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Date	12 November 2020	Agenda item	Bo.11.20.21

SAFEGUARDING ADULT ANNUAL REPORT 2019-2020

Presented by	Karen Dawber, Chief Nurse		
Author	Sarah Turner, Assistant Chief Nurse Vulnerable Adults		
Lead Director	Karen Dawber, Chief Nurse		
Purpose of the paper	This paper is the Annual Safeguarding Adult Report		
Key control	Yes		
Action required	To note		
Previously discussed at/ informed by	Details of any consultation		
Previously approved at:	Committee/Group	Date	

Key Options, Issues and Risks

This annual report provides information regarding activity within adult's safeguarding at Bradford Teaching Hospitals NHS Foundation Trust between April 2019 and March 2020.

1. COVID-19 had an immediate impact on reducing safeguarding activity in the Trust in March 2020. This was demonstrated through the significant reduction of patients attending the Trust, and the adjourning of all multiagency meetings.
2. All levels of safeguarding adult training prior to the COVID-19 pandemic being declared have been above the Trust requirement (85%) for this reporting period.
3. The changes to the Mental Capacity Act and the change from the current Deprivation of Liberty Safeguards (DoLS) to Liberty Protection Safeguards (LPS) were to be implemented in October 2020, this has now been delayed until April 2022. Staff have been identified to undertake further training in relation to the forthcoming changes and this will be progressed through the forthcoming year in preparation for 2022.

Analysis

The Trust also submits a self-declaration to the Clinical Commissioning Groups (CCGs) on an annual basis; the Trust declared full compliance with all commissioning standards in November 2019.

Key Achievements:

1. Training compliance was consistently over 94%, including Prevent training which is currently 94.9%.
2. Governance and partnership arrangements remain strong, with consistent Trust representation at the Bradford Safeguarding Adults Board (BSAB) and its subgroups, Domestic and Sexual violence Strategy Board and subgroups, and Multi Agency Risk Assessment Conference (MARAC). Other district-wide meetings are attended as necessary such as those on the West Yorkshire Human Trafficking and Anti-Slavery Network (WYHTASN) and Prevent, with established links for receiving information. Attendance at these meetings ensures information in

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relation to changes affecting operational practice is able to be identified and appropriately managed to ensure that all staff understand the implications for their practice.

- The Learning Disabilities Lead Nurse is now in post and will assist in ensuring that the work that has already been undertaken is developed further by ensuring that preparation is made for the introduction of mandatory Learning Disability training in 2021.

Recommendation

The Committee is asked to confirm that this report provides assurance in relation to the safeguarding of adults in the Trust.

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 top 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)						

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

Risk Implications (see section 5 for details)	Yes	No
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"/>

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Regulation, Legislation and Compliance relevance
NHS Improvement: (please tick those that are relevant) <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
Care Quality Commission Domain: Safe
Care Quality Commission Fundamental Standard: Safeguarding from abuse
NHS Improvement Effective Use of Resources: People
Other (please state):

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

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SAFEGUARDING ADULT ANNUAL REPORT 2019-2020

1 PURPOSE/ AIM

This Annual report provides information regarding activity within adult's safeguarding in Bradford Teaching Hospitals NHS Foundation Trust between April 2019 and March 2020.

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

Safeguarding adults within Bradford Teaching Hospitals NHS Foundation Trust remains a high priority. The Trust has seen a continuing increase in safeguarding adult's activity throughout the past year within all areas.

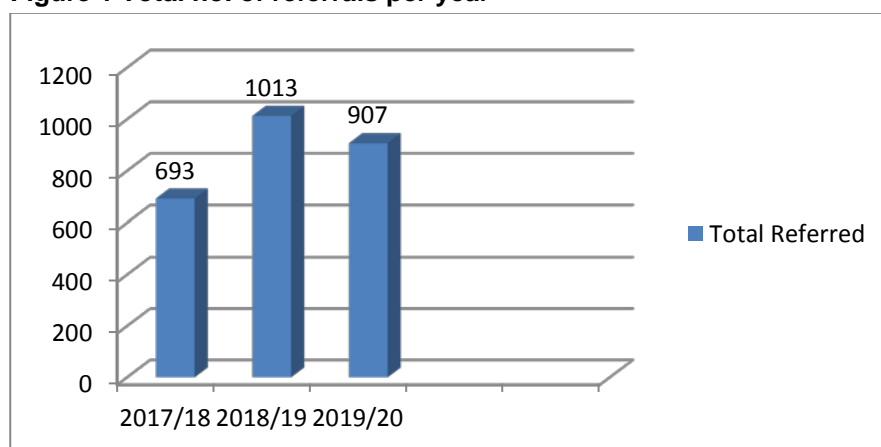
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2.1 To provide outstanding care

2.1.1 Safeguarding Adult Activity

For the year 2019/20, the safeguarding adult team received 907 referrals for support to the team. The number of adults attending the Trust fell sharply in March 2020 due to COVID-19, which has contributed to the overall decrease in referrals compared with the previous year.

Figure 1 Total no. of referrals per year



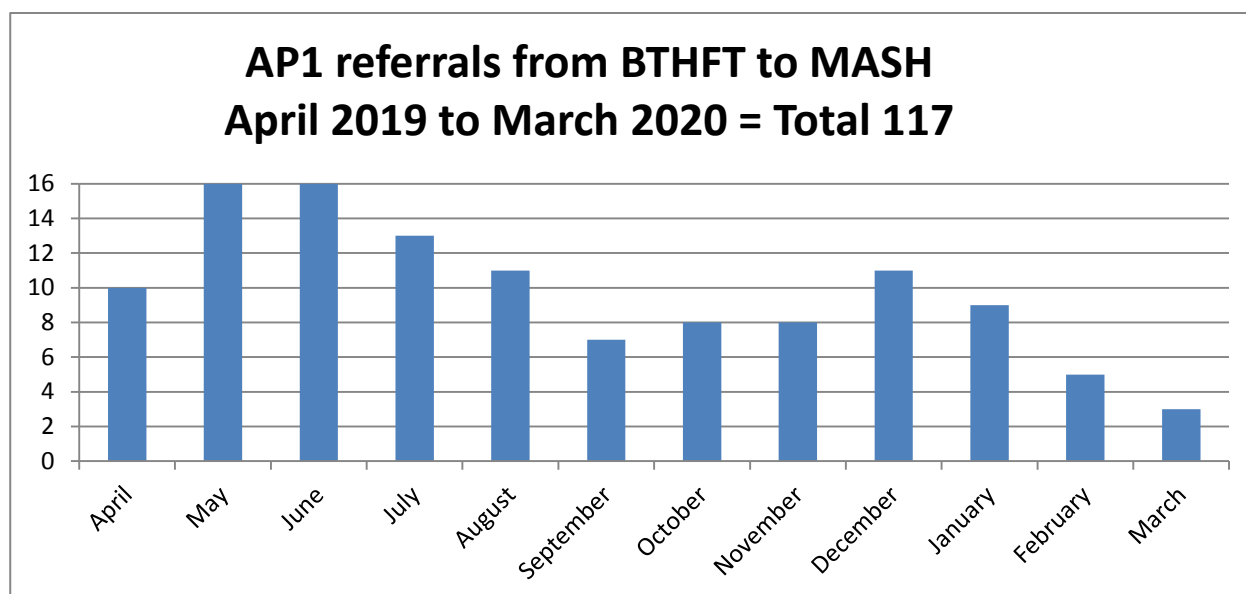
2.1.2 Referrals to the Local Authority Multi Agency Safeguarding Hub (MASH)

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 Local Authority Safeguarding Adults Team/MASH who will make enquiries and co-ordinate the response.

In 2019/ 20 a total of 1117 referrals were made to the MASH team. Figure 2.

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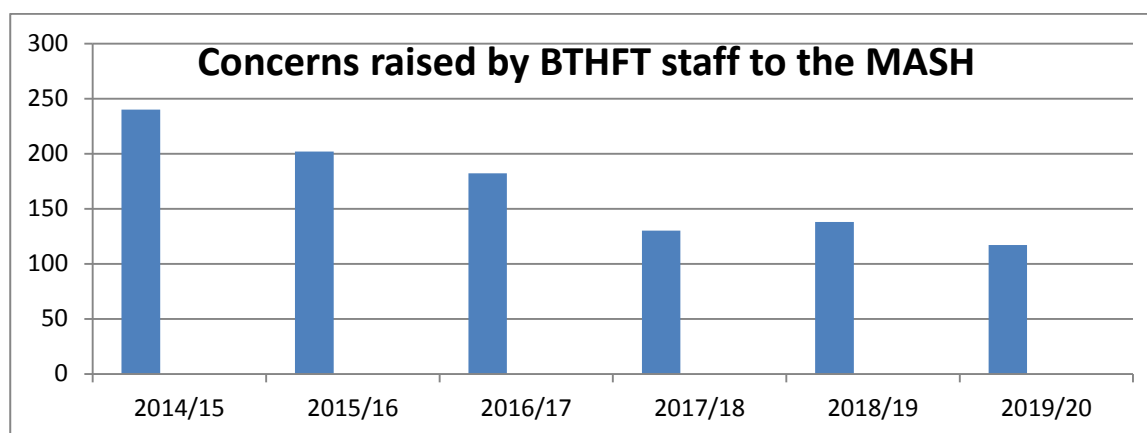
Figure 2



The difference between the number of referrals to the hospital safeguarding team and ongoing referral to the MASH can be directly attributed to the implementation of the Care Act 2014 in May 2015 as outlined in Figure 3.

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 revisited during an individual's stay and any change is acted upon in line with procedures.

Figure 3



2.1.3 Domestic Abuse and Multi Agency Risk Assessment Conference (MARAC)

Domestic abuse is category of abuse as outlined in the Care Act 2014; however it is often not reported to the MASH as the victim does not have a care need which is one of the requirements for

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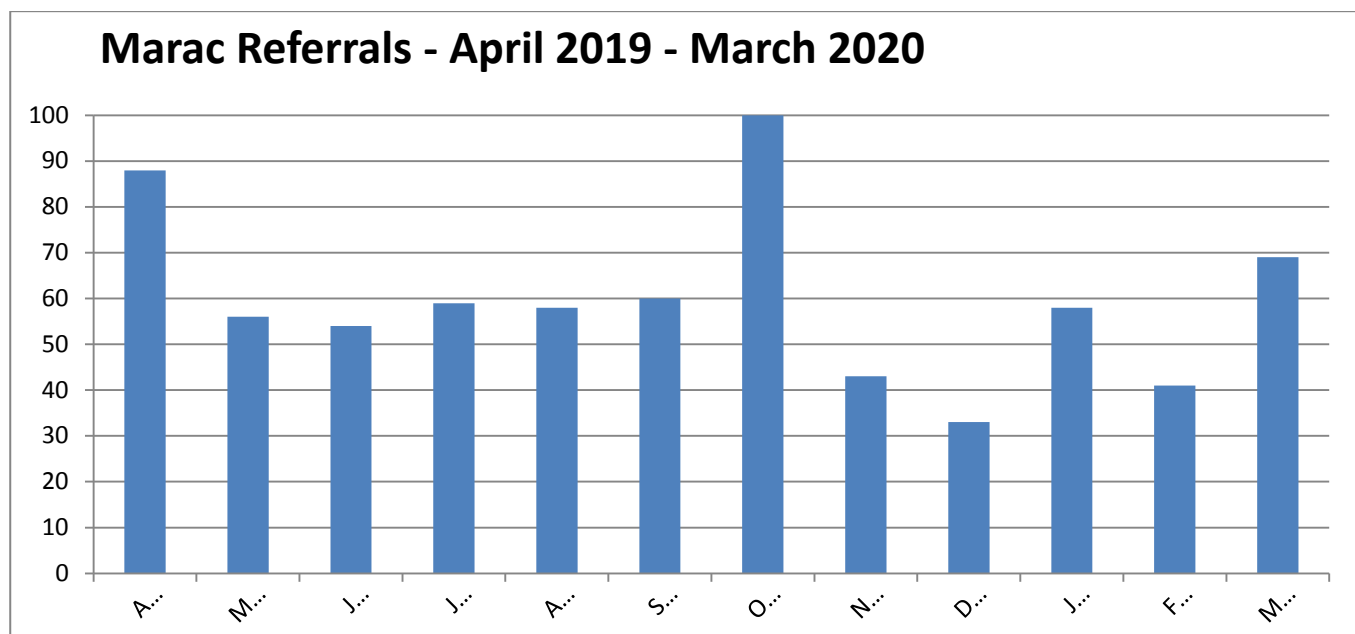
a local authority referral. The adult safeguarding team provide support to patients who disclose domestic abuse and provide information for support services in the community. The team also support staff who disclose domestic abuse. Disclosures are made during return to work interviews following the introduction of mandatory questioning in relation to this in 2015.

The Adult Safeguarding Team gather and collate 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. Each case involves a minimum of two people but can often involve more including children.

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 flags are placed on and removed from patient records in a timely manner. 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.

In the period 2019/20 there were a total of 719 cases referred to MARAC, this is outlined in Figure 4.

Figure 4



2.1.4 Mental Health Act compliance

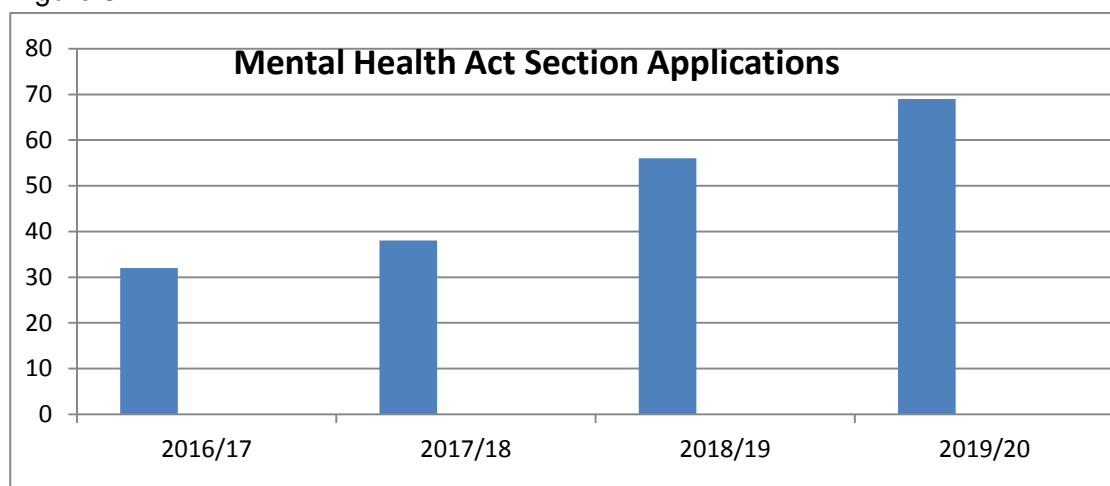
A service level agreement with Bradford District Care Foundation Trust continues to be in place to ensure that BTHFT is able to be compliant with all aspects of the Mental Health Act. This includes scrutiny of documents, training and access to an appeals panel hosted by Bradford District Care Trust if patients wish to appeal their Mental Health Act section. The safeguarding adults administrator meets monthly with the mental health act administrator from BDCFT to ensure that

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records are accurate and to feedback any areas of concern/change which is addressed through the matrons' supervision meetings.

Data on Mental Health Act Sections has been captured since 2016 by month and is show annually in Figure 5.

Figure 5



Of the 69 applications, 41 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 28 detentions, 24 were a Section 2, which is a section for assessment of mental disorder and 4 were a Section 3, which is a section for treatment of mental disorder.

2.1.5 Mental Capacity Act (MCA) & Deprivation of Liberty Safeguards (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 adult safeguarding team have continued to work closely with all wards areas 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 6 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 about as a

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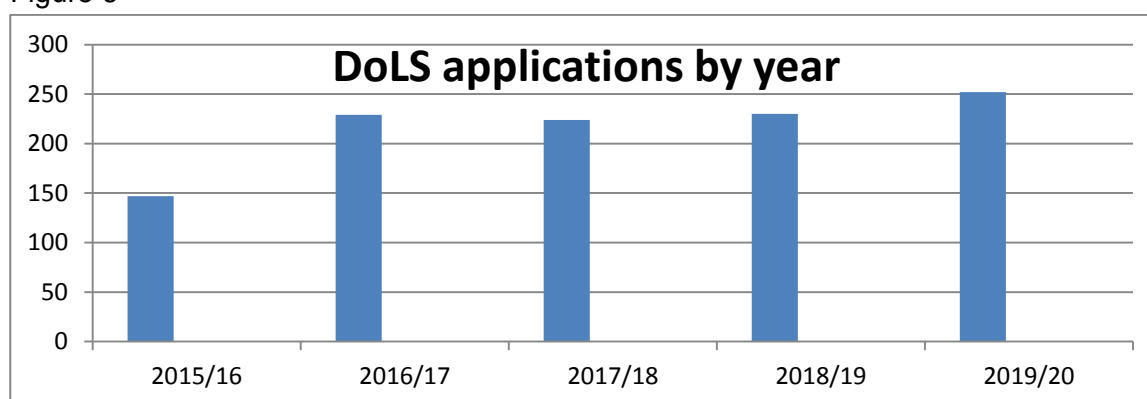
result of the Supreme Court judgement on the 'Cheshire West Case', which since then has included patients:

- 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 required.

In 2019/20, 252 applications were made, an increase 22 on the previous year.

Figure 6



Of the 252 applications made, 97 patients either regained capacity or were discharged home whilst in the urgent period. 155 patients were not seen within the 7 days of an urgent authorisation. 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.

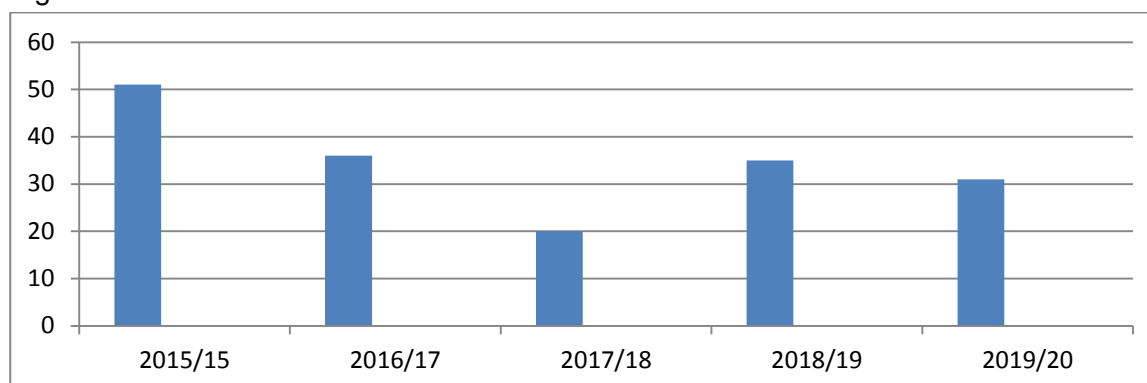
It is a statutory duty under the Mental Capacity Act (2005) that the Foundation Trust has a system in place to appoint and instruct Independent Mental Capacity Advocates (IMCAs). This applies for all patients who lack capacity to make important decisions about serious medical treatment, changes of accommodation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

Figure 7 shows the number of IMCA referrals annually since 2015. 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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There have been 31 referrals in the period 2019/20, with 24 referrals for decision making in relation to serious medical treatment.

Figure 7



2.1.6 Learning Disabilities

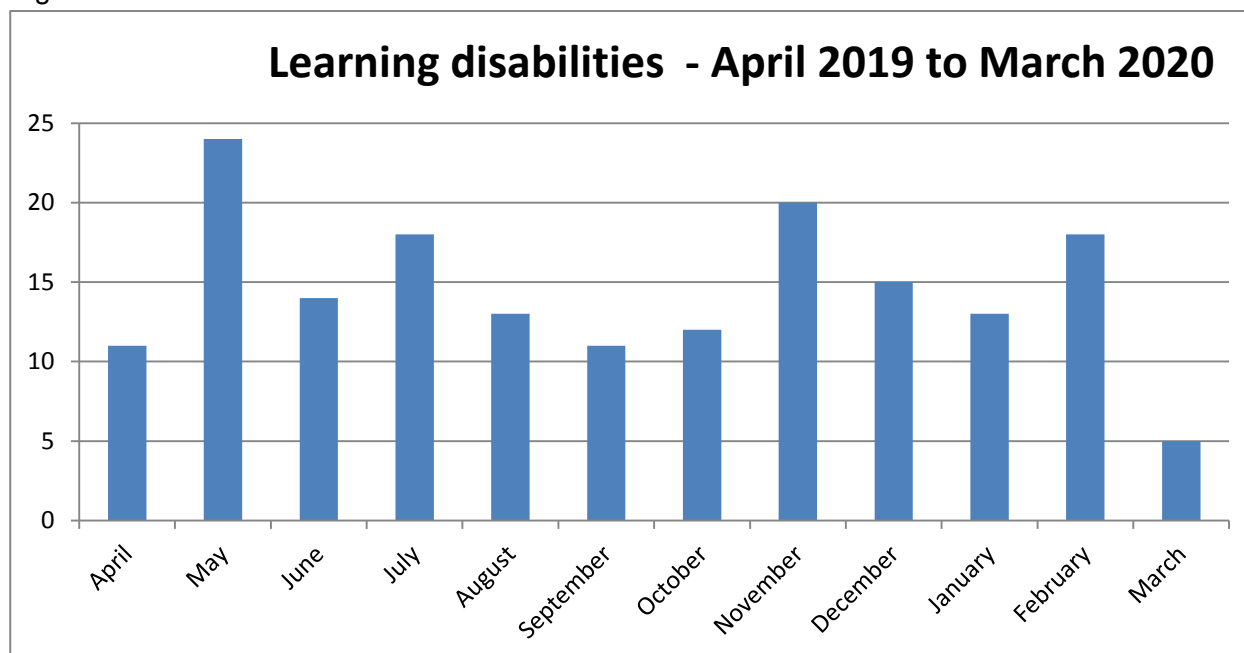
The adult safeguarding team, are informed of all patients admitted to the Trust who have a learning disability. The purpose of which is to ensure staff have support, advice and access to specialist services and can make reasonable adjustments where necessary to ensure appropriate care is provided.

The introduction of the national Learning Disability Standards and national audit placed increased scrutiny on provision of services for patients with a learning disability. Work commenced in the period 2018/19 and continued through 2019/20. Due to the increased expectation and subsequent workload a business case was approved for a Learning Disability Lead Nurse. The post was successfully recruited to in February 2020 and they work closely alongside the adult safeguarding team.

The adult safeguarding team were informed of 174 patients with a learning disability during 2019/20.

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Figure 8



2.2 To deliver our financial plan and key performance targets

The Safeguarding Team staffing is within budget with no additional costs in staffing being incurred.

Key performance targets of the Safeguarding Adult Team and Trust safeguarding adult activity is monitored by the Safeguarding adult subgroup. There are no highlighted areas of concern. The team KPIs are:-

- Trust safeguarding training levels.
- Attendance at BSAB meetings.

2.3 To be a continually learning organisation

2.3.1 Training

Following the publication of the Adult Safeguarding: Roles and Competencies for Health Care Staff Intercollegiate document in 2018, the guidance was reviewed.

Safeguarding adult training compliance is a key performance indicator and monitored through the Safeguarding adult's Steering Group for assurance. These compliance figures are monitored monthly to ensure staff are identified and have access to training where there is a drop in compliance.

For the period 2019/20 compliance has remained over 94% across all levels.

Training at all levels (except level 4) is provided in house via eLearning or face to face with bespoke training available for any staff group. To comply with the Intercollegiate document, staff

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requiring level 3 level 4 training are encouraged to take part in multiagency districtwide and national training.

All staff must have Prevent basic awareness and staff identified as level 3 & 4 for safeguarding adults must also undertake the Workshops Raising Awareness of Prevent (WRAP) or Level 3 e learning current compliance is 94.9%.

2.4 To collaborate effectively with local and regional partners

2.4.1 Multiagency working

2.4.1.1 Bradford Safeguarding Adults Board (BSAB)

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 2019-20, the Assistant Chief Nurse Vulnerable Adults attended the Safeguarding Adults Board's subgroups quarterly.

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) The Assistant Chief Nurse Vulnerable Adults chairs SAR subgroup on behalf of the partnership

As part of the commissioning standards for provider organisations, the Adult safeguarding team ensured a proportionate contribution to the delivery of local multi-agency training programmes, as required by the Safeguarding Adults' Board. During 2019-2020 this was contributing and facilitating the multi agency two day Role of the Service Manager training.

2.4.1.2 Serious Adult Reviews (SARs)

The SAR subgroup was established in January 2019. The purpose of the reviews is to learn lessons and monitor multi agency actions from the review. Any actions for the Trust are monitored through the Safeguarding Adult subgroup.

2.4.2 Domestic and Sexual Violence Board

The Deputy Chief Nurse is a member of the Domestic and Sexual Violence Strategy Board with the Assistant Chief Nurse Vulnerable Adults attending a number of the subgroups specifically relating to the Prosecution and Protection groups. Work from these groups is discussed at the safeguarding adults subgroup and actions monitored via the workplan.

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2.4.3 Transforming Lives Partnership

The Assistant Chief Nurse Vulnerable Adults attends this group. The Board oversees the Bradford Learning Disabilities Transformation Plan which is an all age change programme focusing on improving services for people with learning disabilities who may have autism, who display behaviour that challenges, including those with a mental health condition.

2.4.4 Community Safety Partnership

2.4.4.1 Domestic Homicide Reviews (DHRs)

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 adult safeguarding team 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.

Progress of any reviews is monitored by the Safeguarding Adults subgroup and any actions identified for the Trust are disseminated via the group.

3 PROPOSAL

All Safeguarding adult activity in the Trust is monitored through the Safeguarding Adult subgroup, which in turn reports to the Integrated Safeguarding Sub-committee. The overall governance is held by the Quality Committee. The key aims of the Safeguarding adult subgroup for the forthcoming year are:

1. To implement the work plan and audit strategy which have been revised for April 2020 ensuring all previous actions are completed or monitored until completion.
2. To continue to monitor and maintain training compliance across all levels through the safeguarding adult subgroup.
3. To continue to support the multi agency partnership in the progression of key work areas in Bradford to ensure adults are effectively safeguarded.
4. To continue to develop further provision and support for patients with a Learning Disability, ensuring compliance with the national standards and identifying areas for development from the national audit.

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5. To ensure continued development and training in relation to the Mental Capacity Act and forthcoming changes to DoLS.

4 BENCHMARKING IMPLICATIONS

There is no model hospital data relevant to this paper.

5 RISK ASSESSMENT

MCA, DoLS

Changes to the Mental Capacity Act legislation in relation to the Deprivation of Liberty Safeguards (DoLS) were approved in July 2019 and work is underway in planning for the implementation of these changes. DoLS will be replaced by Liberty Protection Safeguards (LPS). Currently all DoLS authorisations are sent to the Local authority for further assessment and approval, in future, LPS authorisations will be fully assessed and managed by the hospital. This will have resource implications for the Trust, as Trust staff will be required to undertake these assessments, which are currently undertaken by Council staff. However, as the Code of Practice and final guidance has not yet been published it is unclear as to the exact requirements at the present time. The Assistant Chief Nurse Vulnerable Adults attends all the district wide meetings in relation to this change and is working with partners to ensure that the Trust is sighted on the implications as they evolve.

- In July 2019, the Trust experienced an unusually high number of patients detained under the Mental Health Act. This highlighted the concern regarding the national and local shortage of Mental Health beds and the resultant impact on delayed discharges from acute settings. As a result of this the adult safeguarding team are working with the Urgent Care directorate in exploring ways of ensuring there is an appropriate skill mix of staff to identify and assist with the management of patients with a mental health diagnosis. Furthermore a business case for a specialist practitioner for mental health was approved in principle for implementation in 2020-21. This post will assist with the development of a mental health strategy for the Trust in line with the district wide strategy and the Treat as One guidance.

6 RECOMMENDATIONS

The Committee is asked to confirm that this report provides assurance in relation to the safeguarding of adults in the Trust.

7 Appendices

Appendix 1 - Self-assessment of commissioning standards.