

# **St Christopher's Annual Safeguarding Report 2020-2021**

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## **This report reviews activity during 2020-2021 in relation to safeguarding**

### **St Christopher's statement in relation to safeguarding**

Safeguarding is the golden thread that draws together so many aspects of St. Christopher's work. The principles that underpin safeguarding also underpin much of palliative medicine and social care:

- The need to empower patients and carers,
- To work in partnership,
- To work to protect patients and carers from unwanted and inappropriate interventions
- To prevent harm happening in the first place
- To hold ourselves to account through the effective use of governance and annual reports
- To ensure we take a proportional response to risk and risk aversion

The Covid pandemic and associated restrictions, dominated the work and life of the hospice and nation throughout the period April 1<sup>st</sup> 2020 to March 31<sup>st</sup> 2021. Covid had a significant impact on Safeguarding, the implementation of the Mental Capacity Act and the use of the Deprivation of Liberty Safeguards. This report therefore differs from previous annual reports to the Safeguarding, MCA and DOLS Committee.

The requirement to safeguard vulnerable adults and children is enshrined in both The Care Act and The Children's Act. There are significant differences in the context and statutory requirement for safeguarding adults and children, with an overarching objective for both of enabling adults and children to live a life free from abuse. High profile cases for adults and children have highlighted shortfalls when health and social care organisations fail to keep people safe. In the hospice environment and considering the whole person and their context holistically, we encounter a wide range of safeguarding issues.

The Coronavirus Act 2020 made easements to the Care Act 2014 in England. The Department of Health and Social Care (DHSC) were at pains to note that Safeguarding duties were not affected by the Care Act Easements and any changes in service must not lead to a breach in human rights. Throughout the past year however, patients and their family members have been heavily affected by the restrictions that have been put in place to reduce the spread of the virus. Individual families have had to deal with their right to a family life at the end of life being purposely restricted for long periods. The needs of local care and nursing homes to isolate themselves from Covid and the struggle of securing appropriate PPE led to many putting total bans on visitors. There was a lack of uniformity in how guidance was implemented and experienced by families. The hospice too implemented what would have previously been seen as draconian measures to reduce risk of cross infection.

This report therefore reviews St Christopher's safeguarding activity for the period April 1<sup>st</sup> 2020 – March 31<sup>st</sup> 2021 in the context of an unprecedented national event. The report aims to update our current arrangement for meeting our duty to safeguard people needing hospice provision within the context of crisis legislation and guidance i.e. The Coronavirus Act 2020. We recommend actions going forward into 2021-2022 to be agreed within our clinical governance structure.

The Safeguarding Committee continued to meet during 2020-2021 to ensure high standards of safeguarding were maintained.

Completed actions of the Committee during 2020-2021 included;

- Ensuring there was a process to disseminate the learning from Serious Adult Reviews (from the SARAT)
- Monitor Volunteer training compliance for both adult and children's safeguarding
- To review and update SystemOne to ensure that safeguarding data is accurate to reflect both preventative work and safeguarding referrals
- Complete and publish a toolkit for carers with no recourse to public funds (Funded by St James')
- Continuing to improve education and training
- Monitor the impact of Covid 19 on the safeguarding statistics
- St Christopher's to be a LPA Champion

Actions not completed included;

- Implementation of the Liberty Protection Safeguards – LPS due to lack of national Policy
- Examine the integral role of guardianship plans within the advance care planning – ACP - process is a priority for development work in the next year

## **1. POLICY UPDATE**

St Christopher's operate under the Adult and Child Safeguarding Boards of our local authority – Bromley. St Christopher's operates its safeguarding commitment through both Adult and Children's Safeguarding Policies.

The Safeguarding Adults Policy would have required refreshing with the introduction of the Liberty Protect Standards in 2020 however, due to COVID, these have been delayed. The Safeguarding Adults Policy has, however, been updated early in Q1 2020 in response to a serious incident. The policy was refreshed to reflect guidance on the use of filming and safeguarding. The Policy will be reviewed annually moving forwards and the review for 2021 for both the Adults and Child Safeguarding policies are due to be presented to the Safeguarding Committee in July 2021.

The DHSC planned to provide in "Spring 2021" a Code of Conduct for the introduction and use of the Liberty Protection Safeguards. This has been delayed. The Coronavirus Act April 2020 has no direct impact on St Christopher's safeguarding policy per se but has led to significant practice changes i.e. the remote assessment of patients and the use of video best interest meetings. The DHSC guidance "Decision making in a time of crisis" - with its focus on "Harm Reduction" - from quality of life and optimum option consideration to – "basic requirement to save lives and reduce harm" impacted on the work conducted during best interest meetings.

## **2. SAFEGUARDING LEAD & GOVERNANCE STRUCTURE**

The governance structure for safeguarding reflects responsibility at all levels, and this despite Covid has remained in place over the last year.

This governance includes;

- Gill Baker is the designated Board member with accountability for safeguarding.
- The Executive Team lead is Amanda Mayo, Care Director
- The Operational Lead is Vincent Docherty, Head of Patient and Family Support.

The quarterly Safeguarding, MCA and DOLs committee was established in September 2016, and reports to the Patient and Service User Safety committee. It continued to meet via zoom four times in the 2020-2021 Covid affected time period. Reports are overseen and signed off by the Quality and Governance board. This annual report is presented to the Board of Trustees.

Adult Safeguarding boards are a statutory formal strategic partnership, with running costs in Bromley shared by the London Borough of Bromley and the Bromley Clinical Commissioning Group. St Christopher's is an active member of the board.

Our 1350 volunteers have a huge part to play in safeguarding and, as a result, we invited the Strategic Volunteering Lead to join the Committee

Operationally, the organisation has a team of experienced social workers, who provide advice and support to the hospice and community teams. It is usually the social worker who will lead casework when there are serious safeguarding issues. The identification of safeguarding concerns has stabilised over the 2020-2021 period as detailed within this report. Overall annual adult safeguarding referrals for 2020-21 were 96 in comparison to 2019-20 when they were 103. This reflects the much-improved data capture of proactive safeguarding contacts and discussions with adult and child social services.

The relative stability in adult safeguarding figures also reflects the growing confidence and professional maturity of members of the multi-disciplinary team so that they deal with initial concerns, and that team managers across the hospice recognise their responsibility in keeping patients and families safe.

The overall child safeguarding figures were also impacted by the practice emphasis on proactive early contact and conversations with children and family local authority leads. In the 2020-21 period there was a total of 9 child safeguarding issues reported to social services. NB This compares to the figure of 40 in 2019-20 and 12 in 2018-19.

### 3. SAFEGUARDING TRAINING AND COMPLIANCE

#### Review of safeguarding training requirements across the organisation

A previous comprehensive review of safeguarding training requirements - explicitly linked to the Intercollegiate Guidelines - was conducted. This allowed a differentiation of training content and complexity to be planned appropriate to the target audience roles and responsibilities. The completion of a Safeguarding Adults Risk Assessment Tool (SARAT) led to the identification of a key priority in our safeguarding practice - Workforce and Training. Throughout 2020-21 this work has continued to bear fruit as we consistently continue to meet our training commitments to volunteers and staff associated with the inter-collegiate document.

#### Increased compliance for safeguarding training

At each quarterly committee meeting in the 2020-21 period the figures for safeguarding related training compliance were presented and analysed. This year has seen a continuation of the approach taken in 2019-20 to the presentation of training and how we capture attendance at compulsory training events. We are pleased but not conceited that throughout 2020-21 safeguarding training compliance has continued to significantly improve. The inter collegiate document provided a stimulus for the significant improvement in training statistics. The appointment of Amanda Mayo as Director of Care and her previous safeguarding background within various CCG's has been a major factor in how the training compliance has been transformed. Thanks also needs to be noted by the Committee to Julie Ellis Strong and Francesca McLeod for fastidiously reminding staff of their training responsibilities and in robustly challenging and capturing compliance.

Rebecca Turner has been a very active member of the board and in ensuring the compliance of volunteers to access safeguarding training. She has continued to actively monitor and agree levels of safeguarding training for each volunteering role undertaken in the organisation and refreshing their training booklet. Given the impact of Covid Rebecca's work has been exemplary.

The continued increase in compliance for salaried staff has been outstanding in this period and has been noted at the St Christopher's Board. See below for data related to training compliance demonstrating increasing compliance;

<b>Module</b>	<b>MCA/DOLS</b>	<b>CHILDREN Level 1</b>	<b>CHILDREN Level 2</b>	<b>CHILDREN Level 3</b>	<b>ADULTS LEVEL 1</b>	<b>ADULTS LEVEL 2</b>	<b>ADULTS LEVEL 3</b>
<b>Mar-20</b>	79.1%	94.7%	91.9%	100.0%	95.1%	90.3%	76.9%
<b>Apr-20</b>	77.9%	91.7%	91.8%	100.0%	92.3%	89.5%	75.0%
<b>May-20</b>	79.4%	92.1%	93.0%	100.0%	92.2%	91.4%	75.0%
<b>Jun-20</b>	81.5%	93.8%	92.9%	100.0%	94.6%	90.6%	75.0%
<b>Jul-20</b>	81.5%	93.9%	92.9%	100.0%	94.2%	88.9%	75.0%
<b>Aug-20</b>	78.8%	95.3%	91.7%	100.0%	96.2%	89.5%	75.0%
<b>Sep-20</b>	81.1%	95.2%	91.6%	100.0%	96.2%	89.2%	75.0%
<b>Oct-20</b>	81.5%	95.6%	92.6%	100.0%	96.6%	89.1%	76.9%
<b>Nov-20</b>	80.3%	96.3%	93.4%	100.0%	97.0%	91.0%	75.0%
<b>Dec-20</b>	78.7%	95.8%	90.6%	100.0%	95.4%	88.6%	100.0%
<b>Jan-21</b>	80.1%	96.4%	92.0%	100.0%	94.8%	89.9%	100.0%

<b>Feb-21</b>	80.1%	96.4%	91.8%	100.0%	96.6%	90.0%	100.0%
<b>Mar-21</b>	88.3%	97.2%	95.2%	100.0%	97.4%	91.1%	100.0%
<b>Apr-21</b>	89.3%	96.6%	96.8%	90.9%	96.9%	93.1%	100.0%
<b>May-21</b>	89.1%	99.6%	96.8%	91.7%	96.9%	93.4%	100.0%

In addition to all staff and volunteers receiving training in safeguarding practices the Board of Trustees are also required to complete training.

In addition to the training above, the hospice has consolidated further its use of "Learning Panels" throughout 2020-21. These have been valued by participants as a safe place where an in depth and critical reflective approach can unpick difficult and challenging incidents. Learning panels often discuss issues with a safeguarding or mental capacity aspect to their complexity.

#### **4. CASE STUDIES SUPPORTING LEARNING**

##### **Introduced case studies to the committee meetings**

This introduction of cases to the Safeguarding Committee has brought to life the actual safeguarding experiences of patients, carers and staff. Case studies – linked to identified themes and trends - have allowed more in-depth scrutiny of cases and better governance from Trustees and committee members. They illustrate the stories behind the statistics. They have recently included case studies from volunteers supporting patients and families during the Covid pandemic.

The last Q4 case study presentation in 2020-21 focussed on the needs of people in the hospice catchment area who are both homeless and have an incurable disease diagnosis. The hospice has taken the needs of this vulnerable group very seriously and continue to support a pilot scheme coordinated by Dr Caroline Shulman and owned by St Christopher's Clinical Nurse Specialist Kate Shaw and Principal Social Worker Michele King. This case study was also presented to the Board of Trustees who were extremely complimentary about it.

#### **5. AUDIT**

The most significant audit work task completed during the 2020-21 period was an audit of Best Interest Meetings. This audit is being presented to the Safeguarding Committee in June 2021. See below a summary of key findings

- All of the BIM minutes were recorded in line with NICE guidance – however - one generic area of confusion for family members - and poorly recorded within BIM minutes - was around the "benefits and disbenefits" of particular options being recorded in relation to the possible option of the patient remaining at St Christopher's.
- Family members lacked understanding of and preparation for the best interest meeting itself.
- Poor understanding by family members with a registered LPA of the LPA role and its limitations
- BIM's perceived as a task best delegated to those with experience and authority
- The bias and limitation of BIM's being held for specific decisions around a patient's future place of care and treatment.

- Significant bias in the audit towards BIM's being carried out on the wards as opposed to with community patients was very apparent.
- The need for S1 recording around BIM's to reflect NHS CHC demands for BIM minutes
- The potential of learning from other areas of audit work i.e. slips, falls and trips.
- The impact of COVID restrictions and the associated impact on quarantine protocols within nursing homes.
- The successful use of zoom to bring attendees together in a safe manner.

### **Recommendations from critical analysis of audit**

- A leaflet and video resource is needed on what a best interest meeting is and how families can meaningfully contribute to them.
- The Office of the Public Guardian initiative on the "LPA champion role" is needed nationally and in our own organisation.
- For BIM's held on the ward re future place of care and treatment- it should be explicitly recorded that if the patient's health collapses- they would stay on the ward to die.
- The introduction of an offer of mediation if there is a disagreement over the decision reached was not explicitly recorded on minutes but was seen in practice.
- Further training opportunities for clinicians particularly around conflict resolution.

### **6. No Recourse to Public Funds Resources**

In January 2021 the hospice hosted a webinar to launch a best practice toolkit on the hidden needs of carers who, along with the patient, have a No Recourse to Public Funds – NRPF – status. Nearly 1.4 million people in the UK do not have access to the welfare safety net<sup>[1]</sup>. This 2019 figure represents those that held valid UK visas that would usually have a condition attached to them restricting access to public funds. In reality, this number may be far greater when also factoring in illegal entrants and visa overstayers. The 'no recourse to public funds' (NRPF) policy has been found to have a disproportionate impact on women, low-income families, disabled people and black and minority ethnic (BME) communities<sup>1</sup>. A person with NRPF is prohibited from accessing public housing and specified benefits including, but not limited to, disability living allowance, housing benefit and child tax credits. A person's immigration status and future immigration applications can be affected if they erroneously claim a public fund they are not entitled to and, in some cases, it is a criminal offence<sup>[2]</sup>.

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<sup>[1]</sup> Source: The Unity Project Access Denied: The cost of the 'no recourse to public funds' policy (June 2019) <https://www.unity-project.org.uk/s/Access-Denied-the-cost-of-the-No-Recourse-to-Public-Funds-policy-The-Unity-Project-June-2019.pdf>

<sup>[2]</sup> See S24 and S115 Immigration and Asylum Act 1999. For more information see: <https://www.freemovement.org.uk/what-is-the-no-recourse-to-public-funds-condition>

For people with NRPF approaching the end of their life and/or their carers, these individuals may face significant disadvantage in terms of lack of access to:

- welfare benefits, social housing, and wider social and emotional support
- primary care services, such as being registered with a GP
- secondary care services, such as specialist hospital teams and investigations
- palliative care units and hospices
- protection from abusers and exploiters

Some provision e.g. hospices are not counted as a 'public fund' and are therefore available to people with NRPF and their carers. Access to NHS services are subject to a surcharge payment which is beyond the reach of many people with NRPF. People with NRPF may also be reluctant to come to the attention of any services. As a result, people may have their condition diagnosed at a later stage, be experiencing a worsening of symptoms and have limited options available for treatment. This is in addition to potentially dealing with 'right to remain' legal issues and being faced with threat of deportation. These factors all add to an increased burden and stress placed on the patients' carers.

## **7. STAKEHOLDERS**

### **Involvement of CCG Safeguarding Leads in meetings**

The involvement of the CCG leads has continued to allow external enquiry and analysis to the work and reports of the committee and also increased governance arrangements. An example of the influence can be seen in how we now closely monitor the source of our safeguarding alerts within the organisation to ensure safeguarding is genuinely everyone's business. The influence of the CCG leads was seen in the use of Intercollegiate Guidelines to provide clarity and structure to developing differentiated levels of safeguarding training according to role and responsibility.

### **Involvement of Trustees and Volunteers**

This quarter saw for the first time the involvement of volunteers in the Safeguarding Committee – one volunteer has since withdrawn his membership due to personal reasons however one continues to positively contribute to the group. Their contribution provides a different challenge around safeguarding that was absent previously.

## **8. DEVELOPMENT OF EDUCATION ON THE INTRODUCTION OF LIBERTY PROTECTION STANDARDS (LPS)**

Given the impact of the Covid pandemic on the LPS rollout - the long awaited new LPS Code of Conduct – expected June/July 2021 has been delayed and this will affect St Christopher's future training and education offer.

This work originally arose out of a successful MCA Conference held in July 2019 on the theme of the Mental Capacity Act at the end of life. Alex Ruck Keen led the day and it was both a commercial and qualitative success. Subsequently St Christopher's

has presented at two national conferences – in Manchester and London – alongside Alex Ruck Keen on the practical introduction of the LPS's within hospice and hospice at home settings.

**9. MULTI DISCIPLINARY TEAM - Education Sessions**

These Wednesday morning sessions have continued to be invaluable in bringing together doctors, nurses, physios, OT's, social workers, SALT, chaplaincy and therapy staff. There have been regular sessions on DOLS's, Mental Capacity Act issues i.e. decision specific capacity assessments, the structure of best interest meetings and both adult and child safeguarding issues.

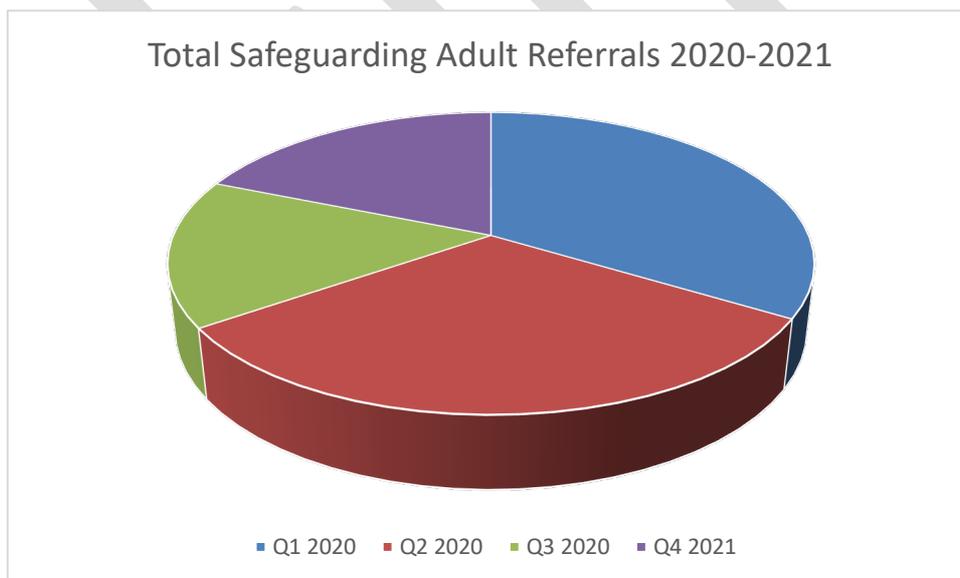
**10. Serious Incidents**

During the height of the first wave of Covid St Christopher's followed reported guidance around a serious incident. A safeguarding referral was also made involving a vulnerable adult. This was not upheld. The incident was reported externally to the CCG, ICO and also the CQC. An action plan was devised and actions against it monitored via the Board of Trustees. This action plan was formally closed early in 2021.

**11. SAFEGUARDING ADULTS STATISTICS 2020-21**

The chart and table below identify the numbers of safeguarding alerts made in 2020-2021

Adults	Q1 2020	Q2 2020	Q3 2020	Q4 2021
Total Referrals	34	32	16	19

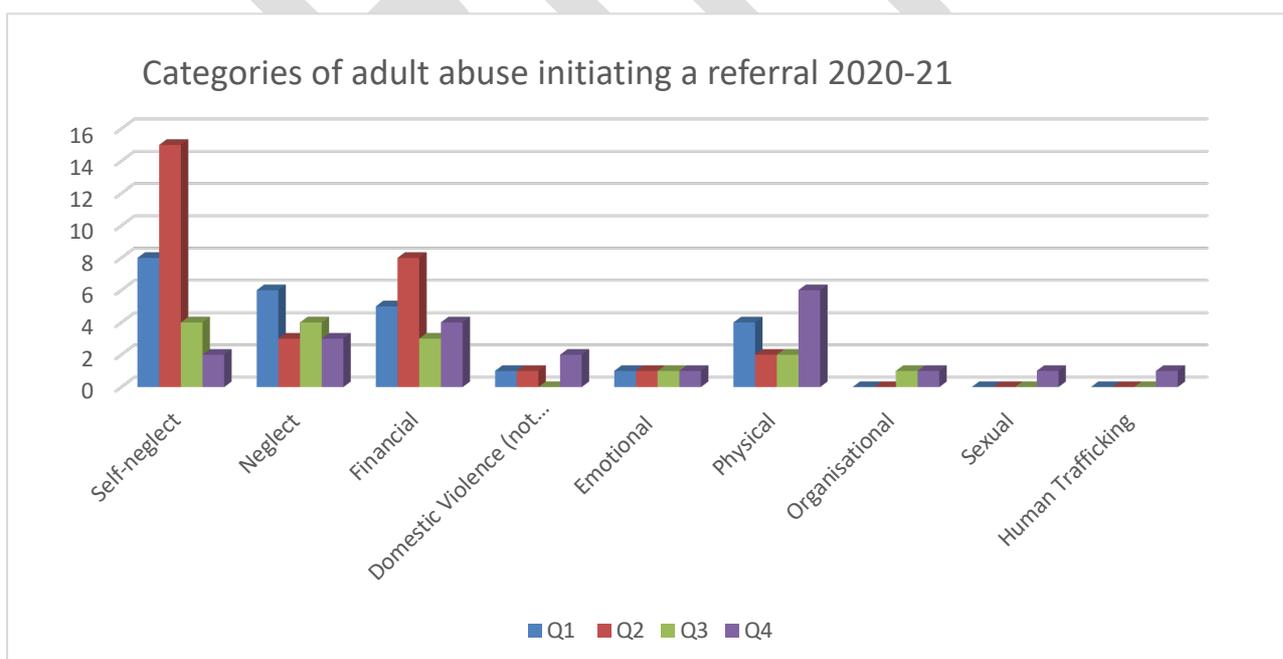


As in all previous annual safeguarding reports self-neglect represent the highest number of adult safeguarding alerts. Using SystemOne, there were 101 safeguarding referrals raised to local authorities between April 2020 and the end of March 2021 a decrease of 2 – from 2019-20. This slight decrease is in stark contrast with the 63% increase seen in 2017-2018. The majority of these alerts were to Bromley Local Authority but safeguarding referrals were made to all of the 5 London boroughs we serve.

The work of the hospice with homeless people has been a significant development over this year and in no small part explains the continued identification of self-neglect concerns. The Bromley Care Coordination – BCC – service supports vulnerable frail elderly people who are often not aware that they have gradually become self-neglecting and agree to additional support from local authority colleagues.

**a. Categories of adult abuse initiating a referral 2020-21**

	Q1	Q2	Q3	Q4
Self-neglect	8	15	4	2
Neglect	6	3	4	3
Financial	5	8	3	4
Domestic Violence (not involving children)	1	1	0	2
Emotional	1	1	1	1
Physical	4	2	2	6
Organisational	0	0	1	1
Sexual	0	0	0	1
Human Trafficking	0	0	0	1



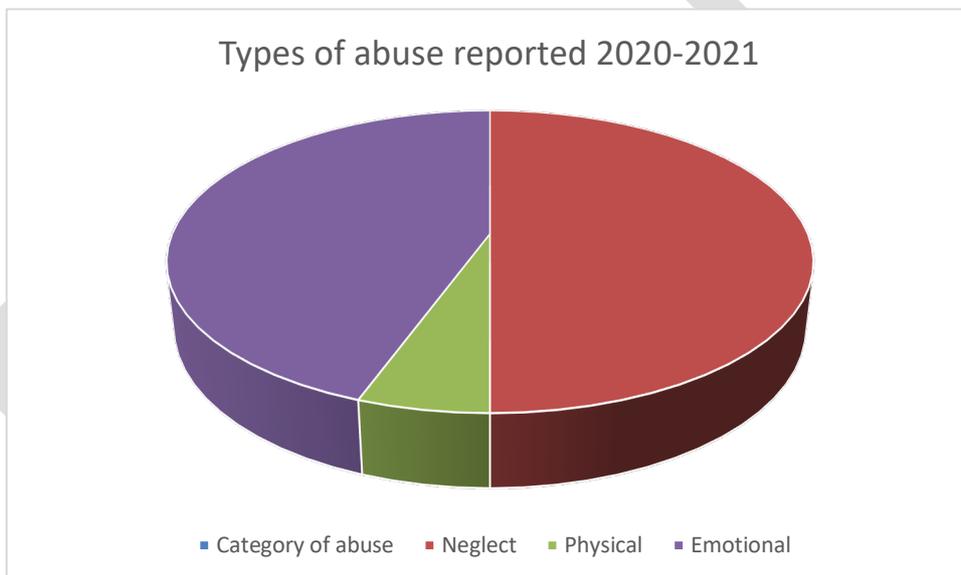
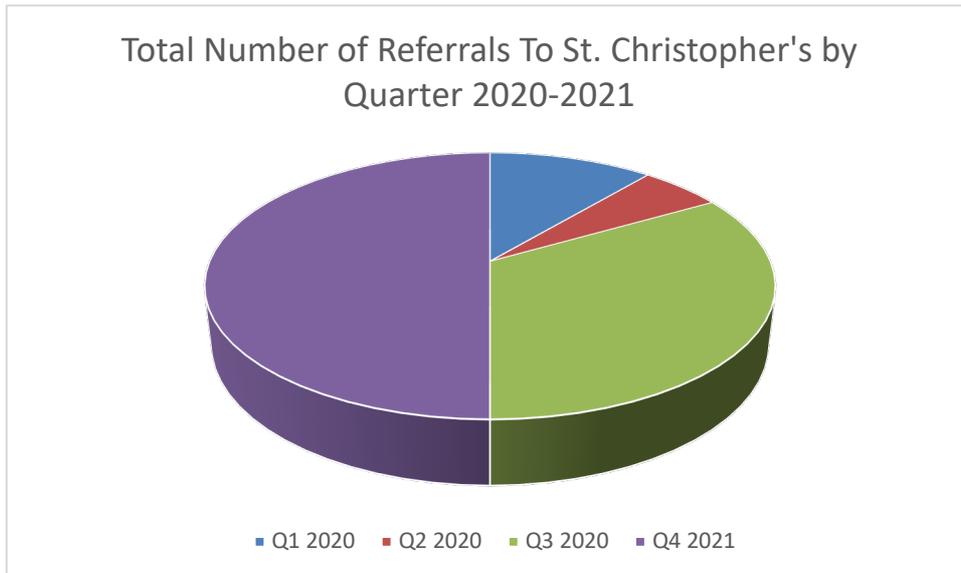
## 12. SAFEGUARDING CHILDREN STATISTICS 2020-21

Using SystmOne there was a significant decrease in purely safeguarding referrals for children to local authorities. 18 individual children were referred this year in comparison with 40 children the previous year. *NB We were unable to provide figures in previous annual reports of how many referrals to child social services were a request for proactive supportive intervention and how many were pure safeguarding. This annual report can differentiate and all 18 children were referred in 9 separate referrals due to safeguarding concerns.* The majority of the referrals were to Bromley Local Authority but all five London boroughs were referred to. The decrease is almost certainly linked to two issues-

- A significant increase in the number of Section 17 of the Children Act referrals made by the social work department. This we believe evidences a move towards preventative and anticipatory referrals to child services rather than reacting to safeguarding concerns that have occurred.
- A differentiation being made on S1 between historical child safeguarding concerns and those that are identified first by St Christopher staff and volunteers.

As in the previous year the majority of safeguarding referrals were made in relation to late patient presentation to St Christopher's. Clinical and social work staff members were picking up on the urgent need to clarify child care arrangements which should have been held much earlier in the palliative journey of the patient. The integral role of guardianship plans within the advance care planning – ACP - process was made a priority for development work in this year. The significant reduction in the child safeguarding referrals being made as a result of no guardianship plans being in place part evidences the success of the change in emphasis. However, the lack of guardianship plans present in 9 out of the 18 children referred highlights the need for further vigilance and perseverance.

	Q1 2020	Q2 2020	Q3 2020	Q4 2021
Total	2	1	6	9
Category of abuse	Neglect - 2	Neglect	Neglect - 4 Physical - 1 Emotional - 1	Neglect – 2 Emotional - 7

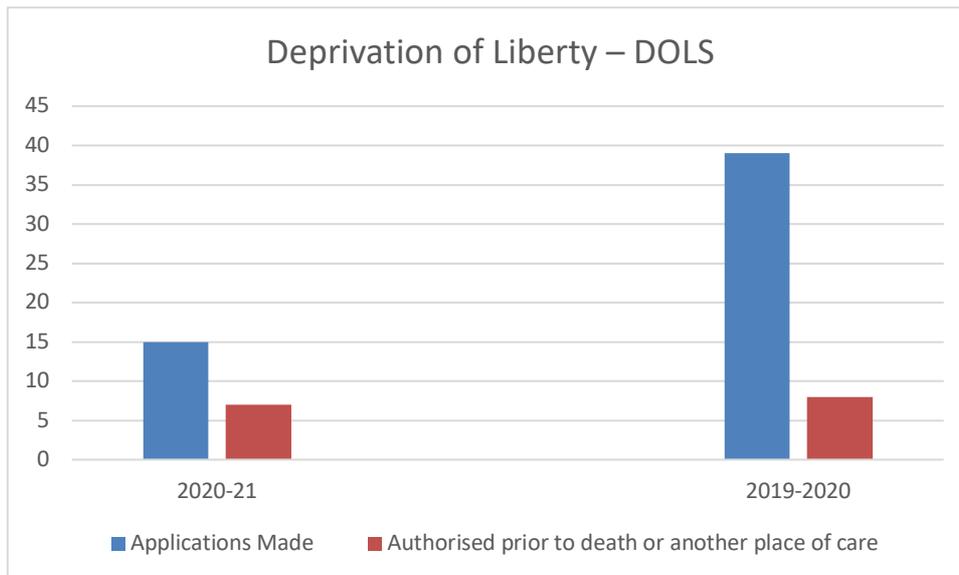


The statistics above represent individual children referred to child social services. One referral however may cover – as it did in Q4 – three families rather than 9 different households.

### 13. DEPRIVATION OF LIBERTY – DOLS

Due to the Covid restrictions and need for strict infection control protocols DOLS authorisations were down across the country. This was directly due to Covid 19 and associated remote assessment guidance provided by the DHSC. All DOLS which were authorised have been notified to the CQC.

Over the year 2020-21 there were 15 DOLS applications sent to the 5 local authorities we serve. 7 were subsequently authorised prior to the patient either transferring their place of care or dying. There has been a significant change in the number of DOLS applications made – due to fewer inpatients and the impact of Covid. In 2019-20 – 39 applications and 8 authorisations were received. This year a far smaller number of applications resulted in a much higher % being approved.



#### **14. BEST INTEREST DECISIONS**

For those patients who lack capacity a best interest approach is taken. Please note the findings of the audit into the hospice use of Best Interest Meetings in section 6 pages 7-8 of this report. These meetings have been challenging to arrange due to the use of remote working platforms. However, on each and every occasion a BIM was required one was held. The use of secure zoom meetings has become everyday practice. There were 64 best interest meetings held in 2019-20 compared to 62 in this most Covid impacted year 2020-21.

There were a further 1038 family meetings held in 2020-21 a massive increase from the 201 in 2019-20 and 61 the year in 2018-19. Whilst this significant increase is almost certainly down to the recording practice within System1 and the practice guidance that was developed with practitioners, the figures do evidence the commitment of the organisation to listening to the thoughts, feelings and hopes of both patients and family members.

#### **15. KEY PLANS for 2021-22**

Our main objectives for the year ahead (April 2021 – March 2022)

- Preparation for the Implementation of LPS in April 2022 – we still await LPS Code of Practice publication - “Spring 2021”
- Implement key recommendations arising out of the BIM audit
- Raise awareness of the Domestic Abuse Act 2021 within all aspects of the organisation including shop staff
- Disseminate dementia specific safeguarding guidance from SCIE and Alzheimer’s Society alongside the Cascade Project.