



Report Cover Sheet

Report to:	Board of Directors	
Date of the Meeting:	25 September 2019	
Agenda Item:	P1/0171/19	
Title:	Safeguarding Annual Report 2018/19	
Report prepared by:	Jackie Rooney, Head of Safeguarding	
Executive Lead:	Sheila Lloyd, Director of Nursing	
Status of the Report:	Public	Private
	√	

Paper previously considered by:	N/A
Date & Decision:	

<p>Purpose of the Paper/Key Points for Discussion:</p>	<p>The Clatterbridge Cancer Centre NHS Foundation Trust (CCC) Safeguarding Annual report for 2018/19 is in line with Working Together to Safeguard Children 2018 and the Care Act 2014.</p> <p>This report acknowledges the work and diligence of all staff that plays a vital part in safeguarding children, young people and adults who access treatment across the Trust together with support for staff employed by Clatterbridge Cancer Centre NHS foundation Trust</p> <p>It meets the requirement for Trust Boards to produce an annual report with an analysis of the effectiveness of local safeguarding arrangements.</p> <p>It provides a summary of the key issues, activity and performance of the Safeguarding Team and wider Trust during 2018/19 and assurance that CCC is fulfilling its statutory regulatory and contractual responsibilities with reference to the Children’s Act 2004 and Care Act 2014.</p> <p>As a Trust, CCC is compliant with the following standards:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Standard</th> <th style="text-align: center;">Compliant</th> </tr> </thead> <tbody> <tr> <td>Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (amended 2007)</td> <td style="text-align: center;">✓</td> </tr> <tr> <td>CQC Regulation 13: Safeguarding service users from abuse and improper treatment</td> <td style="text-align: center;">✓</td> </tr> <tr> <td>CQC Regulation 12: Safe Care and treatment</td> <td style="text-align: center;">✓</td> </tr> <tr> <td>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13</td> <td style="text-align: center;">✓</td> </tr> <tr> <td>CQC national standards of quality and safety Outcomes 7-11; Essential standards of quality and safety</td> <td style="text-align: center;">✓</td> </tr> <tr> <td>Safeguarding vulnerable people in the NHS – Accountability and Assurance Framework 2015</td> <td style="text-align: center;">✓</td> </tr> <tr> <td>Working Together to Safeguard Children and Young People 2018</td> <td style="text-align: center;">✓</td> </tr> <tr> <td>Promoting the Health and Wellbeing of Looked After Children 2015</td> <td style="text-align: center;">✓</td> </tr> <tr> <td>PREVENT Duty (2015)</td> <td style="text-align: center;">✓</td> </tr> <tr> <td>Counter Terrorism and Security Act (2015)</td> <td style="text-align: center;">✓</td> </tr> </tbody> </table>	Standard	Compliant	Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (amended 2007)	✓	CQC Regulation 13: Safeguarding service users from abuse and improper treatment	✓	CQC Regulation 12: Safe Care and treatment	✓	Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13	✓	CQC national standards of quality and safety Outcomes 7-11; Essential standards of quality and safety	✓	Safeguarding vulnerable people in the NHS – Accountability and Assurance Framework 2015	✓	Working Together to Safeguard Children and Young People 2018	✓	Promoting the Health and Wellbeing of Looked After Children 2015	✓	PREVENT Duty (2015)	✓	Counter Terrorism and Security Act (2015)	✓
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	Intercollegiate Document (2019) Safeguarding Children and young people: roles and competencies for health care staff	✓	
	Safeguarding Adults Intercollegiate Document (2018): roles and competencies for health care staff	✓	
	<p>Following the CQC inspection Dec 18-Jan 19) all CQC 'Must Dos' have been actioned and completed. Evidence and assurance against delivery has been provided at the monthly CQC Improvement Plan Assurance Group and updates provided within the Safeguarding Annual Report.</p> <p>There are currently no safeguarding risks on the Trust risk register</p>		

Action Required:	Discuss	
	Approve	✓
	For Information/Noting	

Next steps required	<p>That the Board of Directors note:</p> <ul style="list-style-type: none"> • The contents contained within the Annual Report • Summary of key achievements during 2018/19 • Priorities and future developments for 2019/2020 • Assured that delivery of the Trusts safeguarding agenda will be provided to the Board of Directors via Trusts Safeguarding, Quality and Integrated Governance Committees
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The paper links to the following strategic priorities (please tick)

Deliver outstanding care locally	✓	Collaborative system leadership to deliver better patient care	✓
Retain and develop outstanding staff		Be enterprising	
Invest in research & innovation to deliver excellent patient care in the future		Maintain excellent quality, operational and financial performance	✓

The paper relates to the following Board Assurance Framework (BAF) Risks

BAF Risk	Please Tick
1. If we do not optimise quality outcomes we will not be able to provide outstanding care	✓
2. If we do not prioritise the costs of the delivering the Transforming Cancer Care Programme we will not be able to maintain our long-term financial strength and make appropriate strategic investments.	
3. If we do not have the right infrastructure (estate, communication & engagement, information and technology) we will be unable to deliver care close to home.	
4. If we do not have the right innovative workforce solutions including education and development, we will not have the right skills, in the right place, at the right time to deliver the outstanding care.	
5. If we do not have an organisational culture that promotes positive staff engagement and excellent health and well-being we will not be able to retain and attract the right workforce.	
6. If we fail to implement and optimise digital technology we will not deliver optimal patient outcomes and operational effectiveness.	

BAF Risk	Please Tick
7. If we fail to position the organisation as a credible research partner we will limit patient access to clinical trials and affect our reputation as a specialist centre delivering excellent patient care in the future.	
8. If we do not retain system-side leadership, for example, SRO for Cancer Alliance and influence the National Cancer Policy, we will not have the right influence on the strategic direction to deliver outstanding cancer services for the population of Cheshire & Merseyside.	
9. If we do not support and invest in entrepreneurial ideas and adapt to changes in national priorities and market conditions we will stifle innovative cancer services for the future.	
10. If we do not continually support, lead and prioritise improved quality, operational and financial performance, we will not provide safe, efficient and effective cancer services.	√

Equality & Diversity Impact Assessment		
Are there concerns that the policy/service could have an adverse impact on:	YES	NO
Age		X
Disability		X
Gender		X
Race		X
Sexual Orientation		X
Gender Reassignment		X
Religion/Belief		X
Pregnancy and Maternity		X

If YES to one or more of the above please add further detail and identify if a full impact assessment is required.



NHS
The Clatterbridge
Cancer Centre
NHS Foundation Trust



**Safeguarding
Annual Report
2018-2019**

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1. Executive Summary

The Clatterbridge Cancer Centre NHS Foundation Trust (CCC) Safeguarding Annual report for 2018/19 is in line with Working Together to Safeguard Children 2018 and the Care Act 2014.

It meets the requirement for Trust Boards to produce an annual report with an analysis of the effectiveness of local safeguarding arrangements.

It provides a summary of the key issues, activity and performance of the Safeguarding Team and wider Trust during 2018/19 and assurance that CCC is fulfilling its statutory regulatory and contractual responsibilities with reference to the Children's Act 2004 and Care Act 2014.

As a Trust, CCC is compliant with the following standards:

Standard	Compliance
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This report acknowledges the work and diligence of all staff that play a vital part in safeguarding children, young people and adults who access treatment across the Trust together with support for staff employed by Clatterbridge Cancer Centre NHS foundation Trust.

2. Summary of key achievements during 2018/19

- ✓ Investing in a Trust safeguarding team and strategic safeguarding lead, has enabled CCC to have robust systems and processes that meet the requirements of 'Working Together to Safeguard Children 2018 and the Care Act 2014.
- ✓ Strategic leadership has enabled the development of robust relationships both internal across all CCC sites and externally with safeguarding partners and commissioners.
- ✓ Achievement of mandatory and contractual compliance rate of 90% for all levels of safeguarding training
- ✓ Achievement of mandatory and contractual compliance rate of 90% (Basic prevention awareness training) and 85% (WRAP training)
- ✓ Development and launch of revised Dementia Strategy and implementation plan
- ✓ Recruitment of 46 dementia champions to date.
- ✓ Improved MCA/DoLs process with digitalisation of MCA assessment process
- ✓ Digitalisation of the reasonable adjustment form on Meditech
- ✓ Pathway and standard operating procedure now in place ensuring any safeguarding concerns identified for children under 18 years of age visiting CCC for treatment from Alderhey is documented and reported at both CCC and Alderhey.
- ✓ A number of key policies/strategies have been updated and ratified at Safeguarding Committee in April 2019

3. Safeguarding Leadership & Trust Roles in Safeguarding

Safeguarding is everyone's responsibility. All staff have a duty to recognise and act to ensure patients are safeguarded. However, there are also specific roles and duties for the following staff in the organisation:

Role	Safeguarding Responsibility
Chief Executive Officer	Ultimate responsibility for ensuring that any patient using the Trust services are provided with safe, good quality care
Non-Executive Director (with lead for Safeguarding)	To challenge the Board on safeguarding provision, activity and performance
Director of Nursing and Quality	Board level Director for Safeguarding Adults and children
Head of Safeguarding	Trust Strategic Lead to provide strategic direction ensuring operational delivery of service is robust, policies are in place, support and advice for staff is available to support staff to understand their responsibilities and processes for referral; ensure partnership work with local Safeguarding Boards, strategic direction. Author of IMR's, DHR's etc., provision of appropriate training resources.

Named Professionals	Operational leads for safeguarding, Supervision of staff, training development and delivery, sub groups attendance, oversight of safeguarding inquiries, ensuring attendance at strategy meetings, support the work of the Head of Safeguarding. Ongoing support and advice in safeguarding, Mental Capacity Act and PREVENT, training delivery to staff, Section 42 enquiries
Named Doctor	Support and advise colleagues in the clinical assessment and care of children and young people where there are safeguarding/child protection concerns, as part of own clinical role, supporting and advising other professionals and partner agencies on the management of all forms of child maltreatment
General Managers/ Directorate Leads/Matrons	It is the responsibility of the General Managers/ Directorate Leads/Matrons to ensure staff complete safeguarding training at the required level and make the appropriate referrals under safeguarding as required. Monitoring of compliance through PDAR's.

At CCC the Director of Nursing and Quality is the appointed Safeguarding Executive lead. The Trusts safeguarding declaration is available on the intranet (Appendix1).

In 2018/19 a Trust Non-Executive Director (NED), was nominated by the Board as NED Safeguarding Champion.

In July 2018 CCC appointed 2 Paediatric Oncologists who job share the role of Named Doctor for Safeguarding Children. As a statutory function, their role is to support provide support, advice and leadership to CCC medical staff and represent CCC at multiagency meetings as required.

Safeguarding leadership has been further strengthened following the recruitment of Head of Safeguarding and Named Nurse Safeguarding for children and adults who commenced in post at CCC in November 2018.

Their role and function provides strategic direction, leadership, advice and support, safeguarding supervision, training, delivery and assurance of CCCs safeguarding provision; ensuring the Trust is meeting its regulatory and statutory safeguarding function.

In January 2019 the safeguarding team welcomed the Clinical Specialist for Additional Needs into the team with clear lines of managerial and accountability for Dementia and Learning Disabilities which now sits within the safeguarding portfolio. Support is also provided to the safeguarding team by the Trusts social worker (Appendix 2).

4. Safeguarding Governance and Assurance Arrangements

4.1 Internal

In November 2018, a review of the overall safeguarding service provision and governance arrangements against statutory and regulatory requirements was undertaken by the safeguarding team ; the findings of which have strengthened the governance arrangements across all CCC sites to ensure provision and oversight of continued safe and effective care for vulnerable people.

4.1.1 Safeguarding Committee

The Safeguarding Committee is chaired by the Deputy Director of Nursing and Quality and meets on a quarterly basis.

The role of the Safeguarding Committee is to ensure processes within the Trust are in line with the current legal framework and national guidance, promoting the well-being and safeguarding of children and vulnerable patients whilst in the care of the Trust.

In addition to Trust wide members, there is also representation from external partners from the Clinical Commissioning Group (CCG). This Committee seeks to provide assurance on all matters relating to safeguarding and reports to the Board of Directors via the Trusts Quality and Integrated Governance Committees.

4.1.2 Safeguarding Operational Group

Whilst there has been significant progress with the strategic elements of safeguarding, further work is required to embed safeguarding as normal practice throughout the Trust. From February 2019, this has been undertaken via the newly established Safeguarding Operational Group.

Chaired by Head of Safeguarding and consisting of key Trust wide operational and clinical leads, its remit will be the operational delivery of the Trusts safeguarding work plan with a focus on the development of a safeguarding culture, lessons learnt, improved safeguarding training compliance and safeguarding audit within service areas.

Progress, oversight and assurance against delivery of the Trusts safeguarding work plan is reported and monitored by the Safeguarding Committee.

4.2 External

4.2.1 Partnerships

The CCC safeguarding team continues to work with external partners to ensure all statutory safeguarding requirements are met. CCC is a key partner agency in the local safeguarding arrangements across Wirral and Liverpool. This is achieved through:

- Membership of Wirral Safeguarding children's board(WSCB)
- Membership of Merseyside Adults Safeguarding health forum
- Attendance at WSCB Safeguarding Children's Forum
- Active contribution to serious case reviews , adult reviews and domestic homicide reviews as required

Following publication of the Wood Report (2016), national and local safeguarding arrangements for partnership working are being revised in order to comply with the new Children and Social Work Act 2017.

From September 2019, Safeguarding Partnerships, comprising Local Authority, Police and CCGs will replace Local Safeguarding Boards. Future arrangements and associated impact to CCC are still to be quantified.

4.2.2 Key Performance indicators

Key performance indicators for Health Provider Organisations are outlined in Section 11 of the Children's Act 2004 and NHS Safeguarding children and adult's assurance framework.

CCC is registered with WSCB and robust processes are in place to enable CCC to undertake a Section 11 self-assessment and submission of evidence within the expected timescales.

From December 2018, the Head of Safeguarding has provided assurance of compliance against the safeguarding assurance framework at the NHS England Specialised Commissioners and CCGs bi monthly quality contract review meetings.

The safeguarding assurance framework has been embedded within the CCC Quality schedule. From April 19, CCC safeguarding team submits quarterly data against key performance indicators as outlined in both NHS England Specialised Commissioners and Wirral CCG Safeguarding Commissioning Standards, as part of the Trusts Quarterly contractual assurance process.

5. Inspections

5.1 CQC Inspection (Dec 18-Jan 19) Published March 19

Following the unannounced and planned well led inspection (Dec '18 - Jan '19), the following recommendations were made by CQC in relation to safeguarding:

5.1.1 Level 3 safeguarding training : CQC requested an increase in the number of staff with level 3 safeguarding training on each shift, affecting the original numbers of staff previously identified as requiring level 3 children and adults safeguarding training.

Directorate leads provided specific staff detail, identifying a number of key individuals as requiring level 3 safeguarding training based on job role and function to ensure appropriate level of safeguarding expertise on each shift.

In response, a face to face Level 3 safeguarding study day consisting of level 3 for adult, children and Prevent was delivered twice per month. Compliance data is provided in section 6.2

5.1.2 Dementia/Additional Needs: Must do

- ***Trust must ensure appropriate governance arrangements for the Dementia Strategy (Regulation 17)***

Following consultation with the e- patient council and key stakeholders a revised Dementia Strategy and implementation plan was developed (Appendix 3).

The Dementia Strategy was approved at the Safeguarding Committee in March 2019 and ratified at the Integrated Governance Committee in April 2019.

The Dementia Strategy was launched throughout the Trust and across the hubs during 'Dementia awareness Week' (20th – 24th May).

In April 19, a communications request for Dementia Champions to support delivery of the strategy has resulted in the recruitment of 46 champions to date.

5.1.3 Dementia/Additional Needs: Should do

- ***Trust should have an adjusted pain tool for patients with dementia and Learning Disabilities***

The Trust already had an existing adjusted pictorial pain assessment tool in place for patients with dementia and Learning Disabilities. However at the time of the CQC inspection the Trust were unable to evidence its use.

The Clinical Specialist for Additional Needs, supported by Dementia Champions, promoted the use of the Disability distress assessment tool (DISDAT) and Pictorial Pain Assessment tools (Appendix 4) across the Trust.

Work has been ongoing to digitalise the DISDAT and Pictorial Pain Assessment tools pain tool for inclusion in Meditech. Its use will be monitored via annual audit.

An accredited Dementia e- learning module has been sourced and included in the Trusts training matrix on ESR.

- **Additional needs: *The Trust should ensure its systems and processes ensure it has oversight of patients with additional needs.(Regulation 17)***

The Trust currently has a 'Flag' on Meditech (EPR) which indicates whether a patient has Dementia, Learning Disability or a 'communication need'.

A 'forget me not' image is in place for all in-patients with dementia diagnosis. A 'Reasonable adjustment' form was in use in paper format and scanned into patient records as part of the identification and care planning process. This has now been digitalised for use on Meditech.

5.1.4 MCA/DoLs-Must Do

DOLS: The Trust must ensure that Deprivation of Liberty Standards are recorded within patients records. (Regulation 17)

A deep dive into the MCA assessment and DoLs application process has been completed. In response a full action plan has been submitted to CQC with the following actions undertaken and completed to date:

- Delivery of bespoke ward based DoLs application training and quality assurance of its application to practice following each DoLS application submission
- Record of DoLs application staff training maintained by safeguarding team
- Digitalise DoLs application form in Meditech at CCC Wirral site with a completion date of September 2019.
- Separation of the current Mental Capacity Act / Best Interests Decision-Making / Deprivation of Liberties Safeguards Policy (2018) together with the revision of the stand-alone Trust MCA policy: both ratified and approved at safeguarding committee April 2019.

Oversight and assurance against delivery of the CQC improvement plan is reported and monitored by the Trusts Improvement Plan Assurance Group and Safeguarding Committee who report to the Board of Directors via the Trusts Quality and Integrated Governance Committees.

6. Safeguarding Activity

6.1 Safeguarding Training: Programme delivery

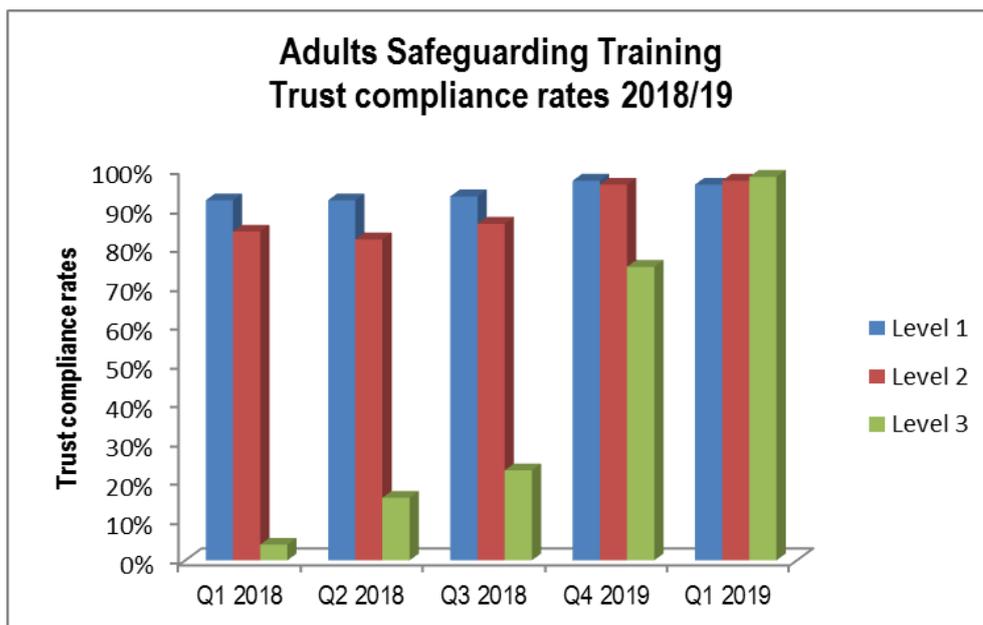
The Trusts Safeguarding Training Strategy (May 2018) and training plan presented at October 2018 Quality & Safety Committee (now Integrated Governance Committee) identified a programme of training delivery that will take the Trust workforce to full compliance in safeguarding training.

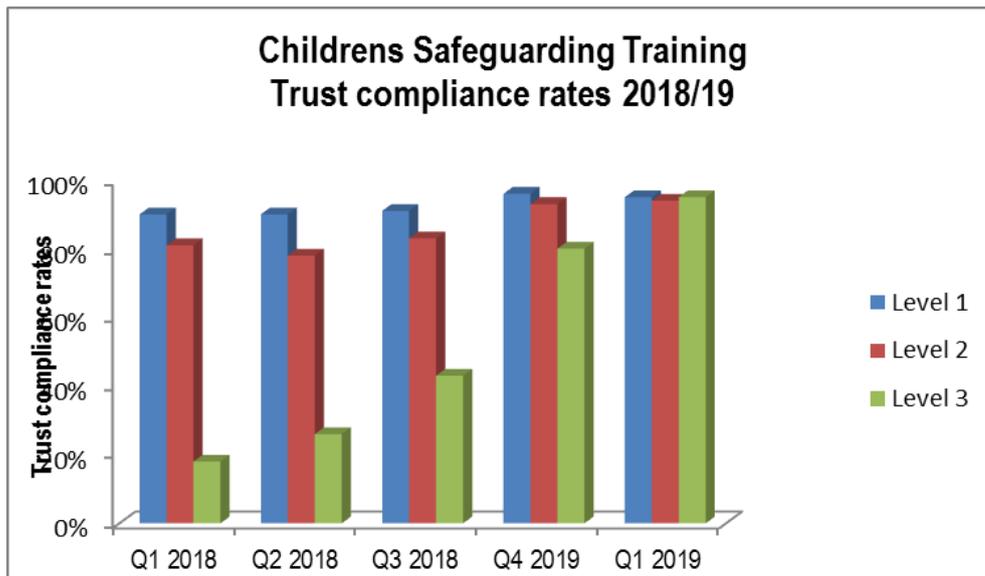
Historically, the greater proportion of safeguarding training has been delivered through e learning. Since commencing in post (November 2018), the CCC safeguarding team have revised and developed an enhanced training programme consisting of both face to face and e-learning sessions (in line with Intercollegiate Safeguarding Guidance 2019) to ensure mandatory and role specific compliance of safeguarding training by 31 March 2019 (Appendix 5).

This comprehensive and revised programme of safeguarding training has been delivered from December 2018 including the development and delivery of a rolling programme of safeguarding training for all volunteers not previously offered.

6.2 Safeguarding Training compliance

During the reporting timeframe (April 18-March 19) compliance in safeguarding training uptake has been repeatedly identified as an area of concern. Uptake and compliance with mandatory and a contractual compliance rate of 90% has now been achieved as outlined below:





The Learning and Development business partner continues to regularly report comprehensive detail on non-compliance. Whilst compliance target of 90% has been achieved, oversight and monitoring of compliance will be monitored via Safeguarding Committee and directorate leads.

6.3 PREVENT

The Counter Terrorism & Security Act 2015 places a legal duty on NHS Trusts and Foundation Trusts to consider the Prevent Strategy when delivering their services. These obligations are reinforced by Clause 32 of the Standard NHS Contract.

Prevent is a Government strategy that was set up as part of a wider counter-terrorism strategy called Contest. Due to the current severe threat from terrorism and extremism in the UK, the Prevent strategy seeks to:

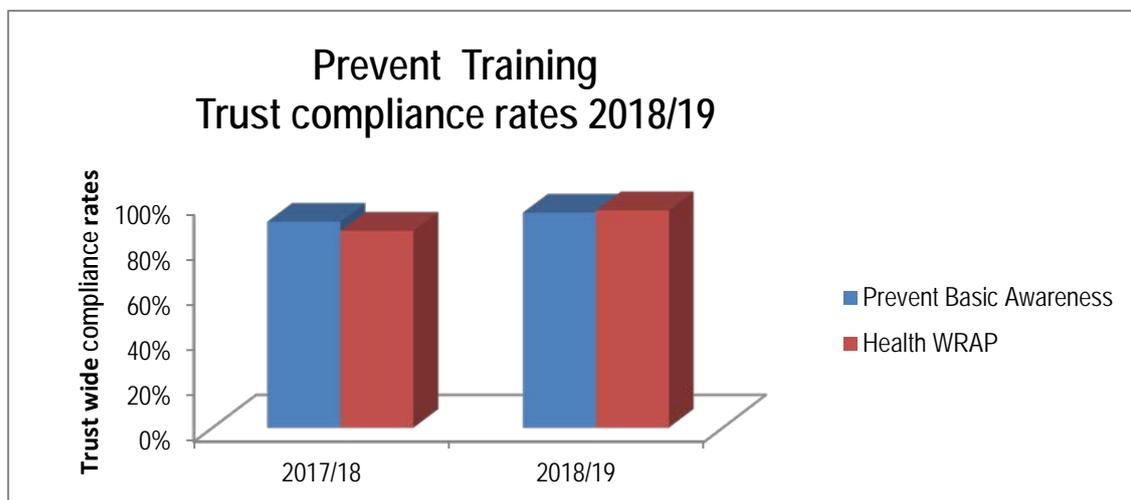
- Respond to the ideological challenge of terrorism and aspects of extremism, and the threat we face from those who promote these views.
- Provide practical help to prevent people from being drawn into terrorism and ensure they are given appropriate advice and support.
- Work with a wide range of sectors where there are risks of radicalisation.

In line with statutory and contractual requirements CCC has:

- Organisational/Board Lead
- Trust Prevent Lead
- Lead Matron for Prevent
- Registered with NHS Digital to submit quarterly Prevent data

- Complied with attendance at regional Prevent forums and annual Prevent Conference
- An up to date Trust Prevent Policy available on the intranet
- Demonstrated compliance with Prevent Duty at contractual meetings with NHS England and Wirral CCG Designated Safeguarding lead.
- Approved and promoted the use of an NHS England approved and accredited level 3 Prevent e-learning module available on ESR
- A training needs analysis (TNA) that has been validated in line with the NHS England Prevent Training and Competencies Framework (2017)
- Delivered 15 WRAP (workshop to raise awareness of Prevent) and BPAT (Basic prevention awareness Training) sessions.

Uptake and compliance with mandatory and a contractual compliance rate of 90% (Basic prevention awareness training) and 85% (WRAP training) has been achieved as outlined below:



During 2018/19 CCC made 1 referral under the Prevent strategy in line with National and Trust policy. The referral related to a patient attending outpatients who was observed distributing radically motivated literature. No further action was taken by the police.

6.4. Mental Capacity Act/ Deprivation of Liberty Safeguards (MCA/DoLs)

In July 2018, the government published a Mental Capacity (Amendment) Bill, which passed into law in May 2019. It replaces the Deprivation of Liberty Safeguards (DoLS) with a scheme known as the Liberty Protection Safeguards.

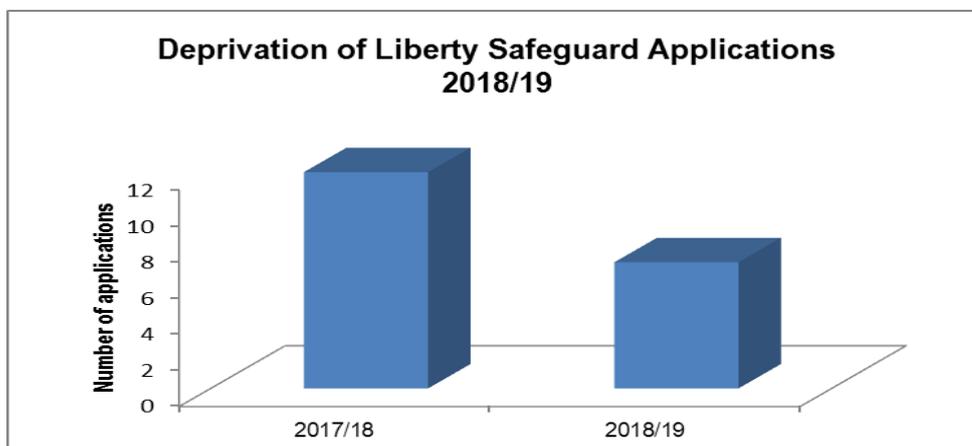
The new Act also broadens the scope to treat people, and deprive them of their liberty, in a medical emergency, without gaining prior authorisation. The target date for implementation is October 2020. Prior to then, a revised MCA Code of Practice

will be published, which will bring clarity to some outstanding questions about how LPS will work in practice.

Updates have been communication across the Trust and updates on the proposed changes presented at the Integrated Governance Committee (Appendix 6). In the meantime, the Trust is expected to continue to use the current code of practice and apply the DOLS in Trust practice.

The MCA and DOLS lead and the CCC Social Worker ensure staff across CCC trust sites are provided with support and advice and guidance in relation to Mental Capacity and Deprivation of Liberty Safeguards when necessary and provide education formally and informally across the Trust.

The Trust has seen a slight decrease in the number of applications from last year as demonstrated in the table below:



During the reporting period, 7 patients were identified as requiring a Deprivation of Liberty safeguards application submission to their local authority. The outcome of each application is highlighted in appendix 7.

Due to the low numbers, bespoke DoLs application training is currently provided to ward staff on a one to one basis and covered as part of levels 2 and 3 adults safeguarding training. The safeguarding team current holds a data base of staff trained in DoLs application process.

In addition the following actions were undertaken in 2018/19 by the MCA/DOLS lead to improve the CCC MCA and DOLS practice;

- Deep dive into the process and practices of MCA and DOLS
- New interim DOLS arrangements commenced in November 2018 including appointment of MCA/DOLS lead

- Commencement of Datix incident reporting in the event of submission of DOLS application and delay in assessment by the local authority
- Quality assurance process commenced by new MCA/DOLS lead of each DOLS application submitted to local authority
- Training support and advice to staff completing DOLS applications
- Development of Trust DOLS electronic database
- Separation and revision of MCA/ DOLS policies and approved at Safeguarding Committee April 2019
- Digitalisation of MCA and DOLS application documentation into Meditech
- Audit of DOLS policy

6.5 Domestic Abuse /Harmful Practice

Domestic abuse affects almost two million victims every year. The government understands that growing up in a household with domestic abuse can have a detrimental impact on children, which lasts into adulthood. We know that domestic abuse affects all parts of society, both men and women can be victims of domestic abuse and that disproportionately the numbers of victims are women, especially in the most severe cases.

The Government is currently working on a package of measures including the recently published draft Domestic Abuse Bill (2019). This will include economic abuse as being recognised in the new government definition of domestic abuse; launch the recruitment of a Designate Domestic Abuse Commissioner who will hold both local and national government to account; and set out detailed legislative proposals for new Domestic Abuse Protection Orders.

In 2018/19, a policy on Domestic Abuse and Harmful practices has been developed.

During 2019/20 the following actions will to be undertaken to ensure the Trust meets its responsibilities in relation to Domestic Abuse.

- Domestic Abuse and Harmful Practices Policy to be revised in September 2019
- CAADA-DASH Risk Identification Checklist (RIC) together with Liverpool and Wirral Domestic Abuse pathways to be incorporated into the Trust policy
- Senior staff to be identified and trained to complete CAADA-DASH Risk Identification Checklist (RIC) and multiagency risk assessment conference (MARAC) referral process.

- Human Resources/Workforce team to access local safeguarding children’s board (LSCB) training on domestic abuse and violence to appropriately manage staff who are victims of domestic abuse.
- To explore how to add `Routine Enquiry` questions to Trust documentation to prompt staff to ask if patient feels safe.

6.6 Female Genital Mutilation

Female Genital Mutilation (FGM) is child abuse and illegal. Healthcare professionals must report to the police any cases of female genital mutilation (FGM) in girls under 18 that they come across in their work. This duty came into force on 31 October 2015.

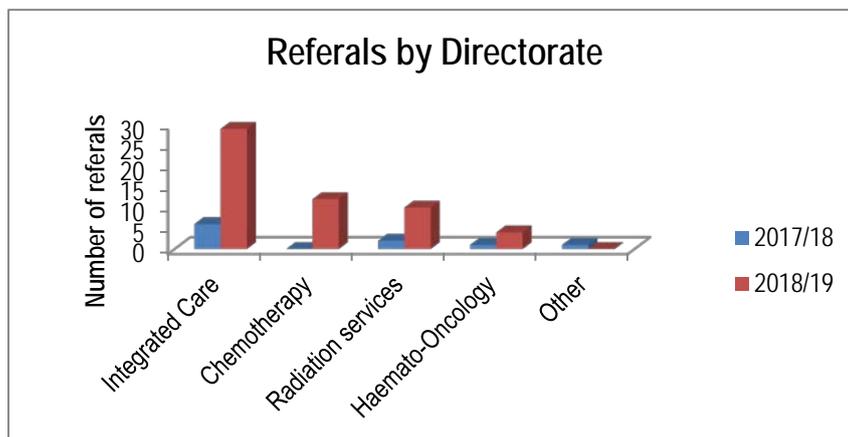
Staff have been notified of the need for mandatory reporting and there has been an increased focus on FGM in all levels of safeguarding children training.

During the reporting period 2018/19, the Trust reported 0 cases to NHS England

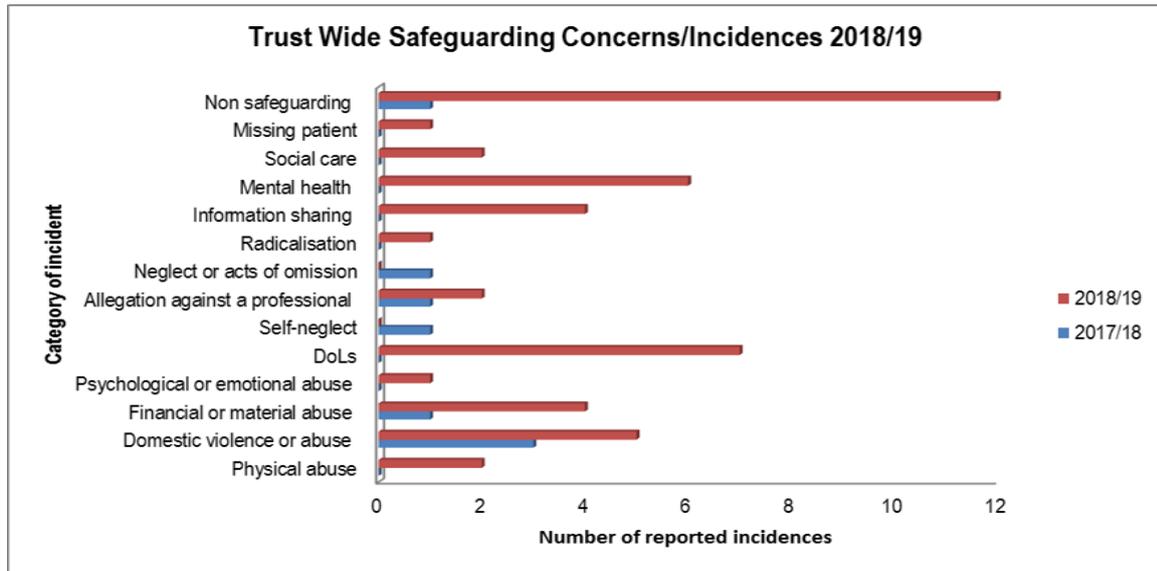
7. Safeguarding incidences, concerns and referrals

Safeguarding incidences and concerns are captured via the safeguarding duty line and DATIX incident reporting system. The total number of safeguarding incidences recorded and referrals made during the reporting timeframe as outlined below.

7.1 Referrals



7.2 Adults



From the adult data presented only 4 of the reported adults incidences required onwards referral to local authority.

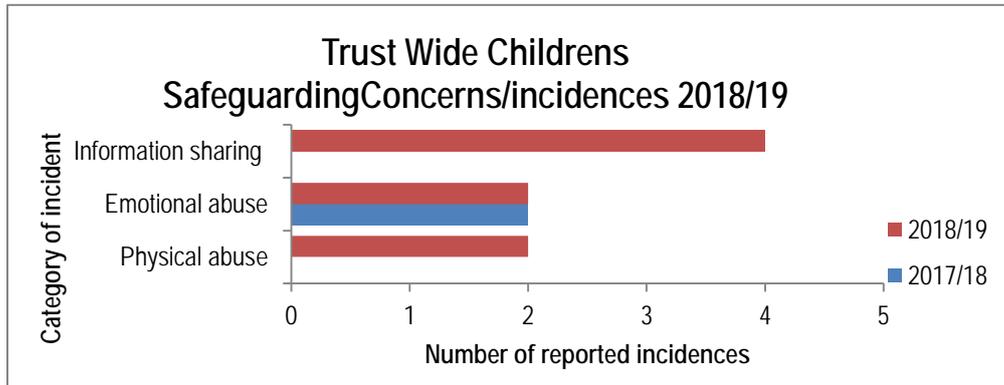
A number of incidences /queries reported as safeguarding but were not of a safeguarding nature. For example:

- Inappropriate behaviour of a visitor who was escorting a patient for treatment
- A number of violent and aggressive patient incidences towards staff reported as safeguarding
- Low staffing levels reported as safeguarding issue
- Staff reported a concern that a patient with capacity was writing their will whilst in CCC and leaving her assets to her neighbour.

The safeguarding incidences detailed above still demonstrate gaps in safeguarding activity data reporting and the level of safeguarding concerns/incidences 'reported' fall far short of the numbers that would be expected in an organisation comparative to CCC.

However it is encouraging to note the increase in reporting of incidences across all directorates during 2018/19 since the introduction of the safeguarding duty line and advice to report onto Datix.

7.3 Children



From the data presented only **1** of the reported children’s incidences met the Children’s Act (2004) safeguarding threshold for onward referral to local authority.

In addition to teenage and young adult beds, CCC also provides treatment for children less than 18 years of age visiting CCC from Alderhey.

A pathway and standard operating procedure is now in place to ensure any safeguarding concerns identified for children less than 18 years of age visiting CCC for treatment from Alderhey is documented and reported at both CCC and Alderhey.

There is wide variation in the number of adult concerns/incidences versus children concerns/incidences; however, this does fit with the case mix of the Trust.

8. Safeguarding Risks

All safeguarding risks are overseen by Safeguarding Committee. At the time of reporting the following risk remains on the Trust risk register:

- *Limited assurance that all external contractors are Merseyside Safeguarding Adults Board & Care Act 2014 compliant (Risk Register No: 1026)*

Meetings between Head of Safeguarding and Propcare continue to ensure contractors to the organisation who work with adults at risk and are delivering statutory services are Merseyside Safeguarding Adults Board & Care Act 2014 compliant.

To date 10 out of 11 sub-contractors have responded regarding their compliance against the safeguarding standards within the CCC assurance framework. A response from the remaining 1 sub-contractor has now been provided and risk closed.

9. Guidelines/Policies

A number of key policies are in place for Safeguarding and are available to staff on the Trust Intranet site. The following key policies/strategies have been updated and ratified at Safeguarding Committee in April 2019:

- Rapid Tranquilisation Policy (to be incorporated within the Restraint Policy)
- Mental Capacity Act policy
- Deprivation of Liberty Safeguards Policy
- Chaperone Policy
- Celebrity/VIP Policy
- Dementia Strategy

During 2019/20 the following will be reviewed and updated in line with Trust policy:

- Domestic Abuse and Harmful Practices Policy (2018)
- Safeguarding children, adults and Prevent (2018)
- Safeguarding Supervision Policy
- Allegations against staff Policy

10. Safer Recruitment

An up-to-date review with compliance against Lampard (Saville) Enquiry (2015) identified gaps against the following key recommendation:

- **Recommendation 1:** *'All NHS hospital trusts should develop a policy for agreeing to and managing visits by celebrities, VIPs and other official visitors. The policy should apply to all such visits without exception;*

A Trust Celebrity and VIP policy has now been developed by Associate Director of Strategic Communications & Marketing in conjunction with Charity Team lead and ratified at Safeguarding Committee in April 2019.

- **Recommendation 7:** *'All NHS hospital trusts should undertake DBS checks (including, where applicable, enhanced DBS and barring list checks) on their staff and volunteers every three years'*

Lead by Workforce and OD, all DBS checks have now been completed. An options paper regarding future arrangements for DBS checks on appointment and regular post appointment updates is in development for discussion and agreement at the Strategic Partnership Forum and Workforce/OD committees

11. Managing allegations against People in position of Trust

Managing safeguarding allegations against staff working with children's is required under the Children Act (2004) and Care Act 2014 to protect adults.

If an allegation of abuse towards a child or adult is raised against any member of staff, Clatterbridge Cancer Centre NHS Foundation Trust is obliged to report the potential allegation to the relevant Local Authority Designated Officer (LADO).

In some circumstances, the allegation of abuse may not directly impact on the work role of the staff member, but may impact on children or adults who are dependent on the individual away from the work setting. In these cases, the LADO can be contacted for advice in relation to making a referral.

During the reporting period, CCC referred 2 cases to Local Authority for LADO consideration.

A number of senior managers, Human Resources and key clinical staff have received specific managing allegations training which will be an ongoing priority during 2019/20.

12. Safeguarding supervision

The Laming report (2009) states that regular, high-quality supervision is critical. Effective safeguarding supervision reduces risk to children and young people while identifying their needs. Safeguarding supervision also helps front-line practitioners to provide high-quality care, risk analyses and individual action plans and has proved important in promoting good standards of practice and supporting individual staff members. In line with contractual and professional requirements:

- The Named Nurse for Safeguarding Children and Adults receives supervision through the Designated Nurses for Children at Wirral CCG and Designated Adults Nurse at Liverpool CCG.
- The Named Doctors for Safeguarding Children receive supervision from Designated Doctor for Safeguarding Children Wirral Clinical Commissioning Group

CCC currently offers safeguarding supervision to all other staff on an adhoc basis, normally in response to a safeguarding concern or incident. This will be a focus of development for 2019/20.

13. Learning Disabilities

In June 2018 the Learning Disability Improvement Standards for NHS Trusts were developed. They are intended to help the NHS measure the quality of service provided to people with learning disabilities, autism or both.

From September - November 2018 inclusive; as an organisation CCC self-assessed against the national LD standards. Data collection consisted of;

- Staff survey
- Patient / family survey
- Organisational data

CCC data was submitted to NHS Improvement by the 30th November 2018 deadline and RAG rated its self, **AMBER**.

A work plan has been formulated in response to the information collated for the Improvement Standards. This includes:

- Electronic version of Risk Assessment and Reasonable Adjustment Care Plan developed and uploaded in to Meditech.
- E learning training launched and application made to Learning and Development for training to mandated, in a face to face and e learning format.
- Ongoing collaboration with 'People First' in Liverpool and 'Pathways Associates' to ensure service user input with development of service and participation in an LD collaboration
- Recruitment of approximately 46 Dementia / LD Champions.

At the time of this report CCC are still awaiting external verification and feedback on the self-assessment from NHS Improvement

In terms of next steps, collaboration with Cheshire and Merseyside Service users/carers and advocates with Learning disability and/or autism has been established with a first meeting planned for 18th July 2019. It is envisaged that the above group will support the Trust in:

- Developing a feedback process for patients and carer/family with learning disability and or autism
- Collaborate in the implementation of the Standards Framework
- Support and assist with the embedding of Trust wide LD
- Hold the Trust to account for delivery of the LD standards via regular confirm and challenge sessions

14. Priorities and future developments 2019/2020

Priority	Action
Safeguarding team service delivery	<p>To develop a comprehensive work programme to ensure the Trust is compliant with statutory ,regulatory and contractual safeguarding requirements</p> <p>To achieve all the safeguarding Contracting Standards and Key Performance Indicators and maintain the improvement</p>
To provide stability of safeguarding vision, leadership and direction at all levels across all CCC sites	To continue to raise and embed the profile of safeguarding as everyone's responsibility to safeguard children and vulnerable adults through attendance at safety huddles and safeguarding walkabouts across all sites
Education and safeguarding supervision	<p>To continue to deliver safeguarding education and supervision in line with Trust objectives and statutory and contractual safeguarding requirements</p> <p>To develop and embed a safeguarding learning framework including ward and department based learning events and supervision</p>
Strengthen HR processes with regard to safeguarding	Support HR with the recommendations outlined within the Lampard Enquiry. Ensure HR staff have access robust multiagency training on dealing with Domestic Abuse and managing allegations training
Pathway develop	To utilise themes and trends from safeguarding incidences to inform and improve pathway development. I.e. Domestic abuse, Mental health,
Domestic Abuse	To provide clear direction and strategy for the organisation's response to the domestic abuse and violence agenda
MCA/DoLs	Plan for national changes to MCA/DoLs process ensuring CCC pathway is in line with national guidance and legislative changes
Securing the voice of the child, teenagers, young adults and adults at risk	Work with Named Drs, teenage and young adult leads, CLIC Sargent leads and Alderhey to strengthened the processes in place to ensure the voice of the child, young person and adult at risk is heard, documented and utilised to influence and improve safeguarding service delivery
Embed systems that will underpin	To encourage reporting of safeguarding

effective and efficient safeguarding data collection and retrieval	concerns and incidences. Development of safeguarding dashboard
Delivery of Dementia Strategy	Work in co-production with dementia champions to deliver and evaluate delivery of the dementia work plan via the dementia collaborative
Delivery of the national Learning Disability standards	Work in co-production with service users, families and self-advocate's to develop work plan and evaluation process for delivery of national learning disability standards
Plan for move to new hospital site	To continue to work with TCC project team to ensure safeguarding systems and process are in place Ensure capacity and resilient in safeguarding team to ensure it is meeting the needs of the Trust
Audit & Surveillance	To continue with the planned audit programme and ongoing surveillance of safeguarding

15. Summary

This safeguarding annual report demonstrates the continued commitment of the Trust to promote the safety and welfare of people and families who use its services.

It evidences the successes and service improvements achieved through the leadership of the safeguarding strategic leads and safeguarding team during 2018/19.

The Trust remains committed to protecting children and vulnerable adults and recognise the areas for further improvement. The safeguarding team will continue to work with and support staff as they continue to embed a culture of safeguarding as 'everyone's business' across all CCC sites.

CCC will continue to embed a robust governance approach to safeguarding across the organisation, with progress, oversight and assurance against delivery reported and monitored by the Safeguarding Committee.

The Safeguarding Committee will provide assurance on all matters relating to safeguarding and report to the Board of Directors via the Trusts Quality and Integrated Governance Committees.

Appendix 1

Trust Safeguarding Declaration

This declaration represents assurance that The Clatterbridge Cancer Centre NHS Foundation Trust (the Trust) Board has arrangements in place to ensure that children and Adults at Risk of harm, who come into contact with the Trust either directly, or as a family member of one of our patients, are safeguarded from harm.

In the past year the Trust has met all its statutory requirements in relation to safeguarding children, young people and adults and is fully compliant with the CQC fundamental standards relating to safeguarding.

Recruiting and maintaining a safe workforce

Under the Safeguarding Vulnerable Group Act 2006 and the Protection of Freedoms Act 2012 the Trust complies with requirements of the Home Office Disclosure and Barring Service (DBS) in order to ensure that appropriate level of pre-employment checks are carried out during the recruitment process particularly those engaging in Regulated Activity.

The Trust also ensures appropriate referrals are made to DBS if the Trust has dismissed or removed a person from working with children or adults at risk (or would or may have if the person had not left or resigned etc.) because the person has behaved in a way that may have caused harm.

Policies and procedures

The Trust has Safeguarding Children, Adults and Prevent Policy that is reviewed three yearly as well as whenever amendments are required in line with new national or local policy and legislative requirements.

Safeguarding Incidents identified within the Trust are reported on the Trust's incident reporting system.

Training

Safeguarding Children and Adults Training is mandatory for all staff who within the Trust. All new staff receive a safeguarding briefing at the Trusts induction programme which is also mandatory for all staff. The identified mandatory and role specific development of staff related to safeguarding training levels is in place.

The level of training undertaken depends on the nature of the staff member's role within the Trust.

Safeguarding staffing

The Executive Director of Nursing & Quality is the Executive lead and is supported by key named safeguarding leads.

The Safeguarding Team is in place to ensure that all staff within the Trust receive the required advice, support, supervision and training in order to safeguard and promote the welfare of children and adults at risk.

Governance and reporting arrangements

Progress, oversight and assurance against delivery of the Trusts safeguarding work plan is reported and monitored by the Safeguarding Committee which includes external safeguarding representation. This Committee provides assurance on all matters relating to safeguarding and reports to the Board of Directors via the Trusts Quality and Integrated Governance Committees

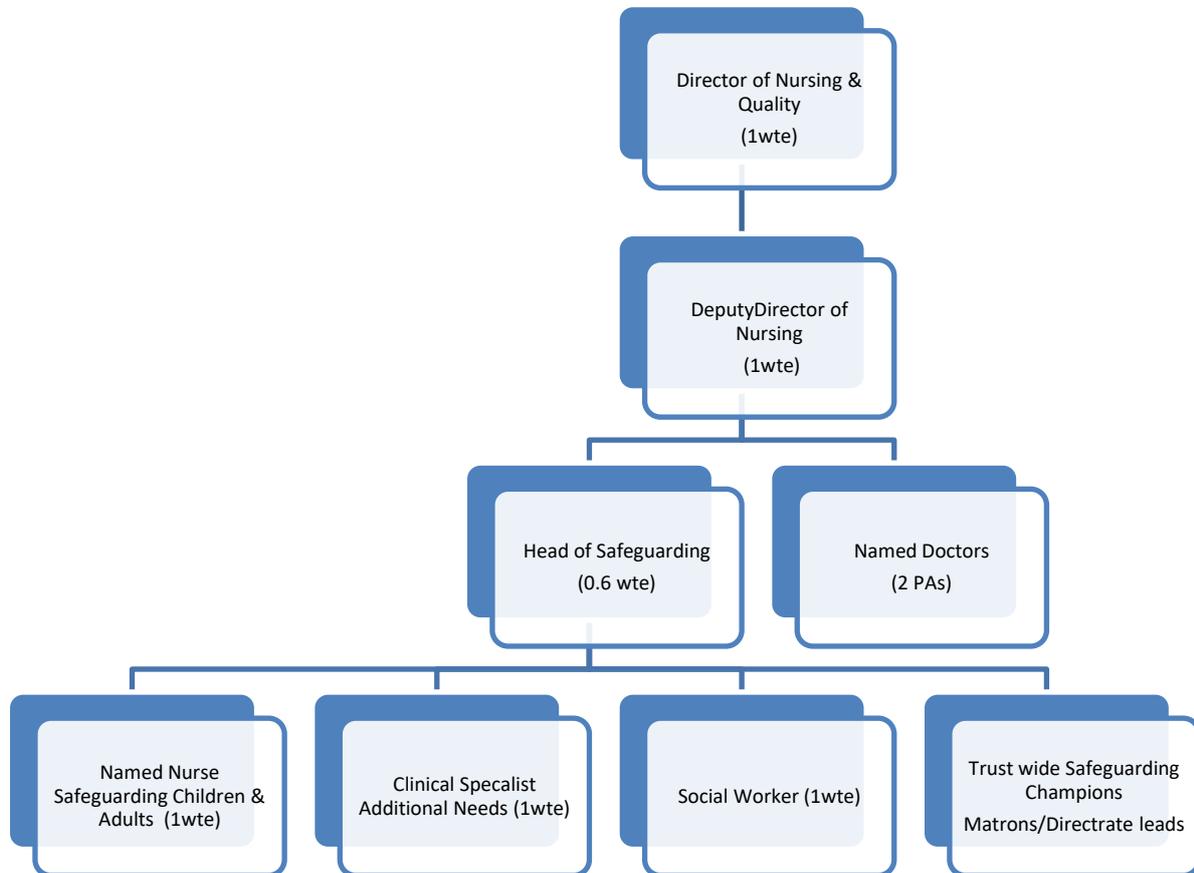
The Trust Board receives as a minimum an annual report of safeguarding activities and assurances from the Safeguarding Team via the Integrated Governance and Quality Committees reporting mechanisms

Collaborative Working

The Trust safeguarding team is committed to comprehensive partnership working with external and internal partners to ensure all statutory safeguarding requirements are met.

Appendix 2

CCC Safeguarding Team Structure



Appendix 3

CCC Dementia Strategy 2019-21



**The Clatterbridge
Cancer Centre**
NHS Foundation Trust



Dementia Strategy 2019 – 2021

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Executive Summary

The purpose of this document is to set out a three year strategic plan for The Clatterbridge Cancer NHS Foundation Trust (CCC) to deliver high quality person-centred care for people living with cancer and dementia and their carers/families.

This strategy builds on the work that we have undertaken to date to improve the care of those people living with cancer and dementia and support their carers/families.

It sets out the journey we will take over the next three years to ensure we continue to improve patient outcomes, patient experience and partnership working to provide excellence in cancer and dementia care.

Dementia Strategic Objectives

CCC has integrated the National Dementia five year strategy (2016) into seven local key strategic objectives to improve care for people living with cancer and dementia and support their carers/families.

Our objectives are:

1. Provide a comprehensive education and training framework for all staff working within the Trust to empower teams to deliver the best possible care
2. Improve the Patient experience and journey in our hospital and community services
3. Create vibrant and positive dementia friendly environments
4. Care for carers, relatives and friends of people with dementia
5. Raise standards of care and promote activities that improve the wellbeing of patients and carers
6. Improve communication to ensure appropriate information is collected and shared between healthcare staff, patients, carers and family members
7. Develop and maintain collaborative systems wide partnerships

Each of these key objectives will have an associated work stream tasked with achieving year on year improvements to deliver our three year vision.

We will deliver these objectives by working in partnership with our patients, carers, staff, community groups and partner organisations to deliver services that support the wellbeing of all involved, promoting delivery of integrated care, maximising the impact of available resources.

Trust Values and Strategic Priorities

The care delivered will reflect the Trust values of;

- ✓ achieving excellence,
- ✓ putting people first,
- ✓ being passionate about what we do,
- ✓ looking to the future,
- ✓ always improving our care,

The objectives will reflect the Trust strategic priorities of;

- ✓ Delivering outstanding care as locally as possible
- ✓ Retaining and developing our outstanding staff

- ✓ Investing in research and innovation
- ✓ Collaborative leadership to deliver better patient care
- ✓ Be enterprising
- ✓ Maintaining excellent quality, operational and financial performance

1. Introduction

Most people will have met or cared, either professionally or personally, for someone with a diagnosis of dementia.

Covering the period 2019 to 2021, this strategy sets out our plan by which we will drive improvements for patients living with cancer and dementia for whom care is often complex and admission to hospital challenging.

To achieve this will require strategic planning, commitment and leadership at all levels within our organisation and the contribution of our entire workforce

As we progress, the care we offer patients living with cancer and dementia and the support given to their carers/families, will be exemplary.

The Clatterbridge Cancer Centre NHS Foundation Trust Executive leads for Dementia are:

- Director of Nursing and Quality and
- Consultant in Palliative Care.

Also integral to delivery of the dementia strategy will be:

- people with dementia, carers/relatives and friends of people with dementia
- Clinical Specialist for Additional Needs,
- Safeguarding Team ,
- Consultants in Psychological Medicine
- Community Dementia Leads,
- Education Champions,
- Estates and Environment Leads,
- Medical Staff and Allied Health Professions (AHPs), Senior Nurses including Ward Managers and Matrons.

2. Background

Dementia affects an estimated 800,000 people in the UK and figures are said to be increasing with one in three people aged over 65 years going on to develop the condition.

Dementia is a disease that affects the brain; it is not a normal part of ageing. There are 40,000 people in the UK under the age of 65 with dementia.

Dementia is progressive and there is no known cure, although research continues to take place, nationally and internationally.

The highest risk factor for Dementia is age; predominantly affecting 5% of people aged 65 years and over and 20% of those aged over 80 years.

The prevalence of dementia is four times greater in Black and South Asian ethnic groups. In 2011, there were 25,000 people with dementia from black, South Asian and ethnic groups in England and Wales. This number is expected to double to 50,000 by 2026 and rise to over 172,000 by 2051.

People in these groups are more prone to risk factors such as cardiovascular disease, hypertension and diabetes, which increase the risk of dementia and contribute to increased prevalence.

People from ethnic minority groups are less likely to receive diagnosis of dementia for a number of reasons such as:

- difficulties in accessing health services
- poorer understanding and awareness of dementia
- stigma may be greater in some communities

Likewise, the prevalence of dementia is four times greater among people with a learning disability. Dementia is much more common in people with Down's syndrome, and onset often begins earlier.

People with other pre-existing health conditions such as diabetes, heart disease or depression are also at greater risk of developing dementia.

There are a number of dementia risk factors related to socio-economic position such as a lack of physical activity and early year's education. There is a strong link between cigarette smoking and socio-economic group.

Smoking has been identified as the single biggest cause of inequality in death rates between rich and poor in the UK. Smoking is one of the biggest risk factors for dementia and studies suggest that it can double the risk of developing the condition. Reduction in smoking for men has been noted as one of the factors impacting on the reduced diagnosis of dementia for men.

Sexual identity is an area that is only beginning to be addressed in dementia research, but studies have shown that 41% of older lesbian, gay and bisexual people live alone compared to 28% of heterosexual people. Loneliness and social isolation are risk factors for dementia. Little is known about the risk of dementia among the transgender community.

2.1 What is dementia?

The word dementia is used to describe a range of brain disorders. It is used as an umbrella term to group the many different types of dementia.

According to the Alzheimer's Society, there are over 100 different types of dementia. Although there are differences in the causes and the development of each one, there are many similarities in how they affect the person diagnosed with a form of dementia.

The most common types of dementia are Alzheimer's disease, Vascular dementia, Mixed dementia (Alzheimer's disease and vascular dementia) and Lewy-body

dementia.

The person can experience progressive decline in multiple areas of function, which may include difficulties with memory, reasoning, communication skills and the ability to carry out daily activities.

Dementia is progressive and there is no known cure, although research continues to take place, nationally and internationally. Dementia however is not an inevitable part of ageing.

Not everyone who is old has Dementia and not everyone who has Dementia is old. Two thirds of people with Dementia are supported at home by some of the 670,000 unpaid carers throughout the country.

Caring can be an overwhelming experience, bringing irreversible changes to lives and relationships. When carers are well supported, they provide better care to the person they care for and report better well-being outcome themselves

Each person's experience of dementia is unique to them and many people lead full and active lives for years after a diagnosis of dementia and a timely diagnosis is a key objective. As a result, Dementia has been identified by the Government as a major priority and challenge (Department of Health 2012, 2015).

3. Context

3.1 National Context

The increasing number of people living with dementia is a challenge to all health and social care organisations. There are approximately 850,000 people living with dementia at present.

There is evidence that each year the number of people living with dementia is growing and future predictions suggest that there could be up to 40% of people over 65 in hospital beds living with dementia.

Our dementia strategy is aimed at all people living with cancer and dementia regardless of their age and has used the following national policies as the framework for structuring development activity over the next three years;

- ✓ The Prime Ministers Challenge on Dementia 2020
- ✓ National Audit of Dementia Care in General Hospitals,
- ✓ Dementia Action Alliance,
- ✓ Dementia Friendly Hospital Charter (2014) and
- ✓ Alzheimer's Society Fix Dementia Care Hospital (January 2016)

3.2 Local context

The Clatterbridge Cancer Centre NHS Foundation Trust is one of the largest NHS specialist cancer treatment facilities in the UK – employing 919 staff and providing more than 220,000 treatments and appointments to over 30,000 patients a year.

Based in Wirral and Liverpool, CCC serves a population of 2.3 million across Merseyside, Cheshire, North Wales, the Isle of Man and parts of Lancashire: providing an outstanding level of care; cutting-edge cancer treatments; a comprehensive network of off-site clinics and multi-disciplinary teams throughout the region, and a supportive environment committed to providing cancer patients and their carers/families with advice and support

During 2017-2018, the Trust cared for 80 patients with a diagnosis of dementia and cancer; 10 of whom had an inpatient stay and 70 who attended for cancer treatment as an outpatient.

At CCC we have already made significant progress in improving care for those individuals living with cancer and dementia and their carers/families as noted in our achievements to date:

- a dementia diagnosis flagging system alert added to Meditech(patient electronic record)
- a discreet 'Forget me not' symbol displayed above the patients bed.
- Screening for every patient who is an emergency admission over the age of 75 using the hospital dementia screening documentation.
- The Trust has attempted to create a 'dementia friendly' environment following the principals outlined in the Kings Fund guidance (2009-2012). This includes calendars, large faced clocks and improved signage throughout the Trust.
- Trust signed up to John's Campaign (<https://johnscampaign.org.uk/#/>) and welcomes carers of patients with dementia in all areas of the hospital.
- Committed to an 'Open Visiting' culture which supports carer access in the hospital outside of normal working hours to enable them to be with the person with dementia.
- Communication links between all members of the multi-disciplinary team, the patient, their family and carers; commenced on admission to hospital (or before, should the patient be an elective admission) and continues throughout their stay.
- Personalised care planning utilising the CCC Risk assessment and Reasonable Adjustment document [RA] (https://extranet.clatterbridgecc.nhs.uk/application/files/9315/4470/1428/Risk_Assessment__Reasonable_Adjustment_Care_Plan_V2.0.pdf) :ensuring any communication requirements are known and measures put in place to overcome barriers to effective communication.
- Employment of a Clinical Specialist for Additional Needs whose role is to support patients with dementia and their carers during their cancer treatment journey
- Introduced of a Risk Assessment and Reasonable Adjustment Care Plan [RA]to provide individualised care for dementia patients; available on Meditech

- Development and delivery of a mandatory Dementia awareness training programme for all levels of staff
- Established partnership working with our volunteer agencies, local Alzheimer's Society, Admiral Nurses, patient's carer and their families.

4. Delivery of CCC Dementia Strategic Objectives 2019-2021

4.1 Objective 1: Provide a comprehensive education and training framework

CCC will:

- Align the Trust work force to the approved national dementia training framework outlined by Health Education North West, which will appropriately meet the needs of all staff.
- Deliver Dementia Awareness training sessions for all clinical and non-clinical staff, including volunteers to the Trust staff.
- Implement training and education at appropriate levels for 'Dementia Champions' across the Trust.

4.2 Objective 2: Improve the Patient experience and journey in our hospital and community services

CCC will:

- Treat all patients ,carers/relatives with dignity and respect
- Endeavour to carry out the wishes of our patients wherever possible
- All patients will be assumed to have mental capacity in the decision making process unless proven otherwise.
- Strive to ensure all our patients are given support to communicate their wishes in the decision making process.
- Work together with patients who lack mental capacity to ensure a best interest decision is made on their behalf by a suitable advocate.
- Ensure all clinical staff understands and follows legislation relating to Mental Capacity Act 2005/Deprivation of Liberty Safeguards and any decision made is communicated effectively to the patient's relatives/ carers and colleagues within the multi-professional environment.
- Develop a Standard Operation Procedure [SOP] that ensures all our dementia patients consistently receive the right treatment and care, whatever their reason for being in hospital.
- Keep patients length of stay to the minimum required and endeavour to

assist the patient back to their usual abode.

4.3 Objective 3: Create vibrant and positive dementia friendly environments

CCC will:

- Build on work already implemented in creating dementia friendly environments
- Utilise guidance provided by The Kings Fund in any environmental work being undertaken the current Trust buildings and in the building of the new hospital in Liverpool.

4.4 Objective 4: Care for carers, relatives and friends of people with dementia

CCC will:

- Support carers/relatives in their role ensuring they receive better information and advice; allowing carers/relatives to be true partners in delivery of care, involved in decision making and participating in social activities.
- Develop a feedback form specifically designed for dementia patients and their carers/relatives on discharge to capture feedback on patient experience.
- Aim for patients, carers and relatives to be able to speak freely with any member of staff caring for the patient and for any staff member to be able to respond with confidence, knowledge and understanding.
- The Trust is signed up to John's Campaign and welcomes the carers of patients with dementia in all areas of the hospital. It is committed to an 'Open Visiting' culture which supports carer access in the hospital outside normal working hours to enable them to be with the person with dementia.

4.5 Objective 5: Raise standards of care and promote activities that improve the wellbeing of patients and carers

CCC will:

- Develop staff confident in their roles are able to champion excellent practice and challenge any aspects of care that might not be in our patient's best interest
- Staff will support patients with dementia to participate in meaningful activities including the use of Reminiscence Interactive Therapy Activities [RITA].
- Staff will ensure that care standards are monitored and patient activity is promoted.

4.6 Objective 6: Improve communication

CCC will:

- raise awareness of the profile of dementia care and focus of the Dementia Care Strategy
- Ensure work streams communicate and celebrate achievements.

4.7 Objective 7: Develop and maintain collaborative systems wide partnerships

CCC will;

- become a member of the Dementia Action Alliance (DAA) .
- Commit to become a dementia friendly organisation as highlighted in the Prime Ministers challenge on dementia 2020.
- Adopt the Dementia Friendly Hospital Charter
- self-assess its current position against the framework of dementia friendly principles developed by the DAA
- develop/ update a DAA Action Plan to submit on the DAA website.
- continue to actively engage and work in partnership with local dementia organisations in the Transforming Cancer Care project

4.8 How will we measure success?

Success of this strategy will be indicated by year on year delivery against agreed actions.

We will establish a monitoring framework based on the following indicators:

- The number of patients with a diagnosis of dementia
- Specific dementia audits
- Feedback from people living with dementia and their carers/family
- Evaluation and audit from the environmental changes
- Uptake of and compliance with mandatory dementia training
- Reduction in length of stay and readmission for people with dementia
- Patient led assessment of clinical environment (PLACE) audit
- Number of complaints received relating to dementia care
- Care plans routinely include carers wishes/preferences

4.9 Monitoring and compliance

Delivery of the Trusts Dementia Strategy will be undertaken by a newly developed dementia collaborative task and finish group and monitored by the Safeguarding Committee on a quarterly basis. Progress will be reported at the Trusts Integrated Governance Committee. A Trust wide Dementia annual

report will be presented to update on progression of dementia work.

5. Key Documents

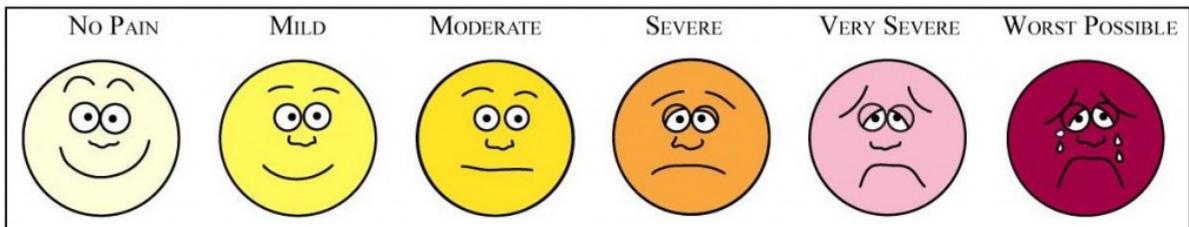
- Alzheimer's Society – Dementia 2012, A national Challenge (2012)
- Alzheimer's Society – End of Life Care (2013)
- Alzheimer's Society, Fix Dementia Care in Hospitals, Alzheimer's Society (2016)
- Common Core Principles for supporting people with Dementia Skills for health and social care(2011)
- Department of Health, Prime Minister's challenge on Dementia (2012)
- Department of Health Prime Minister's Challenge on Dementia 2020 (2015)
- Health Education England, Skills for Health and Skills for Care, Dementia Core Skills Education and Training Framework (2015)
- National Audit Office (2010) Improving Dementia Services in England
- NICE Quality Standards for Dementia [NG97]
- Royal College of Nursing Dementia National Strategies and Standards
- The Triangle of Care – Carers Included: A Guide to Best Practice for Dementia Care (2013)
- Benefits of Timely Dementia Diagnosis – A report for consideration in primary care. The Dementia Action Alliance. Commissioned in partnership with the DoH. (2013)
- Data on Written Complaints in the NHS 2013 -2014.Health and Social Care Information Centre (2014)
- Delirium: Prevention, Diagnosis and Management [NICE 2010]
- Johns Campaign- www.johnscampaign.org.uk
- Dementia Action Alliance <http://www.dementiaaction.org.uk>)
- Enhancing the healing environment, Kings Fund
www.kingsfund.org.uk/projects/enhancing-healing-environment/ehe-in-dementia-care
- The Care Act 2014 - <http://www.legislation.gov.uk/ukpga/2014/23/section/10/enacted>

Appendix 4a

Pain Tool

Universal Pain Assessment Tool

This pain assessment tool is intended to help patient care providers assess pain according to individual patient needs. Explain and use 0-10 Scale for patient self-assessment. Use the faces or behavioral observations to interpret expressed pain when patient cannot communicate his/her pain intensity.



Appendix 4b

v15

Disability Distress Assessment Tool



Client's name:

DoB:

Gender:

Unit/ward:

NHS No:

Your name:

Date completed:

Names of others who helped complete this form:

DisDAT is

~~Intended to help identify distress cues in people who because of cognitive impairment or physical illness have severely limited communication.~~

Designed to describe a person's usual content cues, thus enabling distress cues to be identified more clearly.

NOT a scoring tool. It documents what many staff have done instinctively for many years thus providing a record against which subtle changes can be compared. This information can be transferred with the client or patient to any environment.

Only the first step. Once distress has been identified the usual clinical decisions have to be made by professionals.

Meant to help you and your client or patient. It gives you more confidence in the observation skills you already have which in turn will help you improve the care of your client or patient.

INSTRUCTIONS FOR USING DisDAT ARE ON THE BACK PAGE

SUMMARY OF SIGNS AND BEHAVIOURS

Appearance when CONTENT

Face

Eyes

Tongue/jaw

Skin

Appearance when DISTRESSED

Face

Eyes

Tongue/jaw

Skin

Vocal signs when CONTENT

Sounds

Speech

Vocal signs when DISTRESSED

Sounds

Speech

Habits and mannerisms when CONTENT

Habits

Mannerisms

Comfortable distance

Habits and mannerisms when DISTRESSED

Habits

Mannerisms

Comfortable distance

Posture & observations when CONTENT

Posture

Observations

Posture & observations when DISTRESSED

Posture

Observations

Known triggers of distress (write here any actions or situations that usually cause or worsen distress)

Disability Distress Assessment Tool



Please take some time to think about and observe your client's appearance and behaviours when they are both content and distressed, and describe these cues in the spaces given. We have listed words in each section to help you to describe your client or patient. You can circle the word or words that best describe the signs and behaviours when your client or patient is content and when they are distressed. Document the cues in each category and, if possible, give a fuller description in the spaces given. Your descriptions will provide you with a clearer picture of your client's 'language' of distress.

COMMUNICATION LEVEL *

- This person is unable to show likes or dislikes Level 0
- This person is able to show that they like or don't like something Level 1
- This person is able to show that they want more, or have had enough of something Level 2
- This person is able to show anticipation for their like or dislike of something Level 3
- This person is able to communicate detail, qualify, specify and/or indicate opinions Level 4

* This is adapted from the Kildominister Curriculum for Children and Adults with Profound Multiple Learning Difficulty (Jones, 1994, National Postage Association).

FACIAL SIGNS

Appearance

Information / instructions	Appearance when content	Appearance when distressed
Ring the words that best describe the facial appearance	Passive Laugh Smile Frown Grimace Startled Frightened Other:	Passive Laugh Smile Frown Grimace Startled Frightened Other:

Jaw movement

Information / instructions	Movement when content	Movement when distressed
Ring the words that best describe the jaw movement	Relaxed Drooping Grinding Biting Rigid Other:	Relaxed Drooping Grinding Biting Rigid Other:

Appearance of eyes

Information / instructions	Appearance when content	Appearance when distressed
Ring the words that best describe the appearance	Good eye contact Little eye contact Avoiding eye contact Closed eyes Staring Sleepy eyes 'Smiling' Winking Vacant Tears Dilated pupils Other:	Good eye contact Little eye contact Avoiding eye contact Closed eyes Staring Sleepy eyes 'Smiling' Winking Vacant Tears Dilated pupils Other:

SKIN APPEARANCE

Information / instructions	Appearance when content	Appearance when distressed
Ring the words that best describe the appearance	Normal Pale Flushed Sweaty Clammy Other:	Normal Pale Flushed Sweaty Clammy Other:

VOCAL SOUNDS (NB. The sounds that a person makes are not always linked to their feelings)

Information / instructions	Sounds when content	Sounds when distressed
<p>Ring the words that best describe the sounds</p> <p>Write down commonly used sounds (write it as it sounds; 'tizz', 'eeiow', 'tetetetete):</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Volume: high medium low</p> <p>Pitch: high medium low</p> <p>Duration: short intermittent long</p> <p>Description of sound / vocalisation: Cry out Wail Scream laugh Groan / moan shout Gurgle Other:</p>	<p>Volume: high medium low</p> <p>Pitch: high medium low</p> <p>Duration: short intermittent long</p> <p>Description of sound / vocalisation: Cry out Wail Scream laugh Groan / moan shout Gurgle Other:</p>

SPEECH

Information / instructions	Words when content	Words when distressed
<p>Write down commonly used words and phrases. If no words are spoken, write NONE</p>		
<p>Ring the words which best describe the speech</p>	<p>Clear Stutters Slurred Unclear Muttering Fast Slow Loud Soft Whisper Other:</p>	<p>Clear Stutters Slurred Unclear Muttering Fast Slow Loud Soft Whisper Other:</p>

HABITS & MANNERISMS

Information / instructions	Habits and mannerisms when content	Habits and mannerisms when distressed
<p>Write down the habits or mannerisms, eg. "Rocks when sitting"</p>		
<p>Write down any special comforters, possessions or toys this person prefers.</p>		
<p>Please Ring the statements which best describe how comfortable this person is with other people being physically close by</p>	<p>Close with strangers Close only if known No one allowed close Withdraws if touched</p>	<p>Close with strangers Close only if known No one allowed close Withdraws if touched</p>

BODY POSTURE

Information / instructions	Posture when content	Posture when distressed
<p>Ring the words that best describe how this person sits and stands.</p>	<p>Normal Rigid Floppy Jerky Slumped Restless Tense Still Able to adjust position Leans to side Poor head control Way of walking: Normal / Abnormal Other:</p>	<p>Normal Rigid Floppy Jerky Slumped Restless Tense Still Able to adjust position Leans to side Poor head control Way of walking: Normal / Abnormal Other:</p>

BODY OBSERVATIONS

Information / instructions	Observations when content	Observations when distressed
<p>Describe the pulse, breathing, sleep, appetite and usual eating pattern, eg. eats very quickly, takes a long time with main course, eats puddings quickly, "picky".</p>	<p>Pulse: Breathing: Sleep: Appetite: Eating pattern:</p>	<p>Pulse: Breathing: Sleep: Appetite: Eating pattern:</p>

Information and Instructions

When to use DisDAT

When the team believes the client is NOT distressed

The use of DisDAT is optional, but it can be used as a

- baseline assessment document
- transfer document for other teams

When the team believes the client IS distressed

If DisDAT has already been completed it can be used to compare the present signs and behaviours with previous observations documented on DisDAT. It then serves as a baseline to monitor change.

If DisDAT has not been completed:

- When the client is well known DisDAT can be used to document previous content signs and behaviours and compare these with the current observations
- When the client or the distress is new to the team, DisDAT can be used to document the present signs and behaviours to act as a baseline to monitor change.

How to use DisDAT

- Observe the client** when content and when distressed- document this on the inside pages. Anyone who cares for the patient can do this.
- Observe the context** in which distress is occurring.
- Use the clinical decision distress checklist** on this page to assess the possible cause.
- Treat or manage** the likeliest cause of the distress.
- The monitoring sheet** is a separate sheet, which may help if you want to see how the distress changes over time.
- The goal** is a reduction the number or severity of distress signs and behaviours.

Remember

- Most information comes from the whole team in partnership with the family.
- The assessment form need not be completed all at once and may take a period of time.
- Reassessment is essential as the needs of the client or patient may change due to improvement or deterioration.
- Distress can be emotional, physical or psychological. What is a minor issue for one person can be major to another.
- If signs are recognised early then suitable interventions can be put in place to avoid a crisis.

Clinical decision distress checklist

Use this to help decide the cause of the distress

Is the new sign or behaviour?

- Repeated rapidly?
Consider pleuritic pain (in time with breathing)
Consider colic (comes and goes every few minutes)
Consider repetitive movement due to boredom or fear.
- Associated with breathing?
Consider: infection, COPD, pleural effusion, tumour
- Worsened or precipitated by movement?
Consider: movement-related pains
- Related to eating?
Consider: food refusal through illness, fear or depression
Consider: food refusal because of swallowing problems
Consider: upper GI problems (oral hygiene, peptic ulcer, dyspepsia) or abdominal problems.
- Related to a specific situation?
Consider: frightening or painful situations.
- Associated with vomiting?
Consider: causes of nausea and vomiting.
- Associated with elimination (urine or faecal)?
Consider: urinary problems (infection, retention)
Consider: GI problems (diarrhoea, constipation)
- Present in a normally comfortable position or situation?
Consider: anxiety, depression, pains at rest (eg. colic, neuralgia), infection, nausea.

If you require any help or further information regarding DisDAT please contact:
Lynn Gibson 01670 394 260
Dorothy Matthews 01670 394 808
Dr. Claud Regnard 0191 285 0063 or e-mail on claudregnard@stoswaldsuk.org

Northgate & Prudhoe NHS Trust Palliative Care Team
and St. Oswald's Hospice

Further reading

Regnard C, Matthews D, Gibson L, Clarke C, Watson B. Difficulties in identifying distress and its causes in people with severe communication problems. *International Journal of Palliative Nursing*, 2003, 9(3): 173-6.

**Distress may be hidden,
but it is never silent**

[v14a] DisDAT Monitor Patient: _____ Start month: _____ Year: _____

- | | | |
|-----|--|---|
| Q 1 | Is the sign/behaviour of distress present? | If No, score 0; if Yes, go to next question |
| Q 2 | Is it moderately affecting on the day? | If No, score 1; if Yes, go to next question |
| Q 3 | Is it dominating the day? | If No, score 2; if Yes, score 3 |

Score based on PACA. (Ellenhow 7)

Patient sign or behaviour of distress: (EXAMPLE): *grimaces*

DATE	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	30	1	2	3	4	5	6	7
3																										
2																										
1																										
0																										
DATE or TIME																										

Patient sign or behaviour of distress:

3																										
2																										
1																										
0																										

Patient sign or behaviour of distress:

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2																										
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0																										

Patient sign or behaviour of distress:

3																										
2																										
1																										
0																										

TOTAL score

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

[v14] DisDAT Monitor Patient: _____ Start month: _____ Year: _____

Document the daily frequency of each distress sign or behaviour with a ✓
 Mark down the usual time each sign or behaviour lasts in minutes

Patient sign or behaviour of distress: (EXAMPLE): *grimaces*

DATE	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7
Frequency	✓																								
How long?	10	12	6	8	5	5	2	<1	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-

DATE _____

Patient sign or behaviour of distress:

Frequency																									
How long?																									

Patient sign or behaviour of distress:

Frequency																									
How long?																									

Patient sign or behaviour of distress:

Frequency																									
How long?																									

Patient sign or behaviour of distress:

Frequency																									
How long?																									

Patient sign or behaviour of distress:

Frequency																									
How long?																									

Patient sign or behaviour of distress:

Frequency																									
How long?																									

TOTAL

Total frequency																									
Total time																									

Appendix 5

Trust Mandatory & role specific Safeguarding Training matrix

Levels	Trust Staff allocated to each Group	How to access training	How often do I need to update my training?	How long will the training take?
Safeguarding Awareness	All staff/ employed by Clatterbridge Cancer Centre including volunteers and contractors.	Via Corporate Induction	One off session	30 minutes
Level 1 Children & Adults	All staff/ employed by Clatterbridge Cancer Centre including contractors.	E-learning via ESR	On commencing at the Trust and then every 3 years	Refresher training equivalent to a minimum of two hours.
	Volunteers	Via face to face level 1 safeguarding adult , children and Prevent session		
	Trust Board Members including Non-Executive Directors	E-learning via ESR		
Level 2 Children & Adults All clinical and non-clinical staff who have some degree of contact with children, young people and adults at risk	All patient facing staff including: <ul style="list-style-type: none"> • Trained nurses, health care assistants and trainee nurse associates(Bands 1-5) • Teenage and Young Adults (TYA) admin staff • Ward Pharmacists • Allied Healthcare Professionals (Bands 5-6) • Cancer Support Workers • Doctors/Dentists 	E-learning module via ESR and/or 2 hour face to face session	Every 3 years NOTE: Training at level 2 will include the training required at level 1 and will negate the need to undertake refresher training at level 1 in addition to level 2.	Refresher training equivalent to a minimum of 3-4 hours.

<p>Level 3 Children & Adults</p> <p>All clinical staff who could potentially contribute to assessing planning , intervening or evaluating the needs of a child or young person or adult at risk</p>	<p>Patient facing staff as outlined below:</p> <ul style="list-style-type: none"> • Nursing Staff at Band 6 and above • Teenage and Young Adults clinical staff • Radiographers at Band 7 and above • Matrons and Lead Nurses • Social Worker/s • Clinical Specialist Practitioner for Additional needs • Nurses working in the Home Treat Team (Out-patients) • Physicians Associates 	<p>E-learning module via ESR for Children and/or 3 hour face to face session for Adults & Children</p> <p>Note: L3 adults training is <u>face to face only</u></p>	<p>Every 3 years</p> <p>NOTE: Training at level 3 will include the training required at level 1 and 2 and will negate the need to undertake refresher training at levels 1, and 2 in addition to level 3.</p>	<p>Refresher training equivalent to a minimum of 8 hours</p>
<p>Level 4</p> <p>Children & Adults Named Professionals only.</p>	<ul style="list-style-type: none"> • Head of Safeguarding • Named Nurse for Safeguarding Adult/ Children • Named Doctors for Safeguarding • Trusts Prevent Lead 	<p>Multi agency safeguarding training including attendance at relevant safeguarding health sub groups, case conferences, strategy meetings etc</p>	<p>Every 3 years</p> <p>NOTE: Training at level 4 will include the training required at level 1 ,2 and 3 and will negate the need to undertake refresher training at levels 1, 2 and 3..</p>	<p>Refresher training equivalent to a minimum of 24 hours</p>
<p>Prevent Level 1 & 2</p> <p>All clinical and non-clinical staff who have some degree of contact with</p>	<p>All staff/ employed by Clatterbridge Cancer Centre including contractors.</p> <p>Volunteers</p>	<p>E-learning via ESR</p> <p>Via face to face level 1 safeguarding adult , children and Prevent session</p>	<p>On commencing at the Trust and then every 3 years</p>	<p>No specified time requirements</p>

children, young people and adults at risk				
Prevent Level 3 & 4 All clinical staff who could potentially contribute to assessing planning , intervening or evaluating the needs of a child or young person or adult at risk	Patient facing staff as outlined below: <ul style="list-style-type: none"> • Nursing Staff at Band 6 and above • Teenage and Young Adults clinical staff • Radiographers at Band 7 and above • Matrons and Lead Nurses • Social Worker/s • Nurses working in the Home Treat Team (Out-patients) • Physicians Associates • Safeguarding Team 	E-learning via ESR <u>or</u> face to face session (incorporated within current L3 face to face Children & Adults safeguarding training)	Every 3 years	No specified time requirements
Prevent Level 5 Trust Prevent Leads only	Trust Prevent Leads only.	Level 3 E-learning via ESR plus; Attendance at NHS England annual PREVENT conference and a minimum of two NHS England Regional Prevent Forums	Every 3 years Annual	No specified time requirements
Trust Board	Trust Board Members including Non-Executive Directors	Bespoke Board Training	Annual	1 hour

Monitoring of compliance

It is the responsibility of each team and directorate to identify which level of training their staff require and ensure this is completed and updated within the recommended timeframes. An ESR workforce data and compliance rate for all staff is provided to each directorate from the learning and development team on a monthly basis team.

Directorate leads are responsible for monitoring the uptake and compliance with both mandatory and role specific safeguarding training requirements at their monthly Directorate meetings and providing assurance of compliance at safeguarding operational group meetings.

All line managers are responsible for ensuring that their members of staff are compliant with the relevant mandatory and role specific levels of safeguarding training at their regular one to one meetings/ annual PDAR process and that uptake and compliance is recorded.

Please note: We encourage all staff that have completed Safeguarding training in previous organisations/roles to bring their training passport to demonstrate compliance with safeguarding training. On submission of certificate of completion or evidence this will be recorded on ESR by learning and development team.

Any queries please contact the Safeguarding Team on 07787 277802

Appendix 6

LPS Summary Report

Date of Report: 26 May 2019

Title of Report: Update on Mental Capacity Act (MCA) Amendment Bill from Department of Health and Social Care

Author: Jackie Rooney Head of Safeguarding

1. Report purpose

The purpose of this report is to provide CCC Integrated Governance Committee with an update and subsequent implications for Clatterbridge Cancer Centre NHS Foundation Trust (The Trust) following the Mental Capacity (Amendment) Act 2019 receiving Royal Assent and being passed in law on 16 May 2019.

2. Background

In March 2014, the House of Lords Select Committee made a recommendation that the current Deprivation of Liberty Safeguards (DoLs) were 'not fit for purpose'. The Law Commission was asked to review this recommendation and in March 2017 published a detailed report of its findings, along with draft legislation to replace the entire Deprivation of Liberty Safeguards framework with a new system called the Liberty Protection Safeguards (LPS) and an amendment to the Mental Capacity Act (MCA).

In response, following much debate and consultation the Mental Capacity (Amendment) Bill, was finally agreed by Parliament on 24 April 2019, received Royal Assent and passed in law on 16 May 2019.

This legislation will replace the current safeguards system known as Deprivation of Liberty Safeguarding (DoLs) contained in the Mental Capacity Act 2005 (MCA), with a completely new system known as the Liberty Protection Safeguards (LPS) for people with dementia and other mental incapacities who cannot make important decisions about their care.

This Bill seeks to slim the authorisation process to ensure compliance with the law and to put the cared-for person at the heart of the decision making process.

It is expected that the new framework will come into force in Spring 2020

3. National Context: What will change?

3.1 The following is a list of the most significant changes contained within the Mental Capacity (Amendment) Bill, which would be introduced by the Liberty Protection Safeguards:

- **16/17 year olds:** The safeguards would be applicable to anyone from the age of 16 (bringing it in line with the rest of the Mental Capacity Act 2005);

- **Responsible Body:** The role of the supervisory body does not exist under the LPS. Instead, the relevant **responsible body** will be charged with authorising arrangements. The **responsible body** will depend on where the cared-for person is residing.
 - If the cared-for person is residing in an NHS hospital, responsibility will fall to the ‘hospital manager’;
 - If the cared-for person is in receipt of continuing healthcare, this will be the relevant Clinical Commissioning Group
 - In all other cases, this will be the Local Authority.
- **Authorising Arrangements:** The **responsible body** can authorise arrangements that amount to a deprivation of liberty if it is satisfied of three conditions :
 - The person lacks the capacity to consent to the care arrangements
 - The person has a mental disorder
 - The arrangements are necessary to prevent harm to the cared-for person, and proportionate to the likelihood and seriousness of that harm.

Under LPS there will be no requirement to consider best interests.

- **Consultation:** The **responsible body** must consult with the cared-for person and a range of other persons to try to ascertain the cared-for person’s wishes and feelings in relation to the arrangements.
- **Pre-Authorisation Review:** Someone not involved in the cared-for persons day-to-day care and treatment must carry out a pre-authorisation review to determine whether the three authorisation conditions are met. If the cared-for person is objecting to the arrangements, or if the cared-for person is receiving care and treatment predominantly in an independent hospital, this person must be an Approved Mental Capacity Professional (AMCP).
- **New roles :** A new role of Approved Mental Capacity Professional (AMCP) would replace the role of the Best Interest Assessor (BIA), and the AMCP would only get involved in more serious or complex deprivations (currently the BIA has a co-ordinating and assessing role in all cases). Local authorities are responsible for the approval of individual AMCPs and ensuring that there are enough AMCPs in each local area
- **Wider Scope:** Arrangements in any setting, including domestic settings, can be authorised under the LPS (the LPS is not restricted to care homes and hospitals as is the case with DOLS).
- **Increased Flexibility:** An LPS authorisation can cover more than one environment and travel with the cared-for person if they are moving between different settings (although this must be anticipated in advance).
- **Renewable and Longer-Lasting:** An authorisation under the LPS can be renewed; in the first instance for one year and thereafter for periods up to 3 years. (Under DoLS, a deprivation can be for a maximum of one year initially).

- **Safeguards:** The cared-for person will need to be informed by the **responsible body** within 72 hours that their arrangements have been authorised and provided with a copy of the authorisation record. The cared-for person will be supported by an appropriate person or an Independent Mental Capacity Assessor (IMCA) (in the absence of an appropriate person) for the duration of their authorisation. The authorisation record must include regular reviews, which can also be triggered upon reasonable request.

3.2 What remains unchanged?

The following remain unchanged:

- Full consultation with the person and their family would still be required in all cases; and
- Where a person is detained under a section of the Mental Health Act 1983 the Liberty Safeguards would not apply.
- The Bill does not include a definition of deprivation of liberty. Instead, the Government has promised that the LPS Code of Practice will contain detailed guidance on what does and does not amount to a deprivation of liberty.

3.3 Monitoring of LPS

The Government has confirmed that the Code of Practice will have statutory status. It has also confirmed that work on the Code has commenced and that a first draft will be put to consultation in Autumn 2019. The Code of Practice will be vital in fleshing out the details of how the LPS will work in practice.

CQC anticipate that the new LPS code of Practice will set out CQC's role in monitoring the implementation and use of the LPS for people in CQC registered services.

3.4 Transition

It is anticipated that for the first year after coming into force, the DOLS scheme and LPS framework will work in parallel. In practice, this is likely to mean any DOLS authorisations will remain in place until they expire. At the point of expiry, it would be expected that the LPS framework is used for further authorisation.

4. Local context : Implications for Clatterbridge Cancer Centre

The following roles and responsibilities will be adopted by the Trust when **LPS is LIVE and implemented nationally** from Spring 2020 onwards;

- **Responsible Body**
Under LPS, CCC will assume the role of **responsible body** and LPS authoriser for patients cared for at the Trust with responsibly for authorising deprivations within their hospital setting. This role will fall to the 'hospital manager'.
- **Criteria for an Authorisation**
Under LPS, CCC as the responsible body may authorise arrangements if the following authorisation conditions are met
 - The person **lacks capacity** to consent to arrangements;

- The person has a **mental disorder** within the meaning of section 1(2) of the Mental Health Act 1983 and
 - The arrangements are **necessary** to prevent harm to the person and **proportionate** in relation to the likelihood and seriousness of harm to the person
- **Consultation**
Before arrangements can be authorised, CCC must ensure consultation has taken place between the patient being cared for and relevant individuals of the person in order to ascertain the person's wishes or feelings, unless it is not practicable or appropriate to do so.
 - **Pre- Authorisation Review**
In line with legislation:
 - The review must be carried out by a person who is not involved in the day to day care or providing any treatment to the person.
 - A pre-authorisation review can be completed by either an approved mental capacity professional (AMCP) or another health or care professional(the government will set out which professions can undertake this role in the statutory guidance) .
 - **Criteria for Authorisation**
As the responsible body, CCC cannot authorise arrangements unless:
 - the person carrying out the pre-authorisation review has determined that the authorisations conditions are met (in AMCP cases) or;
 - it is reasonable for the responsible body to conclude that the authorisation conditions are met (in non AMCP cases).
 - **Effect and Duration of Authorisation**
 - An authorisation can take effect immediately or up to 28 days later. An authorisation can last up to 12 months and can be renewed for a second period of up to 12 months and thereafter for periods of up to three years.
 - As the responsible body CCC can at any time cease an authorisation. An authorisation also ceases to have effect if ;
 - a. The person regains capacity to consent
 - b. The person does not have a mental disorder
 - c. The arrangements are no longer necessary and proportionate
 - **Renewal and Reviews**
The LPS scheme will allow CCC as the **responsible body** to:
 - Renew an authorisation if it is satisfied that the authorisation conditions are met and it is unlikely that there will be any significant change in the person's condition during the renewal period.
 - Carry out a consultation with patient and relevant identified individuals before an authorisation can be renewed, and;
 - Specify a clear programme of regular reviews of authorisations. This must be clearly documented and set out in the person's authorisation record.
 - **Appointment of IMCA**

Under the LPS scheme, CCC as the responsible body is required to take reasonable steps to appoint an IMCA if required in the following circumstances;

- The person has capacity to consent to the appointment and makes a request or;
- The person lacks capacity to consent and the responsible body is satisfied that it is not in the persons best interests

- **Monitoring**

As a CQC registered provider, CCC will continue to meet the requirements of the current DoLs system until it is fully replaced by LPS

5. Next steps

It is expected that the new LPS framework will come into force in Spring 2020; however the Government have not announced the exact date in which the legalisation will commence.

In the meantime the Department of Health and Social Care are currently working on the LPS code of practice which it has committed to publishing for public consultation later this year, together with a number of regulations to be drafted before the legalisation can be implemented.

Once approved the Government has confirmed that the current DOLs system will run alongside the LPS for a 12 month period to enable those subject to DOLs to be transferred to LPS in a managed way.

As such there are currently no immediate steps or actions to be taken at this time by the Trust until the new LPS code of practice and implementation plan is developed and approved by Parliament.

Once approved, CCC will establish a time limited task and finish group to develop and agree a localised trust wide implementation plan ,transition process and identification of the 'hospital manager' role.

Oversight of implementation will be monitored by Safeguarding Committee and assurance provided to Integrated Governance Committee and Quality Committee. As a CQC registered provider, CCC will continue to meet the requirements of the current DoLs system until it is fully replaced by LPS

The Trusts Named Nurse for Safeguarding and Principal Social Worker will monitor and update the Trust Safeguarding Committee on the progress of this work on a quarterly basis.

6. Recommendation

That the Integrated Governance Committee

- Note the content of the report and subsequent update on Mental Capacity Act (MCA) Amendment Bill from Department of Health and Social Care
- Request further assurance and updates if indicated

Appendix 7

MCA DoLS Audit 2019

Title: The Deprivation of Liberty Safeguards Policy Audit

Author(s): Clare James – Named Nurse for Safeguarding

Audit Period: 1st April 2018 to 31st March 2019

Report Date: June 2019

Policy audit against (if applicable): Deprivation of Liberty Safeguards policy

Introduction:

The Human Rights Act 1998 sets out the fundamental rights and freedoms that everyone in the UK is entitled to. It incorporates the rights set out in the European Convention on Human Rights (ECHR) into domestic British law. Article 5 of the Act has said that the rights of people who can't make decisions and who need to have their liberty taken away in hospitals and care homes must be strengthened. People's liberty should not be taken away if they can be cared for in a less restrictive way.

The MCA /DoLS (Mental Capacity Act 2005 and Deprivation of Liberty Safeguards) will protect people who can't make decisions about care or treatment, who need to be cared for in a restrictive way. For example, patients who have dementia, a mental health problem or a severe learning disability.

The law states that MCA/ DoLS must be used if people need to have their liberty taken away in order to receive care and / or treatment that is in their best interests and protects them from harm.

The DoLS clarify that a person may be deprived of their liberty if:

- They lack the mental capacity to consent to their accommodation and care plans;
- It is in their own best interests to protect them from harm;
- It is a proportionate response to the likelihood and seriousness of the harm; and
- It is the least restrictive way of meeting their needs safely.

In November 2018, a new safeguarding team comprising of a Head of Safeguarding and a Named Nurse for Safeguarding commenced in post within the Clatterbridge Cancer Centre.

The Named Nurse for Safeguarding was appointed to Mental Capacity Act / DOLS lead as the current post holder (social worker) was on long term sickness leave.

A deep dive into MCA and DOLS practices was commenced following this appointment. This coincided with the unannounced CQC inspection visit which occurred in December 2019.

The CQC reported the following action in relation to DOLS;

- The Trust must ensure that Deprivation of Liberty Safeguards is recorded within the patients' records under regulation 17.

Work is underway to meet this requirement and is being monitored by the CQC IPAG who meets on a weekly basis.

Aim

To undertake a DOLS review within the Clatterbridge Cancer Centre to provide an assurance that the DOLS processes is being applied in line with the Trust policy and in the best interests of the patients.

Objective

To audit the completeness of DOLS application process against paper and electronic records and quality assurance of the information recorded within the patients' health records.

Standard(s) audit against: Deprivation of Liberty Safeguards Policy

Sample Size

During the reporting period from 1st April 2018 to 31st March 2019, 7 patients identified as requiring a DOLS application submission to their local authority.

Methodology

Case note and electronic records scrutiny was applied for all 7 patients as part of this audit.

Findings:

1. Is there evidence of a mental capacity assessment present in the patient record?

- ❖ Of the 7 patients in the audit, 5 (71%) had evidence of mental capacity assessment within the patient records.

2. Is the DOLS application present in the patient record?

- ❖ Of the 7 patients in the audit, 1 (14%) had evidence of DOLS application held within the patient records.

3. Does the note section within the patient's record contain information related to the patient's mental capacity status and the subsequent need for a DOLS submission?

- ❖ Of the 7 patients in the audit, 6 (85%) had evidence of within the note section within the patient's record of information related to the patient's mental capacity status and the subsequent need for a DOLS submission.

4. Is there evidence of a DOLS outcome of the application process present in the patient record before or at discharge?

- ❖ Of the 7 patients in the audit, 1(14%) had evidence of a DOLS outcome of the application process present in the patient record before or at discharge

5. Was the patient assessed by the local authority within the 14 day timeframe as per DOLS Code of Practice?

- ❖ Of the 7 patients in the audit, 3(43%) patients were assessed within the 14 day timeframe as per DOLS Code of Practice.

6. Was the CQC notification sent upon authorisation or discharge of the patient?

- ❖ Of the 7 patients in the audit, 4(43%) CQC notifications were evidenced within the Datix reporting system.

Recommendations and Action Plan

1. To note findings of the audit
2. The safeguarding team to continue to support the IT team to ;
 - Digitalise Mental Capacity Assessment form on Meditech which is due to `Go Live` on Monday 24th June 2019
 - Digitalise DOLS application on Meditech which is due to be completed in July 2019
3. To continue to embed the MCA and DOLS practices at ward level
4. To continue to deliver MCA and DOLS training to the relevant staff groups
5. To continue to monitor the use of completing Datix incidents with added documents as evidence of the MCA and DOLS process

To re-audit in 12 months' time

Deprivation of Liberty Safeguards Database

	Date of admission and Ward	Date of Dols Application submission	Local Authority	Mental Capacity Assessed ?	Datix incident completed?	Dols Application added to case notes	DOLS /MCA progress notes added to Meditech/ PENS?	DOLS Authorisation added to case notes	Patient seen within 14 days of application?	CQC notified ?
1	05/06/2018 Conway	13/06/2018	Knowsley	No	No	No	Yes Notes in Meditech	No	Yes	No evidence retained
2	13/06/2018 Conway	19/06/2018	Liverpool	Yes Notes in Meditech	No	No	Yes Notes in Meditech	Yes DOLS in evolve	Yes	No evidence retained
3	05/06/2018 Mersey	11/06/2018	Wirral	Yes Notes in Meditech	No	No	Yes Notes in Meditech	No	No	No evidence retained
4	01/12/2018 10 Z	03/12/2018	Warrington	Yes Form in ICE	Yes ID 4894	No	No	Regained capacity so application withdrawn	No	Yes Added to datix
5	12/12/2018 Conway	13/12/2018	Warrington	Yes Notes in Meditech	Yes ID 4986	Yes DOLS in evolve	Yes Notes in Meditech	Not received before discharge	Yes	Yes Added to datix
6	27/12/2018	28/12/2018	Warrington	No	Yes ID 5283	No	Yes Notes in Meditech	Not assessed before discharge	No	Yes Added to datix
7	05/03/2019 Mersey	08/03/2019	St Helens	Yes Form in Meditech	Yes ID 5738	No	Yes Notes in Meditech	Not assessed before discharge	No	Yes Added to datix

Safeguarding Leads



Safeguarding Duty Line : 07787 277 802

**Safeguarding Support & Advice available
9am until 5pm Monday to Friday**

Executive Safeguarding lead:



**Sheila Lloyd,
Director of Nursing & Quality**

Senior Safeguarding leads:



**Karen Kay,
Deputy Director of Nursing
Ext: 5623**



**Jackie Rooney
Head of Safeguarding
Ext: 5606**

Safeguarding leads:



**Named Nurse
Clare James
Ext: 5894**



**Named Doctor
Farida Alam
Ext: 5386**



**Named Doctor
Nicky Thorp
Ext: 5259**

The Safeguarding Duty Line is for staff and volunteers to raise any potential safeguarding concerns