

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>11.07.19</b>	<b>Agenda item</b>	<b>Bo.7.19.44</b>

## SAFEGUARDING ADULTS ANNUAL REPORT 2018 – 19

Presented by	Karen Dawber, Chief Nurse		
Author	Sarah Turner, Named Nurse Safeguarding Adults		
Lead Director	Karen Dawber, Chief Nurse		
Purpose of the paper	This report provides an update account to the Board of Directors on Safeguarding Adults activity in the Foundation Trust between April 2018 and March 2019. It also provides details of further plans and continued development for the forthcoming year. The report also includes a self-assessment against Bradford CCGs Safeguarding Adults Standards for Providers of NHS Commissioned Services and the associated action plan.		
Key control	Identify if the paper is a key control for the Board Assurance Framework		
Action required	To note		
Previously discussed at/ informed by	Details of any consultation		
Previously approved at:	Committee/Group	Date	
	Quality Committee	29.05.19	
Key Options, Issues and Risks			
<p>A significant challenge in the period 2018-19 was gaining compliance with the NHS England requirement for training in relation to Prevent. The target for compliance set by NHS England was 85% of staff assessed as requiring level 3 Prevent training. In April 2018 we were 58.5% compliant by July 2018 we had achieved 87.3% compliance and by October 2018 we had achieved 98.9% compliance.</p> <p>Challenges for the period 2019 – 20:</p> <p>Changes have been proposed to the Mental Capacity Act legislation in relation to the Deprivation of Liberty Safeguards, this has received Royal assent and therefore work needs to be undertaken to understand the implications for practice in relation to the change in legislation.</p> <p>The introduction of the national Learning Disability Standards has placed increased scrutiny on provision of services for patients with a learning disability. Work commenced in the period 2018 /19 and continues in the forthcoming year. Further work is planned to understand how we identify patients with a learning disability and ensure services are responsive to their needs.</p> <p>Further work needs to be undertaken in relation to patients with a mental health diagnosis, to monitor against NCEPOD recommendations.</p>			
Analysis			
<p>There has been an increase in safeguarding referrals over the period 2018 – 19; however these have not always progressed to safeguarding referrals to the local authority. This is attributable to the introduction and greater awareness of Making Safeguarding Personal (MSP) agenda, where an Adult at risk (Aar) is asked how they would like to proceed with the concern. If they have the mental capacity regarding the decision, they can choose for a referral to the local authority not to be made. In these circumstances support would still be given by the safeguarding team within the Trust. Some patients would also not be section 42 eligible</p>			

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therefore would not meet the threshold of a referral to the local authority.

*Section 42 is :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*

Patients experiencing domestic abuse often do not meet the section 42 requirement. The increased focus in AED has seen an increase in referrals to the safeguarding team in relation to domestic abuse. As a result a specialist practitioner continues to work with AED specifically on awareness raising and supporting staff to recognise and manage patients who disclose domestic abuse.

### Recommendation

To note the report and the work that has been undertaken across the Trust in relation to safeguarding adults and the work proposed for the forthcoming year to address the key risks and issues identified.

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients			g			
To deliver our financial plan and key performance targets			g			
To be in the 20% of NHS employers			g			
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

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<b>Benchmarking implications (see section 4 for details)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Is there Model Hospital data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<b>Risk Implications (see section 5 for details)</b>	<b>Yes</b>	<b>No</b>
Corporate Risk register and/or Board Assurance Framework Amendments	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Resource implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal/regulatory implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diversity and Inclusion implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Performance implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<b>Regulation, Legislation and Compliance relevance</b>	
<b>NHS Improvement: (please tick those that are relevant)</b>	
<input type="checkbox"/> Risk Assessment Framework	<input checked="" type="checkbox"/> Quality Governance Framework
<input type="checkbox"/> Code of Governance	<input type="checkbox"/> Annual Reporting Manual
<b>Care Quality Commission Domain:</b>	
<b>Care Quality Commission Fundamental Standard: Safeguarding from abuse</b>	
<b>NHS Improvement Effective Use of Resources: Clinical Services</b>	
<b>Other (please state):</b>	

<b>Relevance to other Board of Director's Committee: (please select all that apply)</b>					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## 1 PURPOSE/ AIM

This report provides an update account to the Board of Directors on Safeguarding Adults activity in the Foundation Trust between April 2018 and March 2019. It also provides details of further plans and continued development for the forthcoming year. The report also includes a self-assessment against Bradford CCGs Safeguarding Adults Standards for Providers of NHS Commissioned Services and the associated action plan.

## 2 BACKGROUND/CONTEXT

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. This policy was 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 PROPOSAL

Key areas for focus in 2019-20 include:

- Further development of policies within the Trust. To ensure that those policies which are due for update during 2019-20 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.
- A programme of clinical audit has been identified to be undertaken. 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
Consent form 4	June 2019	July 2019
Learning Disabilities	Sept 2019	Oct 2019
Mental Health Act	December 2019	January 2020
DoLS	February 2020	March 2020

- 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 Learning Disabilities group, to ensure identification of patients who may require extra support and that their specific support requirements are met whilst in BTHFT care.
- Further work in conjunction with Safeguarding Children's team in relation to children with Learning Disabilities and those transitioning to adults to ensure they are appropriately identified and have access to support services.
- Further work with Education services to monitor compliance with training and ensure areas of need or development are addressed.

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- Further work in relation to children transitioning to adults, where there have been safeguarding concerns for them as children. To ensure there are robust procedures in place to recognise their ongoing vulnerabilities.
- Further development of work in relation to patients with a mental health diagnosis, to include an awareness event for staff and monitoring against NCEPOD guidance.

#### **4 BENCHMARKING IMPLICATIONS**

The report also includes a self-assessment against Bradford CCGs Safeguarding Adults Standards for Providers of NHS Commissioned Services and the associated action plan.

#### **5 RISK ASSESSMENT**

Changes have been proposed to the Mental Capacity Act legislation in relation to the Deprivation of Liberty Safeguards, this has received Royal assent and therefore work needs to be undertaken to understand the implications for practice in relation to the change in legislation.

The introduction of the national Learning Disability Standards has placed increased scrutiny on provision of services for patients with a learning disability. Work commenced in the period 2018/19 and continues in the forthcoming year. Further work is planned to understand how we identify patients with a learning disability and ensure services are responsive to their needs.

#### **6 RECOMMENDATIONS**

Changes have been proposed to the Mental Capacity Act legislation in relation to the Deprivation of Liberty Safeguards, this has received Royal assent and therefore work needs to be undertaken to understand the implications for practice in relation to the change in legislation.

The introduction of the national Learning Disability Standards has placed increased scrutiny on provision of services for patients with a learning disability. Work commenced in the period 2018 /19 and continues in the forthcoming year. Further work is planned to understand how we identify patients with a learning disability and ensure services are responsive to their needs.

Further work needs to be undertaken in relation to patients with a mental health diagnosis, to monitor against NCEPOD recommendations.

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<b>7</b>	<b>Appendices</b>
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## 1 Key Achievements in 2018 – 2019

### 1.1 Events

During the Bradford District-wide Safeguarding week in June 2018, awareness raising sessions were held in relation to Coercion and control and Human Trafficking.

### 1.2 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 divisions within BTHFT including, Chaplaincy, Estates and Facilities, AED and Midwifery. The increased numbers of trainers has resulted in more sessions of the topic being able to be delivered. This was identified as a priority following a requirement from NHS England regarding expected training compliance at different levels. A requirement of 85% compliance with the Workshops to Raise Awareness of Prevent (WRAP) training was set as an expected target by NHS England, this was achieved and the Safeguarding team continue to monitor compliance in conjunction with Education services to ensure this is maintained. As of April 2019 the Trust was 96.9% compliant with the training requirement for the WRAP and 100% compliant with basic awareness training.

### 1.3 Changes to Deprivation of Liberty process

Changes in the referral process for authorisations to the Local Authority occurred in September 2018. Previously information packs containing all relevant paperwork and guidance were available at BRI, St. Luke's Hospital and the Community Hospitals. The Local Authority advised they were no longer able to accept fax authorisations so the Safeguarding Team ensured the information need was available electronically, and ensured all ward areas were aware of the changes.

In December 2018 the Local Authority indicated that they would no longer be accepting extension requests to urgent authorisations. Prior to this when an urgent authorisation was made for 7 days an extension for a further 7 days could be applied for at the same time, effectively meaning a Best Interest Assessor (BIA) had 14 days to assess the deprivation. The change meant that this was reduced to 7 days. The Trusts formal review process was reviewed to ensure it was appropriate for the change and the Local Authority assigned a social worker specifically for hospital authorisations.

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The Safeguarding Adults team ensured that ward staff had the necessary information to continue to make applications, ensured the electronic systems were in place and worked closely with all ward areas to ensure they understood the changes.

## **2 Structure**

### **2.1 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.

### **2.2 Safeguarding Adults Subgroup / meeting structure**

The Safeguarding Adults subgroup was restructured following the introduction of the Integrated Safeguarding Committee (see Figure 1 below).

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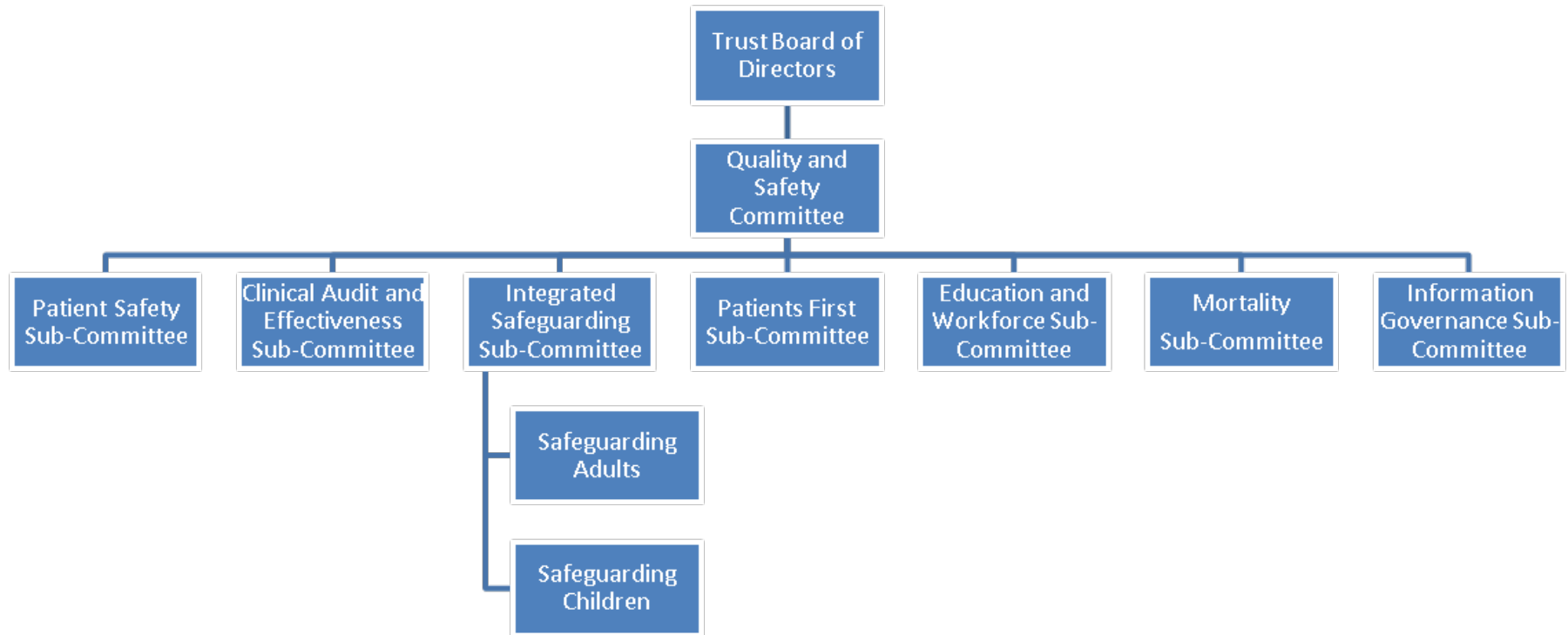


Figure 1

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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.

### 2.3 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 2018-19, 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 Named Nurse chairs the Safeguarding Adults Review (SAR) subgroup.

The current sub groups are:

- Performance, Quality and Assurance Group (PQAG)
- Communications and Engagement,
- Training
- Making Safeguarding Personal (MSP)
- Mental Capacity Act Local Implementation Network (MCA LIN)
- Safeguarding Adults Reviews (SAR )

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

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Board. During 2018 -2019 this was contributing and facilitating the multi-agency two day Role of the Service Manager training.

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 Named Nurse attends the regional learning disabilities meetings where regional and national issues and changes are discussed.

A Specialist Practitioner attends the local Treat me well (MENCAP) meeting in relation to patients with a learning disability.

### 3 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 forum, i.e. Safeguarding Adults subgroup, Learning Disabilities meeting, clinical governance meetings or the Nursing and Midwifery Development Forum. 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.

#### 3.1 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.

Figure 2 shows the number of IMCA referrals annually since 2014. There has been an increase in referrals in the last 12 months. This may be in part to changes that occurred within the IMCA services within the district that came into force in April 2018. Prior to this date there were two IMCA services and as of April, this was changed to one. They amended their referral process making it an online process which appears to be more efficient. 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.

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Figure 2. BTHFT IMCA REFERRALS

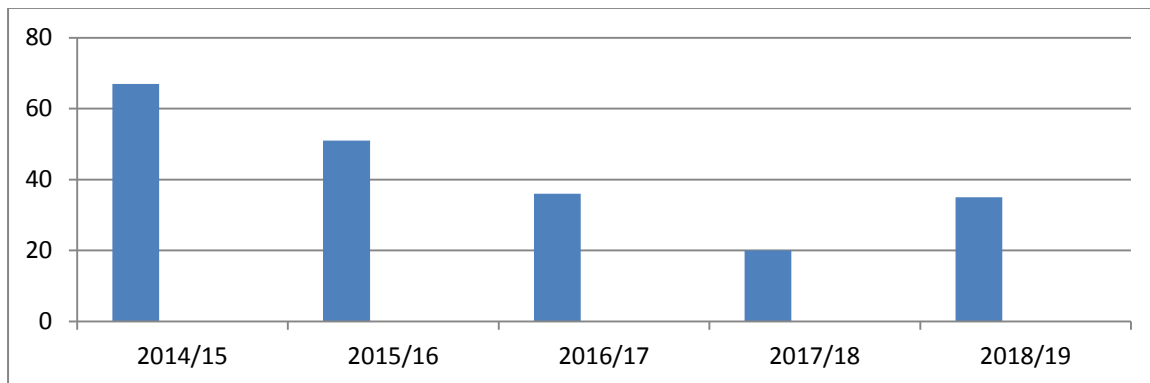


Figure 2

### 3.2 Safeguarding Referrals

A total of 1013 safeguarding referrals were made to the Safeguarding Adults team in the period April 2018 to March 2019, which is an increase of 320 on the previous year's figures. This is attributed to specific awareness raising work undertaken by the Specialist Practitioners in ensuring staff are aware of how to refer to safeguarding electronically. The increased figure is more consistent with previous years and last year's reduction is attributed to changes in recording systems and a move away from paper referrals.

### 3.3 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 and discuss it in training using case examples.

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.

Figure 3 illustrates the number of DoLS applications each year since 2015. The change seen in 2015-16, was as a result of changes to the threshold for DoLS applications, which came

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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);

This is referred to as the 'Acid Test' to use a guidance to determine if an application is needing to be made.

In 2018-2019, 230 applications were made, an increase 6 on the previous year.

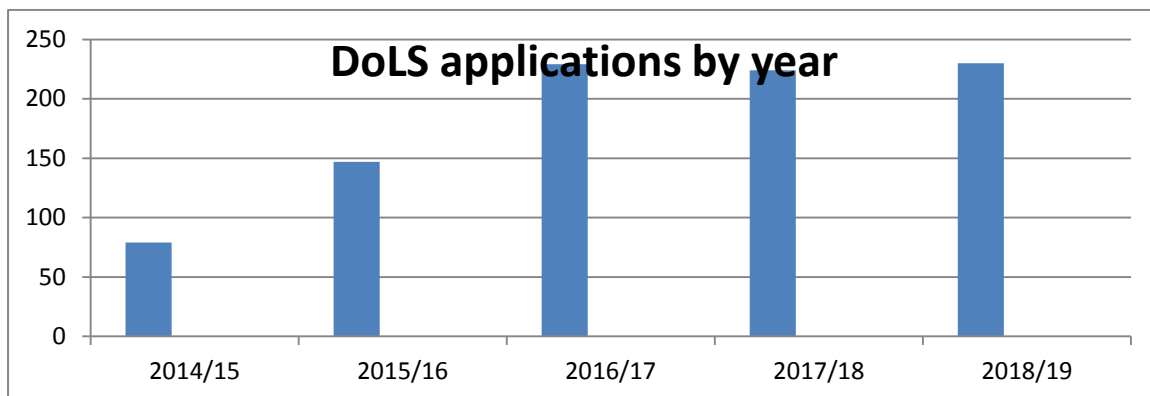


Figure 3

Of the 230 applications made, 109 patients either regained capacity or were discharged home whilst in the urgent period. 101 patients were not seen within the 7 days of an urgent authorisation. 10 patients were assessed by a Best Interest Assessor (BIA). In all circumstances where a patient has not been seen within 7 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.

### 3.4 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.

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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 2016 by month and is show annually in (Figure 4).

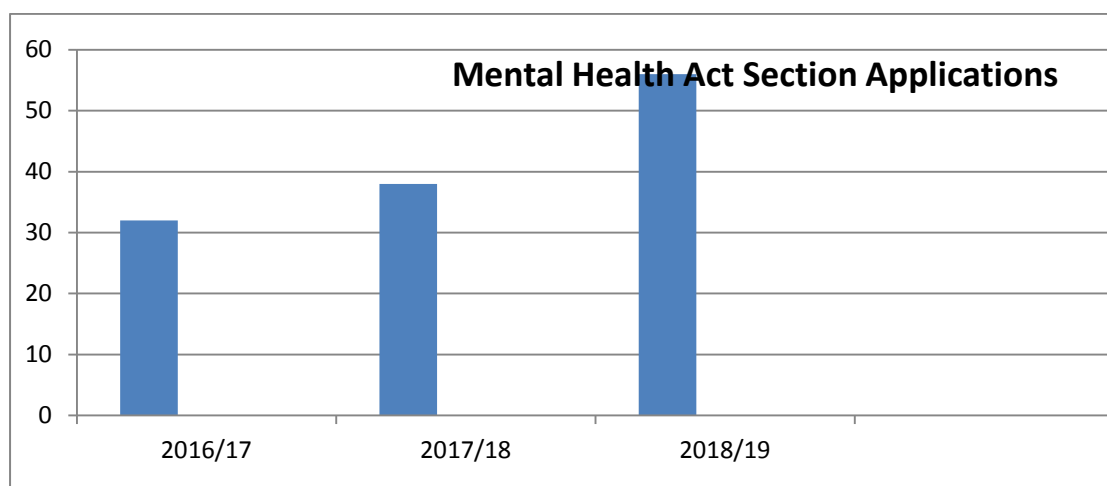


Figure 4

Of the 56 applications, 49 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 7 detentions, 6 was a Section 2, which is a section for assessment of mental disorder and 1 was a Section 3, which is a section for treatment of mental disorder.

### 3.5 Domestic Abuse

The Adult Safeguarding Team are responsible for the gathering and collation of 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.

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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 2 days a week for a period of three months. 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. This project was undertaken again in 2018, with a more in depth focus on 'asking the question' and looking at missed opportunities. This highlighted some further work to be undertaken, including reviewing EPR pathways.

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.

### 3.6 Learning Disability

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.

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.

Work was undertaken in September 2018 in conjunction with Waddiloves to ensure all patients who are known to Waddiloves have a flag on their electronic patient record so that their needs are recognised on admission and therefore support can be accessed in a timely manner.

## 4 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, and 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.

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## 5. Investigations

### 5.1 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 2018 - 19 and the preceding five years.

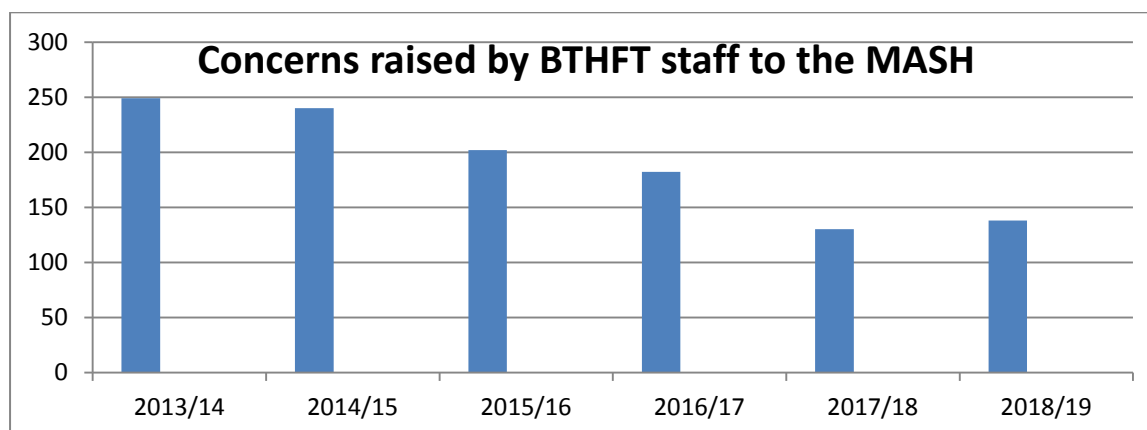


Figure 5

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.

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- 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.

## 6 Learning Lessons

In addition to the Safeguarding Adults Subgroup referred to above, several other forums exist within the Foundation Trust, where learning of lessons that relate to specific aspects of adult safeguarding, occur. 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 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.

## 7 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

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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, who has had contact with the victim or perpetrator is required to undertake an independent management review (IMR), consisting 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.

For the year 2018/19 there were 3 scoping requests with 2 progressing to a DHR and 1 being referred for a SAR.

## **8 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 3 requests for information in relation to Safeguarding Adults Reviews. There is 1 ongoing SAR, from 2016.

The establishing of the SAR subgroup in January 2019 has given a more structured approach to this process and referrals for consideration are being received more frequently; however these do not always progress.

## **9 PREVENT**

CONTEST, is the UK national counter-terrorism strategy, and one of the elements of it is PREVENT, which 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.

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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 (also known as Channel 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.

The Safeguarding Adults team respond to requests for information from the Channel coordinator and ensures the information shared is relevant and proportionate. There have been three requests for information in the period 2018/19

## 10 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.

The Safeguarding Adults team deliver safeguarding training on the sweeper days for all divisions. These sessions also 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 and the Deprivation of Liberty Safeguards.

Work has also been undertaken during this period in Accident and Emergency department in relation to Domestic abuse. This has involved training in relation to 'asking the question', and also support services available to patients.

The Named Nurse delivered training to Matrons relating to the Mental Health Act, in regard to their responsibilities within the Act.

Level	Compliance Rate %
Level 1	98%
Level 2	97%
Level 3	100%
Level 4	100%

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## 10.1 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. Topics covered have included, the Mental Health Act, Human Trafficking, Learning Disabilities and Coercive control.

## 11 Electronic Patient Record (EPR)

The Safeguarding Adults Team has been involved with the relevant work streams within EPR. To ensure that the system enables staff to raise safeguarding concerns in relation to patients and that this information is 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. In response to the work undertaken in AED it was identified that the domestic abuse question needs to be a mandatory field on EPR.

## 12 Self- Assessment against Commissioning Standards

A self-assessment of compliance against the Bradford CCGs Safeguarding Adults Commissioning Policy has been undertaken.

## 13 Plans for 2019 – 2020

Key areas for focus in 2019-20 include:

- Further development of policies within the Trust. To ensure that those policies which are due for update during 2019-20 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.
- A programme of clinical audit has been identified to be undertaken. The results of these audits will offer assurance that knowledge within the Trust is embedded and identify areas for improvement.

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Topic	Completed by	Presentation to Subgroup
Consent form 4	June 2019	July 2019
Learning Disabilities	Sept 2019	Oct 2019
Mental Health Act	December 2019	January 2020
DoLS	February 2020	March 2020

- 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 Learning Disabilities group, to ensure identification of patients who may require extra support and that their specific support requirements are met whilst in BTHFT care.
- Further work in conjunction with Safeguarding Children's team in relation to children with Learning Disabilities and those transitioning to adults to ensure they are appropriately identified and have access to support services.
- Further work with Education services to monitor compliance with training and ensure areas of need or development are addressed.
- Further work in relation to children transitioning to adults where there have been safeguarding concerns for them as children. To ensure there are robust procedures in place to recognise their ongoing vulnerabilities.
- Further development of work in relation to patients with a mental health diagnosis, to include an awareness event for staff and monitoring against NCEPOD guidance.

## **APPENDIX 1**

Airedale, Wharfedale and Craven, Bradford City and Bradford Districts Clinical Commissioning Groups.

SAFEGUARDING ADULTS STANDARDS: SELF-ASSESSMENT TOOL. Version 2.