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Agenda item: Bo.7.18.39

SAFEGUARDING ADULTS: ANNUAL REPORT 2017 - 2018

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Previously considered by:	Integrated Quarterly Safeguarding Committee – 24.05.18 Quality Committee – 30.05.18 (Agenda item Q.5.18.13)		

Key points	Purpose:
1. The report sets out key changes and improvements to the arrangements of the management of Adult Safeguarding.	To receive
2. The report details achievements in relation to adult safeguarding across the Foundation Trust during 2017 – 2018.	To receive
3. The report includes a self-assessment against the standards for providers of NHS commissioned services in relation to the safeguarding of adults, and an action plan which addresses areas of non-compliance is included in Appendix 1.	To receive

Executive Summary:
This report provides an update to the Board of Directors on Safeguarding Adult Activity in the Foundation Trust between April 2017 and March 2018.
The report includes a self-assessment against NHS Airedale, Bradford, Wharfedale and Craven Clinical Commissioning Groups minimum Safeguarding Adult standards for providers and associated action plan (Appendix 1).

Financial implications:
No

Regulatory relevance:

Monitor:	Quality Governance Framework
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Equality Impact / Implications:	<p>Is there likely to be any impact on any of the protected characteristics? (Age, Disability, Gender, Gender Reassignment, Pregnancy and Maternity, Race, Religion or Belief, Sexual Orientation, Health Inequalities, Human Rights)</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, what is the mitigation against this?</p>
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Strategic Objective: <i>Reference to Strategic Objective(s) this paper relates to</i>	To provide outstanding care for patients
	To deliver our financial plan and key performance targets
	To be in the top 20% of NHS employers
	To be a continually learning organisation
	To collaborate effectively with local and regional partners

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SAFEGUARDING ADULTS: ANNUAL REPORT 2017-18

1. Introduction

This report provides an update account to the Board of Directors on Safeguarding Adults activity in the Foundation Trust between April 2017 and March 2018. It also provides details of further plans and continued development for the forthcoming year and includes a self-assessment against Bradford CCGs Safeguarding Adults Standards for Providers of NHS Commissioned Services.

2. Background

All persons have the right to live their lives free from violence and abuse. This right is underpinned by the duty on public agencies under the Human Rights Act (1998), to intervene proportionately to protect their right as citizens (ADASS 2005, Safeguarding Adults). The Care Act 2014 came into effect in April 2015; this was widely seen as the most significant change in social care law for over 60 years. The Act not only addresses and recognises the importance of reducing risk, preventing harm and stopping abuse or neglect, but most significantly promotes involvement in the process of the adult concerned. Making safeguarding a collaborative process undertaken with someone rather than a process we do 'to' somebody.

Safeguarding is everyone's business; all staff have a responsibility to help prevent abuse and to act quickly and proportionately to protect people where abuse is suspected. Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) has a responsibility to ensure that arrangements are in place to ensure that staff are able to meet their obligations with regard to Safeguarding Adults. The principles and values as laid out in the Care Act are: *Empowerment; Protection; Prevention; Partnerships; Proportionality and Accountability.*

The Trust's policies and procedures are in line with the West and North Yorkshire and York Safeguarding Adults Policy and Procedures. These policies are produced by Bradford Safeguarding Adults Board in collaboration with:

- Calderdale Safeguarding Adults Board
- Kirklees Safeguarding Adults Board
- Leeds Safeguarding Adults Board
- North Yorkshire Safeguarding Adults Board
- Wakefield Safeguarding Adults Board
- York Safeguarding Adults

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3. Key Achievements in 2017 – 2018

3.1 Policy and Guidelines

The Safeguarding Adult's policy has been reviewed to reflect changes within the District's safeguarding arrangements and to ensure staff understand their responsibilities and provide clarity in relation to their roles within the local procedures.

A separate policy relating to PREVENT has been developed; guidance was previously incorporated into the Safeguarding Adults policy. Separation of the policy reflects the increased focus on this agenda and identifies the training requirements as outlined by NHS England.

The Closing the Gap policy, relating to the care of patients with learning disabilities has been reviewed to reflect current practice and the closer working relationship with the Health Facilitation team from Bradford District Care Foundation Trust (BDCFT).

The policy for guidance relating to the Deprivation of Liberty Safeguards (DoLS) has been reviewed and updated. Furthermore, the Policy and Procedures for Tackling Domestic and Sexual Violence (for patients and employees) has been updated.

3.2 Events

During the Bradford District-wide Safeguarding week in October 2017, a number of different sessions were held for staff; these included:

- Workshops to Raise Awareness of PREVENT (WRAP);
- A session, in conjunction, with BDCFT, regarding the Mental Health Act.
- A joint session with the Children's Safeguarding Team in relation to safeguarding arrangements for children transitioning to adults.

3.3 Training

Safeguarding adults training is now delivered at corporate induction via face to face sessions, previously this had been e-learning. This ensures that all new staff employed by the Trust are aware of their responsibilities in relation to safeguarding adults at induction.

As a result of the increased focus on PREVENT, NHS England and West Yorkshire Police delivered training to a small group of staff to enable them to become trainers of the PREVENT package. The staff trained were from across a range of areas within BTHFT including: Chaplaincy; Estates and Facilities; Accident and Emergency Department (AED) and Maternity Services. The increased numbers of trainers has resulted in more sessions of the topic being delivered. PREVENT training was identified as a priority following a requirement from NHS England regarding expected training compliance at different levels.

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The Safeguarding Adults team deliver safeguarding training on the sweeper days for the clinical divisions, these sessions include training relating to PREVENT.

The Safeguarding Adults Specialist Practitioners deliver ward based training. The most frequently requested / identified training requirement is regarding the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS).

The Named Nurse delivered additional bespoke training to Matrons relating to the Mental Health Act, regarding their responsibilities within the Act.

3.4 Supervision

Joint supervision meetings are held monthly, attended by the Named Nurse for Safeguarding Adults, Safeguarding Adults Specialist Practitioners, Heads of Nursing, Safeguarding Children's Specialist Practitioners, Safeguarding Midwife and Divisional Matrons to discuss difficult and complex situations in a forum where good practice is shared. It also provides an opportunity to reflect where situations did not go as well as expected, and includes discussions on strategies to learn, consider and develop. This information is then disseminated by the Matrons to their individual area of responsibility. Alternate supervision sessions are themed, with the Matrons who attend suggesting the themes.

If a member of staff is involved in a particularly complex or upsetting case ad hoc individual or group supervision is arranged.

4. Structure

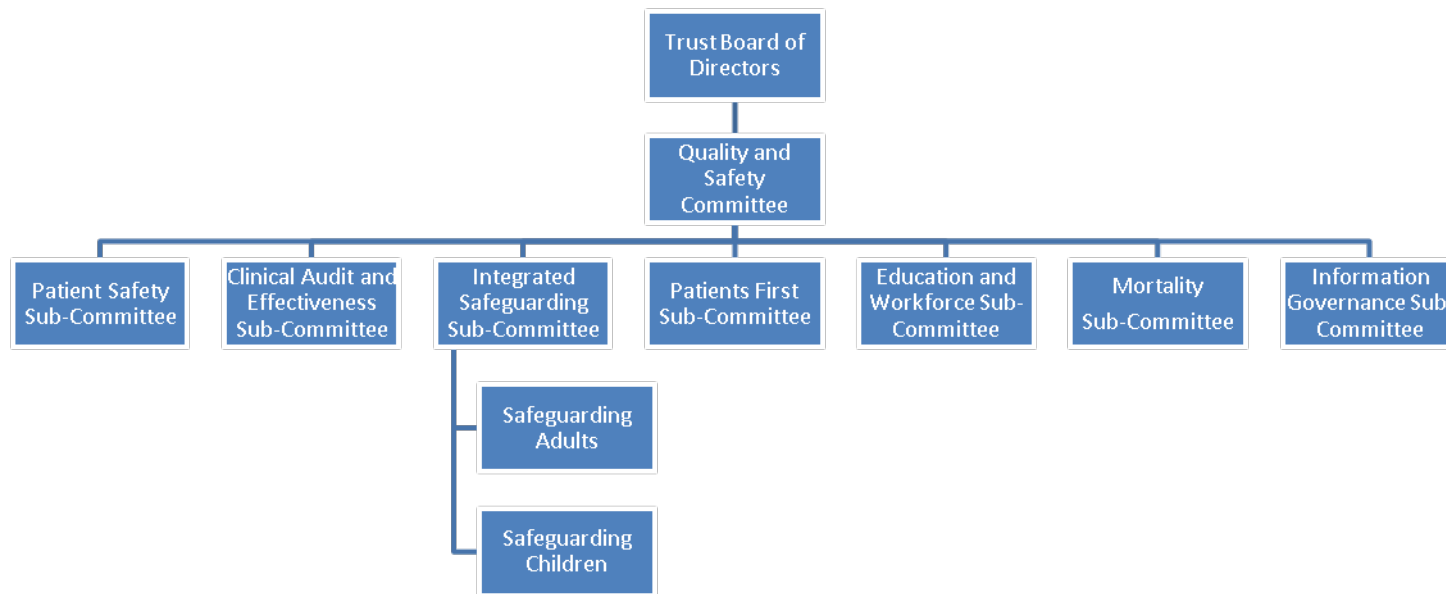
4.1 Management Arrangements (including posts)

The Safeguarding Adults team consists of a Named Nurse, two Specialist Practitioners and an Administrator. The investment in the team in 2015/16 has allowed for an increased visible presence on the wards and more consistent and continued involvement with patients who may be experiencing some form of abuse. In addition, increased visibility and presence provides additional support to ward and department teams, providing advice and raising awareness of safeguarding. The Safeguarding Adults team sits within the Chief Nurse Team and is under the line management of the Deputy Chief Nurse.

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4.2 Safeguarding Adults Subgroup/meeting structure

The Safeguarding Adults subgroup was restructured following the introduction of the Integrated Safeguarding Committee (see below).



The function of the subgroup group is to review practice and ensure robust arrangements are in place to share good practice and learn lessons, as well as monitor compliance issues around training. The steering group meets quarterly and receives reports about activity relating to safeguarding adults, by division. Improved data collection now reflects divisional safeguarding activity more accurately. This facilitates a more responsive review of processes and the identification of patterns and trends which in turn facilitates more targeted planning for training delivery.

The steering group receives a reporting overview of all safeguarding adult activity over the previous quarter.

The Named Nurse for Safeguarding Adults and the Named Nurse for Safeguarding Children attend the Safeguarding Committee Meetings for both Adults and Children. This supports shared learning and ensures consistent messages regarding safeguarding are delivered. It also enables discussion in relation to children transitioning to adults to ensure they receive the necessary support in relation to ongoing abuse or vulnerability to abuse, as well as highlighting the need to consider the safeguarding needs of children when adult patients are admitted to hospital.

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4.3 Attendance at External Meetings

The introduction of the Care Act 2014 made the Local Authority Safeguarding Adults Boards statutory. The Foundation Trust provides assurance to the Bradford Safeguarding Adults Board through the membership and attendance of the Chief Nurse. During 2017-18, the Named Nurse for Safeguarding Adults attended the Safeguarding Adults Board's subgroups quarterly. The subgroups were reviewed and some have recently been merged.

The current sub groups are:

- Performance, Quality and Improving practice,
- Communications and Engagement,
- Training
- Delivery Group

As part of the commissioning standards for provider organisations, the Named Nurse and the Safeguarding Adult Specialist Practitioners ensured a proportionate contribution to the delivery of local multi-agency training programmes, as required by the Safeguarding Adult's Board.

The Deputy Chief Nurse is a member of the Domestic and Sexual Violence Strategy Board with the Named Nurse attending a number of the subgroups specifically relating to the Prosecution and Protection groups.

The Chief Nurse is the Chair of the Delivery Group and vice chair of the Safeguarding Adults Board.

5. Activity

The Datix system facilitates overview of all reported incidents to ensure that appropriate actions have been taken and to collect information about safeguarding activity. Lessons learned are shared via the appropriate forums any potential serious incidents are escalated via the risk management arrangements to the Risk Performance Management group and Quality of Care (QuOC) meeting as appropriate. All safeguarding activity is captured electronically via a local database. The data is analysed in relation to specific areas of work and is used to inform training needs and offer assurance.

5.1 Independent Mental Capacity Advocates (IMCA) referrals

It is a statutory duty under the Mental Capacity Act (2005) that the Foundation Trust has a system in place to appoint and instruct Independent Mental Capacity Advocates (IMCAs). This applies for all patients who lack capacity to make important decisions about serious medical treatment and changes of accommodation and who have no family or friends with whom it would be appropriate to consult.

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Figure 1 shows the number of IMCA referrals annually since 2011. There has been a reduction in referrals in the last 12 months, this has been discussed with the advocacy groups involved and as far as can be determined this does not indicate missed opportunities. The IMCAs contact the Safeguarding Adults team when necessary if they are aware a patient they have involvement with is being admitted to hospital and they have not had contact to assist with a decision. There have been no reported instances of an IMCA not being involved in decision making when they should have been.

Figure 1. BTHFT IMCA REFERRALS

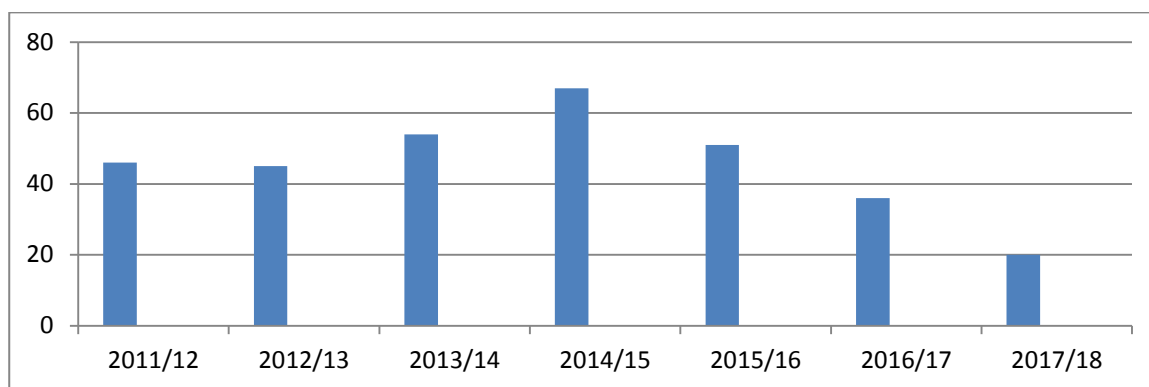


Figure 1

5.2 Police Disclosures

As part of multi-agency safeguarding and partnership working, patients who are or maybe a risk to other patients or staff, who are due to attend the Foundation Trust for care and treatment are identified through this procedure. These referrals are received from the Police Protection Unit or the Probation Service. The purpose of this process is to enable matrons and ward managers to complete risk assessments in collaboration with other hospital services such as security, fire and Safeguarding Children Team.

This enables patient and staff safety to be maintained, whilst appropriate care and treatment is carried out for the person about whom the disclosure is made. For example, prior notice may be given of impending hospital admissions, which allows multidisciplinary team forward planning to reduce risks, rather than needing to react at the point of admission. This not only ensures appropriate measures can be put in place to protect other patients and staff, but ensures that the individual concerned is treated in a fair and dignified manner.

The contacts and information are recorded by the Safeguarding Adults team to ensure only the appropriate people are made aware of the disclosure and that it is handled sensitively.

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5.3 Safeguarding Referrals

A total of 693 safeguarding referrals were made in the period April 2017 to March 2018, this is consistent with the previous year.

5.4 Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (MCA & DoLS)

The Deprivation of Liberty Safeguards (DoLS) are intended to ensure that patients who lack mental capacity are kept safe and that any restrictions imposed are in their best interests, and are authorised through the appropriate process. The Mental Capacity Act and DoLS legislation was not intended to replace the Mental Health Act and there are often occasions when deciding which legal framework is most appropriate to deliver care, can prove a challenge for staff. This is recognised nationally and the Safeguarding Adults team provide assistance with this as required.

The Named Nurse and the Specialist Practitioners have continued to work closely with matrons to ensure they have increased knowledge in relation to the MCA and DoLS. The outcomes of DoLS authorisations are audited and cases are discussed at the matron's supervision meeting to ensure learning is shared. Cases are also discussed when there have been differences in opinion between whether a patient should have been detained under the Mental Health Act or an application for a DoLS authorisation.

Information packs are available which contain all the relevant forms to be completed, along with guidance for staff on how to complete the documentation. Work is on-going within the Safeguarding Adults team to ensure that the packs are user friendly for staff and any changes to the information provided are made in a timely manner.

Figure 2 illustrates the number of DoLS applications each year since 2011. The step change seen in 2015-16, was as a result of changes to the threshold for DoLS applications, which came about as a result of the Supreme Court judgement on the 'Cheshire West Case', which since then has included patients:

- who lack capacity;
- are not allowed to leave hospital (even if they are not asking to leave);
- are subject to supervision and control (even if this is to enhance their freedom).

In 2017-2018, 224 applications were made, a decrease of 5 on the previous year.

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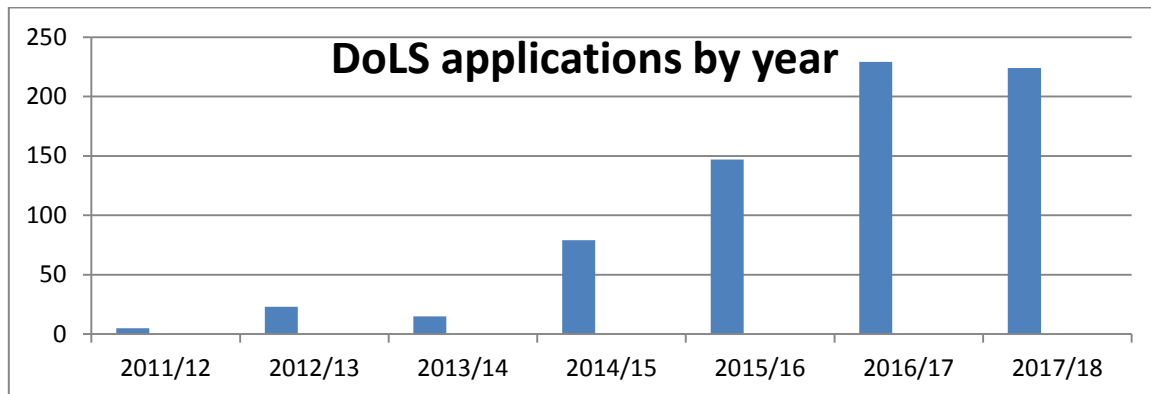


Figure 2

Figure 3 shows the numbers of DoLS applications made by month. This is broken down into the number who are not seen within 14 days by a Best Interest Assessor (BIA), and the remainder who either regained capacity or were discharged from hospital and therefore an assessment by a BIA was not required.

Of the 224 applications made, 0 were assessed by a BIA from the Local Authority. This has been raised as an area of concern with the DoLS team within the Local Authority and can be attributed to changes within their department and their allocation of cases process. It has been raised with the Bradford Safeguarding Adults Board.

Of the total applications made, 157 patients either regained capacity or were discharged home whilst in the urgent and extension 14 day period. 67 patients were not seen within the 14 days of an urgent authorisation and an extension. In all circumstances where a patient has not been seen within 14 days from application and is still deemed as being deprived, the Trust instigates its internal “formal review” process, which involves contacting the Local Authority DoLS team to escalate the issue. Internally the safeguarding team review the circumstances around the patient, to establish whether they still lack capacity and where they do, to ensure that appropriate family and/or a patient advocate have been involved with the decision, and that it is still in the patient’s best interests.

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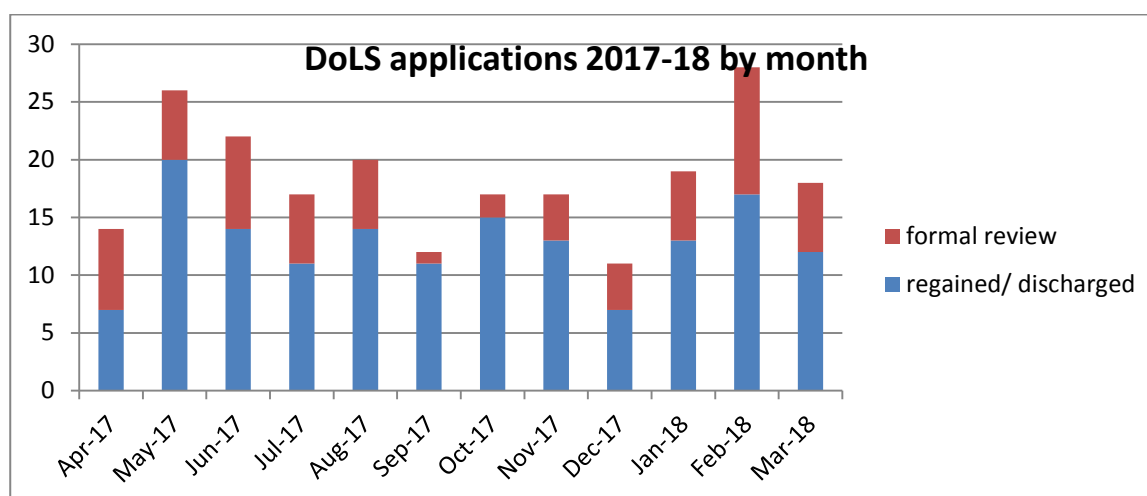


Figure 3

5.5 Mental Health Act Compliance

A service level agreement with Bradford District Care Foundation Trust continues to be in place to ensure that BTHFT is able to be compliant with all aspects of the Mental Health Act. This includes scrutiny of documents, training and access to an appeals panel hosted by Bradford District Care Trust if patients wish to appeal their Mental Health Act section. Data on Mental Health Act Sections has been captured since 2014 by month and is shown annually in (figure 4).

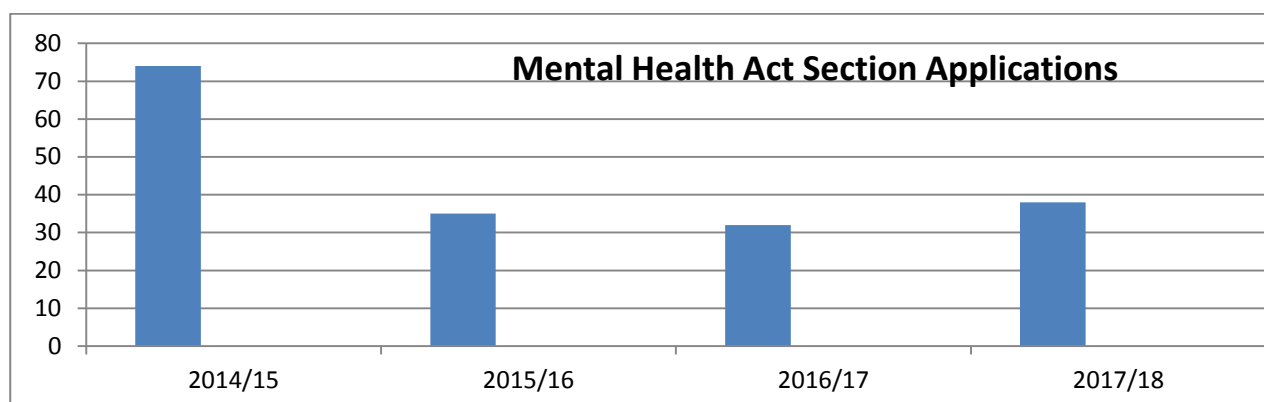


Figure 4

The decrease in applications since 2015 – 2016 is attributed to the increase in DoLS applications. This again highlights the challenge for staff in deciding on the correct piece of legislation for treating someone in hospital when they may not wish to remain but do not have the mental capacity to understand the implications. Of the 36 applications, 32 were for Section 5(2), doctors holding power, which detains and holds patients for up to 72 hours whilst an assessment of their mental health by an Approved Mental Health Practitioner (AMHP) is undertaken, this is the most common section of the Mental Health Act used within acute care settings. Of the remaining 4 detentions, 1 was a Section 2, which is a section for assessment of mental disorder and 3 were Section 3, which are sections for treatment of mental disorder.

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5.6 Domestic Abuse

The Adult Safeguarding Team is responsible for the gathering and collating information in relation to patients who are discussed at the Multi Agency Risk Assessment Conference (MARAC). MARAC is a meeting where information is shared, on the highest risk domestic abuse cases, between representatives of local police, probation, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the district.

The MARAC meetings are held fortnightly, hosted by the Police. As well as providing information as to relevant attendances at BTHFT services, the Safeguarding Adults team are also responsible for ensuring appropriate hazard flags are placed on patient records. The flags are placed on the Electronic Patient Record (EPR). This ensures staff are alerted to the potential risk these individuals are at and provides staff with an opportunity to broach the subject of domestic abuse.

Following a Joint Targeted Area Inspection (JTAI) in 2016, where an area of improvement in AED was highlighted, a Specialist Practitioner from the Safeguarding Adult team was based within the department two days a week. This was to assist staff with identifying victims of domestic abuse and assisting staff in discussing this with the patient and offering support and guidance with support services as needed.

The Domestic and Sexual Violence policy, updated in December 2017, requires routine questioning for staff within the Trust following periods of sickness absence and during return to work interviews. Since its initial introduction in 2015, there have been a number of instances when staff have disclosed that they are victims of domestic violence and the safeguarding team provide support to both them and their managers, signposting them to support services to enable them to keep themselves safe.

5.7 Learning Disability and Additional Needs

The Assistant Chief Nurse for Patient Experience is the named lead for Learning Disabilities. Operational responsibility for patients with Learning Disabilities has moved to the Safeguarding Adults Team. The team are informed of all patients who are admitted with a Learning Disability. This is done via BTHFT staff or BDCFT Learning Disabilities Facilitation team at Waddiloves. The Safeguarding Adults Team contact the relevant ward and ensure that staff have undertaken Closing the Gap documentation and completed the notification. Any concerns that are identified are notified to the Matron of the relevant ward area.

The Safeguarding team also ensure that a flag is added to the EPR of a patient with a learning disability and that any information in relation to reasonable adjustments or access requirements are available for staff.

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Easy read guides for patients with Learning Disabilities in relation to Pain have been devised in conjunction with the Medical Illustration Department these are available in the information centre and for staff to order for their ward areas.

6. Review of Complaints

The Foundation Trust has a process in place to review complaints to identify where there are safeguarding issues raised. The mechanism for recording complaints is through Datix, which now has the ability for staff to identify any potential safeguarding concerns when the complaint or Patient Advice and Liaison service (PALS) issue is logged. This triggers a notification to the Adult Safeguarding team. All complaints are investigated in line with Foundation Trust policy and appropriate actions taken where necessary.

7. Investigations

7.1 Adult Protection Concerns

The Safeguarding Adults Team within the Trust work closely with the Multi Agency Safeguarding Hub (MASH) within Bradford Metropolitan District Council, (formerly the Adult Protection Unit (APU)). As part of their remit they receive concerns regarding adult abuse and ensure that the appropriate measures are taken by sharing the information with the relevant people to enable an investigation to be undertaken. Anyone who suspects that abuse of an adult has occurred can raise a concern to the Safeguarding Adults Team / MASH who will make enquiries and co-ordinate the response.

Foundation Trust staff are also encouraged to raise a concern to the MASH, where any abuse is suspected. Figure 5 shows the numbers of concerns raised by staff to the MASH for 2017 - 18 and the preceding five years.

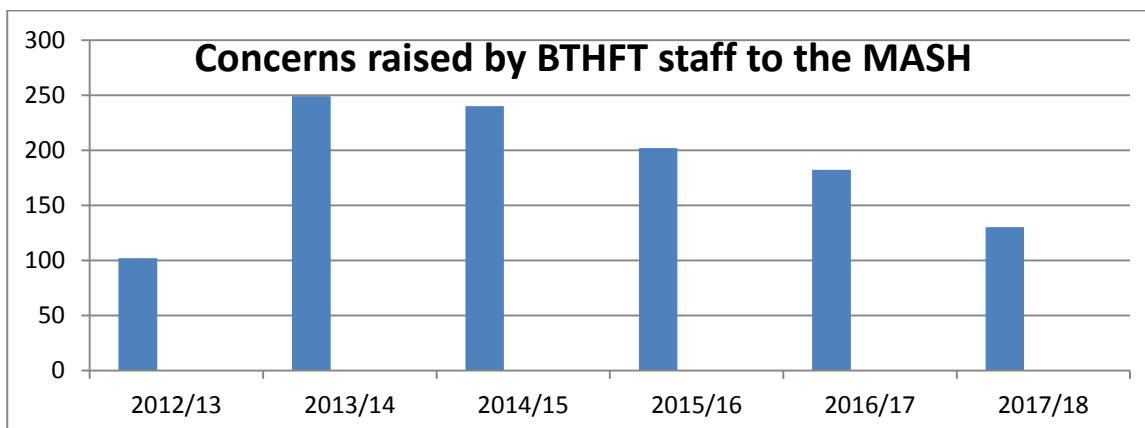


Figure 5

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The reduction in safeguarding concerns being raised can be directly attributed to the introduction of the Care Act 2014 in May 2015. The Care Act outlines the circumstances in which enquiries must be made by the Local Authority if abuse is suspected. This is known as the Section 42 requirement.

The safeguarding duty applies to an adult who:

- has needs for care and support
- is experiencing, or is at risk of, abuse or neglect
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect

Some concerns, predominantly regarding domestic violence, will have previously been reported to the MASH / Adult Protection Unit via an online form. However, the majority of these cases would not meet the 'Section 42' requirement under the Act and therefore would not be deemed as an appropriate referral. In these cases, a notification is made to the Safeguarding Adults Team and the team follow up to ensure necessary actions have been taken and advice and support offered where appropriate.

Making Safeguarding Personal (MSP) is contained within the Care Act. This outlines taking the views and wishes of the Adult at Risk (AaR) in relation to the abuse. In line with MSP the Safeguarding Adults team within BTHFT always discuss with the AaR what they wish to happen as a result of disclosing the abuse. Some patients do not wish any action to be taken and in cases where the AaR has capacity to make this decision and there is no risk to anybody else, this wish would be respected. This decision is often revisited during an individual's stay and any change is acted upon in line with procedures.

8. Learning Lessons

In addition to the Safeguarding Adults Subgroup several other forums exist within the Foundation Trust where learning of lessons that relate to specific aspects of adult safeguarding occurs. Summaries of lessons learned are also shared at clinical governance meetings. The learning and surveillance hub also produce information and guidance for staff specifically where issues have been identified.

The prevention of Pressure Ulcers meeting takes place monthly and reviews the outcome of all root cause analysis investigations for hospital acquired category 3 and 4 pressure ulcers or those that have deteriorated to category 3 or 4 since admission. Action plans are devised for the relevant areas, but themes are also collated and shared with all areas, to ensure wider learning. Themes are addressed as part of the work plan for the group.

The Learning Disabilities forum, attended by Matrons, Heads of Nursing and the Learning Disabilities Health Facilitators from BDCFT, is a quarterly forum, to share good practice and learn

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lessons from complaints, incidents or other patient experiences related to patients with a learning disability. Specific feedback from individual patient/ carer experiences are discussed and fed back through this route, and where appropriate, actions to prevent recurrence agreed. Lessons learned are shared across divisions and at clinical governance meetings.

Lessons learned are also undertaken on a more local level directly with staff groups and the Safeguarding Adults Practitioners as issues arise, to ensure a quick response to concerns.

9. Domestic Homicide Review (DHR)

Data is now being collated on domestic homicide review requests. In accordance with statutory guidance (the Domestic Crime and Victims Act 2004), the Foundation Trust is required to participate in the Domestic Homicide Review process if contact has been made with either the victim or the perpetrator. The Foundation Trust receives initial notification and is required to provide information about any contact with named individuals, and where this has been the case, the relevant records are secured. Progress of the investigation is then determined by the Chair of the Domestic Homicide Review Overview Panel, who is appointed by the Local Authority, as the timescale may be influenced by the police investigation and any court proceedings. Each partner organisation, which has had contact with the victim or perpetrator, is required to undertake an independent management review (IMR). The IMR consists of a chronology of contact and analysis of whether or not there were any indications of domestic abuse identified and appropriate measures put in place, as well as identifying if there are any lessons to learn.

On completion of the IMR, the author and a senior manager is required to attend as a panel member on behalf of the Trust.

Unfortunately, Bradford has experienced a number of domestic homicides in the last few years. The first request for information under the Domestic Crime and Victims Act 2004 was received in the period 2012 - 2013 and a domestic homicide review was completed in this case. A second request was received during this period, the IMR has been completed and presented, but confirmation of final completion of the full domestic homicide review by the panel chair is still awaited.

For the year 2013 - 14 a total of 5 requests were made in accordance with Home Office guidance; 4 IMRs were completed and presented at the Domestic Homicide Review Overview Panel in line with requirements.

For the year 2014 - 2015 there were 3 requests.

For the year 2015 – 2016 there were 2 requests, but we have not yet received notification about further proceedings.

For the year 2016 – 2017 there were 6 requests, and involvement in 3 ongoing reviews.

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For the year 2017 -2018 there were 2 requests with 1 progressing to a DHR and one being deemed as requiring a lessons learned review.

The timescale for completion of the full DHR has been protracted in the majority of cases with the completion of reviews going back to 2014 being finalised and published in 2018.

10. Safeguarding Adult Reviews (SARs)

Under the 2014 Care Act, Safeguarding Adults Boards (SABs) are responsible for Safeguarding Adults Reviews (SARs). A Safeguarding Adults Review is held when an adult at risk of abuse dies or has experienced serious neglect or abuse, and there is concern that partner agencies could have worked more effectively to protect them.

The purpose of a Safeguarding Adults Review is to learn the lessons about how professionals and organisations work together, and to consider how the learning can be used to improve practice for others in the future. BTHFT is required to take part in these processes as necessary. As with Domestic Homicide reviews the Foundation Trust receives initial notification and is requested to provide information about any contact with named individuals, and where this has been the case, the relevant records are secured.

There have been no requests for information in relation to Safeguarding Adults Reviews. There is 1 ongoing SAR, from 2016.

11. PREVENT

CONTEST is the UK national counter-terrorism strategy and one of the elements of it is PREVENT. PREVENT aims to use a Safeguarding approach to identify and work with people who may be vulnerable to extremism. The NHS is a key strategic partner in the PREVENT work stream, as it is recognised that healthcare professionals may meet and treat people who are vulnerable to radicalisation.

The Named Nurse for Safeguarding Adults attends various external meetings in relation to this agenda including the regional PREVENT leads' meeting and as necessary the district PREVENT safeguarding meetings. The PREVENT safeguarding meetings are held every three weeks and the purpose is to undertake risk assessments of PREVENT referrals and develop support programs to divert those identified away from potential radicalisation where appropriate.

It is a requirement from NHS England that 85% of all staff assessed as requiring the Workshop to Raise Awareness of PREVENT (WRAP) training are compliant by April 2017. Despite a significant number of staff (627) accessing this training the compliance rate by April 2017 was 63%. Work is ongoing with the Clinical Commissioning Group and NHS England to continue ensuring training is accessed. It is predicted that we will be compliant with the requirement by July 2018.

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There have been no cases raised by the Trust in relation to PREVENT during 2016 /18.

12. Training/Supervision

A training needs analysis has been completed to ensure that training arrangements comply with the requirements of the minimum safeguarding adult standards for providers set by the commissioners.

All re levelling of staff has now been undertaken. Training includes more in house provision at all levels and therefore allows for more discussion around the various agendas within safeguarding.

An increase in delivery of ward based learning as well as an increase in delivery on both corporate and divisional training days.

Current compliance of safeguarding training by levels are shown in table 1 below:-

Safeguarding Level	Training	Compliance
Level 1		95.6%
Level 2		93.8%
Level 3		85.7%
Level 4		100%

Table 1

13. Electronic Patient Record (EPR)

The Safeguarding Adults Team have been involved with the relevant work streams within EPR. To ensure that the system will enable staff to raise awareness of safeguarding concerns in relation to a patient and this information will be easily identifiable by all staff who need to know throughout the patient journey. Work continues in ensuring as EPR develops that aspects that affect Safeguarding are considered and changes made as necessary. Work has been undertaken in conjunction with the Safeguarding Children's Team to ensure that children are identified who may be living with domestic abuse.

14. Self-Assessment against Commissioning Standards

A self-assessment of compliance against the Bradford CCGs Safeguarding Adults Commissioning Policy has been undertaken, and for the areas which have been assessed as amber, an action plan has been developed to address them. This is included in appendix 1.

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15. Plans for 2018 – 2019

Key areas for focus in 2018-9 include:

- Further development of policies within the Trust. To ensure that those policies which are due for update during 2018-19 are updated in a timely manner.
- Ongoing participation and involvement with district wide work to ensure consistent and current practice in recognising and responding to concerns regarding the abuse of patients. Staff assist with the delivery of multi-agency safeguarding adults training within the district and continue to attend district wide multi-agency groups. Further multi-agency training sessions have been identified and staff availability sought to assist with presentation.
- The PREVENT agenda remains a high priority. There have been recent changes to the reporting requirements that come into effect in 2018/19 and further work will need to be undertaken to ensure all staff who are identified as requiring the training are compliant.
- A programme of clinical audit has been identified to be undertaken with priority areas of recognising Safeguarding Adults concerns, Mental Capacity and Deprivation of Liberty Safeguards, the Mental Health Act and Domestic Abuse (table 2). The results of these audits will offer assurance that knowledge within the Trust is embedded and identify areas for improvement.

Topic	Completed by	Presentation to Subgroup
Domestic Abuse	July 18	Sept 18
DoLS	Oct 18	Dec 18
Safeguarding Adults	Jan 19	Mar 19
Mental Health Act	April 19	June 19

Table 2

- Working with the Trust's Safeguarding Children's Team and partners across the city, in the organisation of Bradford Safeguarding week, which is planned for June.
- Continue the work with the EPR team to ensure the new system has the appropriate functions to facilitate and support all aspects of safeguarding work.
- To develop further the Additional Needs Group to ensure representation across all groups who have vulnerabilities and that their specific support requirements are met whilst in BTHFT care.
- Further work with Education services to monitor compliance with training and ensure areas of need or development are addressed.
- Work with Advocacy service, as of the 1st April 2018, the two advocacy services who provide IMCA services within the District have been replaced with one service. The referral process has changed and work is on-going to ensure staff within the hospital

Board of Directors: 12.07.18
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are aware of the changes and the Safeguarding team have the correct system in place to monitor compliance.

Appendix 1

Airedale, Wharfedale and Craven, Bradford City and Bradford Districts Clinical Commissioning Groups. SAFEGUARDING ADULTS STANDARDS: SELF-ASSESSMENT TOOL. Version 2.

The NHS standard contract for delivery of health care services (including the care home contract) requires that organisations are able to protect adults at risk of abuse or neglect and work in partnership when abuse or neglect is suspected.

This self-assessment tool is to provide assurance to the lead commissioner and maybe shared with other associated commissioners for their governance requirements.

This self-assessment tool has been developed from previous versions by the Designated Professionals/Nurses/Leads from CCG's in West Yorkshire and North Yorkshire. The tool has been developed in line with national legislation, enquiries, guidance and codes of conduct.

The tool has been aligned to the six principles of safeguarding as set out in the Care Act 2014 Care and Support statutory guidance (section 14.13)

- Empowerment
- Prevention
- Proportionality
- Protection
- Partnership
- Accountability




The tool also acknowledges the 6 C's as set out by the by the Chief Nursing Officer in Compassion in Practice, the strategy for nursing and midwifery (NHS England 2012).

- Compassion
- Competent
- Communication
- Courage
- Commitment

All providers of NHS care must ensure that they meet all relevant safeguarding adults standards set out in this document. Where requested, providers will submit this completed self- assessment as part of their annual safeguarding report to the CCG.

- Please RAG rate your organisation in each of the areas.
- For those areas that are rated as amber or red, you are asked to provide the CCG with a plan that details actions you are undertaking to deliver compliance.
- If you believe the standard does not apply to your organisation, please give the reasons in the evidence column
- You may be requested to give further information to demonstrate compliance/RAG rating.

RAG rating Key:

Green		Fully compliant (remains subject to continuous quality improvement)
Amber		The organisation is not fully compliant, but an improvement plan in place to ensure full compliance with the components identified for the standard and progress is being made within agreed timescales
Red		The organisation has very limited compliance against standards and have a detailed action plan is in place/being developed completed within agreed timescales

Version Control

Version	Date	Author	Comment
1	April 2013	Matt O'Connor	Safeguarding commissioning standards adopted by the CCG.
2	From 1 st April 2017	Matt O'Connor	Implementation of new format and revised standards for use as part of annual safeguarding adults reports and updates.
3			
4			

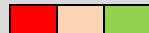
Acknowledgements: this tool is based on the West Cheshire Annual Self- assessment audit Tool Children's and Adults.

Safeguarding principle 1: Empowerment:

People being supported and encouraged to make their own decisions and informed consent.

The 6 C's: Care:–

Making safeguarding personal and making sure the person's voice is heard

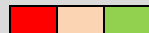

	Standard	Components of standard	Evidence: Please utilise this column as internal evidence of compliance	RAG rating 
1.1	There is a named lead for Mental Capacity Act (MCA) and Deprivation of Liberties Safeguards (DoLS).	<p>All providers of NHS Care delivering services for people aged 16 and over have in place a named lead for MCA & Deprivation of Liberty Safeguards (DoLS).</p> <p>MCA Leads have in-depth, applied knowledge of MCA/DoLS, including awareness of relevant case law, and have protected study time to ensure they keep their knowledge up to date.</p> <p>MCA leads escalate issues and seek advice appropriately and access regular supervision from the Designated Professional or other suitably experienced and knowledgeable practitioner.</p>	<p>Responsibility for MCA / DoLS sits within the Safeguarding Adults team. Named Nurse acts as lead. Supervision is obtained from Head of Safeguarding from CCG.</p>	
1.2	Staff at all levels, have easy access to policy, guidance and support with MCA and DoLS-related practice.	<p>MCA /DoLS policies and procedures are regularly reviewed and updated in line with legislation, national guidance and codes of conduct.</p> <p>The organisation is able to demonstrate how it assures itself that MCA / DoLS policy and procedures are effectively embedded in practise.</p> <p>MCA/DoLS Policies and procedures include:</p> <ul style="list-style-type: none"> • Templates for recording assessments of capacity and best-interests decisions. 	<p>Policy is available on the intranet and referenced in training. Policy reviewed to reflect Winterbourne judgement.</p> <p>Information in packs for staff relating to the process of application and guidance for completion of paperwork.</p> <p>Information available on the intranet and within the packs regarding the 'acid test' for eligibility and</p>	

		<ul style="list-style-type: none"> • Clear guidelines for ensuring that any best interest decisions involving restraint or restrictions on choice or liberty are only made in line with the MCA • The process for accessing expert advice on MCA/DoLS related practice. • Clear guidelines for accessing formal legal advice when necessary. • A process of how to access and monitor usage of IMCA and other Advocacy Services. <p>MCA/DoLS Policy and procedure include clear and effective arrangements for:</p> <ul style="list-style-type: none"> • Identifying patients who may be deprived of their liberty. • Issuing an Urgent Deprivation of Liberty Safeguard Authorisation. • Applying for a Standard Deprivation of Liberty Safeguard Authorisation. • Informing the Care Quality Commission (CQC) of the application and outcome. • Informing the coroner of a death of a patient who is subject to a DoLS. • Recording and monitoring Deprivation of Liberty applications to the authorising body/Court of protection. 	<p>involvement of IMCA's</p> <p>Paperwork in packs now reflects the changes to the coroner notifications</p> <p>The Safeguarding team monitor all applications and address concerns when identified. The team monitor expiration dates of authorisations and liaise with the Local authority as necessary.</p>	
1.3	All policies and procedures are consistent with and appropriately referenced to the Mental Capacity Act (2005) and associated guidance.	<p>The organisation can demonstrate links between the MCA (including DoLS) and other organisational policies and procedures, including but not limited to:-</p> <ul style="list-style-type: none"> • Consent to treatment • Complaints • Admission and discharge procedures • Use of restraint 	The MCA is referenced in the relevant policies.	

		<ul style="list-style-type: none"> • DNACPR • Safeguarding 		
1.4	The organisation can assure itself, and others, that practices are in accordance with the Mental Capacity Act (2005) and associated guidance.	The Trust uses a range of measures, including e.g. audit, service evaluations and service user feedback, to ensure policies and procedures are embedded and that practices are consistent with the Mental Capacity Act (2005), including the Deprivations of Liberties Safeguards.	A recent internal audit offered assurance regarding process. A further clinical audit is planned as part of audit cycle.	
1.5	There is an up to date training plan in place which identifies the training needs of staff in relation to MCA / DoLS and related practises.	<p>A Training Needs Analysis (TNA) has been undertaken in relation to MCA and DoLS to identify the training and development needs of staff working at different levels and with different client groups.</p> <p>The organisation's MCA/DoLS training plan includes a range of programmes, including updates and refreshers, with sufficient capacity to meet the training requirements of staff.</p> <p>The training needs analysis and plan includes staff on fixed term contracts, temporary staff agency staff, locums, students and trainees and volunteers.</p> <p>The organisation has accurate and effective arrangements for capturing, monitoring and reporting MCA and DoLS related training and development.</p> <p>As a minimum, all staff who provide care or treatment will have received training covering the principles the Mental Capacity Act (2005) and consent within 3 months of starting work.</p> <p>The organisation undertakes evaluation to understand the effectiveness of its MCA related training programmes.</p>	<p>TNA completed and re-levelling of all staff undertaken.</p> <p>MCA and DoLS training in Induction for staff.</p> <p>The Safeguarding team monitor training compliance as does the training department via electronic staff records.</p> <p>Specific training for Matrons is provided at Matrons supervision meetings and for Junior Doctors at their clinical training sessions.</p> <p>All training is evaluated at the end of the session and feedback evaluated to ensure the training is relevant to the participants.</p>	

Safeguarding principle 2: Protection:-
Support and representation for those in greatest need

The 6 C's: Courage: –
It takes courage to stand up against poor care and staff must be supported and know how to report their concerns

	Standard	Components of standard	Evidence: Please utilise this column as internal evidence of compliance	RAG rating 
2.1	Staff have access to policies and procedures that are consistent with legislation, national guidance and local safeguarding adult's multiagency procedures.	<p>Policies and procedures are regularly reviewed to ensure they reflect any local, organisational and legal changes.</p> <p>The organisations safeguarding adults policy and procedures are consistent with the principles and ethos of 'making safeguarding personal'.</p> <p>The policy clearly identifies staff roles and responsibilities in relation to safeguarding adults. Safeguarding policy and procedures make reference to:-</p> <ul style="list-style-type: none"> • FGM • MCA/DoLS • Domestic Violence/abuse • Human Trafficking / modern slavery • Forced Marriage • PREVENT • Children's safeguarding <p>The organisation can demonstrate links between safeguarding adults and other relevant organisational policies and procedures, including but not limited to:-</p> <ul style="list-style-type: none"> • Complaints • Clinical Governance / Serious Incidents 	<p>Policies are available.</p> <p>Included in the policy</p> <p>Policy identifies roles/responsibilities</p> <p>Referred to in the policy</p>	

		<ul style="list-style-type: none"> • Whistleblowing • Disciplinary & performance/capability • Recruitment <p>The organisation can demonstrate that it has appropriate reporting mechanisms in place for concerns raised about staff and volunteers.</p> <p>The organisation can demonstrate that any disciplinary processes are concluded irrespective of a member of staff's resignation, and compromise agreements are not permitted in safeguarding investigations.</p>	The reporting mechanisms for concerns regarding staff are included in the policy and are in line with the local procedures.	
2.2	The organisation can assure itself and others that staff practice in accordance with safeguarding adults policies and procedures.	The Trust uses a range of measures, including e.g. audit, service evaluations and service user feedback, to ensure safeguarding adults policies and procedures are embedded and that practices are consistent with locally agreed multiagency procedures.	A programme of planned audit is in place. Process in place to review evidence of safeguarding in complaints	
2.3	There is an up to date training plan in place which identifies the training needs of staff in relation to Safeguarding Adults, including abuse and neglect of adults who may not be considered 'at risk' according to the Care Act.	<p>A Training Needs Analysis (TNA) has been undertaken in relation to safeguarding adults, to identify the training and development needs of staff working at different levels and with different patient / service user groups.</p> <p>The organisations Training Needs Analysis and training programmes address staff learning needs in relation to wider issues of abuse and neglect, including;</p> <ul style="list-style-type: none"> • Female Genital Mutilation • Domestic Violence/abuse • Hate Crime • Human Trafficking / modern slavery • Forced Marriage • PREVENT / violent extremism <p>The Training Needs Analysis and training plan includes staff on fixed term contracts, temporary staff agency staff, locums, students and trainees and volunteers.</p> <p>The organisation has accurate and effective arrangements for capturing, monitoring and reporting Safeguarding Adults and</p>	<p>Training plan in place. TNA completed and re-levelling of all staff undertaken.</p> <p>All training levels will be three yearly renewal.</p> <p>All named elements included in the training</p> <p>Included</p> <p>All training recorded on Trust's training management system.</p>	




		<p>related training and development.</p> <p>As a minimum, all staff receive basic safeguarding adults awareness during induction, including information about how to report concerns within the service or directly into the multi-agency procedures.</p> <p>All staff who provide care or treatment undertake training in how to recognise and respond to abuse at least every 3 years.</p> <p>The organisation undertakes evaluation to understand the effectiveness of its safeguarding adults related training programmes.</p> <p>The organisations safeguarding children's training programme(s) include appropriate reference to identifying and responding to abuse of adults.</p>	<p>Induction training in place.</p> <p>Included in training plan</p> <p>Evaluation of effectiveness to be undertaken once revised arrangements embedded.</p> <p>Safeguarding Children's policy recently reviewed and Safeguarding Adults contributed. Policy linked.</p>	
2.4	Commitment to the principles in PREVENT are demonstrated by the organisations and those with a specific Prevent duty meet their statutory obligations.	<p>The organisation has in place a Policy for PREVENT that identifies an executive and operational lead and the roles and responsibilities of all staff.</p> <p>The policy contains a procedure for seeking advice internally and for making referrals into the 'Channel' process.</p> <p>The organisation engages proportionately with local Prevent work including the local Prevent network(s) and Channel panel.</p> <p>As a minimum, all staff receive a basic awareness of risks to children and adults relating to grooming for violent extremism.</p> <p>The organisation has identified staff that need to undertake specific Prevent training (WRAP) and has sufficient trainers / resource to achieve compliance.</p> <p>Compliance with basic Prevent awareness and WRAP is monitored/reported via internal governance processes.</p>	<p>The guidance was previously contained within the Safeguarding policy, this has now been removed and a separate policy written.</p> <p>Named Nurse Prevent lead, linked into the district Channel and Contest meetings.</p> <p>All staff receive an awareness of Prevent through their Safeguarding training.</p> <p>Staff requiring WRAP have been identified through TNA for Adults. Currently not compliant with NHS England requirement, however plan in place for compliance by July 2018</p>	

		<p>Safeguarding children's training programmes make appropriate reference to the risks of children being groomed for violent extremism.</p> <p>Risks of being influenced/groomed for violent extremism is routinely considered in safeguarding risk assessment processes.</p> <p>The organisations policies, procedures and approved documentation (clinical and non-clinical) have been updated to reflect the Prevent Duty and risks in relation to violent extremism.</p>		
2.5	The organisation takes account of national and local guidance to safeguard those experiencing domestic abuse.	<p>A Training Needs Analysis (TNA) has been undertaken and training programs identified to address the specific needs of staff working at different levels and with different client groups to recognize and respond to Domestic Abuse</p> <p>The organisation is able to demonstrate that there are effective MARAC referral systems in place and the organisation is appropriately represented in the process.</p> <p>The Organisation has effective systems for signposting people to specialist domestic violence services</p> <p>There is clear guidance for staff and managers for employees experiencing domestic violence</p> <p>The organisation has a policy covering allegations against staff that includes those who are perpetrators of domestic violence.</p>	<p>TNA completed and re-levelling of all staff undertaken. All training levels will be three yearly renewal. Domestic abuse referenced in all training.</p> <p>BTHFT has a Domestic and Sexual Violence steering group which is a sub group of the Integrated Safeguarding committee. The group also links to the district wide Domestic and sexual violence group.</p> <p>MARAC information is received by both the Safeguarding Adults team and the Safeguarding midwife. There are 4 Designated officers. Information shared is stored on a shared drive accessible by all the Designated officers.</p> <p>Staff experiencing Domestic abuse are included in the domestic abuse policy. Routine questioning of staff during the sickness absence process is undertaken</p>	

Safeguarding principle 3: Prevention:-
It is better to take action before harm occurs

The 6 C's: Commitment –

To take appropriate action as an organisation to protect adults at risk and respond appropriately when concerns are identified

	Standard	Components of standard	Evidence: Please utilise this column as internal evidence of compliance	RAG rating 
3.1	The organisation has in place a process for monitoring a range of systems and taking action to address any themes and trends of potential abuse or neglect	<p>The organisation is able to demonstrate that it has in place a system for reporting safeguarding adults incidents appropriately, through the serious incident reporting system.</p> <p>The organisation can demonstrate that it reviews analyses and learns from safeguarding themes and trends reported from a variety of sources including:-</p> <ul style="list-style-type: none"> • STEIS • Incident Reports • Complaints • PALS • Friends and Family tests • Regulatory and other Inspections • Human Resource functions 	<p>Safeguarding incident reports are monitored through the Safeguarding Adults team. Data is provided to the Safeguarding steering group.</p> <p>Safeguarding adults receive information on complaints risk incidents and provide support and advice as necessary.</p> <p>Themes identified and training updated as required.</p>	
3.2	The organisation demonstrates commitment to continuously improving its safeguarding arrangements.	<p>The organisation monitors and regularly reviews its safeguarding arrangements to ensure they are effective and support compliance with its policy and locally agreed multi-agency procedures.</p> <p>Safeguarding arrangements are reviewed against recommendations from:</p>	<p>Named Nurse attends sub groups of SAB and Domestic and Sexual Violence strategy Board.</p> <p>Requests for information for Multi agency reviews are received by the team and discussed with Deputy Chief Nurse to ensure relevant people are involved in undertaking management</p>	


		<ul style="list-style-type: none"> • Safeguarding Adults Reviews • Domestic Homicide Reviews • Safeguarding enquiries • Serious Incidents • Reports from the Care Quality Commission 	<p>reviews or investigations.</p> <p>Information and recommendations are stored on electronic shared drive.</p> <p>Clear mechanisms in place for raising concerns about staff members via policy and action card.</p>	
3.3	Staff have access to advice support and safeguarding adults supervision.	<p>Access to safeguarding adults advice / support is easily available to all staff working with adults at risk.</p> <p>The organisation has a system in place to ensure that all staff have access to Safeguarding Supervision, when required, from a suitably qualified and experienced safeguarding professional.</p> <p>Staff working in safeguarding adults roles, including named professionals, regularly access safeguarding supervision from the Designated Professional or other suitably experienced and qualified safeguarding adults professional.</p>	<p>Monthly Matrons supervision meetings are held.</p> <p>Staff can receive supervision from the Safeguarding team if requested and are offered supervision post incident and during involvement with an investigation.</p> <p>Specialist Practitioners receives supervision from the Named Nurses and Named Nurse receives supervision from the Designated Professional.</p>	

Safeguarding principle 4: Proportionality –

Proportionality and least intrusive response appropriate to the risk presented whether this relates to individual patient care or whole service provision

The 6 C's: Compassion

Compassion is how care is given through relationships based on empathy respect and dignity

	Standard	Components of standard	Evidence: Please utilise this column as internal evidence of compliance	RAG rating 
4.1	A patient centred approach is embedded throughout the organisation, so that care provided is done with due regard to all contemporary legislation and is considered in all aspects of safeguarding adults at risk.	<p>The organisation can demonstrate individualised care planning that includes:-</p> <ul style="list-style-type: none"> Establishing consent for all levels of care and treatment. The individual's wishes and preferences being incorporated into care plans. Support to maximise capacity and ability to make decisions. Best interest processes, for those without mental capacity, which consider expressed wishes and positive risk taking. <p>Information is shared appropriately with others, including the patients family and friends, in line with their wishes or balancing need/risk and consent in line with legal frameworks.</p>	<p>Information is shared with others, including families and friends, in line with the person's wishes or according to legal frameworks. IMCA involvement is monitored by the Safeguarding team.</p> <p>Information is considered and shared on an individual basis.</p>	
4.2	The organisation effectively shares information in line with national and local processes	<p>Staff understand the principles of information sharing and the most effective ways of sharing information.</p> <p>Staff understand what to do and when to share information if</p>	Information relating to changes to national and local processes is shared with Matrons and Heads of Nursing	


	for safeguarding adults enquiries.	they believe an adult may be at risk of abuse. Managers are fully conversant with the legal framework and good practice guidance for sharing the information in line with the Care Act (Safeguarding Sections).	for dissemination. Information guides provided for all clinical areas.	
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Safeguarding principle 5: Partnership working

Integrated and cohesive partnerships at all levels of the organisation focused at improving outcomes for adults at risk

The 6 C's: Communication:-

Better Listening and shared decision making, making every contact count and sharing lessons to ensure improvement


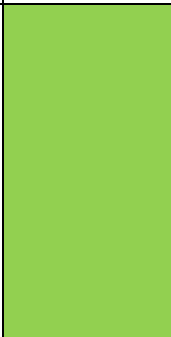
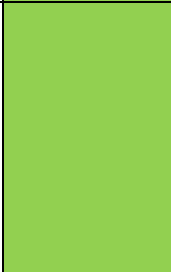
	Standard	Components of standard	Evidence: Please utilise this column as internal evidence of compliance	RAG rating 
5.1	The organisation will be able to demonstrate commitment to the safeguarding process and partnership working with relevant agencies. .	<p>The provider supports multi-agency safeguarding investigations by providing expert health advice and assessments where required.</p> <p>The organisation works with partners and has appropriate representation at relevant safeguarding related groups including:-</p> <ul style="list-style-type: none"> • Safeguarding Strategy and Case Conference meetings • SAB • SAB Subgroups and Task and Finish Groups • Safeguarding Adults Reviews • Domestic Homicide Reviews • MARAC • MAPPA 	<p>The Chief Nurse, Deputy Chief Nurse, Named Nurse and Specialist Practitioners attend multi-agency groups as required. Circulation lists for the groups are updated to ensure BTHFT has representation, and receives minutes to meetings etc.</p> <p>MAPPA is not attended.</p>	

Safeguarding principle 6: Accountability

Ensuring that Safeguarding Adults at risk is embedded throughout the organisation, and the organisation is transparent about how safeguarding adults is managed throughout the organisation

The 6 C's: Competency:-

Clinical competency means being knowledgeable and safe in all aspects of physical care delivery.

	Standard	Components of standard	Evidence: Please utilise this column as internal evidence of compliance	RAG rating 
6.1	Safeguarding leadership is embedded at all levels within the organisation	<p>Roles and responsibilities for safeguarding adults across the organisation are clearly mapped in policy.</p> <p>A named executive holds strategic leadership responsibility for safeguarding adults throughout the organisation.</p> <p>The organisation has in post a practise lead for Safeguarding Adults, with sufficient capacity to effectively carry out the roles. In health this will be a named health or social care professional.</p>	<p>Roles and responsibilities are identified within the Safeguarding policy.</p> <p>Named Nurse, 2 x Specialist Practitioners and an administrator are permanent posts within BTHFT</p>	
6.2	The organisation has set requirements for reporting safeguarding adults performance and risk to the Board/Senior management.	<p>The board receive and annual report of safeguarding performance across the organisation, including:- Reviews of the effectiveness of the organisations safeguarding arrangements (including MCA/ DoLS and Prevent)</p> <ul style="list-style-type: none"> Any risks to the arrangements Service improvement requirements learning points and areas of good practice 	Annual reports are provided by the Named Nurse for Safeguarding Adults	

		<ul style="list-style-type: none"> Performance against statutory, regulatory or commissioners requirements. 		
6.3	The organisation embraces the duty of candour	The organisation is able to demonstrate that the duty of candour is embedded at all levels.	Referenced within the policy. Separate Duty of Candour policy in place and monitored as part of the contract via risk team.	

Safeguarding Adults Standards: Remedial Action Plan

Standard No.	Action(s) required to achieve standard	Person Responsible	Date Due	Comments / Progress
2.4	Ongoing work with education services, Heads of Nursing and Divisional general managers to monitor compliance and identify staff who are non-compliant with the training requirement.	Sarah Turner	July 2018	Compliance improving. Named nurse receiving weekly updates of compliance to ensure actions on track to deliver revised trajectory.