

# Safeguarding & Mental Capacity Annual Report 2013/14



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Safeguarding & Mental Capacity

# Foreword

As the Executive Lead for Safeguarding, I am pleased to introduce you to Lincolnshire Partnership NHS Foundation Trust's Annual Safeguarding & Mental Capacity Report for 2013/14.

It is the first time that mental capacity has been included in our safeguarding report reflecting the importance the Trust Board places on the Mental Capacity Act (2005) and highlighting the way in which the Trust works to ensure that the best interests of patients are assured and safeguarded in all that we do.

The Trust demonstrates effective leadership, multi-agency working and dedication to safeguarding for all patients and their families who access our services. The Trust has a Safeguarding & Mental Capacity Team who are dedicated to supporting frontline staff to work alongside and provide protection, guidance and support to people whose circumstances make them vulnerable to abuse, neglect or radicalisation.

The importance of ensuring that safeguarding is at the heart of our NHS organisation has never been so evident as it has been over the last two years with the high profile historical abuse convictions of celebrities who used their power and influence to abuse women and children; serious case reviews that highlight the most shocking and extreme abuse of individual children such as Daniel Pełka and Hamzah Khan; Winterbourne View Hospital where staff abused people who had been diagnosed with learning disabilities and in the NHS the Keogh Report and Francis Inquiry which highlight the need for NHS Trust's to have effective governance and act with transparency and candour.

I am therefore pleased to be able to demonstrate the work that the Trust has carried out over the past year to prevent such situations from occurring and to highlight our 2014-15 work programme to ensure that this positive work in preventing abuse and protecting the vulnerable in our communities continues.

The Trust and its employees are dedicated to safeguard our patients, their families and the communities in which we provide services across Lincolnshire, Derbyshire and North East Lincolnshire.

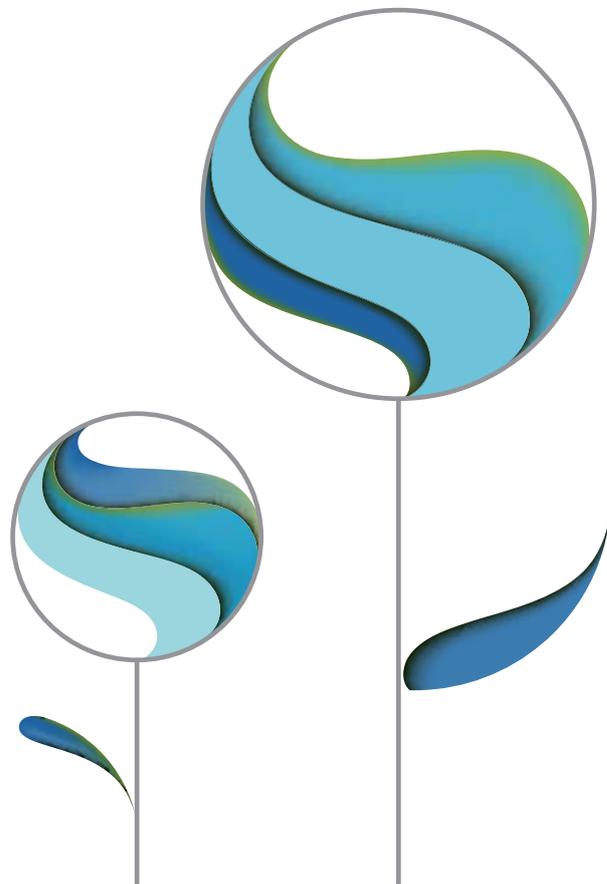
I would like take this opportunity to thank our Safeguarding and Mental Capacity Team, the Champions and the frontline staff who continue to provide effective safeguarding and promotion of people's rights to be free from abuse.

*Michelle Persaud*  
Executive Lead for Safeguarding  
Director of Nursing & Quality



# Contents

Safeguarding in a Challenging Landscape	4
Trust Safeguarding	5
Inspections, Reviews and Lessons Learned	7
Achievements (July 2013 - March 2014)	10
The Year Ahead (April 2014 - March 2015)	12
Board of Directors' Safeguarding Declaration 2014 - 2015	14



# Safeguarding in a Challenging Landscape

At a time of ongoing change and financial constraint in the NHS, the need to safeguard those who are most vulnerable in our society has never been so visible and tangible. Throughout 2013/14 there have been high profile media cases of celebrities who have abused vulnerable children and adults, the radicalisation of young people in our society leading to extremist views and acts, evidence of slavery within our communities and a significant increase in allegations and prosecutions of abuse and neglect against those working in public and professional bodies. How does an NHS Trust manage these two conflicting situations of financial restriction versus the need to develop and ensure that its patients are provided with high quality care and treatment and safeguarded against a growing number of risks?

Lincolnshire Partnership NHS Foundation Trust's (LPFT) Board of Directors, Safeguarding Leads and Managers are committed to ensure that safeguarding and the assessment of mental capacity of patients is given the highest priority in all that the Trust does. Many people accessing the Trust's services have experienced abuse or neglect at some point in their lives. By asking direct questions at an early stage the Trust's clinicians assist patients to recognise the impact of different types of abuse and work therapeutically with our services to regain the self-esteem that can be lost and recognise the courage that it takes to survive and recover from the physical and psychological impact of abuse.

The Trust's clinicians are trained to a high standard to recognise signs and symptoms of abuse in children and adults, including domestic abuse, sexual exploitation, radicalisation, stalking, female genital mutilation, honour based violence and forced marriage. Clinicians are then supported to access appropriate guidance and protection for those experiencing abuse currently. They also work closely with other agencies such as Lincolnshire Police's Public Protection Unit and Lincolnshire County Council's Safeguarding Adult Teams to protect and report historical abuse where others remain at risk or where the person wishes to formally report abusive and criminal acts against them.

In short, the Trust has made safeguarding part of its core business and embedded systems and processes to support patients and their families to feel safe and protected. Every member of staff is aware of what to do should a patient wish to raise their concerns or share an experience. It is a challenge that the Trust has embraced and has committed resources to work to reduce abuse and violence in our communities. It is a challenging time for NHS Trusts, but by using existing resources to effectively safeguard those for whom we care, we can work to improve psychological wellbeing, mental health, reduce reliance on drugs and alcohol and improve the future of our society as a whole.



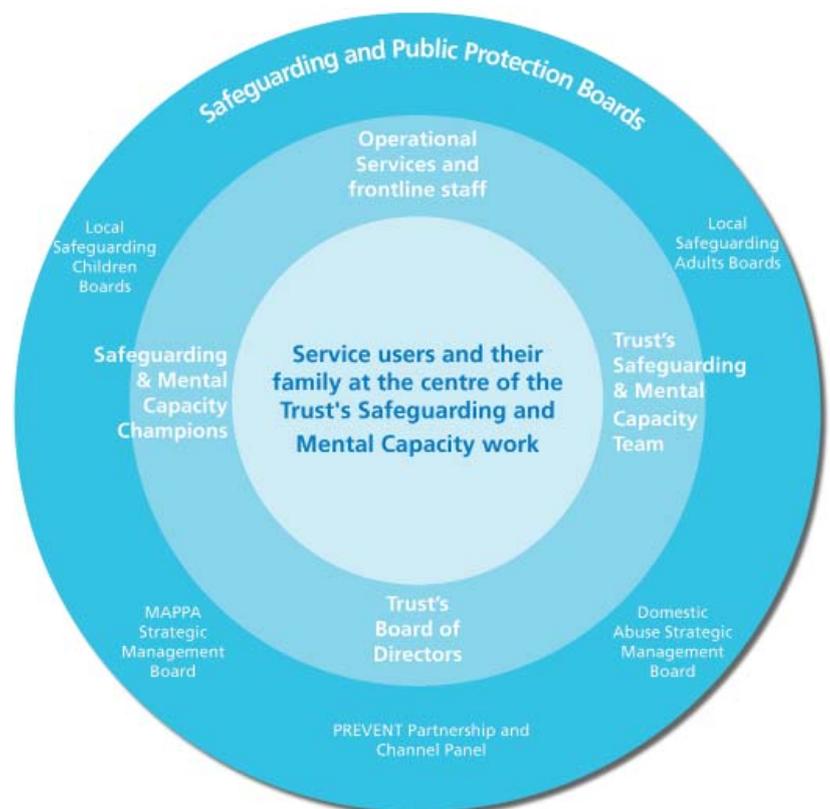
# Trust Safeguarding

The Trust has a Safeguarding and Mental Capacity Team that provides the organisation's linkage to the Local Safeguarding Boards; namely Local Safeguarding Children Boards, Local Safeguarding Adult Boards, Domestic Abuse Strategic Management Boards, Prevent Partnership Boards and Channel Panels. The Team is proactively engaged in multi-agency working to enhance relationships, develop strategies and strengthen processes to ensure that the people to whom the Trust provides services and the communities in which it works are safeguarded from abuse and that early help and intervention is available to assist vulnerable children and adults.

The Trust's Safeguarding & Mental Capacity Team oversees the development, additional training and specialist supervision of the Safeguarding and Mental Capacity Champions Network. These are highly motivated staff who have additional knowledge and skills to provide local Trust services with specialist guidance and support, thus ensuring that safeguarding and mental capacity are embedded across the entire organisation.

The Safeguarding and Mental Capacity Team's annual work programme is overseen by the Trust's Safeguarding Committee, which has the Trust's Executive Lead for Safeguarding (Director of Nursing) and a Non-Executive Safeguarding Lead Director on its membership. The Committee provides quarterly and annual reports to the Board of Directors for assurance. The Board of Directors publishes an annual safeguarding declaration on its website <http://www.lpft.nhs.uk/>.

The Trust's Safeguarding and Mental Capacity Team and Committee ensures that all Trust policies, procedures and services have safeguarding embedded in them, and that all Trust staff have the required training and knowledge. The Safeguarding and Mental Capacity Team provide frontline staff with additional advice and support in complex and high risk situations, as well as being an escalation point for situations that require resolution and intervention to improve outcomes for service users and their families.



## Trust Safeguarding

In November 2013 the Care Quality Committee inspected the Trust's child safeguarding and governance processes reporting that "...Trust has governance arrangements in place which include regular reporting on local safeguarding arrangements. All LPFT staff discuss safeguarding at every managerial supervision session which is a minimum of 6 weekly. The LPFT safeguarding consultant named nurse oversees safeguarding activity in Child and Adolescent Mental Health Service, Sexual Assault Referral Centre, Drug and Alcohol Recovery Team and adult mental health. She provides strong and effective leadership and has put a good system in place."



# Inspections, Reviews and Lessons Learned

In November 2013 the Care Quality Committee carried out a new type of inspection across all the health services in Lincolnshire. The review explored the effectiveness of health services for looked after children and of safeguarding arrangements within health for all children. The focus was on the experiences of looked after children and of children and their families who receive safeguarding services. This review looked at all of the Trust's services including those working with adults who are parents.

The report highlighted many strengths with few areas of improvement.

“The well regarded peri-natal mental health service works with health visitors and school nurses to support improved outcomes for women in Gainsborough and Lincoln. Lack of service for new mothers in other areas of Lincolnshire is an acknowledged gap as the value of perinatal services is recognised; in the last two serious case reviews, workers had contacted peri-natal health for advice about the new mothers' mental health. Many parents in the county access and benefit from Improving Access to Psychological Therapies (IAPT) services to help manage anxiety and depression.”

“The IAPT early help mental health service helps many parents and ensures that risks to all children in the household are picked up, rather than just those for whom the adult has parental responsibility. The screening tool it uses is good practice. With the introduction of the IAPTus management information system, an already very sound system is being further strengthened.”

## Useful links

[Review of Health Services for Children Looked After and Safeguarding in Lincolnshire](#)



## Inspections, Reviews and Lessons Learned

“The needs of children in families where their parents have mental ill health are properly recognised through highly effective `think family` systems across adult mental health services. Safeguarding screening tools are embedded in mental health services working with adults and parents, ensuring that all adults accessing services are routinely questioned about children in their families so that the children’s needs can be taken into account at an early stage.”

“Young people who may be reluctant to engage with Child and Adolescent Mental Health Services (CAMHS) are supported to access the service by a sensitive policy on non-attendances. We saw examples where workers sought to engage the young person for as long as possible and used different routes to try to do so rather than closing the case. Effective and separate work can be done with parents or foster parents to support them when a child is working through difficult issues supported by CAMHS.”

“CAMHS employ some very good self-assessment tools and aids in working with young people to enable them to explore their emotional journey and to assess their progress and personal growth.”  
“Where child protection plans are in place and adult mental health, including peri-natal mental health, are engaged with the parent, practitioners are very clear on their role in protecting the child. We saw an example where adult mental health practitioners were actively ensuring that the mother was compliant with the child protection plan and reported this back to conference.”

“We saw a `think family` approach in the work undertaken by LPFT’s Drug & Alcohol Recovery Team (DART) with adults who misuse drugs and alcohol and who have children. Risk assessments, screening tools and a parenting check list ensure there is a joint focus on the needs of any children present in the family. We also saw good examples of contingency planning within recovery plans should a client fail to engage which is good practice. However, outside of formal safeguarding meetings and conferences there was some evidence that the Drug and Alcohol Recovery Team (DART) workers did not always share information and concerns with other agencies in a timely manner.”

“Young people from 14 years old are well supported by the sexual assault referral centre (SARC) at Spring Lodge, Lincoln when they need to access this service. Effective work by the Independent Sexual Violence Advisors ensures the young person receives appropriate aftercare.”



## Inspections, Reviews and Lessons Learned

The Trust has completed its first statutory Domestic Homicide Review (DHR). DHRs are one way to improve responses to domestic abuse and aim to prevent deaths resulting from domestic abuse from occurring. They try to ensure that public bodies like social care, councils, police and the NHS understand what happened that led to the death and identify where responses to the situation could be improved. From this, public bodies hope to learn all the right lessons including those which impact on how they work together. These reviews do not seek to lay blame but to consider what happened and what could have been done differently. They also recommend actions to improve responses to domestic abuse situations in the future. Whilst the Trust were not aware of the domestic abuse in the case reviewed, it has used the case to ensure that all staff no matter which service they work in, are aware of the Trust's commitment and processes to protect victims and their children from the psychological and physical effects of domestic abuse. It also highlighted that the Trust's use of multiple clinical systems poses a risk to the effective information management of patients across the Trust's diverse provision of services. The Trust is seeking a resolution to this issue and in the meantime has put procedures in place to reduce this risk.

The Trust carries out Root Cause Analysis and complaint investigations in to serious incidents covering a wide range of issues. All of these investigations include a review of safeguarding and mental capacity practice relating to the case and thus safeguarding and mental capacity processes and practice are continually reviewed and enhanced to improve outcomes for patients and their families. In the past year these reviews have highlighted the importance of assessing parental responsibility when working with children and young people, in order to share information with those who have a legal right to it; the importance of using the Care Programme Approach to manage complex and high risk patient care; and the importance of assessing mental capacity prior to admission to wards or at the time that an allegation is made against other people by patients. All of these issues have had a robust action plan to reduce the likelihood of them occurring again and are monitored via the Trust's Risk Review Group.

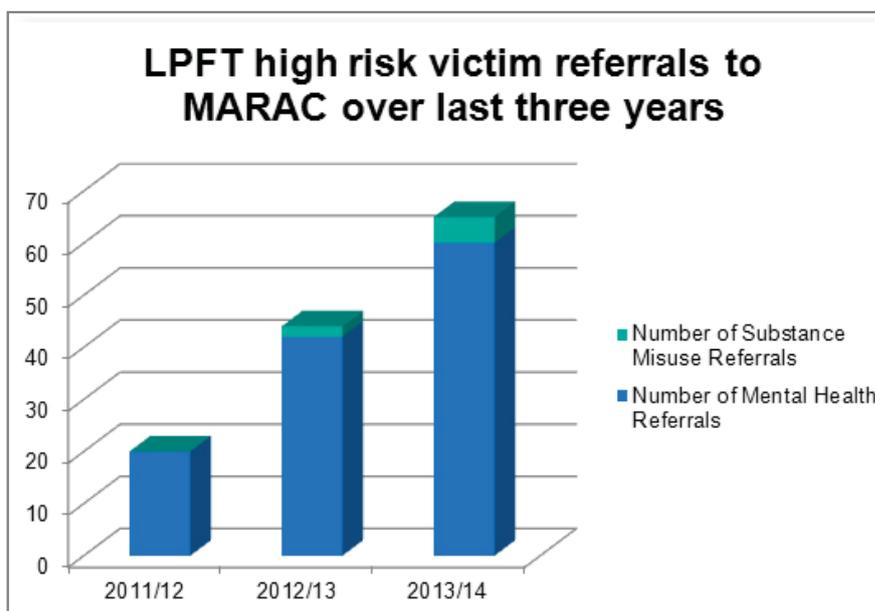


# Achievements

## (July 2013 - March 2014)

The Trust Board of Directors, Safeguarding & Mental Capacity Act Team and Staff have worked to deliver the Trust's 2013/14 objectives which are available in the 2012/13 safeguarding annual report. The highlights of this work programme were:

1. The restructure of the internal Safeguarding & Mental Capacity Committee to ensure that safeguarding and mental capacity are embedded within the organisation from Board to front line services.
2. The delivery of the objectives of the Committee and to monitor safeguarding and mental capacity performance and quality against the work programme across Prevent, Multi Agency Public Protection Arrangements (MAPPA) and all 3 safeguarding domains of Children, Domestic Abuse and Vulnerable Adults
3. To review and develop practice and roles & responsibilities to ensure effective support of frontline services / delivery
4. Develop the Safeguarding & Mental Capacity Champions model across the Trust, embedding the network across the organisation
5. Develop, monitor and review the effective recognition, authorisation and application of Deprivations of Liberty (DoL)
6. Improve understanding of domestic abuse criteria across operational services (as evidenced in the chart on the right)
7. Develop and embed a process for supporting employees who experience domestic abuse
8. Lead on a countywide 3 year project to improve engagement of people experiencing domestic abuse who have drug and alcohol or mental health issues with domestic abuse agencies and therefore reduce repeat MultiAgency Risk Assessment Conferencing (MARACs).
9. Improve management of service users who perpetrate domestic abuse against others.
10. To develop the Trust's safeguarding audit framework to include MCA & DoLS and ensure that it is robust and reliable, effectively monitoring compliance against both strategic and operational safeguarding & mental capacity functioning across all Trust services



## Achievements

(July 2013 - March 2014)

11. To improve existing audit processes to monitor effectiveness of lessons learned upon safeguarding practice and outcomes for people who use services
12. To review safeguarding training annually in line with national guidance
13. To achieve 95% compliance across all mandatory safeguarding and MCA / DoLS training & identify specialist training needs both internally and externally- this is the only action that was not achieved & there is a new monitoring process to ensure compliance against it in 2014/15
14. Continue to raise profile of safeguarding and implementation of procedures across LPFT & wider agencies
15. Implement and review clinical integration of safeguarding tools
16. Develop reporting procedures for safeguarding & mental capacity incidents
17. Annually review and develop safeguarding and MCA policy and procedures, including procedures that impact on safeguarding activity

# The Year Ahead

## (April 2014 - March 2015)

The Trust's Safeguarding & Mental Capacity Team and Committee have developed a work programme with the following objectives for the year 2014-15. These objectives will be monitored by the Safeguarding Committee and reported against 3 times a year to the Trust's Board level Quality Committee:

1. To ensure that people who use services and their carers understand what capacity is, and what they can expect from Trust services.
2. To ensure that the Trust's safeguarding information leaflets are embedded & distributed across the organisation for service users.
3. To monitor and manage the capacity and workload of the Safeguarding & Mental Capacity Team
4. To develop and adapt the Team in line with national and local requirements to enhance and streamline joint working with other statutory agencies
5. Continue to develop and embed the Safeguarding & Mental Capacity Champions model across the Trust, embedding the network across the organisation
6. Develop a strategy to ensure that clinical staff are highly skilled in applying the Mental Capacity Act (MCA) in all clinical situations
7. Develop, monitor and review the effective recognition, authorisation and application of Deprivations of Liberty (DoL) including relevant case law
8. Review process for supporting employees who experience domestic abuse
9. Lead on year 2 of the countywide 3 year project to improve engagement of people experiencing domestic abuse who have drug and alcohol or mental health issues with domestic abuse agencies and therefore reduce repeat MARACs.
10. Raise knowledge and awareness of new countywide safeguarding adults at risk policy and procedure and embed new process across the Trust, with an ability to monitor effectiveness and utilisation of thresholds and process
11. Improve the process for allegations and investigations via the Trust against employees, students, volunteers and contractors
12. To review all safeguarding training annually in line with national guidance & Local Safeguarding Board requirements
13. To achieve 95% compliance across all mandatory safeguarding and MCA / DoLS training & identify specialist training needs both internally and externally
14. To review current information and develop CAMHS Safeguarding strategies and recording processes
15. Review safeguarding tools alongside Trust's risk assessment and management process
16. Develop Single Point of access for external agencies to escalate concern and collate invitations to safeguarding meetings
17. Develop internal process relating to the recognition and reporting of Child Sexual Exploitation

## The Year Ahead (April 2014 - March 2015)

18. Redesign Child Protection report template in line with Signs of Safety
19. Develop the process for providing statements and information to Children's Services in relation to the Public Law Outline
20. Develop robust clinical guidance on Children Visiting Inpatient Wards
21. To ensure that services commissioned and supported via the Managed Care Network are compliant with safeguarding legal requirements, standards and expectations in line with good commissioning practice

In 2014/15 the Trust will also continue to undergo audit and inspection including the Local Safeguarding Children Boards' Section 11 audits, CQC inspections against Outcome 7: *"People are safeguarded from abuse, or the risk of abuse, and their human rights are respected and upheld"* across clinical areas and compliance with the domestic abuse charter and safeguarding adults assurance framework will continue to be monitored.

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