

Safeguarding & Mental Capacity Annual Report 2015/16



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Safeguarding & Mental Capacity

Foreword

As the new Executive Lead for Safeguarding, I am pleased to introduce Lincolnshire Partnership NHS Foundation Trust's Annual Safeguarding & Mental Capacity Report for 2015/16.

Over the past year the Trust has continued to deliver a good quality of care and treatment to individuals who live in Lincolnshire and access services for mental health & social care, learning disabilities and problematic drug and alcohol use; whilst ensuring that people know that they have the right to be safe and free from abuse. In North East Lincolnshire the Trust has delivered high levels of accessible service to children and young people who experience mental health problems.



Whilst balancing the health and social care needs of a growing population against a reducing financial resource means that services are being restructured and designed to meet this challenge, the Trust's Board of Directors continues to commit time and resource to safeguarding and ensuring that people accessing our services are protected from abuse.

The Trust underwent a comprehensive inspection by the Care Quality Commission in November 2015 and whilst the overall rating received was 'requires improvement', the rating for caring and responsive services was rated as 'good'. Community Child and Adolescent Mental Health Services were found to be 'outstanding'. The inspection demonstrated that across the Trust staff continue to be committed to ensure that patients and their families are safeguarded from abuse.

This report demonstrates the work that the Trust has carried out over the past year to protect and safeguard people in our communities and to highlight our 2016-17 work programme to ensure that this positive work continues to be effective, responsive to people's needs and well led.

I would like to thank our frontline staff and safeguarding and mental capacity champions and team for their ongoing commitment to work alongside and provide protection, guidance and support to people whose circumstances make them vulnerable to abuse, neglect or radicalisation.

Anne-Maria Olphert
Executive Lead for Safeguarding
Director of Nursing & Quality

Our safeguarding vision

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We are committed to a future where opportunities for abuse are minimised, identified abuse is stopped and prevented from re-occurring.

As an integral part of the community the Trust and its staff will hear the voice of those at risk of abuse. We will work with partner agencies to uphold people's rights and our response will be effective, kind and compassionate. Where people have experienced abuse that has caused emotional and psychological harm, we will work to enable recovery and a future free from abuse.

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Achievements (April 2015 - March 2016)

- Developed a process to audit safeguarding and mental capacity practice thus providing robust assurance from operational services.
- Ensured that people who use services understand what safeguarding and capacity mean and what they can expect.
- Ensured safeguarding information is accessible.
- Developed internal safeguarding adult processes aligned to the Care Act (2014)
- Developed a process for accurately recording outcomes from a service user perspective – making safeguarding personal.
- Improved the experience of service users where Mental Capacity is in dispute and Court of Protection is required.
- Improved access and support to lesbian, gay, bisexual and transgender staff and service users experiencing domestic abuse.
- Proactively acted the Trust's Prevent Duty.
- Improved the quality of child protection processes and compliance across the Trust.
- Reviewed local safeguarding children board pre-birth protocol and the local NHS maternal mental health pathways to include the Trust's peri-natal service.
- Developed safeguarding tools.
- Developed skill and knowledge in recognising and responding to modern day slavery (including human trafficking, debt bondage, forced labour, sexual exploitation, criminal exploitation and domestic servitude).
- Educated and trained staff on the identification and safeguarding adults and their families where female genital mutilation is an issue.
- Refocused training on multi agency public protection and potentially dangerous person processes.
- Ensured the Managed Care Network is compliant with safeguarding legal requirements, standards and expectations in line with good commissioning practice.
- Reviewed the effectiveness of our policy and procedures against the NHS Saville Assurance Report (2014) and National Abuse Enquiry.

Safeguarding for the future learns from the past

The Trust's stated purpose is "to enable people to live well in their communities". The challenge is how we ensure that this is achieved from a safeguarding perspective. How do we ensure that every sign of abuse is explored, that each and every disclosure is dealt with effectively, proportionately and with kindness, that when someone is at risk from abuse, self-neglect or radicalisation they are truly listened to, empowered and protected? The answer is to ensure that safeguarding principles and human rights are woven through every part of the organisation like a golden thread. As a Trust we strive to be more than "good enough", we want our staff to embody the principles of safeguarding in all that they do and to excel.

Safeguarding principles and people's rights should be so embedded in staff, volunteers and student's consciousness that no matter what they are doing or where they are, they consider the guiding principles of empowerment, personalisation, human rights, protection and accountability. So that whether a patient discloses they are scared to go home to one of our reception staff; an occupational therapist wonders if the daughter of an emotionally distressed father is being supported; or a manager on their way home from work sees a person in distress; they consider the safety and welfare of that person and use their knowledge, care and compassion to walk alongside and support that person to share their fear, to identify vulnerability and to provide aid to them with personalised safety planning and recovery.

In 2016 Verita posed some important questions to NHS organisations in the drive to demonstrate our responsiveness to the past sexual abuse inquiry; these were;

- Is safeguarding embedded across the whole organisation? If so how?
- Is there a culture which understands/promotes the importance of safeguarding?
- Is leadership clear for safeguarding issues?
- Is safeguarding practice guided by 'thoughtfulness'?

The Trust has demonstrated strong safeguarding leadership and good governance. In November 2015 the Care Quality Commission highlighted positive safeguarding knowledge and practice across every service. The next challenge for the Trust is to ensure:

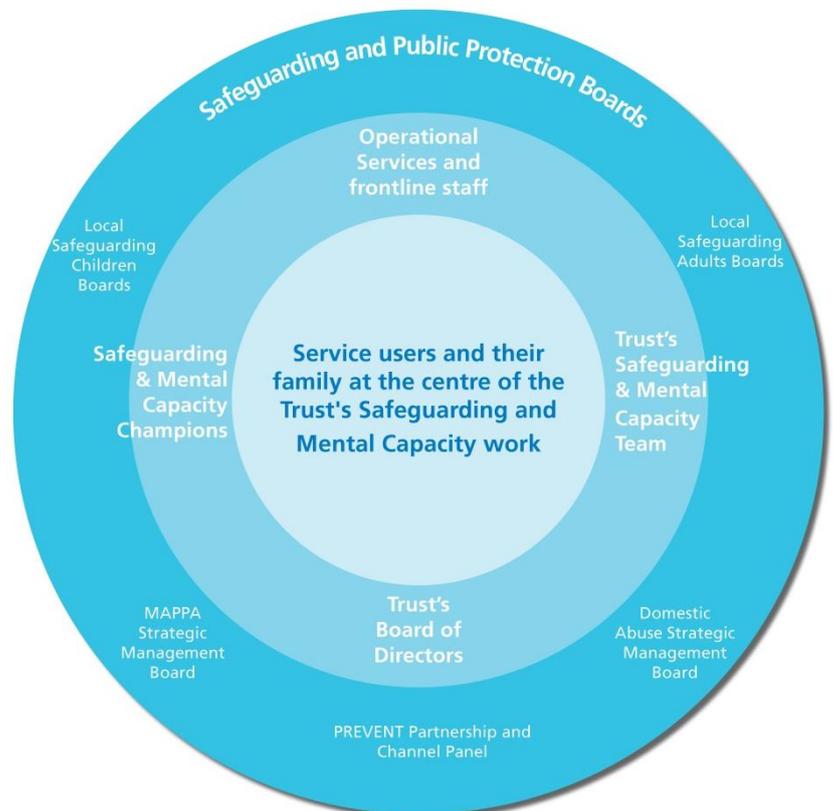
- there is a culture that understands and promotes safeguarding practice, guided by thoughtfulness across every ward, within every community team and every individual that works for or with us
- every suspicion of abuse is reported and openly considered and explored
- all abuse is identified, proportionately acted upon and people are included and protected.

Perhaps the most important lesson for our society comes from the decades of abuse that was ignored and went unheard, even when children and adults were brave enough to speak out. The time to change that is now, the time to stand up and stop abuse is now. No longer should people feel ashamed or not listened to. No longer should people be abused by others. The negative impact on people's psychological and mental health when they can no longer carry the secret, distress and the shame of past abuse is well known. As a mental health trust we receive many disclosures of past and current abuse and we are fortunate to work alongside partner agencies who will support our staff and our patients to share their experiences and secrets and to stop abuse in its tracks.

Trust Safeguarding & Mental Capacity

Our Safeguarding and Mental Capacity Team links into Lincolnshire & North East Lincolnshire Safeguarding Children Boards, Safeguarding Adult Board, Domestic Abuse Strategic Management Board, Prevent Partnership Board and the Multi-Agency Public Protection Board. The team proactively engages in multi-agency working to enhance relationships, develop strategies and strengthen processes to ensure that the people who receive Trust services and the communities in which we work are safeguarded from abuse and that early help and intervention are available to all.

The Safeguarding & Mental Capacity Team and Committee ensure safeguarding is embedded within all Trust policies, procedures and services and that all staff have the required skills and knowledge to deliver effective safeguarding in their everyday practice. The team provide frontline staff with advice and support in complex and high risk situations, and act as an escalation point for situations that require resolution and intervention to improve outcomes for patients and their families. The team also oversees the development, additional training and specialist supervision of 80 Safeguarding and Mental Capacity Champions that work to embed practice in frontline services.



The 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 & Quality) and a Non-Executive Safeguarding Lead Director on its membership. The Committee provides exception, monitoring and annual reports to the Board of Directors for assurance. The Board of Directors publishes an [annual safeguarding declaration](#) on the Trust website.

The Trust is continuing to develop an exciting and ambitious patient led safeguarding project to ensure that safeguarding is made personal and that patients are at the centre of all safeguarding systems and processes to ensure that they are safe, effective, caring, responsive to people's needs and well led. This initiative will be launched in 2017.

Safeguarding & Mental Capacity Champions

The Champions are 80 highly motivated clinical staff who have additional knowledge and skill in safeguarding to enable them to provide their colleagues with guidance and support, thus ensuring that safeguarding and mental capacity are embedded across the entire organisation.

At the Safeguarding and Mental Capacity Champion's day in March 2016 the Champions reflected on what they have achieved during the last 12 months and contributed to the 2016/17 work programme:

Mental Capacity and Deprivation of Liberty Safeguards (DoLS)

- Making sure that people with a learning disability have their capacity assessed and rights respected
- Teaching others about the Mental Capacity Act (2005)
- Being a Champion has developed own professional role and knowledge well.

Domestic Abuse

- Acted early to prevent further abuse
- Supported training about domestic abuse and Multi Agency Risk Assessment Conferencing (MARAC).

Adult Safeguarding

- Ensuring that people with learning disabilities are effectively safeguarded by following Trust processes
- Participating in meetings and discussions where there are safeguarding concerns about patients.

Child Safeguarding

- Effectively challenged decisions and escalated concerns when a referral has not been accepted by another agency
- Set up child Independent Sexual Violence Advisor service in Lincolnshire.

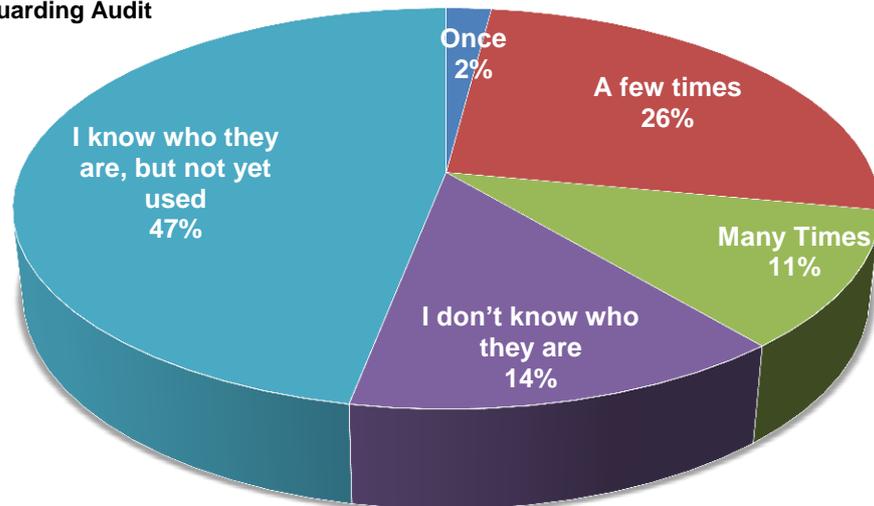
General Areas

- Ensured safeguarding information is available to all staff and notice boards are up to date
- Made safeguarding a standing agenda item in all team meetings
- Supported colleagues with complex safeguarding issues advocating safe and effective practice
- Helped colleagues in collaborating with other teams in escalating concerns
- Advised other colleagues in teams outside of their direct work area
- Assisted colleagues in locating and completing safeguarding forms to protect patients and their families

- Advised colleagues early in a case to prevent it from escalating
- Spent time analysing and assessing cases where safeguarding is a factor
- Encouraged and promoted good and effective multi-agency working
- Reduced the need to contact the Trust’s safeguarding and mental capacity team
- Educated staff about their responsibility to safeguard
- Developed a safeguarding resource area within the team base.

How many times have you asked for support from your Champion?

Source: Trust 2015/16 Safeguarding Audit



Over the past year the Champions have attended two specialist safeguarding supervision sessions and two days additional safeguarding & mental capacity training. This year the training days focussed on the Mental Capacity Act (2005), accessing support when someone has experienced sexual assault or abuse and child sexual violence advisors, safeguarding in a digital world, child sexual exploitation, child protection conferences, adult safeguarding and protection plans and the Trust’s new Designated Adult Safeguarding Manager and Named Doctor for Safeguarding Adults and Mental Capacity.

Inspections, Reviews & Lessons Learned

Care Quality Committee (CQC) Comprehensive Inspection

The Trust had a comprehensive inspection by some 80 CQC inspectors across all 70 sites and health and social care services in November 2015. This inspection included key lines of enquiry for safe and well led which reviewed safeguarding knowledge and practice and compliance with the Mental Capacity Act (2005).

The CQC highlighted concerns about the safeguarding and mental capacity training levels in some teams, but commented positively on the associated knowledge and practice of staff across services. The comments, (below), demonstrate the consistently high standard to which safeguarding is embedded Trust-wide:

Safeguarding

“The Trust had policies in place relating to safeguarding procedures. Additional guidance was available via the intranet. The Trust’s and the local authorities’ safeguarding teams were also accessible and available to staff for additional advice. Most teams had a lead nurse for safeguarding.” “Staff spoke of occasions where they had raised urgent issues of concern and positive actions. A governance process was in place that looked at safeguarding issues at both a Trust and at directorate levels on a regular basis.”

“Some staff had not received their mandatory safeguarding training. However, most knew about the relevant Trust-wide policies relating to safeguarding and could describe situations that would constitute abuse and could demonstrate how to report concerns.”

“Mandatory training rates showed that whilst the Trust target of 95% was not reached, the compliance was acceptable, i.e. only 2 out of 25 staff were not up to date with safeguarding training.”

Child & Adolescent Mental Health Services (CAMHS)

“Staff displayed excellent safeguarding knowledge.” “Staff attend child in need and child protection meetings regularly.”

Child & Adolescent Mental Health Services (CAMHS) - Community

“Safeguarding on the ward was good and staff displayed good safeguarding knowledge. Staff had good access to the safeguarding nurse who had been proactive in looking at safeguarding issues with the local authority. This resulted in a new protocol on how the local authority would respond to alerts from the unit. A recent safeguarding concern had been acted on promptly and appropriately - staff had kept the young person’s family/carers informed of all actions taken.”

Ash Villa CAMHS inpatient unit

“Staff knew how to recognise and report a safeguarding concern. Each crisis resolution team had identified safeguarding champions.”

Crisis & Home Treatment Teams / Section 136 Suite.

“A consultant psychiatrist attends any of the three locations if a person requires an emergency appointment or urgent referral such as pregnant women, people with high risk safeguarding concerns and/or significant mental health problems.” “Each location has a senior nurse safeguarding lead who attends relevant meetings with social services.” “Staff see urgent referrals within 7 days of referral.”

Drug and Alcohol Recovery Team

“Good safeguarding procedures were in place and staff showed good understanding of the policies.....96% had trained in safeguarding adults and all were able to describe the different types of abuse people might

experience and were able to describe the referring criteria.”
Learning Disability Community Services.

“Staff demonstrated a good understanding of safeguarding and the processes for reporting were clearly displayed.” “Staff were clear on what to do in the event of safeguarding alerts and all offices had clear flow charts detailing whom to contact. Staff gave examples of where safeguarding concerns had been raised in respect of suspected financial abuse and the actions that had been taken. We attended a multidisciplinary team meeting where safeguarding issues were identified, discussed and referrals made where needed.” “Safeguarding, Mental Health Act and Mental Capacity Act were agenda items at all MDT meetings. We found good awareness of safeguarding protocols across the teams; mental capacity procedures were adhered to and embedded in daily practice.”

Older Adult Community Services

“86% of staff had completed safeguarding vulnerable adults training and 82% safeguarding vulnerable children training. Staff could describe what actions could amount to abuse and described in detail what actions they needed to take in response to any concerns.”

Older Adult Inpatient Service

“Procedures for incident management and safeguarding were in place and well used.” “Staff knew how to report a safeguarding incident and to whom. Training and guidance was available.”

Mental Health Rehabilitation Inpatient Services

“Good safeguarding procedure was evident. Staff knew how to report safeguarding issues and had a structure to follow.” “The service had good links with the local authority about safeguarding concerns and worked closely with NHS England and other commissioners.”

Francis Willis Unit - Forensic Inpatient

“Managers had systems for tracking and monitoring safeguarding referrals. Staff were aware of their individual responsibility in identifying safeguarding concerns, reporting these promptly and ensuring protection plans were in place.” “Staff champions led on specific areas, such as safeguarding to help embed processes and improve quality. Staff knew who the champions were and how to contact them.”

Integrated Community Mental Health Teams

Mental Capacity Act & Competency

“The Trust has a policy in place on the application of the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS).”

“There was concern about the levels of training in some teams for restrictive intervention, safeguarding, Mental Capacity Act. Most staff had an awareness of the MCA and the DoLS, however, in the children’s inpatient team not all staff could demonstrate their understanding of the MCA and Fraser competency.”

“Generally, at inpatient units’ people’s capacity had been assessed and details were recorded. Most community services’ staff had a clear understanding of their responsibilities in relation to the MCA and were able to differentiate between ensuring decisions were made in the best interests of people who lacked capacity for a particular decision and the right of a person with capacity to make an unwise decision.”

“Arrangements were in place to access independent mental capacity advocates (IMCA) and we saw examples of where this was actively promoted.”

“We observed excellent care provided to a terminally ill patient on Charlesworth Ward. The circumstances were unusual for this environment but staff were dedicated, compassionate and caring. Appropriate capacity assessments were in place to ensure the patient’s rights were protected and specialist staff were employed to meet care needs.” “We felt staff were to be commended for the dignified and compassionate care they provided for this patient, under unusual and difficult circumstances.”

“Acute ward staff showed good understanding of the principals of the MCA. Clinical notes showed that the multidisciplinary team had considered capacity during care reviews and medical staff completed consent to treatment and capacity requirements.”

“Staff were aware of the MCA and the implications this had for their clinical and professional practice. 24 care records showed capacity assessments were completed appropriately.”
Crisis & Home Treatment Team / Section 136 Suite.

“Staff knew how to assess mental capacity and were able to relate this to specific examples relevant to substance misuse services.” “78% of staff were compliant with MCA training. Staff understood mental capacity in relation to MCA and described the need for assessments to be decision specific. They described how capacity was assessed in relation to people being under the influence of substances and how this would trigger issues, such as consent, to be reviewed again at the earliest opportunity.”
Drug and Alcohol Recovery Team

“Staff complete formal capacity assessments routinely.” “Staff are trained in MCA and DoLS.” “Care records showed that people’s capacity to consent was being assessed and regularly updated.”
Learning Disability Community Services.

“Staff in the care homes told us the older persons community mental health teams regularly advised them on the use of DoLS when issues arose regarding their patients and in this respect the older persons teams were being used as a resource to promote good practice in the use of the MCA.” “Staff did not always document patients’ mental capacity and it was unclear whether staff assessed patient’s capacity when needed or if they just did not record the assessment of capacity.”
Older Adult Community Services

“Staff had a working knowledge about the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).” “36 patients were receiving care and treatments subject to DoLS.” “The care records viewed showed that patient’s mental capacity to consent to their care and treatment was not always assessed on their admission or on an ongoing basis.”
Older Adult Inpatient Service

“Staff had an awareness of where to get advice from within the Trust regarding MCA and DoLS. One person was subject to DoLS at Maple Lodge; all paper work was completed correctly.” “Staff assessed capacity and consent for individual patients during monthly reviews and recorded this appropriately in patients’ notes.”
Mental Health Rehabilitation Inpatient Services

“There was good adherence to the MCA principles on the ward.” “Decisions on capacity were made and were reviewed in the ward round on an individual basis.” “Staff were aware of the MCA definition of restraint.”
Francis Willis Unit - Forensic Inpatient

“Staff knew where to get advice within the Trust regarding MCA and they could refer to Trust policy.” “Most patients’ records did not identify that any patients lacked the mental capacity to make decisions. Staff told us assessments were decision-specific and people were assisted to make a decision.” “One patient was deemed not to have capacity with regards to finances. There had been a patient's best interest assessment and staff said a relative held power of attorney for health and welfare, however documentation was not in the patient’s records.”
Integrated Community Mental Health Teams

Statutory Safeguarding Board Compliance

The Trust attends the majority of statutory safeguarding board and operational safeguarding meetings for children, adults, domestic abuse, Prevent, Channel & Multi Agency Public Protection (MAPP) purposes. The Trust can demonstrate its full compliance with the Safeguarding Children Board’s Section 11, Safeguarding Adult Board Assurance Framework, Lincolnshire Prevent Strategy and the Domestic Abuse Charter.

Statutory Safeguarding Reviews

During the 12 month period under review the Trust has been involved in two domestic homicide reviews, one joint domestic homicide & safeguarding adult review, two child serious case reviews and two safeguarding adult reviews. None of these have been published at the time of reporting.

Lesson Learned Bulletin

The Trust's quality and safety team publish a bi-monthly bulletin. In 2015/16 the safeguarding team wrote lessons from internal reviews relating to:

- recording details of disclosures made to staff
- the importance of information sharing across services
- assessment and recording of decisions where patients were deemed to have capacity
- highlighting unwise decisions, coercion and control
- disadvantages of perceiving that children are protective factors for parents
- reminding all staff about policies relating to personal boundaries and relationships with patients.

In the May 2015 edition safeguarding was highlighted as a good practice, well recorded outcome in several reviews.

The Year Ahead: April 2016 – March 2017

Our Safeguarding & Mental Capacity Team, Champions and Committee have developed a work programme that will be monitored and reported against to the Trust's Board level quality committee. Its objectives are:

Safeguarding & Mental Capacity Committee

- Deliver the objectives of the Committee and monitor safeguarding and mental capacity performance and quality against the work programme across Prevent, MAPPA and all three safeguarding domains: Children, Domestic Abuse and Vulnerable Adults.

Audit & Assurance Framework

- Develop and embed the safeguarding and mental capacity audit and assurance processes thus providing robust assurance from operational services to our Trust Board, commissioners and safeguarding boards.

Service User & Carer Strategy

- Ensure people that use services, and their carers, understand what safeguarding and capacity mean for them, and what they can expect from Trust services.

Multi-agency Working with the Safeguarding & Mental Capacity Team

- Continue to develop and adapt the Team in line with national and local requirements to enhance and streamline joint working with other statutory agencies.

Safeguarding Adults - Making Safeguarding Personal

- Develop a process for accurately recording outcomes from a service user perspective
- Enhance choice and control as well as improving quality of life, wellbeing and safety for people who use Trust services and are at risk or experiencing abuse
- Support the Safeguarding Adults Board's process for supporting adults who require multi-agency liaison and support in line with early help strategies.

Mental Capacity

- Agree and embed Mental Capacity Act (2005) standards across all Trust services.

Disguised Compliance & Poor Engagement (Did Not Attend)

- Lead on the development of multi-agency best practice standards relating to the identification, risk assessment and care planning for people who are at risk of poor engagement

Social Media

- Raise awareness and implement guidance about abuse and bullying via social media

Training

- Review safeguarding training in line with national guidance and Local Safeguarding Board requirements

- Achieve 85% compliance across all mandatory safeguarding and Mental Capacity Act / Deprivation of Liberty training and identify specialist training needs both internally and externally

Safeguarding Children

- Improve safeguarding processes and support for 16 and 17 year olds
- Embed CAMHS safeguarding tool.

Staff Recognition of Engagement in Safeguarding Identification & Processes

- Work with Trust staff to understand and improve the identification of information to indicate risk of, or actual abuse.

Safeguarding & Mental Capacity Act Team

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Gill Glover – Team Secretary

Dr Anne Thompson & Dr Adaeze Bradshaw – Named Doctors for Child & Adult Safeguarding

