Willow Wood Hospice

Together we care

Annual Safeguarding Report

2024-2025

Introduction

As Willow Wood's first published Annual Safeguarding Report, this document aims to highlight our commitment as a learning organisation, summarising our safeguarding activity and achievements across 2024-2025, whilst setting our intentions for future focus and development in 2025-2026 and beyond. Our primary aim is to ensure Willow Wood's stance and commitment to safeguarding is evident in our every day. Demonstrating how our practices and policies are in line with national themes, local developments and are responsive to changes in law, guidance or policy.

One of the additional purposes of this report is to provide assurance to our patients, colleagues, board, partners and supporters, demonstrating how we uphold our statutory responsibilities for Safeguarding, in line with GM Integrated Care Boards Contractual Standards as a non-NHS care provider in the region delivering regulated care. Our recent Safeguarding Audit, completed in December 2024, enabled us to demonstrate our compliance whilst developing an action plan for our further development.

In order to evidence our effectiveness in relation to safeguarding, this report demonstrates real examples of action, change and policy adjustments that have resulted in improvements to relevant processes and procedures and ultimately led to improved patient safety and workforce wellbeing. By ensuring that Safeguarding is embedded across the organisation and everyone's responsibility, Willow Wood is dedicated to safeguarding all our people from harm, and we do this through clear policy and procedure, education and training, and a focus on safeguarding as an organisational priority.

Safeguarding Statement

At Willow Wood Hospice, we are committed to the safeguarding of patients, families, visitors, employees and volunteers. Ensuring the preservation of dignity, safety and wellbeing of everyone within our services is especially important when protecting those who may be vulnerable to abuse, neglect or exploitation, such as adults at risk of harm, and children and young people.

Our detailed safeguarding policies and procedures ensure we adhere to the laws and frameworks in place to support the safeguarding of all, whilst following the fundamental principles of confidentiality, respect and guidance around information sharing, promoting an environment where everyone feels accepted, respected, safe and secure.

All staff and volunteers understand how to recognise a safeguarding concern, how to respond and record safeguarding concerns or disclosures, and who to escalate concerns to, including reporting both internally within our teams and externally to partner organisations where required to ensure the safety of an individual. Willow Wood remains committed to sharing our learning and developments related to safeguarding, with partner agencies with the aim of supporting early identification and prevention of abuse and mistreatment.

Safeguarding Governance Arrangements

Whilst safeguarding is everyone's responsibility, key roles hold the responsibility for the strategic and operational implementation of safeguarding practices, processes and procedures. At Willow Wood, these are the key roles and individuals who are responsible for leading these workstreams:

Safeguarding Lead Callie Harrop – Head of Community Services

Deputy Safeguarding Lead, PREVENT Lead and MCA Lead Nicola Cheetham – Clinical Director

Lead Trustee for Safeguarding Timothy Jackson – Chair of Trustees

Overarching accountability for ensuring the safeguarding of all patients, visitors, staff and volunteers within Willow Wood Hospice is owned by the Clinical Governance Committee, where both the Safeguarding Lead and Deputy provide assurance to the board via a Safeguarding highlight report and their presence at the quarterly committee meetings. Safeguarding Assurance can also be provided to the Committee via minutes and documentation approved via the route of Clinical Quality and Standards meetings, where any operational level decision making from the forum will be approved and any related documentation will be ratified.

Safeguarding and Assurance Forum

Safeguarding and Assurance Forum is delegated to act at an operational level in the implementation of Safeguarding practice. A staff-led quarterly meeting chaired by Safeguarding Lead or Deputy, with cross organisational representation from staff members, the forum aims to raise the profile of safeguarding across the organisation, providing opportunity to share best practice, themes, learning and operational updates with colleagues.

Policies and Procedures

In 2024 we launched a new, revised, organisational Safeguarding Policy. This policy is reviewed annually and provides information on all processes and procedures related to Safeguarding. As per best practice, this policy should be read in conjunction with other related policies and standard operating procedures. Throughout 2024, there have also been revisions made to the following related policies:

- MCA/DoLS Policy
- Recruitment Policy
- PREVENT Policy
- Volunteer Policy

And the addition of the following related policies or standard operating procedures:

- Domestic Abuse Policy
- Freedom to Speak Up Policy
- When Willow Wood Cares for Someone You Know (SOP)

External Assurance

External safeguarding assurance is provided to the GM Integrated Care Board via completion of an annual audit relating to the Contractual Standards for non-NHS Care Providers audit tool, where an associated action plan is also developed to ensure quality improvement is tracked, prioritised and monitored.

The Care Quality Commission (CQC) also seek assurance of Willow Wood's role in relation to safeguarding through the assessment framework of their quality statements, under the heading of "Safe". We have worked to demonstrate the details of this quality statement within all areas of clinical and organisational development, leading to staff and patients who report feeling safe. Willow Wood's last CQC inspection report outcome was a rating of "Good" in all areas in 2016, and there is an expectation that we will receive an inspection in the coming months.

External Partners

As a Hospice covering a geographical area of Tameside and Glossop, our locality spans two local authority footprints. Therefore, for Safeguarding of patients and relatives, we work in partnership with both the Tameside Adults Safeguarding Partnership Board (TASPB) or Tameside Safeguarding Children Partnership (TSCP), for those living in the Tameside area, and Derbyshire Safeguarding Adults Board or Derbyshire Safeguarding Children Board for those residing in Glossop.

There may also be instances where reporting into alternative Safeguarding boards is appropriate, when a concern is raised about a visitor, relative, staff member or volunteer who lives out of the geographical area of Tameside or Glossop. Contacts for alternative safeguarding teams can be accessed using the NHS Safeguarding App, which provides up to date information for all localities and is available to anyone.

The Safeguarding Lead and Deputy also represent to hospice at a GM Hospice Collaborative Safeguarding Leads meeting, sharing information and gaining advice and support from colleagues in the same positions at other hospices in the region.

TASPB

Tameside Safeguarding Children Partnership

Derby and Derbyshire Safeguarding Children Partnership

Derbyshire Safeguarding Adults Board

GM Hospices Provider Collaborative Caring Together

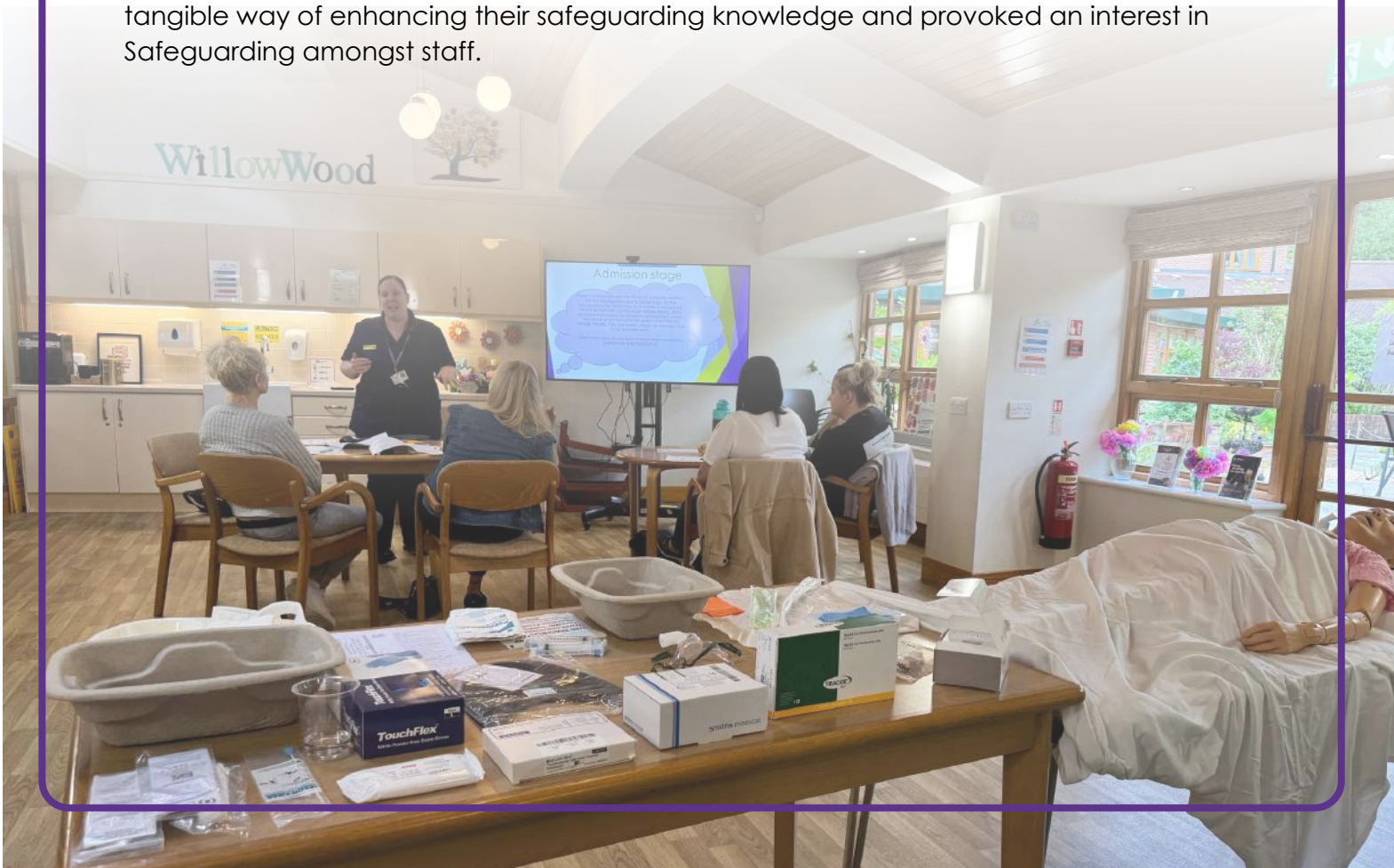
Reporting Processes

Willow Wood staff and volunteers are aware of their Safeguarding reporting responsibilities and processes, and all have both digital and visual access to a flowchart which outlines the steps to be taken when there is a safeguarding concern.

All safeguarding concerns reported via the Vantage incident reporting system, in line with the hospice incident reporting framework are reviewed by the Safeguarding Lead or Deputy. This is in addition to a supportive conversation with the individual concerned, in line with the steps in the flowchart, where next steps to be taken have already been identified. External reporting to social care colleagues in the local authority is completed when the concern warrants external reporting, and any urgent emergency concerns for the safety of an individual must be reported via 999 as the first action. Those reporting safeguarding concerns are offered the opportunity for debrief conversations with a member of the Safeguarding team too, where reflection is encouraged and learning outcomes for individuals and the organisation can be identified in a supportive environment.

Training Compliance and Opportunities

As a part of our learning culture, Willow Wood is committed to providing a robust training offer related to Safeguarding. Mandatory training for staff is delivered via e-learning accessed via e-learning for health. Complementing this for clinical staff is a face to face opportunity to explore safeguarding through mandatory immersive training days where themes are addressed through a case study/patient story, allowing teams opportunity for valuable reflection and conversation on real life safeguarding situations and examples. As a new way of learning for our clinical teams in 2025, this has provided staff with a more tangible way of enhancing their safeguarding knowledge and provoked an interest in Safeguarding amongst staff.

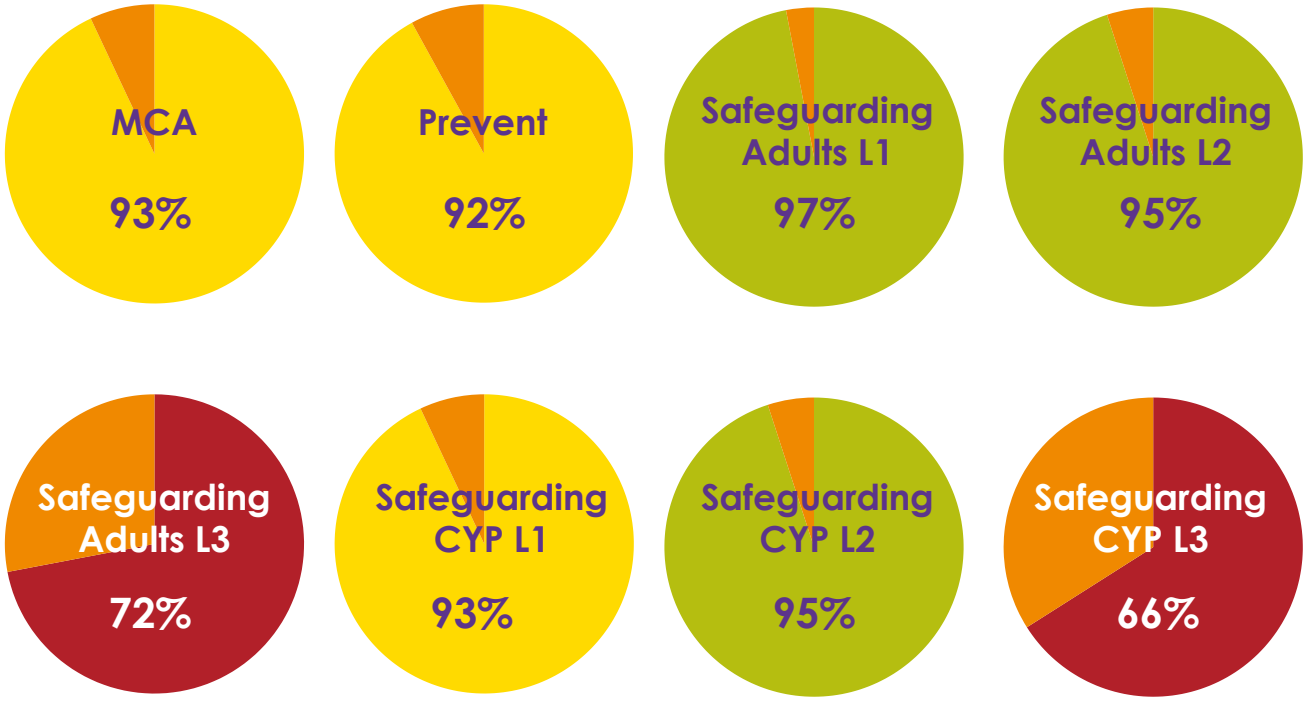


Compliance

Compliance of mandatory Safeguarding training is reported via Safeguarding and Assurance Forum, Education Forum and Clinical Quality and Standards. All Willow Wood staff and volunteers complete some level of mandatory safeguarding training as per the requirements of their role to ensure compliance at a Safeguarding Level 1 as a minimum requirement. Compliance targets for all mandatory safeguarding related training is 95%. Below are the compliance rates for all relevant Safeguarding related mandatory training for staff across the organisation at February 2025 month end.

Course Title and Compliance Percentage

Reported 1st April 2024 to 31st March 2025



Safeguarding training must be refreshed on a 3-year cycle and all new starters must have completed the level associated with their role within the first two weeks of employment. Line managers are responsible for supporting staff to take the adequate time to complete mandatory training and remain compliant with their Safeguarding training.

The Safeguarding Lead and Deputy Safeguarding Lead are booked to complete Level 4 Safeguarding training in 2025-26, to enhance their skills and knowledge as those responsible for the operational implementation of Safeguarding processes across the organisation. This is a result of actions identified within the audit and will support Willow Wood to further demonstrate their compliance and commitment to safeguarding learning and development.

Additional Training

Additional training relating to Safeguarding, including learning disabilities, Oliver McGowen Autism training, dementia awareness and bereavement awareness sessions have also been held throughout 2024-25. Further identified areas of focus to enhance the mandatory training staff are required in the year ahead. Including sessions on Domestic Abuse, Child Sexual Exploitation and further Mental Capacity Assessment training.

Members of the Safeguarding and Assurance Forum have opportunity for additional learning, demonstrated through themes discussed in each meeting. In 2024/25 the themes covered included "Information Sharing", "Safeguarding Children and Young People in an Adult Setting", and "Working in Partnership". Members of the forum are also invited to suggest areas of further learning and training required by them and their teams and incident investigations can identify themes that would be of benefit to the teams.

Attendance at our weekly locality MDT also provides an opportunity for staff who attend, as a regular education slot with both internal and external speakers which often addresses subjects related to Safeguarding. In 2024-25 so far, this has included mental capacity assessments and decision making, domestic abuse support from a local organisation, and hoarding. Individuals are also invited to explore learning and development opportunities in areas that are of relevance to their role, or of a personal or professional interest. This could include areas related to Safeguarding and where this takes place, the staff member will be invited to share their learning amongst colleagues.

Volunteers Training

The volunteer handbook is available to all volunteers provides information for volunteers in relation to their roles and responsibilities for safeguarding.

A reviewed online version of Volunteer Safeguarding training delivered via Microsoft Forms was launched in 2025, aligning with the new policy and in a format that has proved to be easily accessible for volunteers.

As this is a new opportunity, there is no compliance data available for this training at time of publication.

Additional information and guidance about safeguarding for volunteers can be found in their work areas, through updates from their area leads and within volunteer publications.

Safeguarding Supervision

All staff and volunteers can access informal one-to-one safeguarding supervision with Safeguarding Lead or Deputy in the event of a Safeguarding concern and through case management of any ongoing incident. Safeguarding Supervision is also provided through Safeguarding and Assurance Forum, where themed learning and supervision opportunities form part of the agenda, alongside a space for group discussion, self-reflection and sharing of in practice situations and dilemmas. Staff in clinical departments also have access to external clinical supervision which can also include elements of safeguarding supervision. Safeguarding Supervision will remain an area of focus in 2025-26 with actions for additional training for supervisors, an agreement of frequency of mandatory supervision and improvements to reporting and recording of supervision.

Key National and Local Themes

In June 2024, there was an organisational focus on "Working in Partnership" in line with the national theme of Safeguarding Adults Week and a local focus around strengthening partnership working. This was an opportunity for awareness raising activities around who we work in partnership with, including presenting at our locality MDT education session which provided opportunity for hospice colleagues to discuss themes with colleagues from Tameside and Glossop Integrated Care Trust, based in both the community and the hospital.

Across Tameside, there were some common themes and focuses across Safeguarding. This has included learning from Safeguarding Adult Reviews, some of which have been shared through Safeguarding and Assurance Forum to encourage reflection and discussion. We have also had guest speakers within MDT education sessions to focus on raising the awareness of domestic abuse and services available, and self-neglect and hoarding.

We have also attended events led by Safeguarding Adults Partnership Board across the locality, including events held as public engagement to raise awareness of adult abuse and support for carers. These opportunities have allowed us to keep up to date with key themes, whilst networking with cross-sector colleagues and engaging with our local community, keeping Safeguarding at the heart of our development.

Safeguarding and our Workforce

Ensuring the safety of the workforce and embedding safeguarding within our recruitment processes, remains a priority and the development of safer recruitment training, processes and policy, is a priority for the year ahead. Willow Wood are committed to recruiting and maintaining a safe workforce under the Safeguarding Vulnerable Group Act 2006 and the Protection of Freedoms Act 2012. We also ensure all recruitment complies with the requirements of the Home Office Disclosure and Barring Service (DBS) in order to ensure that appropriate level of pre-employment & pre-volunteering checks are carried out during the recruitment process particularly those engaging in Regulated Activity areas. In addition, DBS checks are undertaken every three years following commencement.

At Willow Wood we are also committed to ensuring that our responsibilities for Safeguarding also covers the Safeguarding of Staff and Volunteers. Managers of staff and those responsible for the supervision of volunteers will be provided with opportunities to understand their role in Safeguarding those who report to them. This includes, but is not limited to, identifying where a member of the workforce may be vulnerable or at risk of harm, supporting volunteer services with the Safeguarding of CYP who want to volunteer within hospice services, and providing support to staff members or volunteers who are concerned about the safety of a colleague.

Safeguarding Activity

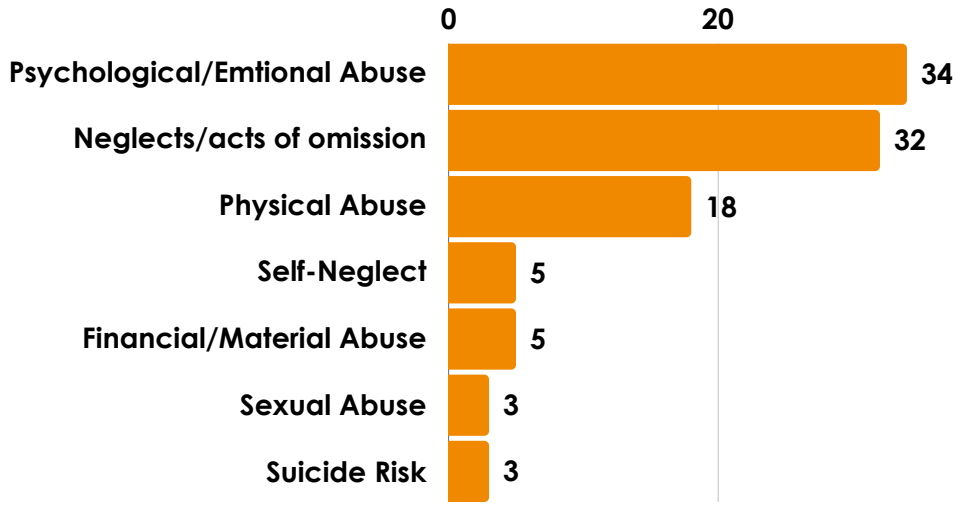
Safeguarding activity is monitored and reported via Vantage incident reporting system, any concerns raised are reviewed on a weekly basis within Patient Safety Incident Review Panel. Safeguarding also includes the application for DoLS, which is required within the hospice setting when a patient is deemed to lack capacity to consent to their care at the hospice. Reporting and monitoring of DoLS applications is also monitored through the vantage reporting system, and data for all is reviewed at Safeguarding and Assurance Forum and shared with the Clinical Governance Committee at a high overarching level, ensuring confidentiality of all involved.

Safeguarding Concerns

Across 2024-25, there was an emphasis on the importance of raising a safeguarding concern where there was a potential risk of harm. This has led to an increase in Safeguarding concerns raised across the hospice with 29 incidents raised internally via our incident reporting system. Using the data available, the safeguarding concerns related to a number of types of abuse is broken down as detailed below and some concerns raised involved more than one category of abuse as a concern, these have been counted as separate values:

Categories of Safeguarding Concerns

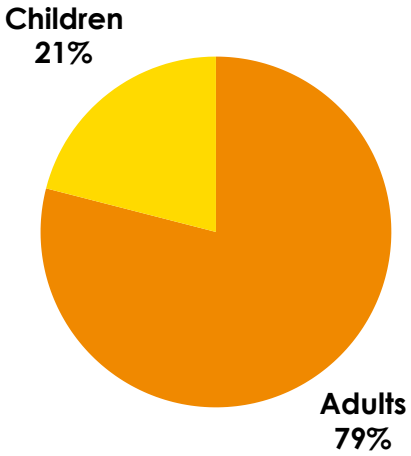
Reported 1st April 2024 to 31st March 2025



Throughout the year, thanks to reviews of the concerns raised via Safeguarding and Assurance Forum, and through the Patient Safety Review Panel, amendments have been made to the categories available to select on the vantage safeguarding concern pro-forma. This has included the addition of "Suicide Risk" to acknowledge the safeguarding concern raised when a member of the team has been concerned following a conversation or observation relating to suicide risk. The pro-forma and work involved continues to evolve.

Safeguarding of both adults and children is essential in our setting, and concerns have been raised regarding patients, their dependents, visitors, staff and volunteers. The chart below highlights how many concerns were raised in relation to adults and how many related to children under the age of 18.

Safeguarding Concerns Raised



Positive experiences of reporting have increased colleague's confidence in reporting to Adults and Children's Safeguarding Boards, and feedback on the impact and result of a referral provides further assurance that the right processes have been followed. Our clinical teams have successfully identified signs of abuse and supported patients and families when sharing information and ensuring timely referrals have been made. Teams have successfully engaged with social care colleagues to get the right support in place for individuals and contribute to positive outcomes for patients and families.

Further work with the clinical team on identifying prior or existing involvement from social care colleagues is a priority for future Safeguarding Awareness workstreams and the development of documentation to include safeguarding. Furthermore, increased work with clinical teams is required to support them in identifying patients who have caring responsibilities or dependants, and explore any plans in place for the continuing care for that individual in their absence. This area of focus supports the clinical teams to be able to be proactive in their recognition of potential safeguarding concerns, ensuring support from other agencies can be put in place in a timely manner.

DoLS applications

The process of reporting DoLS application internally involves reporting via Vantage in order to monitor and keep track of any patients with a DoLS in place. There have been some discrepancies between this data, with 8 submissions of DoLS application reported via Vantage, which is likely under-reported. Continued work on this area is a priority in 2025/26 with additional training and education around MCA, DoLS and Best interest meetings planned and an improved reporting and monitoring system.

Summary

We have a lot to be proud of for all we have achieved in the development of keeping people safe throughout 2024-2025. Some of our successful implementation and workstreams are detailed below. However as identified in our audit, alongside the achievements, there is still work to be done and our commitment to this action plan and associated workstreams is detailed below in a list of our focuses and priorities for the year ahead.

Achievements 2024-2025

Launch of new Safeguarding Policy and revision of and addition of further associated policies enhances the suite of supporting literature available in relation to Safeguarding of patients, visitors, staff and volunteers.

Visible Safeguarding Flowchart available in all staff areas to support staff and volunteers to understand their roles and responsibilities in relation to raising a safeguarding concern.

Launch of Freedom to Speak Up Policy and associated Guardian Roles to improve opportunities for sharing concerns in order to improve patient safety.

Launch of new Volunteer Safeguarding training and roll out of this training across all volunteer roles, including retail colleagues in order to increase knowledge and understanding that Safeguarding is everyone's business.

Transition to Vantage for incident reporting has improved the quality of and increased number of Safeguarding concerns raised internally and provided a framework for investigation and reporting of incidents and associated themes.

Launch of Patient Incident Response Plan – weekly Patient Safety Incident Reviews Framework meeting to follow up on outcomes and identify any reoccurring themes.

Introduction of Safeguarding Highlight Report in Clinical Governance to provide assurance to the board,

Successful year of well attended Safeguarding and Assurance Forums which now has representation from every department across the organisation and provides a dedicated environment for discussion, reflection and operational safeguarding updates.

Safeguarding Statement visible on website and work towards including in patient welcome packs.

First Annual Safeguarding Report Published providing key stakeholders with assurance and updates.

Safeguarding Focus 2025-2026

Implement targeted action to ensure full compliance with safeguarding training requirements, with a specific focus on Safeguarding Level 3.

Level 4 Safeguarding Training and exploration of Safeguarding Supervision Training for Safeguarding Lead and Deputy to enhance skills and knowledge and support further development of Safeguarding Supervision offer.

Further development of Safeguarding mandatory training sessions and resources to ensure full compliance in all areas as detailed within GM ICB Contractual Standard.

Safeguarding documentation to be improved through development of EMIS templates for Safeguarding Concerns, Mental Capacity Assessments, DoLS applications and Best interest Meetings. Further review of safeguarding information in documentation associated to Clinical Review Meetings and MDT meetings.

Safer Recruitment Training for all recruiting managers to equip them with the skills and knowledge of the Safeguarding responsibilities associated with recruitment.

Launch for Staff communication (Safer Together) which will feature Safeguarding updates for staff in order to raise the profile of Safeguarding across the organisation.

MCA and Best Interest Meeting training and awareness sessions to support compliance with legislation and policies relating to MCA and Best Interest Decision Making in Hospice care.

Guidance on changes in legislation relating to Deprivation of Liberty Safeguards (DoLS) when the delayed transition to the Liberty Protection Safeguards comes into force.

Wider organisational knowledge of Safeguarding across Income Generation and Volunteer Services which will be enhanced by their representation at Safeguarding and Assurance Forum and through Safeguarding Awareness initiatives. This will ensure safety of all staff, volunteers and attendees at fundraising events and in our associated retail units, reviewing the use of risk assessments in relation to Safeguarding and considering how individual support plans could support volunteers who are deemed vulnerable.

Inclusion of a 6 monthly Safeguarding Audit to be included on the audit and monitoring matrix as a part of a Quality Improvement Workstream.

Exploration of "Safeguarding Support Officer – Level 3 Qualification" learning and development opportunity for members of Safeguarding and Assurance Forum to support embedding of safeguarding across the organisation, seeking a clinical member of team and non-clinical member of the team to complete this course. This will enhance individuals' Safeguarding knowledge, whilst raising profile of safeguarding organisationally and provides opportunity for succession planning in key Safeguarding roles.

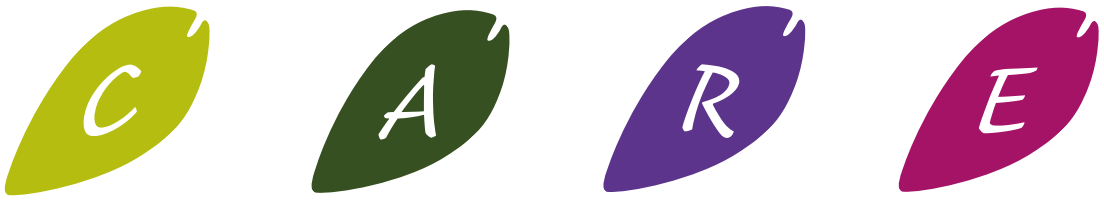
Our Mission

Our mission is to lead and deliver high-quality specialist palliative and end-of-life care, support and education across Tameside and Glossop.

Our Vision

Our vision is to ensure that everyone affected by a life-limiting illness receives timely specialist care and support.

Our Values



Compassionate
to those we support

Accountable
for our actions

Respectful
of each other

Excellent
when we collaborate, innovate and educate

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