

**QVH Safeguarding Assurance Statement 2020**

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| 1. | **Context:**  Safeguarding children, young people and vulnerable adults is firmly embedded within the wider duties of this organization. QVH responsibilities include the provision of safe, high quality care and support for all the patients who attend our services.  We continuously revisit and develop the safeguarding arrangements we have in place as national policy, legal frameworks and research evidence changes over time.  QVH ensure that the principles and duties of safeguarding adults and children are holistically, consistently and conscientiously applied with the well-being of those adults and children at the heart of all we do. For adults we also respect their autonomy and need for empowerment in relation to individual decision making.  Safeguarding adults at risk of abuse or neglect is a collective responsibility; we work closely with other agencies to co-operate to help and support adults in need and their carers’.  Good partnership working is essential, QVH practitioners work closely with colleagues using systems which enable us to work collaboratively and safely when children and their families require additional care and support. |
| 2. | **Legal Framework:**  Responsibilities for safeguarding are enshrined in legislation. Some duties apply only to children, some duties apply only to adults, and some apply to both.  Safeguarding our patients is important for all staff in any health care setting, to be able to deliver this on a day to day basis and as part of everyday practice is what we are aiming for. Making sense of what safeguarding means in practice is informed by a plethora of legislation which has to be understood in the right way for it to make sense when providing health care to each individual.  Adults have the right to live in safety, free from any type of abuse and neglect (Care Act 2014). But to apply this the three step test has to be applied and demonstrated when making an adult safeguarding referral.  The welfare of the child comes first (Children Act 1989). So even when we are working with adults we have to think child too and make sure no child is being placed at risk. |

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|  | The Mental Capacity Act provides a legal framework that empowers and protects vulnerable people aged 16 years and over (MCA 2005). This legislation overlaps with both the Children Act and the Care Act. Which reflects the complexity of obtaining valid and meaningful consent for treatment.  When a child understands the choice to be made and its consequences, based on Gillick competency, the child’s decision prevails. Parents and carers will still be fully involved unless the criteria set out in the Fraser Guidelines apply.  The PREVENT concept is also included in the safeguarding agenda. Health staff may meet and treat people vulnerable to radicalisation. If concerned about a person they are expected to recognise and seek advice.  Dog bite injuries should be reported to the police routinely so that effective triage can be undertaken by the agency that holds more information on problems in communities. Dog owners are responsible for the behaviour of their dog in both private and public places.  Recognition or disclosure of an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality should trigger further action. An opportunity for one to one private discussion and provision of support to access specialist services for help and safety.  The Sexual Offences Act 2003 replaced older sexual offences laws with more specific and explicit wording. It also created several new offences such as non-consensual voyeurism, assault by penetration, causing a child to watch a sexual act, and penetration of any part of a corpse. It defines and sets legal guidelines for rape in English law. It is also the main legislation dealing with child sexual abuse. If feeling safe a patient may take an opportunity to seek the help they need.  Female genital Mutilation (FGM) is illegal in the UK and concerns about FGM should be reported.  Health care staff can be presented with a large number of unexpected situations and have a duty of care to act to protect their patient.  Queen Victoria Hospital NHS Foundation Trust (QVH) is responsible for creating the right learning opportunities for their employees, volunteers and contractors to develop the knowledge, skills and competence to undertake their roles. This includes safeguarding in its widest sense. |
| 3. | **QVH Safeguarding duties:**  QVH ensure that their functions are discharged having regard to the need to safeguard and promote the welfare of children.  Safeguarding is everyone’s business. QVH Staff have a duty of care to share concerns about a child’s welfare if they believe a child is suffering or likely to suffer harm.  QVH staff have to be aware of their responsibilities for safeguarding adults and the Mental Capacity Act (MCA) in all that they do.  QVH has a MCA lead to advise and support staff so that the balance between safeguarding and empowerment of individuals is carefully thought through, so that Deprivations of Liberty Safeguards (DOLS) is recognized and relevant procedures followed.  All QVH staff have a responsibility to safeguard children and adults at risk of abuse or neglect.  QVH is represented on the West Sussex Safeguarding Children Board by the Director of Nursing & Quality.  QVH is represented on the West Sussex Safeguarding Adult Board by the Director of Nursing & Quality.  Good information sharing practice is at the heart of good safeguarding practice. QVH staff have access to advice and support when required. Information will be shared if it helps protect children or adults.  QVH use the statutory scheme for vetting all people who work with children and adults.  We support staff or patients if we become aware that they are experiencing domestic violence and abuse. Using local arrangements to help prevent harm to those involved or taking action to protect if required.  All QVH Board members complete the Fit and Proper Person Test before they are appointed.  Good safeguarding practice requires openness, transparency and trust. QVH acts in an open and transparent way with patients and staff in relation to care and treatment provided. We tell patients about any unintended or unexpected incident that occurs which might cause harm.  QVH co-operate if requested to participate in any learning reviews. |

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| 4. | **QVH roles and responsibilities:**  QVH safeguarding leadership is provided by Director of Nursing & Quality, Safeguarding Children Named Nurse and Doctor, Adult Safeguarding Named and a MCA Lead.  QVH has safeguarding accountability and assurance arrangements in place which are quality assured by the Sussex CCGs, West Sussex Safeguarding Children Board and West Sussex Safeguarding Adults Board.  All QVH staff are trained in line with their role in:   * Safeguarding adults * Safeguarding children * Looked After Children * Prevent * Domestic Violence and Abuse * Mental Capacity Act * Deprivation of Liberty Safeguards   QVH undertake safe recruitment practices and have arrangements in place for dealing with allegations against people who work with children or vulnerable adults.  We have a range of safeguarding policies and procedures which are regularly reviewed and updated.  We have effective partnership arrangements in place to facilitate working with other agencies.  QVH staff are aware of their personal responsibility to report any concerns and to ensure poor practice is identified and tackled.  Consent for care and treatment is obtained in line with legislation and hospital policy.  QVH is registered with the Care Quality Commission (CQC). |