

09 July 2013

Julie Timbrell
Project Manager
Scrutiny team
Southwark Council
PO BOX 64529
London, SE1P 5LX

Dear Julie

Further to your request dated 10th June for further information following our response letter of 23rd April please find below the answers to the specific follow up questions that you raise in relation to safeguarding and pressure ulcers.

1.0 Who do patients report abuse to, and who investigates?

Patients may raise concerns about their care to any member of staff within the Trust. Safeguarding is everyone's business and this message is iterated through training and also included in all staff job descriptions. Any concern made by a patient must be listened to, taken seriously and responded to. The first priority is to ensure the patient feels safe and reassured.

Patients may raise a concern themselves or ask a relative or friend to raise a concern on their behalf. The patient, relative or friend can approach any member of staff to raise a concern.

Patients, relatives or visitors can also report any concerns to PALS which has teams based on both hospital sites. They can also report any concerns via the complaints procedure by writing to the Trust complaints team.

All written complaints in relation to standards of nursing care are read by the Chief Nurse and appropriate action is taken. Any concern in relation to the care of vulnerable patients is reported to the Safeguarding leads for adults or children. We hold weekly meetings where information from PALS, the patient experience team and complaints is discussed and reviewed to ensure appropriate action is being taken and that any themes are identified. We are planning to integrate our PALS and complaints services later this year.

All ward sisters have access to their patient experience data and are supervisory which allows clear visible leadership for patients. Many patients also have a key worker allocated to them that they can contact if they have any worries when they are no longer an inpatient. Out of hours the Site Nurse Practitioners provide expertise in managing any concerns raised by patients or support ward staff to manage these.

There are four main ways that a concern will be processed. They are as follows:

Clinical Incident

If the concern is a clinical incident this will be reported via the Trust's incident reporting system called Datix. Examples would include falls and pressure damage incidents amongst others. All Datix reports regarding falls or pressure damage grades 2, 3 and 4 are automatically sent to the safeguarding adults leads.

The safeguarding leads will advise the clinical team involved with the incident if a referral to the safeguarding multi agency procedures is required. If the incident fulfils the criteria for safeguarding, a

safeguarding referral will be made by the clinical team via the Electronic Patient Records (EPR) if the incident occurred within acute services and via the agreed referral process if the incident occurred within community services. The referral will be made to the health safeguarding team and social services.

A strategy meeting will be held between health and social services and any other relevant agency to plan the safeguarding investigation. The clinical team involved with the incident will investigate the incident using the Root Cause Analysis (RCA) process. All investigatory findings will be sent to the chair of the multi agency safeguarding group. The chair will then co-ordinate a case conference. The multi agency safeguarding group will scrutinise the investigation and seek further clarification if required. Actions will be agreed and lessons learnt shared.

If the incident does not meet the criteria for safeguarding, the investigation will be carried by the clinical team and an action plan formulated and monitored by the directorate team.

Complaints

When a complaint is received by staff verbally, in writing or via PALS it is logged by the complaints department and the appropriate clinical team is notified.

The safeguarding adults leads are also notified if a complaint is about a vulnerable adult. The allocated safeguarding adults lead will work with the clinical team and advise if a safeguarding referral to the multi agency procedures is required. If the complaint fulfils the criteria for safeguarding, a safeguarding referral will be made by the clinical team via EPR if the complaint relates to care provided within acute services and via the agreed referral process if the complaint is related to services within the community. The referral will be made to the health safeguarding team and social services.

A strategy meeting will be held between health and social services and any other relevant agency to plan the investigation. Health will investigate the complaint using the RCA process.

All investigatory findings will be sent to the chair of the multi agency safeguarding group. The chair will then co-ordinate a case conference. The multi agency safeguarding group will scrutinise the investigation and seek further clarification if required. Actions will be agreed and lessons learnt shared.

If the complaint does not meet the criteria for safeguarding, the investigation will be carried by the clinical team and an action plan formulated and monitored by the directorate team.

Allegations

An allegation is a concern against a member of Trust staff or a service that has resulted in harm to the patient. The Trust has allegation guidance to ensure that there is a fair, co-ordinated procedure for all staff that face an allegation.

All allegations are escalated to the Trust's Allegations Manager and verified via an email notification of the concern. Within two working days, the allegations panel made up of the safeguarding adults (or children's leads), Human Resources and senior clinical staff will have a strategy meeting to agree the way forward.

If the concern meets the threshold for either childrens or adults safeguarding, it will be referred on to the multi agency safeguarding procedures appropriately.

If the allegation does not meet the criteria for safeguarding, the investigation will be carried out by a lead investigator from the clinical team and an action plan formulated and monitored by the directorate team.

We have clear guidance in relation to the management of allegations. This guidance aims to support the management of allegations against staff (including substantive staff, bank staff, agency staff, contractors and volunteers) or services to ensure the safety of patients, carers and visitors. The primary aim of this guidance is to ensure that all staff within acute and community services understand their roles and responsibilities with regards to the management of allegations.

This guidance is used in conjunction with Trust:

- Disciplinary policy and procedures
- Serious Incidents policy and procedures
- Safeguarding Adults at Risk policy and procedures
- Capability policy and procedure
- Chaperoning Policy
- Raising a Matter of Concern policy and procedure
- Safeguarding the Welfare of Children: Children in Need and Child Protection policy and procedures

Police Investigations

Any concerns raised or that are identified at any stage of an investigation where it appears that a crime may have been committed, the police would be informed and where it is progressed to a police investigation, this will take precedent. All other investigations will be suspended pending the criminal investigation.

2.0 Details of safeguarding training provided.

There are two levels of training provided to staff:

- Level 1 which is awareness and is provided to all staff on induction and thereafter yearly via an attachment to payslips
- Level 2 which is training for the Alerter which covers four areas:
 - Safeguarding Adults
 - Mental Capacity Act 2005
 - Deprivation of Liberty Safeguards
 - Learning Disability and Reasonable Adjustments

Level 2 training is provided to all clinical staff who provide care and treatment to patients. The training requirement and type of training is entered on each individual staff members training profile. The Safeguarding Adults training compliance is as follows:

Acute Services Safeguarding Adults Training Data

Month	Number trained to date	Percentage of compliant staff	Total Number to train
April 2013	5046	87%	5761
May 2013	4972	87%	5677

Community Health Services Safeguarding Adults Training Data

Month	Number trained to date	Percentage of compliant staff	Total Number to train
April 2013	775	84%	921
May 2013	763	85%	895

Level 2 training is provided to all nurses and midwives as part of their induction on joining the Trust. Bespoke sessions are provided to therapy staff for all new starters and as part of the mandatory three

yearly update. There is a safeguarding adults e-learning package for junior doctors which they have to complete prior to starting in clinically areas. Consultants have safeguarding training during their mandatory training days.

3.0 The safeguarding whistleblowing procedures of all partners.

All staff can raise a concern in confidence with their line manager, someone more senior or their union. All concerns will be thoroughly and fairly investigated. The full policy, Raising a Matter of Concern (whistleblowing) is available via eHR on the Trust's intranet.

This policy may be used particularly if staff have concerns, particularly if they are concerned about possible:

- Malpractice
- Danger to patients, the public or the environment
- Unlawful conduct
- Ethical concerns about how services are provided
- Breach of a code of conduct
- Accountability
- Maladministration.

The Raising a Matter of Concern policy and procedure set out the steps to follow to raise concerns. The policy was formerly known as the Whistleblowing Policy. Whistleblowing is a mechanism to allow staff to raise serious issues of concern that are normally of a sensitive nature. There is protective legislation for employees called The Public Interest Disclosure Act 1998. This legislation protects staff who 'whistleblow', i.e. make disclosures in good faith and follow internal Trust processes at first.

Individuals making a disclosure must:

- Have a genuine belief in the information being disclosed
- Not make the disclosure for personal gain and
- Show that it is reasonable to make the disclosure.

It is recognised that staff can feel worried about raising concerns and the Trust wants to ensure that staff are able to do so with total assurance that any issue they raise will be dealt with sensitively.

Every member of staff has a responsibility to report any concerns they may have about patients, staff services or visitors.

The policy and procedure are attached.

4.0 New protocols being developed on community acquired Pressure Sore cases to ensure they are resolved and information is shared between Trusts, the CCG and Adult safeguarding.

The Health Provider sub-group has met and reviewed the protocol for deciding which pressure damage incident should be referred through the safeguarding multi agency procedures. The document is being revised as is the protocol in line with the London safeguarding procedures and the Department of Health Guidance on Clinical Governance and Safeguarding: an integrated process, (DH, 2010). The draft document will be circulated to all partner organisations, the local authorities and the CCGs for comment before presenting to the safeguarding boards for sign-off.

5.0 An analysis of why Pressure Sores are increasing, including data on where these are acquired

Pressure ulcer rates remain very low for a Trust of our size and complexity, with lower numbers of attributable pressure ulcers reported this quarter in comparison to the same period last year.

The number of patients admitted with grade 2 – 4 pressure ulcers remains fairly consistent at 40 -50 per month (see table below). When the data was analysed it did not show any trends or hot spots.

There is an equal spread of patients coming from nursing and residential homes and their own homes including those with and without social or healthcare input.

Month	Trust acquired Stage two	Trust acquired Stage three	Trust acquired Stage four	Number of patients admitted with grade 2 – 4 pressure ulcers
April 2012	4	0	0	46
May 2012	6	1	0	52
June 2012	7	0	0	51
July 2012	3	1	0	57
Aug 2012	9	0	0	45
Sept 2012	3	0	0	40
Oct 2012	3	0	0	35
Nov 2012	4	0	0	37
Dec 2012	6	0	0	31
Jan 2013	5	1	0	38
Feb 2013	5	0	0	37
March 2013	11	0	0	48
April 2013	6	1	0	40
May 2013	2	1	0	44

Our joint Acute/Community pressure ulcer forum continues to meet monthly, with recent actions including: reformatting Trust pressure ulcer reports, focusing on understanding the location and causes of 'non-attributable pressure ulcers' and updating on all ongoing initiatives to reduce pressure ulcer incidence. There will be a full integration of the tissue viability service across the acute and community service by the 1st of July 2013 this will further enable seamless patient care especially for complex patients.

We continue to ensure that all new staff coming to the trust have the training and support that they need to maintain our excellent standards in pressure area assessment and care.

We hold weekly Acute/Community meetings to identify "hotspots" that may require input or support. We have developed a pressure ulcer passport for those patients who move from acute to community to ensure continuity in care.

I hope that this information answers the questions that you have raised.

Yours sincerely

Deborah Parker
Deputy Chief Nurse