Northumbria Healthcare **NHS**
NHS Foundation Trust

Safeguarding Children and Adults at Risk
Quarterly Report Q2 16-17

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Safeguarding Children and Adults at Risk Report

1. Aim and Purpose of this Report

This report aims to provide assurance to the board that safeguarding processes within the Trust are effective to ensure that children and adults who use our services are safeguarded and processes are in place to protect from harm.

2. NHS England Priorities

The following subjects are priority issues in safeguarding all NHS Trusts are expected to have safeguarding measures in place to ensure staff are well trained to recognise and respond to all priorities and to have robust processes in place for reporting. NHCFT has addressed each area which influences the current safeguarding practices.

- PREVENT (counter terrorism)
- Child Sexual Exploitation
- FGM- Female Genital Mutilation
- DOL'S
- MCA
- Savile – Action plan complete
- Looked After Children (see LAC report)

3. New Serious Case Reviews /Safeguarding Procedural Investigations / Domestic Homicide Reviews

Q2 Reporting		Summary of cases
SCR	1	Baby with Non accidental brain injury
DHR	1	Male victim of DV (same sex couple)
SLE	1	13 month old child death
LADO	1	Upheld- case ongoing
FGM	1	Mother fled family daughters at risk of FGM
PREVENT	0	
CSE	0	Complex abuse(CSE) cases being managed in the community led by LA/Police

Action plans are in place where appropriate for on-going DHR's /SCR's and are being monitored through the NHCFT Case Review group. Previous action plans raised within reviews and reports are also monitored by the group.

4. Risks

Very High Risks

- **None**

High Risks

- **Six**

- Due to a substantial increase in DoLs activity since the Supreme Court ruling, there is the potential for patients to be deprived of their liberty without formal authorisation. A greater number of patients will need assessment and authorisation under the safeguards following a Supreme Court ruling.

- There is a high level of staff turnover in the health visitor workforce which has an impact on caseload numbers, safeguarding management and potential staff resilience. this has the potential to affect capacity to meet KPI's

- Risk to staff from lack of communication as various IT systems do not interface, there is a risk that safeguarding alerts recorded on PAS are not communicated to staff using other clinical electronic records i.e. system one, CRIS,IAPTUS etc

- Staff are frequently exposed to violence and aggression from confrontational /challenging or mentally ill patients in ED settings.

- The Trust is unable to maintain the safety of patients with MH illness or suicidal intent due to environmental factors

- Reduced capacity to fulfil statutory role of Mental Health Act Administrator

All risks have plans in place to mitigate the risk, reduce and manage the risk identified

Operational risks

NSECH – As reported last quarter, there are ongoing issues regarding mental health crisis patients self presenting or being transported by police to Emergency Care and an increase in violent and abusive incidents A number of Business Unit representatives are progressing an action plan to improve issues at NSECH and with partner agencies.

Actions complete
- In house ED/MH/Security Meetings held bi monthly to progress action plan
- Bi monthly Communication meeting established with multi agency partners such as Local Authority / Police/ NTW / NEAS
- Improved communication / response with Police and ED
- NSECH environmental risk assessment and remedial action
- Repeat /serious offenders management process reviewed

Actions ongoing
- Mobile security cameras for security staff roll out for December 2016
- Review of security Staff structure and support
- Training review of ED and security staff, target date Nov 16

- Protocol / pathways of care developed for MH patients attending ED
- Frequent ED attenders meeting to be established to support attendance avoidance
- Trauma support package to be developed
- Debriefing protocols

Action Plan monitored by the Safeguarding Board quaterly

Health Visiting and School Nursing

The North Tyneside Local Authority will be providing a 0 – 19 Service from the end of March 2017. From April 2016 the Family Nurse Partnership in North Tyneside was decommissioned. There was a reduction in the contract value for Health Visiting and a reduced service specification and contract value for Public Health School Nursing, there will be a separate immunisation team.

Mitigating actions have been taken to manage the risk in the transition with Safeguarding being prioritised by both services. Risks are being reviewed monthly and staff are being supported.

A paper will be going to Northumberland County Council cabinet on 11th October 2016 around potential reductions in Northumberland budgets. There is an expectation that the FNP will also be decommissioned in the county and a Vulnerable Young Peoples pathway developed. The full implications are not known at this point in time.

5. Audits

5.1 Adult
Safeguarding Adults acute monthly audit is incorporated in Trust '15 steps audit'- Reported monthly to the Safeguarding Board.

Safeguarding Adult Audit plan 2016-17 presented to Safeguarding Board. Audits are on going

5.2 Children
Safeguarding audits are progressing in line with annual audit plan which is reported to the Safeguarding Board quarterly.

6. Training

6.1 Trust Wide

Course Name	Q4	Q1	Q2
Safeguarding Children & Young People - Level 1	93.5%	72.8%	78%
Safeguarding Children & Young People - Level 2	79.2%	56.2%	61%
Safeguarding Children & Young People - Level 3	75.7%	56.2%	57%
Safeguarding Adults - Level 1	89.4%	70.9%	75%
Safeguarding Adults - Level 2	74.4%	73.6%	75.5%
Learning Disabilities	80.7%	80.5%	79.4%
Mental Capacity Act - Level 1	95.4%	96.4%	95%
Mental Capacity Act - Level 2	73.0%	77.5%	72.1%
Deprivation of Liberty (DoLs)	72.9%	70.8%	68.9%
Mental Health Act (66%target for 2016)	40%	55.8%	53.7%
WRAP (New Training -Target 33% for 2016)	6.3%	8.3%	14.8%

Training compliance target is 85%
Training is monitored closely by business units and service managers.

6.2 Community Business Unit Training
Staff within the Community Business Unit continue to access Adult Safeguarding training (levels 1 to 5), and a range of associated courses which compliment safeguarding work including MCA 2005 and Best Interests training.

7. Supervision and Safeguarding Support

7.1 Supervision Adults Acute Services:
Safeguarding Adult Supervision is not mandated, but is seen as essential good practice during the Safeguarding procedural process. Supervision is provided to staff where requested and on a case by case basis as safeguarding issues arise.

7.2 Supervision Social Care
All Community staff in Adult Social Care Services receive regular mandatory Safeguarding Adults Supervision individually. Extra Support and advice is provided

by the Northumberland County Council Safeguarding Adults Team who can attend the above meetings and provide support as and when required.

7.3 Supervision District Nurses / Community Staff
Group supervision is provided to all community/district nurses on a bi-annual basis. District nursing staff receive individual supervision as needed to support them in their management of Safeguarding issues within their caseloads.

Community Supervision Sessions			
District Nurses North Tyneside	62%	District Nurses Northumberland	60%
Out of Hours North Tyneside	78%	Out of Hours Northumberland	50%
Funded Nursing care Community Cardiology	72%	Occupational Therapy	100%
Continence / Stoma Nurses 80%	80%	Community Learning Disability team	100%
Speech and language therapy	72%	Sexual Health teams	100%
Community Matrons North Tyneside	100%	Community Matrons Northumberland	50%
Community MH and Wellbeing Team	100%	Wheelchair services	100%
Macmillan Community Team	100%	Chiropody	100%
Palliative Care Team	32%	IRT Northumberland	100%
Tissue Viability Nurses	60%	Nurse Specialists	49%
Talking Therapies	100%	Care Point (AART)	60%

In addition to supervision sessions there were 107 telephone calls for advice and support to the Safeguarding Lead in Q2 period which was a slight increase from Q1

7.4 Supervision Children
One to One and group Supervision sessions are targeted at specific staff groups who hold case loads; This is completed 6 monthly in accordance with statutory requirements.

These teams include:
- Community Midwives
- Health Visitors
- Public health School Nurses

Group Supervision Sessions are provided to Community and Acute based hospital teams who work predominantly with children.

Trust Wide supervision compliance	Q4	Q1	Q2
Individual supervision	**99%**	**97%**	**98%**
Group supervision	**98%**	**96%**	**97%**

Monthly peer review between Paediatric Consultants / Registrars and Named Professionals provides discussion and learning from child protection cases and current research in this field.

Supervision is monitored by the CCG through the presentation of the safeguarding dashboard. Appendix 1

Multiagency Safeguarding Performance

Adult Safeguarding Strategy Meeting Requests

Strategy Meeting Requests from Local Authority	**Q1**	**Q2**	
Northumberland	**5**	**6**	↑
North Tyneside	**1**	**1**	–

Safeguarding Children Medical Requests

Q2	North Tyneside		Northumberland		Total Contacts
Month	Advice	Medical	Advice	Medical	
July	2	7	7	19	35
Aug	5	5	7	3	20
Sept	6	9	17	10	42
Total	13	21	31	32	97

Requests for advice and medicals by the Local Authorities has remained stable with 99 contacts made in Quarter 1. The majority of requests are made by Northumberland Children's socail care.

Child Protection Meetings

Staff Attendance to Initial and Review Child Protection Conferences Q2								Q1
Trust Wide staff	ICP'S invited	ICPC's attended	Reports submitted on time	Review Conference	Attended	Report submitted on time	% attendance	performance from last 1/4

Groups				Invited			and report	
Midwives	22	20	21	15	13	14	a)89% r)94%	↓
Health Visitors	74	74	71	115	110	111	a)97% r)96%	↑
PH School Nurses	58	46	54	97	43	81	a)92% r)87%	↑
FNP Nthland	1	1	1	0	0	0	a)100% r)100%	─

*Requests for Midwives to attend conferences were 37 in total. Midwives attended 33 meetings and provided reports for 35. For ICPC it is not acceptable that there is no information supplied to the conference. For review conferences it is likely this is held beyond the Midwifes care.
HV attended all ICPC's

*FNP North Tyneside service now decommissioned. FNP service Northumberland are no longer taking new cases due to future commissioning arrangements.
PHSN service service re configuration and reduction in staffing reflects in attendance to and reports to Child Protection Conferences.

8. Deprivation of Liberty Safeguards (2009), Mental Capacity Act (2005) and the Mental Health Act (amended 2007)

8.1.1 DoLs Authorisations

There has been a large increase in DoLs which is typical of the National picture since the Supreme Court Judgement. The MCA Lead is monitoring referrals requested by the Trust that have not yet been responded to or authorised by the Supervisory Bodies. Discussions are ongoing with Supervisory bodies to understand how we can assist the management of outstanding referrals.

DoLs alerts are to be applied to PAS to assist staff. Alerts will be monitored by the DoLs administrator who will apply and remove the alerts as necessary.

DoLs requests

Q2 DOLS		Q1
North Tyneside	140	↑
Northumberland	85	↑
Other area	2	↑
Total	227	↑
Deaths under DOLS		
Total	15	↑

There has been a slight increase in DoLs requests from 212 in Q1 to 246 in Q2 a rise of 16%. From the cases we had 14 deaths under DOLS and therefore involvement of the Coroner.

DoLS Comparitive data

Sum of Number								
DoLs Data								
	Dols Referrals	DoL Authorised by LA	DoLs not Authorised by LA	DoLs Waiting Assessment	Patient Discharged before DoLs Authorised	Patient transferred before DoLs Authorised	Patient's with Capacity	Deaths Under a DoLs
■ Quarter 3 2015	186	26	160	0	106	34	8	11
■ Quarter 4 2016	164	24	125	17	79	26	3	15
■ Quarter 1 2016	212	15	107	85	56	37	3	13
■ Quarter 2 2016	225	15	171	40	100	54	7	15

DoLs ▾

DoLs Waiting Assessment
* Q1 and Q2 of 2015 – figures not recorded. New recording commenced Quarter 3 2015.

8.2 Mental Health Act Activity and Associated Issues Q2

Mental health detentions	Section 136	Section 5(4)	Section 5(2)	Section 2	Section 3	CTO	Hospital Manager Hearings	Mental Health Tribunals
July	0	0	0	4	3	0	3	2
August	0	0	1	2	3	0	0	1
Sept	0	0	0	9	2	0	2	4
Total	0	0	1	15 ↓	7 ↓	0	5 ↓	7 ↑

The activity associated with detentions, hearings and tribunals shows some variance on section 2 and 3 detentions but as this is clinically driven and most of the detentions take place in the Mental Health Service for Older People it is to be expected. Both Hospital Manager Hearings and Mental Health Tribunals are mandated activities so these will vary according to the time in which they are due to be conducted in each quarter.

8.3 MH Act Training
Training in the application of the Mental Health Act and receipt of legal documentation continued across the Trust. During the quarter 8 sessions were delivered with 38 staff attending. Sessions are timetabled for most weeks but uptake can be variable. Additional

targeted sessions have been agreed for the next quarter for the Mental Health Service for Older People. The training has been adapted to include an update for all staff on the revised MHA Code of Practice.

During the quarter the Mental Health Act Administration Team leader resigned which left the Team short of the specialised role. Cover was agreed with Northumberland, Tyne and Wear Trust. This provides full five day cover. A benefit has been their review of existing administrative systems and processes with the adoption of an electronic calendar which all staff fin the team can access. This ensures that no tasks are overlooked if a team member is absent.

The vacancy was advertised and three staff were interviewed. Unfortunately none were suitable for appointment. Consequently we have asked for expressions of interest in a 6 month secondment. A team member will be offered the position and a start date of 1st November.

Two of the non-executive directors that act as Hospital Managers have resigned. This leaves two other non-executive directors in the role along with Associate Hospital Managers from NTW. This will not affect the hearing of Managers' Reviews but longer term it is preferable that other non-executive directors from NHCT take on the role.

Throughout the quarter work has continued on completing the action plan associated with the Mental Health Act Code of Practice. Assistance has also been given with the real-time DoLS audit. The MHA Lead audited 9 wards.

8.4 Independent Mental Capacity Advocate (IMCA)
There continues to be Increased pressure on statutory advocacy services given increased MHA and DOLS detentions.

9. Safeguarding Referrals

9.1 Learning Disabilities activity

Learning Disability referrals	Q1	Q2
Referrals	22	42
Advice	9	34
Co-ordination of care/environment	13	17
On –going cases	2	9
Total	46	102

There has been a large increase in referrals and contacts with the LD Liaison Nurse in Q2. This is largely due to the CQUIN roll out, the LD nUrse is proactivley contacting wards to assess support and care needs of all patients admitted.
Referrals and advice have included supporting staff in co-ordination of care whilst on the ward. Internal meetings have been initiated to support in patient care with reference to care and treatment Learning Disability patient referrals have included 9 cases requiring support to enable successful treatment whilst under a general anaesthetic. Home visits have been co-ordinated or telephone contact has been initiated to support the hospital contact.

Learning Disabilities CQUIN Targets

A CQUIN Target for Learning Disabilities commenced August ist 2016 There are several parts to the CQUIN

a) Patient with a DIS 5 flag on their medical records uses NHCFT A and E services, this generates a notification to the LD Liaison Nurse via the RAPA system.

b) The LD Liason Nurse follows up any patients admitted to hospital within 48 hours (usually 24) to ensure that the patient has a review of their needs and reasonable adjustments are made to enhance their patient journey.

c) Where a patient does not have a DIS5 but there is a learning disabiity, the LD Liason Nurse makes contact with the patients GP to discuss and a DIS 5 alert is generated on to their medical record.

CQUIN	
NO OF ATTENDEES AT A & E SINCE 1ST AUG WITH A DIS5 FLAG	204
NO OF ATTENDEES THAT HAVE BEEN ADMITTED.	55
NO OF ATTENDESS THAT HAVE REQUIRED MORE THAN 48 HOUR STAY	25
No OF ATTENDEES WHERE LD NURSE CONTACTED WARD TO REVIEW NEED	25
NO oF ATTENDEES WHO REQUIRED INPUT FROM THE LD LIAISON NURSE	18

In the first two months of the CQUIN there were 204 LD patients who attended A and E services,(a larger number than anticipated). Of those patients who attended 25 were admitted for 48 hours or more, in all cases the LD Nurse made contact with the ward to review their needs. 18 patients had LD Liason Nurse input.

Submission of evidence for the Trust Monitor Risk assessment Framework 6 self-certification requirements regarding access to healthcare for people with a learning disability is supported and compliant for Quarter 2. (see appendix 3).

9.2 Community Business Unit- Information provided by Northumberland County Council

Safeguarding Adults referrals/notifications:

Under the Partnership Agreement between the Trust and Northumberland County Council, care management staff employed by the Trust carry out most safeguarding investigations in Northumberland, within policies set by the Northumberland Safeguarding Adults Board, and with advice and support from the Council's Strategic Safeguarding function.

Potential safeguarding issues are reported in two ways: as "notifications" of incidents which don't in themselves require an investigation, but which may cumulatively provide evidence of a potential issue, and "referrals", which the referrer believes may need to be investigated. Up to the second quarter of 2016-17:

- The number of Adult Concern Notifications was 18% higher during the first two quarters of 2016 (2809) compared to the same period in 2015 (2309). This

continues to reflect on-going work to encourage agencies to report low-level concerns which could cumulatively be evidence of issues.

- There were 456 Safeguarding Referrals during the first two quarters of 2016. This was 8% lower than for the same period the previous year (491 referrals). In contrast to the numbers of adult concern notifications this reflects the clarity about when a referral is appropriate and when a notification.

- In the first two quarters of 2016, 42% of referrals were assessed as requiring an investigation. This is lower than the same period of 2015 (51%).

- The main sources of referral are the Police (61%), Care Home Staff (8%), CSBU – Social Care Staff (7%) and Family/Friend/Neighbour (5%).

- During the first two quarters of 2016, the main location of abuse was "Own Home" at 46% of concluded referrals. This was similar to the same period in the previous year (47%). In contrast "Care Home" location of abuse was 33% of concluded referrals. These figures may be a reflection on the fact that more people are being supported in the community.

- During the first two quarters of 2016, 94% (174 out of 185) of Service User / Representative's desired outcomes were fully or partially met. This is slightly less than the 95% target. This figure is based on closed referrals where people have expressed the outcomes they wanted.

Trend figures from July to September 2016

SAC Table 1: Adult Concern Notifications			
	Jul-16	Aug-16	Sep-16
Adult Concern Notifications	459	429	502

SAC Table 2: Referrals			
	Jul-16	Aug-16	Sep-16
Referrals not leading to an investigation	52	46	37
Referrals leading to an investigation	30	32	31
Total	82	78	68

Adult Serious Case Reviews (SCR) & Management Reviews:

The two Northumberland cases being reviewed under Appreciative Enquiries framework are not yet complete.

The Domestic Homicide review approved for completion by the Safer Northumberland Partnership Board in December 2015 is now at the stage of draft overview report.

Safeguarding Adults Training:

Staff within the Community Business Unit continue to access Adult Safeguarding training (levels 1 to 5), and a range of associated courses which compliment safeguarding work including MCA 2005 and Best Interests training.

9.3 Quarter 1 Adult and Children Performance Data – See Appendix as Listed

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Dash Board – Children

Sum of Total

Referrals to MARAC by NHCFT
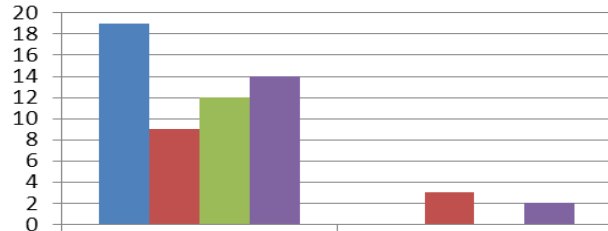
	Referrals to MARAC by NHCFT Staff	Referrals of NHCFT Staff Members to MARAC
Quarter 3 2015	19	0
Quarter 4 2016	9	3
Quarter 1 2016	12	0
Quarter 2 2016	14	2

Issue ▼

Sum of % Trained

Safeguarding Children Training Compliance
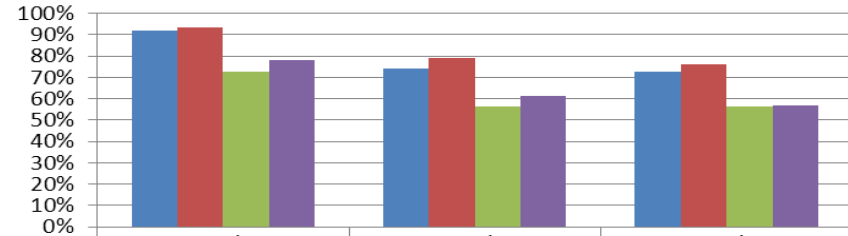
	Level 1	Level 2	Level 3
Quarter 3 2015	92%	74%	73%
Quarter 4 2016	94%	79%	76%
Quarter 1 2016	73%	56%	56%
Quarter 2 2016	78%	61%	57%

Cause Name ▼

Sum of Northumberland   Sum of North Tyneside

Early Help Assessment
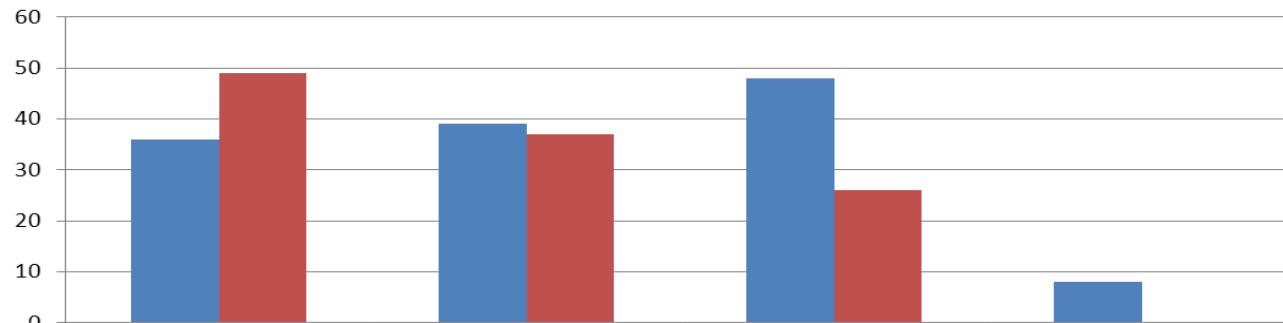
Values
■ Sum of Northumberland
■ Sum of North Tyneside

	Quarter 3 2015	Quarter 4 2016	Quarter 1 2016	Quarter 2 2016
Sum of Northumberland	36	39	48	8
Sum of North Tyneside	49	37	26	

Quarter ▼

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Safeguarding Referrals by Area
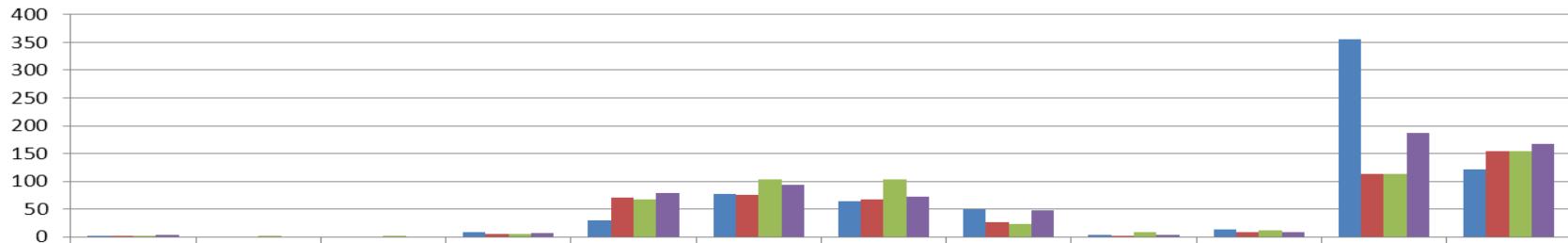
Area	Alnwick	Berwick	Blyth	HGH	Maternity North Tyneside	Maternity Northumberland	NSECH NL	NSECH NT	NTGH	WGH	Community N/land	Community N/T
Quarter 3 2015	1	0	0	8	30	78	64	50	3	13	355	122
Quarter 4 2016	2	0	0	6	70	75	67	27	2	8	113	154
Quarter 1 2016	2	2	1	5	67	103	103	24	9	11	113	155
Quarter 2 2016	4	0	0	7	79	94	73	47	3	9	187	167

Safeguarding Children Cause for Concern
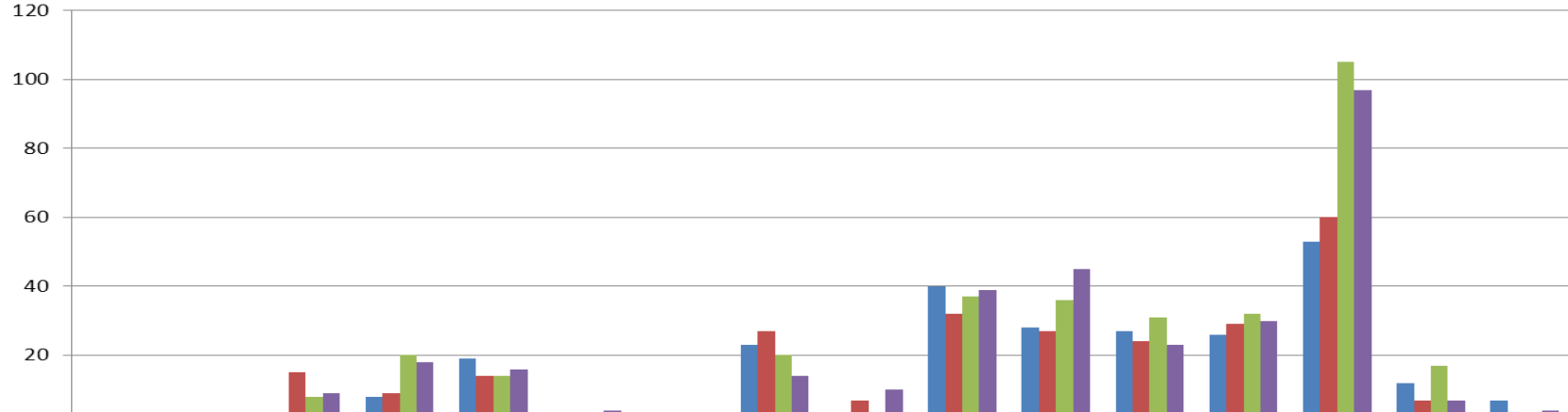
	Adult Disclosure	Adult Learning Disability	Child Mental Health	Child Self Harm	Child Substance Misuse	Emotional	Home Alone	Neglect	Offender	Parental Domestic Abuse	Parental Mental Health	Parental Self Harm	Parental Substance Misuse	Parenting Capacity Issues	Physical	Sexual
Quarter 3 2015	0	0	3	8	19	0	0	23	1	40	28	27	26	53	12	7
Quarter 4 2016	0	0	15	9	14	1	2	27	7	32	27	24	29	60	7	3
Quarter 1 2016	0	0	8	20	14	1	0	20	3	37	36	31	32	105	17	3
Quarter 2 2016	0	0	9	18	16	4	0	14	10	39	45	23	30	97	7	4

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Safeguarding Children Individual Supervision

	Health Visitors	Public Health School Nurses / School Health Advisors	Special School Staff	Teenage Pregnancy	Health Visitors	Primary Mental Health Workers	Public Health School Nurses / School Health Advisors	Special School Staff	Breast Feeding Co-Ordinators	Community Midwives	Special School Staff
	North Tyneside				Northumberland				Trust wide		
Quarter 3 2015	100%	100%		100%	100%	100%	100%		100%	100%	100%
Quarter 4 2016	100%	100%		100%	96%	100%	100%		100%	100%	100%
Quarter 1 2016	100%	100%	100%	100%	96%	100%	100%	75%	100%	96%	
Quarter 2 2016	93%	100%	100%	100%	96%	100%	100%	100%	100%	99%	

Safeguarding Children Group Supervision North Tyneside and Northumberland

	CAMHS Nurses & Primary Mental Health	Community Learning Disability Team	Diabetic and Epilepsy nurses	Paediatric Nurse Practitioners	Paediatric Occupational Therapists	Psychological Therapies	Sexual Health	Speech and language therapy service	Children's Community Nursing	Paediatric Occupational Therapists	Sexual Health	Speech and language therapy service	Children's Unit NSECH Advanced paediatric Nurse Practitioners
	North Tyneside									Northumberland			
Quarter 3 2015	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	94%	100%	100%
Quarter 4 2016	100%	100%	100%	100%	100%	100%	100%	100%	100%	91%	100%	95%	
Quarter 1 2016	91%	100%	100%	100%	100%	100%	100%	100%	100%	100%	94%	100%	
Quarter 2 2016	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	94%	100%	

Area ▼ Role ▼

Safeguarding Children Group Supervision Trust Wide and NSECH

	Paediatric Unit	A&E	CAMHS Consultant Psychiatrist	CAMHS Psychologists	Dental clinicians	Dental Nurses	Hospital Midwives (acute)	MIU	Paed Physiotherapists (Acute)	Paediatric consultants	Paediatric Dieticians (Acute)	SCBU	Children's Unit NSECH Advanced paediatric Nurse Practitioners
	NSECH	Trust wide											Northumberland
Quarter 3 2015	100%	90%	100%	100%	100%	100%	94%	95%	100%	100%	100%	97%	
Quarter 4 2016	100%	97%	100%	100%	100%	100%	95%	95%	100%	100%	100%	100%	100%
Quarter 1 2016	100%	92%	100%	100%	92%	100%	91%	95%	100%	100%	100%	100%	
Quarter 2 2016	100%	100%	100%	0%	94%	92%	100%	100%	100%	94%	100%	100%	

Area ▼ Role ▼

Staff Attendance at Initial CP Conferences
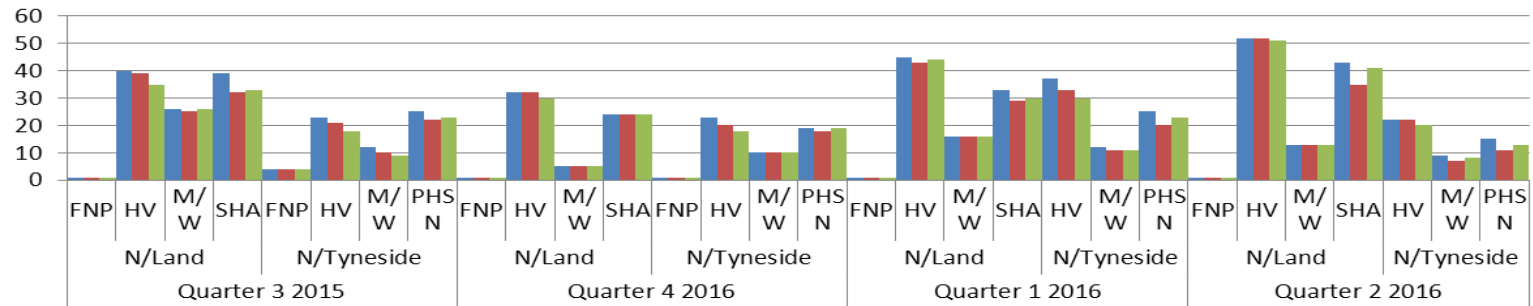
| | Quarter 3 2015 | | | | | | | | Quarter 4 2016 | | | | | | | | Quarter 1 2016 | | | | | | | Quarter 2 2016 | | | | | | |
| | N/Land | | | | N/Tyneside | | | | N/Land | | | | N/Tyneside | | | | N/Land | | | | N/Tyneside | | | N/Land | | | | N/Tyneside | | |
	FNP	HV	M/W	SHA	FNP	HV	M/W	PHSN	FNP	HV	M/W	SHA	FNP	HV	M/W	PHSN	FNP	HV	M/W	SHA	HV	M/W	PHSN	FNP	HV	M/W	SHA	HV	M/W	PHSN
Sum of Invited	1	40	26	39	4	23	12	25	1	32	5	24	1	23	10	19	1	45	16	33	37	12	25	1	52	13	43	22	9	15
Sum of Attended	1	39	25	32	4	21	10	22	1	32	5	24	1	20	10	18	1	43	16	29	33	11	20	1	52	13	35	22	7	11
Sum of Reports Submitted	1	35	26	33	4	18	9	23	1	30	5	24	1	18	10	19	1	44	16	30	30	11	23	1	51	13	41	20	8	13

Quarter | Area | Department

Staff Attendance at CP Review Conferences
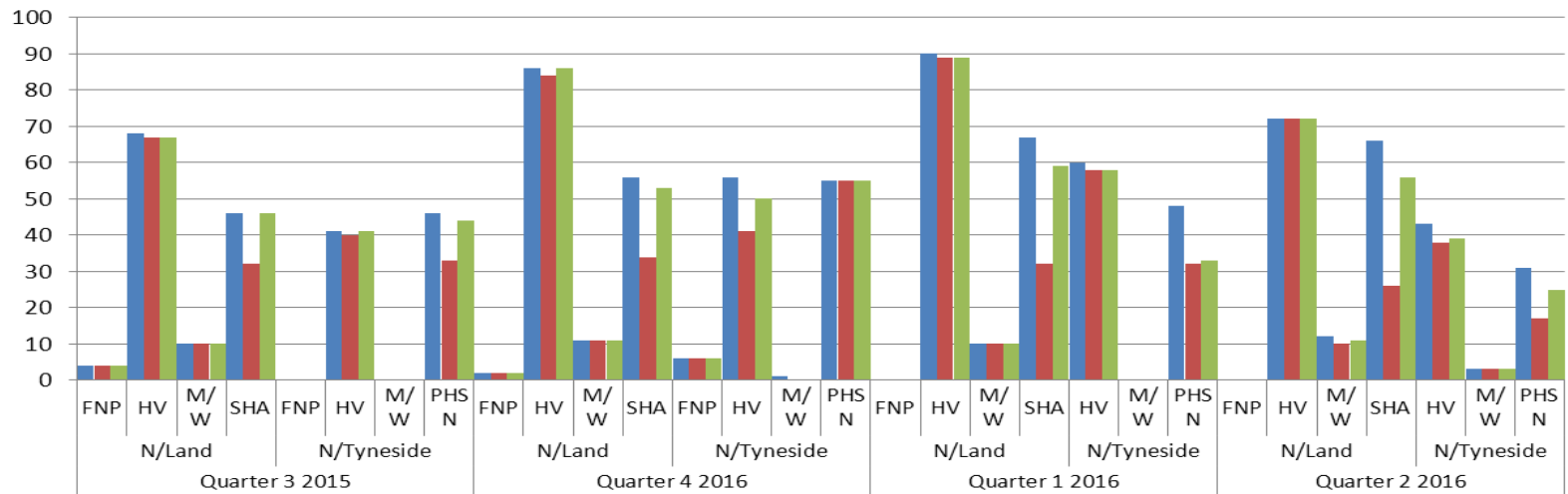
| | Quarter 3 2015 | | | | | | | | Quarter 4 2016 | | | | | | | | Quarter 1 2016 | | | | | | | Quarter 2 2016 | | | | | | |
| | N/Land | | | | N/Tyneside | | | | N/Land | | | | N/Tyneside | | | | N/Land | | | | N/Tyneside | | | N/Land | | | | N/Tyneside | | |
	FNP	HV	M/W	SHA	FNP	HV	M/W	PHSN	FNP	HV	M/W	SHA	FNP	HV	M/W	PHSN	FNP	HV	M/W	SHA	HV	M/W	PHSN	FNP	HV	M/W	SHA	HV	M/W	PHSN
Sum of Invited	4	68	10	46	0	41	0	46	2	86	11	56	6	56	1	55	0	90	10	67	60	0	48	0	72	12	66	43	3	31
Sum of Attended	4	67	10	32	0	40	0	33	2	84	11	34	6	41	0	55	0	89	10	32	58	0	32	0	72	10	26	38	3	17
Sum of Reports Submitted	4	67	10	46	0	41	0	44	2	86	11	53	6	50	0	55	0	89	10	59	58	0	33	0	72	11	56	39	3	25

Quarter | Area | Department

Sum of Total

## Safeguarding Adult Referrals by Category
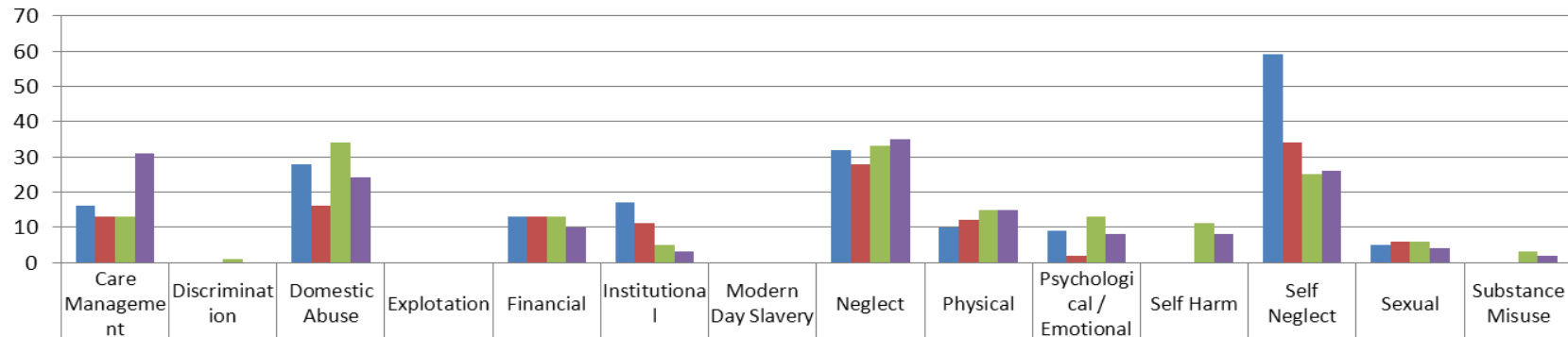
	Care Management	Discrimination	Domestic Abuse	Explotation	Financial	Institutional	Modern Day Slavery	Neglect	Physical	Psychological / Emotional	Self Harm	Self Neglect	Sexual	Substance Misuse
■ Quarter 3 2015	16	0	28	0	13	17	0	32	10	9	0	59	5	0
■ Quarter 4 2016	13	0	16	0	13	11	0	28	12	2	0	34	6	0
■ Quarter 1 2016	13	1	34	0	13	5	0	33	15	13	11	25	6	3
■ Quarter 2 2016	31	0	24	0	10	3	0	35	15	8	8	26	4	2

Cause for Concern ▼

Sum of Number

Current Case Reviews Adults and Children
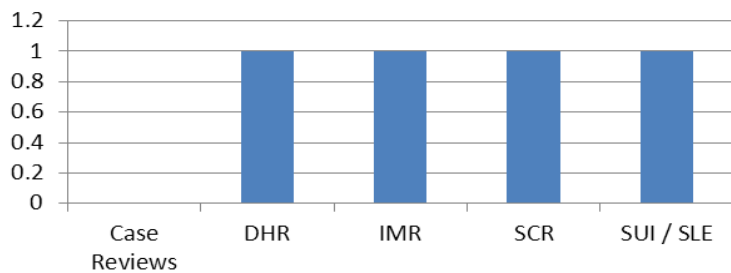
Type of Review ▼

Sum of Total

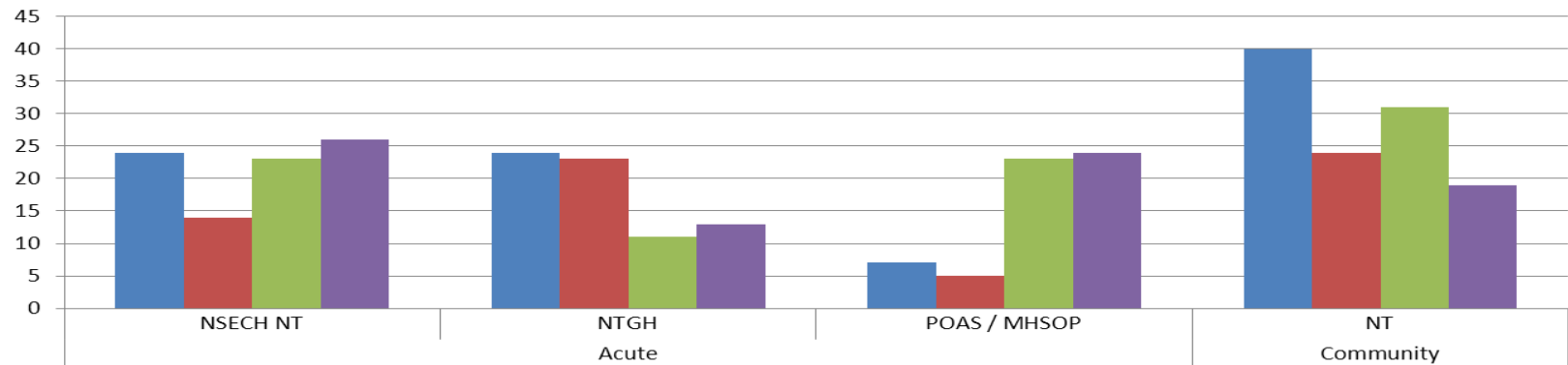## Referrals Received with a Tissue Viability Concern

Tissue Viability

Issue ▼

20
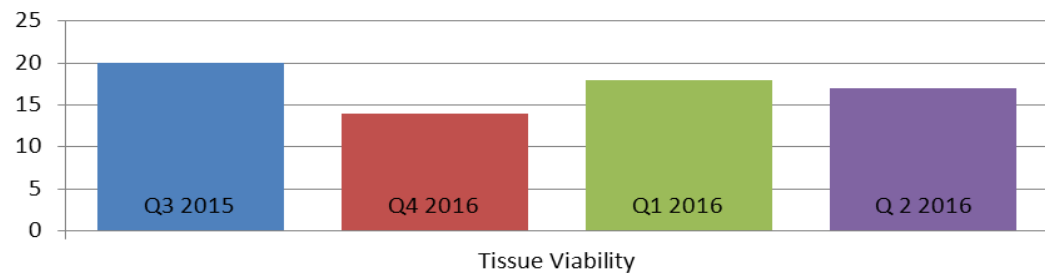
Northumberland Adult Referrals by Area
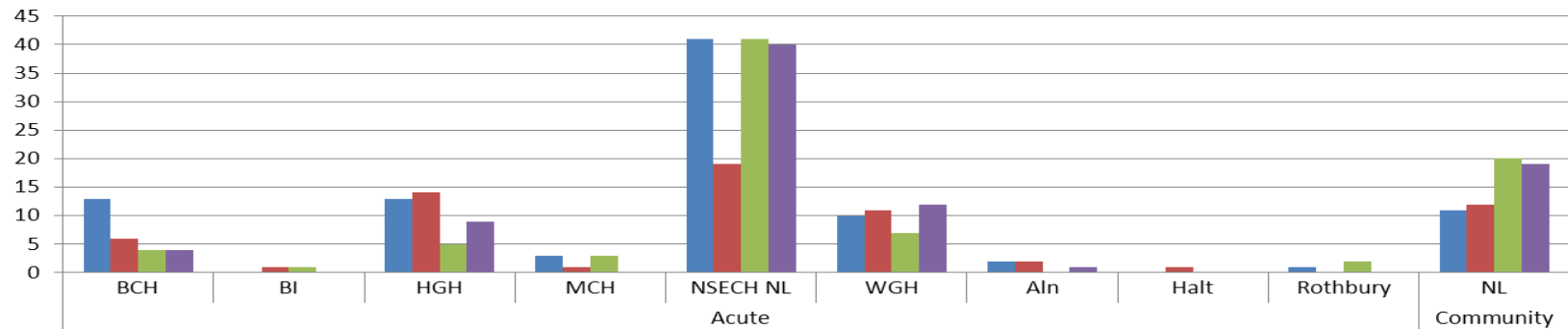
	BCH	BI	HGH	MCH	NSECH NL	WGH	Aln	Halt	Rothbury	NL Community
					Acute					
Quarter 3 2015	13	0	13	3	41	10	2	0	1	11
Quarter 4 2016	6	1	14	1	19	11	2	1	0	12
Quarter 1 2016	4	1	5	3	41	7	0	0	2	20
Quarter 2 2016	4	0	9	0	40	12	1	0	0	19

Area ▼   Base ▼

North Tyneside Adult Referrals by Area

	NSECH NT	NTGH	POAS / MHSOP	NT Community
		Acute		
Quarter 3 2015	24	24	7	40
Quarter 4 2016	14	23	5	24
Quarter 1 2016	23	11	23	31
Quarter 2 NTGH	26	13	24	19

21

Sum of Number

MHC / MHA
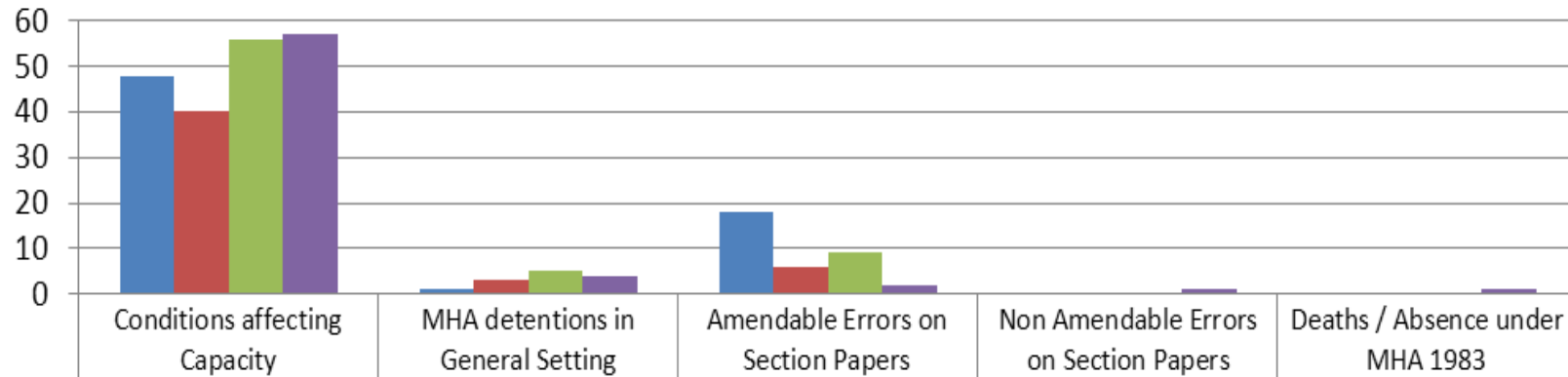
	Conditions affecting Capacity	MHA detentions in General Setting	Amendable Errors on Section Papers	Non Amendable Errors on Section Papers	Deaths / Absence under MHA 1983
Quarter 3 2015	48	1	18	0	0
Quarter 4 2016	40	3	6	0	0
Quarter 1 2016	56	5	9	0	0
Quarter 2 2016	57	4	2	1	1

MHC Act ▼

<u>Learning Disability – Acute and Community Business Unit</u>

Evidence submitted based on the Monitor compliance Risk Assessment Framework 2013/14 on meeting the six criteria from recommendations in *Healthcare for all* (2008). This evidence shows that compliance has been made under all the six criteria submitted.

1. NHCFT - acute has a flagging system in situ which continues to be updated as appropriate for patients who are not on the Trust system but are identified as having a Learning Disability. This is on the Patient Administration System (PAS) as dis5. The Safeguarding admin team add all known PAS patient names to the RAPA (Recurrent Alert Patient Attendance) system of those patients that have an identified code of Dis5. This alerts the Learning Disability Lead via email of patients that access the Accident and Emergency departments within the Trust.

The Acute needs assessment and Learning Disability record of reasonable adjustments documentation and the care pathways have been disseminated to all the wards and departments throughout the Trust sites. The Hospital Passport has a section which allows people with a learning disability/ carer and family to include and to discuss further.

2. NHCFT collate customer and patient experience on wards and health and social care services throughout the Trust. Patients with learning disabilities have access to expert advice, including self-advocacy support through a local contract with Your Voice Counts. Additionally Healthwatch has established links with local NHS and social care services, the Learning Disability Partnership Board and involvement forums to identify experiences, issues or problems and help bring improvements e.g. development of Healthwatch easy read information. The Hospital Passport also provides a section on supplementary information for the patient, carer or a family member to consider any reasonable adjustments that are required when attending hospital.

PALS provide independent and confidential advice and support to patients, their families and carers. They can provide information on NHS services and act independently when handling patient and family concerns, liaising with staff, managers and, where appropriate, relevant organisations.

With 'Your Voice Counts' – Adapt North East now provide access to specialist advocacy (IMHA and IMCA) in Northumberland.

3. The Acute needs assessment and Learning Disability documentation support the person with learning disability, and as appropriate their carers and family members to be involved in the Acute Needs Support plan.

4. Learning disability awareness training continues to be mandatory for identified staff within the acute and community sectors. The Learning Disability Training Workbook is the source of current training support. Additional face to face training can be delivered.

Two DVDs for Trust staff and patients have been developed by the Twisting Ducks Theatre Company to support the use of the Hospital Passport.

5. Learning Disability Partnership Board is chaired by and has representation from service users, self-advocates and family carers. The Community Business Unit supports the on-going involvement of carers in local carer's strategy, community forums and specialist boards including the Learning Disability Partnership Board and Safeguarding Adults Board. Recent partnership examples of involvement include medical student training in carer issues and safeguarding carer project. Training is being supported which includes people with a learning disability to the Trust Directorate.

6. The Community Business Unit continues to undertake regular audit and review of service delivery through the Joint Health & Social Care Assessment Framework, Winterbourne Joint Improvement Programme action plan and Learning Disability Partnership Boards reports. Trust case records audits include patients and service users with a learning disability. There is current work on going with reference to the mortality review process specifically including those people with a learning disability.