational meetings and cascaded into team meetings. Staff knew how to report incidents and team meeting minutes demonstrated that incidents were discussed as part of the meetings.
- Staff working with children had access to regular safeguarding supervision, and were able to attend further training provided by the Local Safeguarding Children’s Board (LSCB). The safeguarding team provided safeguarding supervision for all community staff working with children, young people and families either on a one to one basis or as group supervision at least every 3 months. Information provided by the Trust demonstrated the number of health visitors receiving supervision over the period from June 2015 to March 2016 was between 93% and 57%. The number of school nurses receiving supervision over the same period was 92% and 75%. School nurses and health visitors told us they were also able to use the team as a resource should they have any concerns they wished to discuss. Safeguarding adults and children was part of the mandatory training programme for staff and different levels of training were provided according to the job role. For Children’s services, 89% of staff had completed level 2 and 88% had completed level 3 training which was against the Trust target of 90% of Level 2&3.
Staff working with children, young people and families, were able to attend further training provided by the LSCB which included working with resistant families, child sexual exploitation, domestic abuse awareness, learning from serious case reviews, recognising self-harm in young people, safeguarding young people affected by gang activity and harmful cultural practices relating to FGM /FM religious and cultural beliefs.
There was evidence of good MDT working across different services and with other health care professionals. The safeguarding team had good working relationships with the Sutton Multi Agency Safeguarding Hub (MASH) and Multi Agency Risk Assessment Conferences (MARAC)

However, at the time of the inspection care leavers did not have relevant health information and health summaries were not being routinely completed. Review health assessments for 'Looked after children' were not being completed within time scales required and there was lack of co-ordination between health providers in the monitoring quality of care for 'Looked after Children' who lived out of the area

But LAC work is a partnership with Local Authority social care and LAC teams. By the time the CQC report was received in Feb 17, eight months after inspection, the LSCB partnership and our LAC team had addressed the issues and given evidenced assurance to the LSCB and the RMH that those areas were compliant. We have however kept this as part of the local CQC action plan to assured the RM board and the Sutton CCG commissioners of the service that we can sustain the improved and compliant service.

Safeguarding Structure

2.2 The Chief Nurse, who is the Executive Lead for Safeguarding across the lifecycle, leads the Safeguarding Team. The Deputy Chief Nurse is the Named Nurse for Safeguarding Adults; the Clinical Children's Services Director, who is the Trust's Safeguarding Children Lead across hospital and community; The Medical Director, who is the Named Doctor for Safeguarding adults; and the Named Nurse and Named Doctor for safeguarding children.

Executive Board Lead for Safeguarding Across the Life Cycle (until November 2016)	Chief Nurse	Shelley Dolan
Executive Lead for Safeguarding Across the Life Cycle (from January 2017)	Chief Nurse	Eamonn Sullivan
Trust Named Nurse for Safeguarding Adults	Deputy Chief Nurse	Sarah Rushbrooke
Trust's Safeguarding Children Lead across hospital and community	Clinical Children's Services Director	Anne Howers
Named Doctor for Safeguarding Adults	Medical Director	Nick VanAs
Named Doctor for Safeguarding Children	Consultant – Paediatric Oncologist	Mary Taj

2.3 In addition, the Safeguarding Team comprises of:

- The Named Nurse for Children who is also the Chair of London Borough of Sutton's Strategic Board for Violence against Women and Girls
- A specialist safeguarding nurse to provide the Health navigator role for London Borough of Sutton's Multi- Agency Safeguarding Hub (MASH)
- 4.6 Safeguarding Specialist Nurses
- 1.7 Specialist Looked after Children (LAC) Nurses
- 0.5 Safeguarding Adult Lead
- Associate Safeguarding Adults Lead

2.4 RM complies with the 'Working Together' 2015 statutory regulations regarding leadership and clinical expertise in the safeguarding agenda.

- 2.5 The *Safeguarding Across a Lifecycle Declaration* is on the RM website and this gives assurance to the service users and public of our safeguarding arrangements.
- 2.6 RM have a Safeguarding Children Supervision Policy. Safeguarding supervision is provided to all clinical staff working directly with children and families, in order that they are supported in their practice when working with vulnerable families. It includes a competency framework and assessment for all safeguarding specialist nurses who provide staff supervision.
The Trust has been working towards developing a Safeguarding Adults Competency Assessment Framework and Supervision policy for staff working with adults at risk, in line with relevant guidance.
- 2.7 We work to the LSCB protocol for the Management of allegation against staff and any allegations are notified to the local authority designated officer (LADO). LADO is a reviewed item at Community Senior management and divisional management meetings
- 2.8 The RM Safeguarding across a Lifecycle Action plan aims to continually improve safeguarding outcomes for children, young people and adults is an active document which is updated monthly to reflect continuous improvements and actions within the safeguarding team and the Trust. This is also in conjunction with the Safeguarding adults work plan, which includes the Mental Capacity Act, Prevent, Dementia and Learning Disabilities. This combines all outstanding actions from SCR's, IMR's, CQC inspections, Section 11 audits and National legislation. The action plan is monitored quarterly through the RM Safeguarding Board.
- 2.9 Named Nurses and Safeguarding Adults Leads**
The Named Nurses are responsible for providing leadership to all health professionals and staff around safeguarding practices, and to promote evidence based practice within the community services and the hospital.
- 2.9.1 The RM has a Named Nurse for children and a Lead Named Nurse for Adults who takes their own responsibility, and are accountable for their respective areas. The Designated Nurse from Sutton Clinical Commissioning Group (CCG) provides ongoing professional support and guidance to the Children's Named Nurse. The Named Nurses receive monthly safeguarding supervision and are accountable to the Chief Nurse. The Children's Named Nurse is line managed by the Clinical Children's Services Director who is also accountable to the Chief Nurse for Safeguarding issues.
The Named Nurse for adults is the Deputy Chief Nurse and together with the Safeguarding Vulnerable Adults Lead and Deputy / Associate Safeguarding Adults leads provides assurance to the Chief Nurse as well as operational support to colleagues across all divisions within the Trust.
- 2.10 Named Doctors**
The Named Doctor is responsible for providing safeguarding leadership to doctors across the community and hospital. They have a key role in liaising with doctors in other organisations. The Named Doctors receive supervision from the Designated Doctor. They also participate in team safeguarding supervision within their specialist areas and attend the Named Professionals meetings within the local health economy.
- 2.10.1 The Named Doctor for Safeguarding adults is Medical Director who provides leadership for safeguarding adults within the medical division and supports the ongoing development of the safeguarding agenda.

2.11 Safeguarding Specialist Nurses – Children’s Services

2.11.1 Safeguarding Specialist Nurses (SSN) have a lead role in safeguarding supervision, being available to offer child protection advice and provide one-to-one or group safeguarding supervision to RM teams, in accordance with the Trust’s *Safeguarding Supervision Policy*. They each have additional areas of safeguarding expertise and responsibilities including Child Sexual Exploitation and Missing children and young people (MASE panel), Health Navigator role, training, audit, Domestic Abuse, Safeguarding liaison, and PREVENT.

One of the roles of the SSN is to undertake the role of the Health Navigator within Sutton MASH which is based at Sutton Police Station. Another role of the SSN is to ensure there is timely and proportionate sharing of appropriate information in relation to safeguarding concerns or vulnerable children and young people, in relation to children from hospital to community, and also from community to hospital. This includes providing attendance at the weekly multi-agency safeguarding children meeting (held in Paediatric Accident and Emergency at St. Helier), attendance at the vulnerable antenatal meetings hosted by maternity, improving information sharing between health visiting and midwifery.

A MASH is a co-located Multi agency borough team, which acts as a single point of referral for all safeguarding and child protection. The MASH team is staffed with professionals from a range of agencies including police, social care, probation, health, education and voluntary services. These professionals share information proportionately to assess potential risk to a child. RM hosts the MASH Health navigator post on behalf of all the local health economy. The role includes collating and assessing health information from GP’s, Health Visitors, School Nurses, Adult and Child mental health, Acute Hospitals and Drug and Alcohol services to share with the MASH to facilitate decision making.

2.12 Domestic violence and abuse

This responsibility is covered within the Named Nurse role and the safeguarding specialist nurse roles and they aim to support staff in improving services for women and children experiencing violence and abuse. They support to staff working with families where there is Domestic Abuse and the Named Nurse represents RM at Sutton Multi-Agency Risk Assessment Conferences (MARAC). The Named Nurse has responsibility for providing staff training on routine enquiry and risk assessment of Domestic Abuse. Routine Enquiry training has been provided to all health visiting staff following its recommendation in the Child D internal management review (IMR) report. The Named Nurse also supports all RM staff both hospital and community who themselves may experience domestic violence and abuse

The Multi-Agency Risk Assessment Committee (MARAC) process is part of a co-ordinated community response that aims to increase identification of victims at high risk of serious harm from Domestic Abuse. The MARAC incorporates representatives from statutory, community and voluntary agencies that work with victims, survivors and perpetrators. Information on the highest risk cases, the actions needed to ensure safety and the provisions that are available locally are shared and used to create a risk-management plan, which involves all agencies. These meetings are held monthly in the borough. The Named Nurse provides health information and concerns to the MARAC and cascades relevant information to appropriate health professionals. Sutton MARAC has a higher incidence of reported domestic abuse than comparable neighbouring boroughs and the coordinated response from MARAC has seen a reduction in re-victimisation rates for victims of domestic abuse

3. Key Priorities – Safeguarding Across Children and Adults 2016 / 2017

Key priorities for the Trust in 2016-2017 in children’s services

- Key areas of focus were education and training, looked after children, teenage cancer unit, CSE, FGM and addressing the management and response of children not brought to planned appointments.
- Safeguarding Children Key Priorities that have been achieved include:
- Establishing and implementing mandatory training for all health visiting and school nursing staff with responsibility for undertaking statutory health assessments of looked after children
- Contributing to the Trust corporate inductions and Level 2 training programme
- Participation in an LSCB task and finish group to develop and launch an FGM assessment tool for frontline practitioners
- The introduction of a children’s community services clinical development committee that can ratify protocols and Standard operating procedures with has had scrutiny from a safeguarding perspective
- The development of a policy (currently in draft) to clarify the responsibilities and actions required for children/young people not brought to appointments
- Health provider agreement for participation and contribution to the London Borough of Sutton’s Multi Agency Sexual exploitation panel
- Continued Trust presence and commitment to appropriate safeguarding boards and subgroups to share, report and review safeguarding practice in the Trust

Key priorities for the Trust in 2016-2017 in safeguarding adults

These priorities for safeguarding adults that were achieved are as follows;

- Recruitment of an Associate Safeguarding Adults Lead in January 2017
- Implemented learning disability awareness training is now mandatory for hospital nurses
- On-going review of the quality of mental capacity and best interest assessments, including developing an action plan to improve practice
- Continued Trust presence and commitment to appropriate safeguarding boards and subgroups to share, report and review safeguarding practice
- Patient information leaflet is available for those under Deprivation of Liberty Safeguards and their families
- Launched reminiscence therapy unit “RITA” the computer programme which engages patients and their careers in meaningful activity
- A review of signage across the Dementia Friendly wards, signs are in situ
- Development of a pilot referral pathway for fire safety checks for community nursing and hospital therapy staff.
- Training was provided by the Trust to the key staff from the London Borough of Sutton, the aim of the training was to raise the profile of the pressure ulcer protocol and investigation process in order for the team to be cognisant of the scrutiny of the Trusts practices and procedures as part of the safeguarding procedures.

- Launch of the Dementia Strategy 2016 – 2018
- Workshops to Raise Awareness of Prevent (WRAP) sessions have been provided to key community staff
- Safeguarding adults learning and development plan for Trust volunteers developed and delivered

4. The Royal Marsden Safeguarding Children and Adults Board

This Board is chaired by the Chief Nurse and brings together senior staff within The Royal Marsden from both children and adult services including the Clinical Children’s Services Director, Named Nurses and Doctors and the safeguarding professionals including Leads, and partner agencies. The safeguarding board receives assurances from the leads and named professionals in order to provide assurance to the Trust board and external safeguarding partners.

5. The Royal Marsden participation and representation in Partners Committees

5.1.1 Sutton Local Safeguarding Children Board

The Chief Nurse and Clinical Children’s Services Director are The Royal Marsden’s representative on Sutton Local Safeguarding Children Board (LSCB). The Children’s Clinical Director is the Vice Chair of the Sutton Local Safeguarding Board and the Chair of the Sutton LSCB Policy and Practice Sub committee

5.1.2 The Children’s Named Nurse is a member of the Sutton LSCB sub-committees.

- Learning and Development
- Policy and Practice
- Quality and Audit
- Multi Agency Sexual Exploitation strategic Board (MASE)
- Case Review sub group
- In addition to this there is attendance at other partnership boards including the MASH governance board and Domestic abuse and Violence Against Women and Girls Board

5.1.3 Safeguarding Adults Boards

The Trust is a member of two local safeguarding adult’s boards to the Trust; the Sutton Safeguarding Adults Board (SSAB) and Tri-Borough (Westminster; Kensington & Chelsea; Hammersmith and Fulham) Safeguarding Adult’s Executive Board. The Chief Nurse and Deputy Chief Nurse are The Royal Marsden’s representatives on both boards.

5.1.4 Safeguarding Adult Boards – Subgroups

The Trusts Safeguarding adults leads are members of the following board Subgroups;

Sutton Safeguarding Adults Board

- Quality Assurance Subgroup
- Training Subgroup
- Serious Adult Reviews (SAR’s) Subgroup

- JIG Subgroup
- Communications Subgroup
- Human Resources / Recruitment Subgroup (attended by representative from Human Resources)

Tri-Borough Safeguarding Adults Executive Board

- Safeguarding Adults Reviews (SAR's) Subgroup (chaired by the Deputy Chief Nurse)
- Develop and Best Practice Subgroup

The Safeguarding adult's leads also continue to be active member of various PAN London networks, including the NHS Safeguarding Adults Leads Network and Prevent Leads Network.

5.1.5 LADO

The Children's Clinical Director, Named Nurse and Service managers in community services have prioritised attending LSCB LADO training and RMCS has a designated officer in HR to lead and manage any allegations against staff. LADO is a standing item on management divisional management meetings and 3 referrals have been made by RMCS staff in 2015-16.

5.1.6 Audit plan

The Trust has a Safeguarding audit plan, which is reviewed at each Board meeting and actioned via the Safeguarding Management Operational meetings. These audits are designed to provide governance of the service and give assurance to the Board

6. The Royal Marsden – Safeguarding Policies and Practice

Safeguarding Policies and Procedures

The Trust has ensures that safeguarding children and adults related policies and procedures are robust, up to date and in line with relevant local and national guidance.

Over the past year, there have been developments in the National policies in regards to Safeguarding Adults.

The *London multi agency safeguarding policy & procedures* was agreed in August 2016 and sets out the principles and values that organisations should adopt. In summary the main points include a duty to:

- report in a timely way any concerns or suspicions that an adult at risk is being or is at risk of being abused
- ensure that the dignity, safety and well-being of the adult at risk is given priority
- work under the guidance of their own internal operational procedures
- ensure staff are familiar with policies, know how to recognise abuse and how to report and respond to it

7. Safeguarding Activity

7.1 Safeguarding Children

The Trust Safeguarding Children's data demonstrates a high level of Safeguarding activity within the community and have seen an increase in incidents within the hospital.

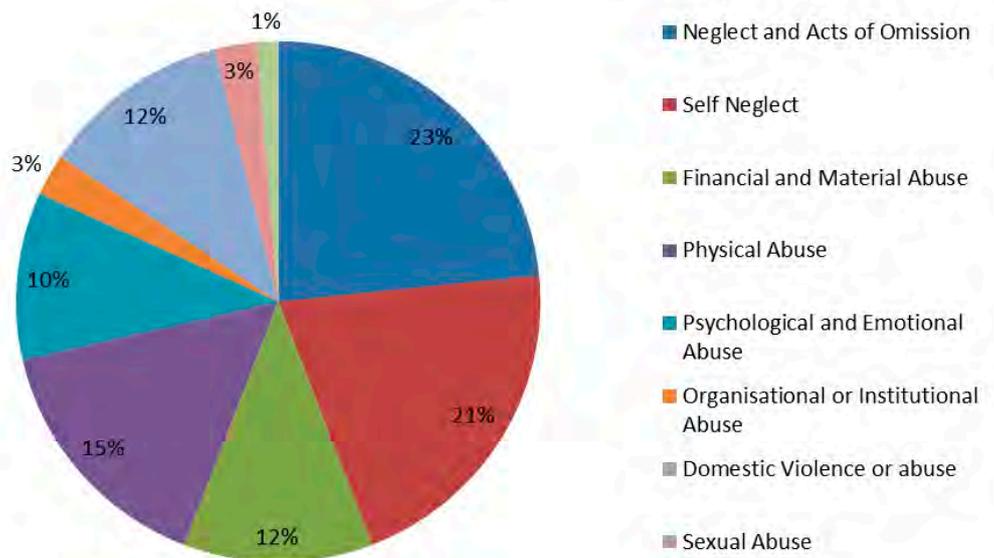
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Number of child-protection plans (CPP) in place on last day of reporting period	232	214	215	215	239	225	206	204	199	216	229	225
SUTTON Community												
HOSPITAL	4	4	2	2	3	4	4	6	5	4	4	4
CPP TOTAL	236	218	217	227	242	229	210	210	204	220	233	229
Number of Looked after Children (monthly reporting)	71	251	243	229	227	222	227	238	230	238	227	234
Number of under 5s (monthly reporting)	11	40	37	35	39	39	38	43	40	41	31	42
Number of over 5s (monthly reporting)	60	211	206	194	188	183	189	195	190	197	196	192
	Jun-16			Sep-16			Dec-16			Mar-17		
	HV	SN	SG									
Staff who have received supervision (%)	100%	93.3%	100%	87.5%	100%	93.8%	63.6%	50%	81.3%	97%	93%	94%

7.2 Safeguarding Adults

Monitoring of safeguarding activity forms part of the Trust governance arrangements and is reported quarterly to the Trust’s Safeguarding Board, the Trust Integrated Governance and Risk Management committee which includes data required by the NHS commissioning contracts and the Local Authority Safeguarding Adults Boards.

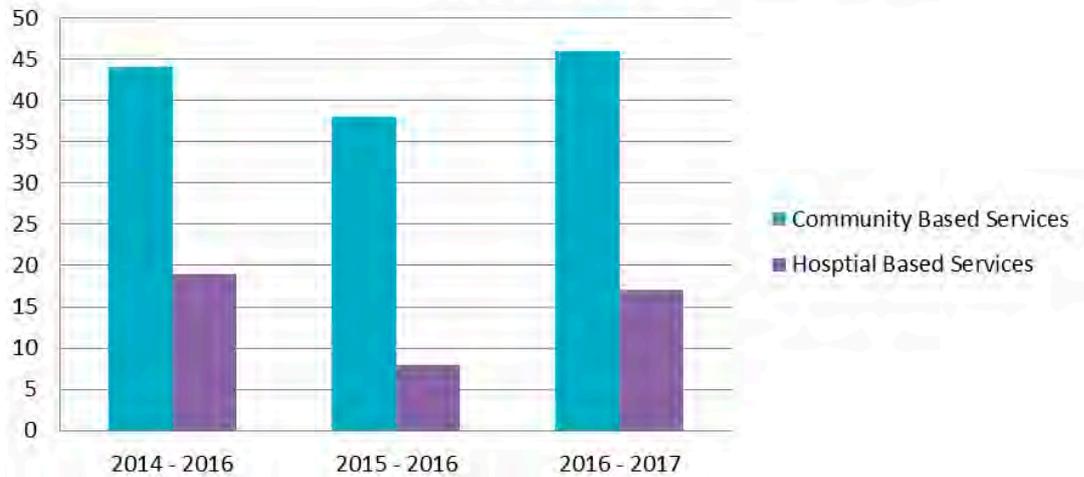
During 2016/2017, the Trusts safeguarding adults leads were informed of 63 safeguarding adult concerns raised to local authorities in regards to concerns of abuse. This has increased from 2015 – 2016, when the number of concerns raised was 46 concerns and 63 in 2014 – 2015. Of the 63 concerns raised, there 84 categories of abuse identified, with neglect and acts of omission and self-neglect being the highest reported categories of abuse identified, followed by physical abuse, domestic violence and financial and material abuse. *One safeguarding concern related to an allegation against a staff member, which was formally investigated through internal and formal safeguarding adult’s procedures.*

Safeguarding Adults - Reported Categories of Abuse



The Royal Marsden Community Services continue to raise the highest number of concerns within the Trust within the reporting year, raising 46 concerns. The hospital based sites raised 17 safeguarding concerns during this period.

Safeguarding Adults Concerns Raised to Local Authorities



8. Education and Training

8.1 Safeguarding Children Education and Training

Safeguarding Children's – Education and Training

The Named Nurses are involved in the implementation of the Safeguarding Children training programme for The Royal Marsden which is in accordance with the Skills for Health Core Skills Training Framework and Safeguarding Children and Young People: Roles and Competences for Health Care Staff, Intercollegiate document, 2014. The Trust Named Nurses develop and regularly review training for Level 1 and 2 delivered as part of induction and refresher programmes. To increase capacity, external trainers have been used to ensure sufficient level 2 training is available to staff. In January e-learning was introduced for level 1 and 2 refresher training. The Community Safeguarding team deliver level 2 training to all new clinical staff as part of induction. Face to face training is an integral part of induction.

Clinical staff who work predominantly with children require Level 3 training; for Community staff this is accessed via the LSCB training programmes, for hospital staff an external training delivers an in-house programme. The Safeguarding Team participate in the development and delivery of

LSCB multi-agency training programmes including Level 3 Safeguarding Children, Domestic Violence, Child Sexual Exploitation, and Female Genital Mutilation (FGM) training.

The level of training expected is defined by the role undertaken, including the amount of contact an employee has with children and families. The Royal Marsden training is in line with the Safeguarding Children and Young People: Roles and Competences for Health Care Staff, Intercollegiate document 2014. This includes all staff – not just those working with children and families.

Compliance rates 2015-16:

Level 1 – 89%

Level 2 – 88%

Level 3 – 83%

Compliance rates have continued to remain stable since last year and have further increased, with the exception of level 3 due to spike in staff requiring training in Quarter 4. Training compliance continues to be closely monitored.

The Named doctor Community has provided training sessions on CSE for primary care staff in Sutton in partnership with the designated nurse and CSE has been included in all Health Visitor and School Nurse updates.

The training provided to staff on CSE has improved staff confidence to discuss these issues and hence identification of problems and referral at an earlier stage

FGM is included in all RM safeguarding training updates so that all staff are aware that mandatory reporting has been introduced.

The named Doctor hospital provides training sessions for all hospital medical staff on Safeguarding Children in accordance with the skills for Health, Core skills Training framework and Safeguarding Children and Young People. Roles and competencies for Health Care staff Intercollegiate document 2014

	QUARTER 1, 2016/17			QUARTER 2, 2016/17			QUARTER 3, 2016/17			QUARTER 4, 2016/17		
	Level 1	Level 2	Level 3	Level 1	Level 2	Level 3	Level 1	Level 2	Level 3	Level 1	Level 2	Level 3
Staff who have a valid training status (%)	93%	91%	92%	98%	98%	91%	92%	95%	84%	97%	98%	86%

8.2 Safeguarding Adults at Risk Education and Training

a) Safeguarding Adults Mandatory Training Compliance Figures - 2016/2017 (provided by the Learning and Development Team)

The safeguarding adults at risk training are currently based on the competencies and levels of training set out within the Bournemouth University – National Competence Framework for Safeguarding Adults and include level 1, 2 training are included within the Trusts mandatory training framework.

b) Risk Areas

The Trust is committed to meeting its target of 90% compliance in Safeguarding Adults’ training. Level 1 Safeguarding adults training compliance for Safeguarding Adults was consistently above 90% throughout the year. Compliance was above 90% for Level 2 Safeguarding adults from April 2016 – September 2016; however fell below the target between October 2016 – March 2017. This is felt to be related to a large number of staff becoming uncompliant within this period based on previous peaks in training being delivered and key staff have been targeted to improve compliance.

The draft *Safeguarding Adults; Roles and competencies for health care staff – Intercollegiate Document* was also released in draft form during this year and provides updated guidance to NHS organisations outlining the level of training required by staff commensurate to their role within organisation. The Trust currently uses the Bournemouth University framework and the Trust safeguarding adults training programme needs to be reviewed in line with the new draft intercollegiate guidance update title.

	Quarter 1, 2016/17		Quarter 2, 2016/17		Quarter 3, 2016/17		Quarter 4, 2016/17	
	Level 1	Level 2						
Staff who have a valid training status (%)	94%	92%	92.9%	90%	89.9%	81.6%	92.19%	83.2%

9. Employment Practice

9.1 Compliance with Disclosure and Barring Service (DBS) checks

The Criminal Records Bureau (CRB) and the Independent Safeguarding Authority (ISA) merged in 2012 to form the Disclosure and Barring Scheme (DBS). A DBS check prevents unsuitable people from working with children and vulnerable adults. This includes anyone involved with the provision of health services, whether in paid employment or as a volunteer.

Changes to eligibility criteria posts to be exempt from DBS checks came into being in 2014. This continues to be undertaken by the Human Resources department.

All new employees in positions that require DBS checks are requested during recruitment, The Safeguarding team were not made aware of any referrals to the DBS during 2016 – 2017

- The Trust has undertaken DBS renewals in high risk areas which include community services, paediatrics and critical care units.

9.2 Allegations against staff

During the 2016 / 2017 reporting year there have been 4 allegations made against staff working with adults that the safeguarding leads have been informed about; one of which included referral to the local authority under safeguarding adult's procedures. All allegations were investigated internally through appropriate procedures and learning identified.

9.3 Safer recruitment practice

These specific documents demonstrate the Trust's commitment to manage relevant concerns. Human resources staff support managers in using these documents to manage any of the issues using the processes outlined:

- Recruitment and selection policy and procedure
- Employment checks policy and procedure
- Whistleblowing Policy

9.4 Workforce

- The Trust has a process in place to monitor professional registration renewals for staff which is managed by Human resources
- The Trust workforce vacancies are filled through internal and external methods and incentives have been agreed to support recruitment to community services
- Further discussions are currently underway within the Trust regarding the eligibility criteria for DBS exempt checks stipulated to ensure the changes do not have the potential to place children and/or adults at risk

10. Looked after Children

The Royal Marsden Safeguarding Team has 1.7 Specialist Nurses for Looked after Children and Care leavers (LAC) supported by a part time administrator. The nurses undertake review health assessments for all children in care and recommendations from these are incorporated into actions within the child care review meetings led by children's social care. The LAC Nurses have support and supervision from the designated Nurse for looked after children in Sutton CCG. Quarterly partnership LAC Health Strategy meetings chaired by the Head of Safeguarding for Sutton CCG seek assurance and monitoring of the provision and quality of health assessments within statutory timescales. The last year has seen some significant challenges due to new staff in post and challenges in working together with the local authority who are endeavouring to effectively train their staff to ensure all necessary paperwork to enable an assessment to be booked is returned to the team in a timely manner. Recent months has seen a significant improvement and the LAC nurses have increased their confidence in the new roles and have developed positive relationships with the social work teams in the borough. The borough Ofsted inspection and Trust CQC inspection both noted that services for looked after children and specifically care leavers required improvement. For RMCS this primarily related to an improvement in the timeliness of completion of leaving care summaries for young people. This has been reflected on the Trust risk register and actions to achieve improvement are incorporated into the CQC and Ofsted action plans. Quarter 4 has seen a 100% completion per month of summaries due for completion.

11. Hospital Children's unit

The children's unit has experienced an increased level of child safeguarding issues during the period of July 2016-March 2017 and a business case has been written for a full time named nurse for safeguarding children substantive post to meet increased demand and ensure safe delivery and development of a high quality service. The Interim Named Nurse for Safeguarding Children collated data from July 2016- March 2017 in regards to the type of contact made to the Interim Named Nurse for Safeguarding Children and the reason for the contact. The data is set out below and concerns categorised. During this time, it is evident that the diagnosis of cancer and its impact increases strain on family units, which can lead to safeguarding activity around parental disputes, information sharing and consent. Reports and concerns have increased in relation to domestic violence, parental mental health and the use of alcohol, resulting in neglect of the child's complex medical needs through diagnosis of cancer. Through collaborative working with the Named Nurse for Safeguarding Children Community Division and Hospital Interim Named Nurse Safeguarding Children has provided an increased visibility and safeguarding supervision within the Hospital Children's Unit. To maintain the unit's responsibility and role in safeguarding children, safeguarding has become a standing agenda item of unit meetings such as, Children's and Young People's Operational Group (CYPOG) and the Multi-Disciplinary Team meeting. The increased visibility of the Safeguarding Children Role has led to an increase in staff reporting concerns in a variety of ways including face to face and through phone contact. Concerns are being raised early and interventions being implemented and feedback provided to the reporter increasing engagement and confidence and providing better outcomes for the children.

Month	New patient activity	Number of referrals	Outcome of MASH referral where known
July 2016	7 New patients raised 1-Domestic violence 2-Paternal depression 3-Maternal alcohol use 4- Parental disputes 5- Parental disputes 6-Terminal adult with children 7-Previously known to social care and CP register	Resulted in 3 referrals to MASH	
August 2016	2 New patients raised 1-Medical neglect withdrawal of curable treatment. 2-Terminal adult self-harming child		Resulted in legal discussion
September 2016	9 New patients raised 1-Medical neglect 2-Chaparone and consent 3-Possible physical abuse 4-Terminal adult 5-Medical neglect/physical abuse 6-Vulnerable adult 7-Female genital mutilation 8-Homeless child and family 9-Parental alcohol consumption	4 Resulted in referral to MASH	1. On to CP register 2. In to care
October 2016	3 New patients raised 1-Medical neglect 2-Deceased father 3-Parental mental health concerns	1 Referred	
November 2016	18 Patients raised 1-Medical neglect 2-Medical neglect 3-Parental alcohol use 4-Self-harming 5-Neglect 6-Neglect 7-Domestic abuse 8-Domestic abuse 9-Suicidal child 10-Medical neglect 11-Parental mental health	3 Referred	1. Case closed 2. Progressed to lac 3. Child protection register
December 2016	13 Patients raised 1-Domestic violence 2-Drug use 3-Self-harm 4-Child in need 5-Medical neglect 6-Parenting concerns 7-Parental overdose 8-Neglect 9-Child in need 10-Consent in children 11-Medical neglect 12-	1 Referred	Case closed

January 2017	9 Patients raised 1-Parental mental health-neglect 2-Neglect 3-Medical neglect 4-Parental alcohol use 5-Physical harm 6-Sexual abuse 7-Domestic abuse	1 Referred	1 Now child in need
February 2017	11 Patients raised 1-Domestic violence 2-Physical abuse 3-Sexual abuse 4-Medical neglect 5-Neglect 6-Self harming 7-Emotional abuse 8-Marac	2 Referred	1. Team around family 2. Early help intervention
March 2017	11 Patients raised 1-Domestic abuse 2-Parental alcohol use 3-Neglect/physical 4-Physical abuse 5-Medical neglect 6-Neglect/physical 7-Paternal alcohol use 8-Child carer	3 Referrals	- Child in need - 2 Awaiting outcomes.

12. Child Sexual Exploitation (CSE)

London borough of Sutton has a Multi agency sexual exploitation (MASE) operational Panel that meets monthly and reports to the MASE strategic Board. The named nurse is the representative on the operational group which at a pre panel meeting provides case management of children/young people identified to be at risk of exploitation or missing episodes. The operational panel examines trends and learning, both local and national, through data analysis and criminal intelligence shared at the meetings.

13. Female Genital Mutilation (FGM)

FGM is a high government priority. Data collection of FGM cases began for the hospitals in 2014-15 and will begin for the community in October 2015 as part of the mandatory reporting requirements. The type of FGM and risk of family members is recorded and reported monthly to the Department of Health. All cases or concerns relating to FGM must be notified to the safeguarding team and discussed in supervision. Sutton LSCB through a task and finish group has developed an FGM risk assessment tool for frontline practitioners.

14. The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards

The Mental Capacity Act 2005 empowers people to participate in decisions relating to their health and wellbeing the legislation gives statutory rights to people who may lack capacity and puts the person at the centre of the decision making process. The Act protects people's rights to make unwise decisions and uses a 'best interests' process to ensure that the person is central to the

specific decision being made, which also provides protection of vulnerable adults from harm. The Mental Capacity Act 2005 is an essential part to the decision making process and also an integral part of the consent process within health care settings.

During this reporting year, it has been identified through case enquires and as a result of the CQC inspection that there needs to be more of a consistent application of the Mental Capacity Act across the Trust. This is a “must do” action from the CQC inspection and relates to Regulation 11 HSCA (RA) Regulations 2014 Need for Consent. This has highlighted potential risks for the Trust and established the need for Mental Capacity to be a key priority for in 2016/2017.

14.1 Policy and local arrangements

The Trust has a Mental Capacity Act 2005 policy in place as well as a Deprivation of Liberty Safeguards policy, which includes practical guidance and a template for staff when considering, assessing and recording capacity assessments and notifying relevant local authorities in regards to deprivation of liberty safeguards.

14.2 Deprivation of Liberty Safeguards

The Deprivation of Liberty Safeguards (DoLS) were introduced in April 2009 to provide a legal framework around the deprivation of liberty of patients with impaired capacity. Specifically they were introduced to prevent breaches of the European Convention on Human Rights (ECHR) under article 5. How the act is applied in practice was clarified by the Supreme Court in a ruling, a judgement commonly known as *Cheshire-West P v Cheshire West and Chester Council and P & Q v Surrey County Council [2014] UKSC 19*.

During the 2016 / 2017 reporting year, the Trust made twenty one (21) notifications of deprivation of liberty safeguards to relevant local authorities where the patient is a resident. Of these, fifteen (15) were made from the The Royal Marsden Chelsea and six (6) made from The Royal Marsden Sutton.

14.3 Training and Awareness

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

A training and development strategy has also been established for 2017 / 2018 to reduce the identified risks and improve knowledge and the application of the Act within the Trust based on roles and responsibilities of staff members.

15. Learning Disabilities

The Trust is committed to eliminating inequality in care for patients with Learning Disabilities and believes that people with a Learning Disability have the right to the same level of healthcare as that provided to the general population. This care should be flexible and responsive and must take into account the patient’s specific needs associated with their Learning Disability.

15.1 Strategy

The Trusts Vulnerable Adults Strategy (2014 – 2017) outlines the Trusts role to provide good personalised care for patients with learning disabilities within the Trust and the continued work of the Trust to meet the Learning disabilities monitor requirements.

15.2 Learning Disabilities Monitor Requirements for NHS Foundation Trusts

As an NHS Foundation Trust, the Board are required to certify that the Trust meets the six requirements in the Risk Assessment Framework set out by Monitor 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 systems have 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 needs of these patients. The Trust is also re-launching a learning disability buddy network to strengthen these pathways. Each ward has a Learning Disability resource folder which includes copied 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.

2. *Does the NHS Foundation Trust provide readily available and comprehensive 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.

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 (2016), 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 Trusts safeguarding adult's mandatory training programme via face to face sessions for nurses as a part of the mandatory training update. There is also a case study related to learning disabilities 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 ensure representation.

6. *Does the NHS Foundation Trust have protocols in place to regularly 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 in regards to the use of patient passports and patient experience questionnaires.

15.3 Training and Awareness

Specific learning disabilities training was rolled out to hospital nursing staff within the mandatory training programme to help raise awareness within the Trust. The Trust also has a Buddy Programme which is being re-launched in 2017/2018 and will include specific training for buddies to carry out their roles and responsibilities.

15.4 Review of enquiries and complaints for Learning Disability patients

The National Patient Safety Agency (NPSA) evidenced that people with Learning Disabilities are more at risk of harm whilst in hospital than the average patient. The Trust incident reporting allows staff to flag if a patient has a learning disability which alerts the safeguarding team who are able to review the incident and support staff to achieve the best outcome for the patient. These incidents and complaints will also be reviewed at the Trust Risk and Safety Committee to identify trends and learn from mistakes.

16. Dementia

“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)

16.1 Strategy

The Trusts dementia strategy (2016 – 2018) sets out how we will work with our patients, carers and community partners to deliver excellent dementia care at The Royal Marsden with clear strategic goals until 2018. The strategy outlines 5 key strategic objectives for dementia care which include;

- *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 carers.
- *Dementia friendly environments*; we have been able to improve 4 ward areas and ensure that they are dementia friendly and also have commissioned through the Marsden Friends a dementia reminiscence pod (RITA) for the Sutton site to support patients during their inpatient stay.
- *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 Prime Ministers promise and the Trust agreement as a part of the dementia action alliance.

The Trusts “Dementia Champions” network drives the Trust strategy and also supports with the delivery of training within the Trust.

16.2 Training and Awareness

The Trust provides a robust training plan for our clinical staff members throughout the Trust, hospital and community. This follows the Dementia Core Skills Education and Training Framework (2015). Basic dementia awareness training is mandatory for all clinical staff and is provided within the Trusts induction programme. Tier 2 training is also available for community staff and is provided bi-annually. The Trusts dementia champions also lead on providing bespoke dementia friends training, a programme developed by the Alzheimer's society.

17. 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.

It is important to note that the priority areas/boroughs can change and reflects the latest intelligence and world events.

17.1 Policy and local arrangements

The Trust has a Prevent Policy (2016) which provides advice, guidance and information for The Royal Marsden NHS Foundation Trust including Sutton Community Services, should they wish to raise concerns about an individual who may be at risk of being drawn into terrorism or committing terrorist acts. These policies are in line with the Counter Terrorism and Security Act 2005 and the Prevent Strategy from HM Government.

17.2 Training and Awareness

All NHS staff, health care students or volunteers who are in contact with patients, the public or staff in commissioning (Clinical Commissioning Group or Area Team) and provider organisations are required to have basic prevent awareness training. Basic awareness training is currently being provided to staff through Level 1 Safeguarding Children's and Adults training. 3427 staff have completed the basic awareness training within the Trust at the end of the reporting period.

The NHS England Prevent training and Competencies Framework recommends that staff requiring Level 3 and above safeguarding adults training will also be required to complete a workshop to raise awareness of through Prevent Awareness Training and Workshop to Raise Awareness of Prevent (WRAP) or Health WRAP training. 367 staff has completed WRAP training within the Trust at the end of the reporting period.

18. Safeguarding Audits

18.1 Safeguarding Children

As a LSCB partner agency RM is required to complete and have participated in Section 11 Audit which gives assurance they are fulfilling statutory duties. These have been completed for the 2016/17 year for Sutton LSCBs. We participated in the LSCB multiagency audits programme in the boroughs and this was focussed on CSE.

Multi agency audits have focussed on:

- Children placed in care in out of borough placements
- Sexual exploitation

18.2 Safeguarding Adults at Risk

As a partner of the SSAB, the Trust has engaged in completing a peer audit review as a part of the Quality Assurance Subgroup, which reviews the audits with a focus on improving quality and practice.

An audit has also been completed on the application of the Mental Capacity Act within the hospital based sites. This has supported to influence key priorities for training and policy within the Trust.

19. Serious Case Reviews and Serious incidents

19.1 Safeguarding Children (Community and Hospital)

SCRs are an independent process undertaken following the death or significant injury of a child, to establish if lessons could be learned from the agencies. RM hospital has had no Serious Incidents relating to safeguarding children or adults. The lessons from the SCRs and Safeguarding Adults Reviews (SARs) have been re-iterated within training, incorporated into policies and practice and discussions at supervision sessions, and feedback to the children's teams with team meeting.

19.1.2 Serious Case Reviews -Children

Child D

An IMR was been undertaken for Sutton LSCB following the unexplained death of a 6 year old girl in October 2013. This is a high profile media case and is expected to remain so. Child D's father has been charged with her murder and is currently remanded in custody. The community services serious case review, internal management report was submitted in the 2013/14 year. This Case is now awaiting a judicial review

The learning and actions from this serious case review have been reviewed and Health Visitors and School Nurses fulfilled all their responsibilities to this family and the internal management review showed no deficiencies in the Health Visiting and School Nursing Practice

19.2 Safeguarding Adults

There have been no serious incidents relating to safeguarding adults within this reporting period and the Trust has not been involved directly with any safeguarding adults reviews (SAR's).

As a result of the learning from previous SAR's and ongoing discussion about embedding learning, the Trust has developed a pilot with the London Fire Brigade for fire safety check referrals from community nurses and inpatient therapy staff.

20. The Royal Marsden contributions to improving outcomes for Children, Young People and Adults

20.1 Safeguarding Supervision Children

Supervision is a key performance indicator and is reported quarterly. Safeguarding supervision is outcome focused and includes analysis of risk

to the child and formulation an of SMART action plans using the signs of safety model. Group safeguarding supervision has been developed for health professionals working with children who have additional or complex health needs. The benefits of Group Supervision are twofold; firstly it enables all health professionals involved to be aware of safeguarding concerns for the child and a wider understanding of their responsibility for safeguarding children.

School Nurses, Nursery Nurses and Allied Health Professionals receive termly supervision (once every 11 to 14 weeks), and Health Visitors receive quarterly supervision. Newly Qualified staff or those who have recently returned to practice receive monthly supervision for the first six months of practice. This is provided by both individual and group supervision.

Within the hospital, safeguarding supervision is incorporated into general supervision. Patients are discussed at the clinical quality forum meeting and morbidity meeting when there is a relevant case. Individual cancer patients with child protection issues are also highlighted on MDT ward rounds. Following scrutiny this year, we will be changing to more structured, specific child protection supervision in 2016/2017.

Following the introduction of group safeguarding supervision for allied health professionals (AHP), AHPs are engaging more confidently in Safeguarding Children processes. This is evidenced through the number of cases discussed within supervision, their attendance at safeguarding network meetings and the number of ad hoc supervision sessions sought by AHPs to discuss individual cases. Supervision is recorded on RIO.

20.2 Safeguarding Supervision – Adults

A safeguarding supervision policy has been drafted; it is currently under review to reflect the review in line with the draft Safeguarding Adults; Roles and competencies for health care staff – Intercollegiate Document. This will be one of the key priorities for 2017-2018 year.

21. Staff support

RM recognises the emotional impact for practitioners working with child protection and safeguarding adults. Safeguarding supervision provides a forum for staff to reflect on practice potential impacts. All staff have direct confidential access through self-referral to RM pastoral support and counselling. Staffs involved in distressing cases are supported by the Safeguarding Team and are actively encouraged to access the support and counselling service.

22. Our Future Plans 2017/2018

22.1 *What difference have we made to outcomes for Children and Adults 2016/2017*

Safeguarding Children

Through the direct work our staff have undertaken with the Children and Families, we have contributed towards effectively safeguarding children and young people. Wherever appropriate staff will try to capture a child's wishes and feelings and ensure that these are shared at Child Protection conferences and similar multi agency professional meetings. Our RM Escalation policy has assisted in securing progression in complex cases, and helped to focus all professional concerns on the child as the centre of the family. Sutton LSCB has endorsed this policy and recommended its use across the wider partnership.

All staff have been trained in routine enquiry, enabling women to make disclosures about domestic violence. Staff have been able to support these

women by signposting them to relevant services and risk management panels which increases the opportunity for safety to be secured for any children within the family.

Direct contact and work with children and young people facilitated through working in partnership with Children Centres and schools has helped to build positive relationships and enable children to make disclosures relating to deliberate self-harm, living in unsafe environments, and low self-esteem. As a consequence these children have been referred into appropriate services or been targeted by our staff for an individualised and person centred intervention and support.

During this year we want to develop through supervision, a robust practice within School Nursing and Health Visiting and the children's and teenage units. This will ensure that the child's voice, no matter how young, is integral to all assessments and intervention. In particular we would like to strengthen this for children who are looked after, and for care leavers enabling them to participate in a meaningful way in their looked after children reviews.

The Safeguarding team would like to explore the possibility of training for our staff in restorative supervision in safeguarding practice.

We would like to review the Safeguarding Partnership Health datasets with the designated nurses so that the data collected gives a true and meaningful reflection of our work with the children and families and their outcomes.

In April 2016 Shelley Dolan Chief Nurse and Executive Board Lead for Safeguarding commissioned an Independent Safeguarding review for RM, which identified the main requirement to bring together the children's safeguarding arrangements for the hospital and the community.

The Chief Nurse Eamonn Sullivan has acted upon this and commissioned a review of the children's safeguarding arrangements for the hospital in order to bring it in line with the community division. A business plan is currently being addressed.

Our plans for 2017-2018 have been developed from the recommendations, the current Safeguarding Action plan and the Safeguarding Annual Audit Plan.

Plans for next year include:

- Reviewing the structure, responsibilities, and Governance for Safeguarding Provision across hospital and community.
- Integration of Safeguarding children and vulnerable adults to strengthen the transition between service provision across children and adults, and to develop a 'Safeguarding across a Lifespan' service
- Develop and agree a 3 year safeguarding strategy on how RM intends to develop and strengthen safeguarding arrangements an partnership working
- Capturing the voice of the child both in community and hospital, demonstrated through 2 clinical audits. Consent audit for the in-patient unit and an audit to ensure wishes and feelings of Looked after children are evidenced in statutory health assessments
- Reviewing the DBS inspection arrangements and reviews for all staff working with children.

Safeguarding Adults

During this reporting year the Trust has continued its commitment to ensuring that on-going awareness raising is achieved through training for safeguarding adults, mental capacity act and deprivation of liberty safeguards, prevent,

learning disabilities and dementia awareness and, domestic violence and abuse in order to ensure that we embed the principle of making safeguarding personal. A Trust priority for 2016 – 2017 has been to focus on staffs understanding and use the legal framework in relation to the mental capacity act and deprivation of liberty safeguards. This is being achieved through face-to-face training and practice based guidance and support.

The organisational strategy for safeguarding includes the plan to integrate safeguarding adults and children’s practices to provide a holistic approach to safeguarding where staff “think child, think family” in order to ensure that transitional arrangements for those moving from childhood to adulthood, care leavers and looked after children are robust. The Trust safeguarding board have developed a strategy which is across the lifecycle and a safeguarding across the lifecycle newsletter is to be published quarterly (first addition July 2017).

Partnership working is key to the organisations ability to effectively safeguard those who use The Royal Marsden services, partners include the London Borough of Sutton; Tri-Boroughs (Hammersmith and Fulham; Kensington and Chelsea; and Westminster); NHS England; Sutton clinical commissioning group and partners of the adult safeguarding board. Working in partnership, gives us the ability to access specialist safeguarding training; access good practice examples and develop partnership and Trust wide strategies. Attendance at relevant board subgroups also allows us to scrutinise partnership data and understand themes and trends to allow both the local authority and partnership organisations to develop priorities based on local demographics.

Priorities for Safeguarding 2017/2018 for adults are

- Continue to raise the profile of safeguarding adults at risk across the Trust and recruit to vacant posts within the service
- Ensure consent is gained & Mental Capacity assessments completed through training and awareness raising of the agenda as per CQC action plan and must do action
- Ensure key Safeguarding adults policies are reviewed, robust and up to date
- Agree a training needs analysis to include the best practice guidance for safeguarding adults, Mental Capacity Act and Prevent training and develop a safeguarding training strategy across the lifecycle in line with relevant guidance
- Ensure the Trust has a plan to embed requirements of Learning Disability Mortality Review (LeDeR).
- Ensure that a risks relating to Safeguarding adults are clearly recorded on a risk register and monitored by the Safeguarding board
- Ensure consideration of Safeguarding adults concerns are robust for Trust incidents (including serious incidents) and complaints, including reviewing recording of Safeguarding concerns within Datix
- Re-launch the Trusts Learning Disabilities Buddy network and role
- Develop a Trust wide “Safeguarding across the Lifecycle” Newsletter with safeguarding children’s services
- Continue to raise awareness of patients with dementia through the Trusts dementia champions network and through events during the Trust Diversity and Dementia week
- Continue to work with the mandatory training team to increase compliance for safeguarding adults training

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