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Date	14 July 2022	Agenda item	BO.7.22.37

SAFEGUARDING ADULT ANNUAL REPORT 2021-2022

Presented by	Karen Dawber, Chief Nurse		
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Lead Director	Karen Dawber, Chief Nurse		
Purpose of the paper	This paper is the Annual Safeguarding Adult Report		
Key control			
Action required	For information		
Previously discussed at/ informed by			
Previously approved at:	Committee/Group	Date	
	Quality and Patient Safety Academy QA.5.22.11	25.05.22	

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 2021 and March 2022.

It should be noted that there was a continued reduction in attendances at the Trust for services during the period discussed due to the pandemic and the ongoing restrictions imposed. Despite this the numbers of patients requiring safeguarding support remained high specifically in relation to Domestic abuse and neglect. This highlights how patients with an already increased vulnerability became more vulnerable during this period.

- The increase in patients with a mental health diagnosis attending the Trust and requiring support and detention under the MHA has increased. The Mental Health Strategy was launched in 2021 with the focus being on partnership working and addressing barriers to service, in line with Act as One. The development and implementation of the Core 24 service standard, which is the standard for adult liaison mental health services should assist with addressing some the challenges faced, however it will not address all of them. There has been work undertaken to look at what as a Trust we can develop to ensure we are not neglecting or causing harm to patients with a mental health diagnosis through lack of provision or delayed access to appropriate services. Ongoing development and support for staff regarding mental health and supporting patients in crisis / distress. Development of a training post for conflict resolution, de-escalation, and breakaway training to support the clinical response to restraint workstream.
- During the period 2020/21, the frequency of MARAC meetings increased, this continued during 2021/22 Prior to this period they occurred every fortnight, due to the increase in referrals and a recognition of the need for multi-agency discussion of cases to happen sooner, their frequency increased. This over time has meant that the number of cases discussed has also increased with, on occasions, there being two meetings per week. This is an increased expectation on the team regarding the activity in relation to this and if continues will need to be reviewed. And potentially resourced differently.

Analysis

The Trust also submits a self-declaration to the Clinical Commissioning Groups (CCGs) on an annual basis:

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Key Achievements:

- The maintenance of a consistent representation at district wide meetings throughout the pandemic to ensure effective communication with partners and progression of on-going multi-agency work.
- The development of support for patients with a Mental Health diagnosis, including increased staff training and the identification of areas to be developed as therapeutic spaces.
- The development and recruitment of a Hospital Independent Domestic Violence Advocate (HIDVA), to assist with the recognition and response to domestic abuse disclosures. This has improved support to both staff and patients experiencing domestic abuse. This project has secured funding for a further period of 12 months.
- The majority of training compliance remained over 92%, where it has reduced a plan has been implemented.
- The Safeguarding Adults team were a visible presence for support on wards during the pandemic, supporting ward staff to ensure identification of safeguarding concerns, risk assessing and safety planning.

Recommendation

- Training review of all work streams relating to Safeguarding and vulnerable groups to ensure compliance with national guidance but also for opportunities to explore alternative methods of training delivery. The lockdown restrictions have enabled people to access training other than face to face and for organisations to invest and explore in resources to enable compliance.
- Planning and preparation both within the Trust and with partners across the district in relation to the impending introduction of the Liberty Protection Safeguards (LPS). There will be a training requirement and potentially a staffing implication however it is not possible to determine the extent of this until the consultation on the code practice has been concluded and a firm implementation date has been agreed.
- Further development of the additional needs health care role, which has evaluated very well, with staff and carers reporting back on the difference this role makes for the experience of patients with additional vulnerabilities when in hospital.
- Ongoing development and support for staff regarding mental health and supporting patients in crisis / distress. Development of a training post for conflict resolution, de-escalation, and breakaway training to support the clinical response to restraint workstream.
- Further analysis of data relating to safeguarding concerns, to identify any gaps in provision, specifically relating to ethnicity or cultural background of the Adults at risk (Aar) This in turn will enable further development and access of support services to groups who are potentially more disadvantaged due to language barriers, isolation or lack of understanding of services available to support.
- Work with Clinical Business Units to identify ways to create a development post for Safeguarding. This would mean the knowledge and skills could be further embedded within the units directly.

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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"/>

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

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Other (please state):

Relevance to other Board of Director's academies: (please select all that apply)			
People	Quality	Finance & Performance	Other (please state)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Safeguarding Adult Annual Report 2021-2022

1 PURPOSE/ AIM

This Annual report provides information regarding activity within Safeguarding Adults in Bradford Teaching Hospitals NHS Foundation Trust between April 2021 and March 2022.

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; and was the first legislation specifically relating to the responsibilities to safeguard vulnerable adults. 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 Yorkshire, 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 continued increase in the scope of safeguarding adult's activity throughout the past year within all areas.

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Figure 1 outlines the areas of work included within the responsibility of the Safeguarding Adults team.

Figure 1



2.1 To provide outstanding care

2.1.1 Safeguarding Adult Activity

For the year 2021/22, the safeguarding adult team received **520** referrals for support to the team. This is a decrease of **101** on the previous year. The number of adults attending the Trust fell sharply in March 2020 due to COVID19, this continued into the period 2021/22, which has contributed to the overall decrease in referrals compared to previous year.

The introduction of specific posts in relation to Learning Disabilities and Mental Health has also contributed to the reduction in figures as these referrals were previously managed through the safeguarding team whereas during the period 2021/22 the referrals went directly to the specific

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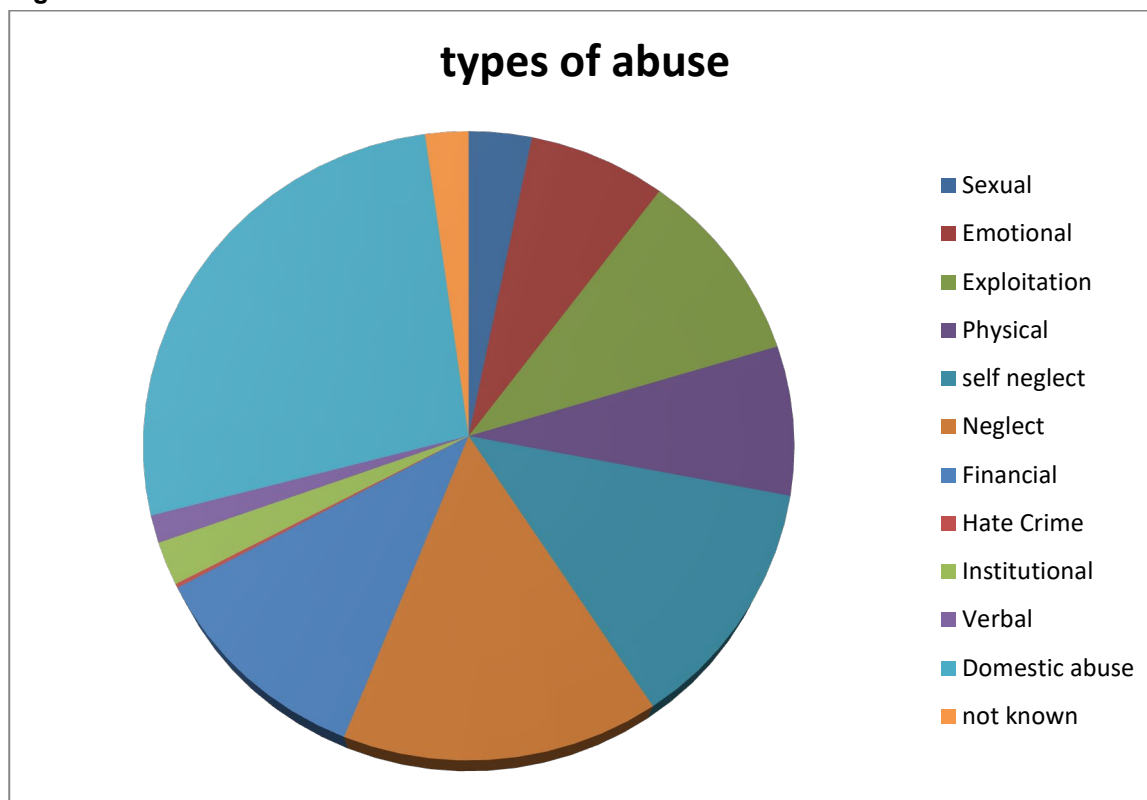
lead practitioners. This more targeted referral approach has meant that the team are able to more quickly identify and establish risk and respond in a timely way.

In total there have been **1201** referrals to the wider team during 2021/22.

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 2 showing types of abuse, the largest proportion being domestic abuse including coercion and control.

Fig. 32



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

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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.

The Safeguarding Team have responded to **10** delegated enquires from the MASH team within the period discussed.

Concerns involving staff members would always be reported and investigated in line with procedures.

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 support need which is one of the requirements for a local authority referral this is often referred to as the Section 42 requirement. The Safeguarding Adults team provide support to patients and staff who disclose domestic abuse and provide information for support services in the community. The Safeguarding Adult Team in conjunction with Safeguarding Children team and the Safeguarding Midwife 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 2 people but can often involve more including children.

The MARAC meetings are held weekly, 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.

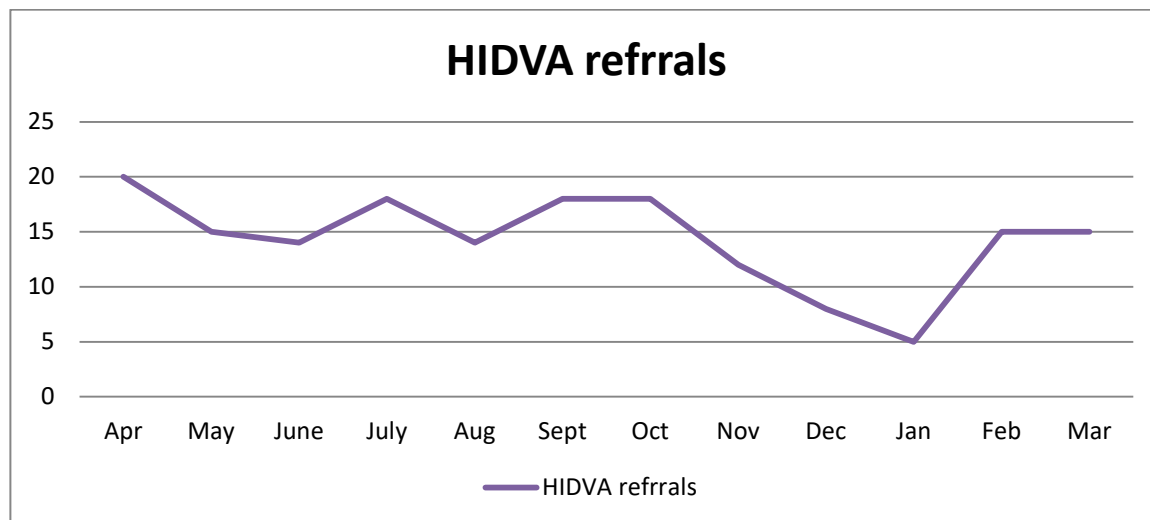
In the period 2020/21 there were a total of **1055** cases referred to MARAC, this is an increase of **139** on the previous year. There has been a noticeable increase in domestic abuse incidents both across the District and nationally. There is believed to be a direct correlation between the lockdown restrictions imposed during the pandemic and the increase in incidents. As a direct result of this increase discussions were undertaken with partner agencies in exploring opportunities for further assistance. The domestic abuse manager within the Local authority secured funding for a fixed term post for a Hospital Independent Violence Advocate (HIDVA).

A HIDVA commenced in the Trust in April 2021, they responded to concerns regarding domestic abuse for both staff and patients and supported them with onward support in the community, delivered training and assisted with attendance at MARAC. During the period 2021/22 **172** referrals for domestic abuse were received. The postholder unfortunately left in January 2022, however, a further 12 month funding was secured and with a further post to support maternity services. The Safeguarding Adults Specialist Practitioner continued to fulfil the role in the absence of the HIDVA with support from community services.

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Figure 3 shows the numbers of referrals to the HIDVA for support

Fig 3.



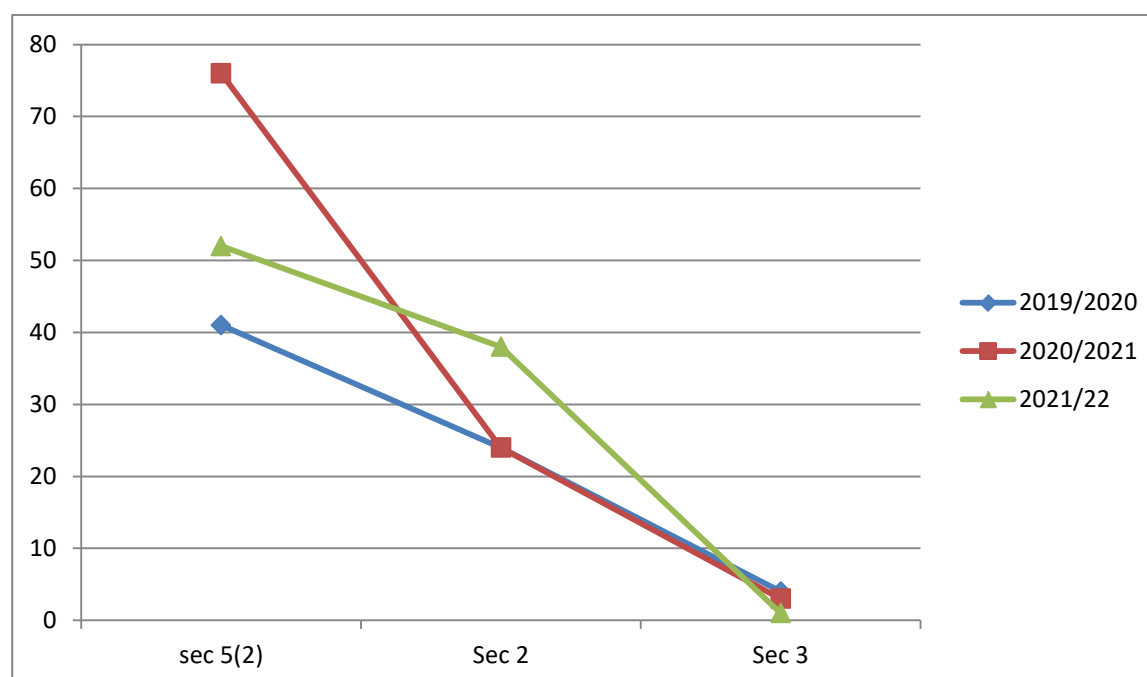
2.1.4 Mental Health Act compliance

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 work in relation to the statutory responsibilities 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 records are accurate and to feedback any areas of concern/change. The Mental Health Specialist Practitioner came into post on February 2021 and offers specific advice to staff, liaises with BDCFT in ensuring effective communication and handover of patients subject to the Act and supports the safeguarding adult's administrator with monitoring of compliance.

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Figure 4 shows the numbers of application for detention over the last three years.

Fig 4



Of the **89** applications made for detention under the Act, **52** 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 detentions, **38** were 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.

The increase in Section 2 applications highlights the increase in the level of significant distress experienced by patients attending hospital, and may be in part due to the decrease in access to support services in the community due to the pandemic and restrictions in place. Meaning individuals may have been experiencing poor mental health for a longer period of time and unable to access services to support them with this. Usual support mechanisms such as friends and family were more difficult to maintain and isolation due to working at home all being widely acknowledged as having an impact on peoples general mental health and wellbeing.

The Mental Health Specialist Practitioner joined the team in 2021 and has worked closely with ward staff to ensure training regarding mental Health as well as support for staff and patients has been offered.

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

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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 Safeguarding Adults team, Learning Disability Lead Nurse, Dementia Lead Nurse and Mental Health Specialist Practitioner have continued to work closely with all wards areas to ensure they have increased knowledge in relation to the MCA and DoLS. Paperwork is scrutinised for accuracy and liaison with the Local Authority DoLS team when escalation for assessment needs to occur. This ensures the Best Interests of the patient are maintained and any deprivations of their liberty are lawful. The outcomes of DoLS authorisations are audited and cases are discussed directly with Matrons should concerns arise. 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.

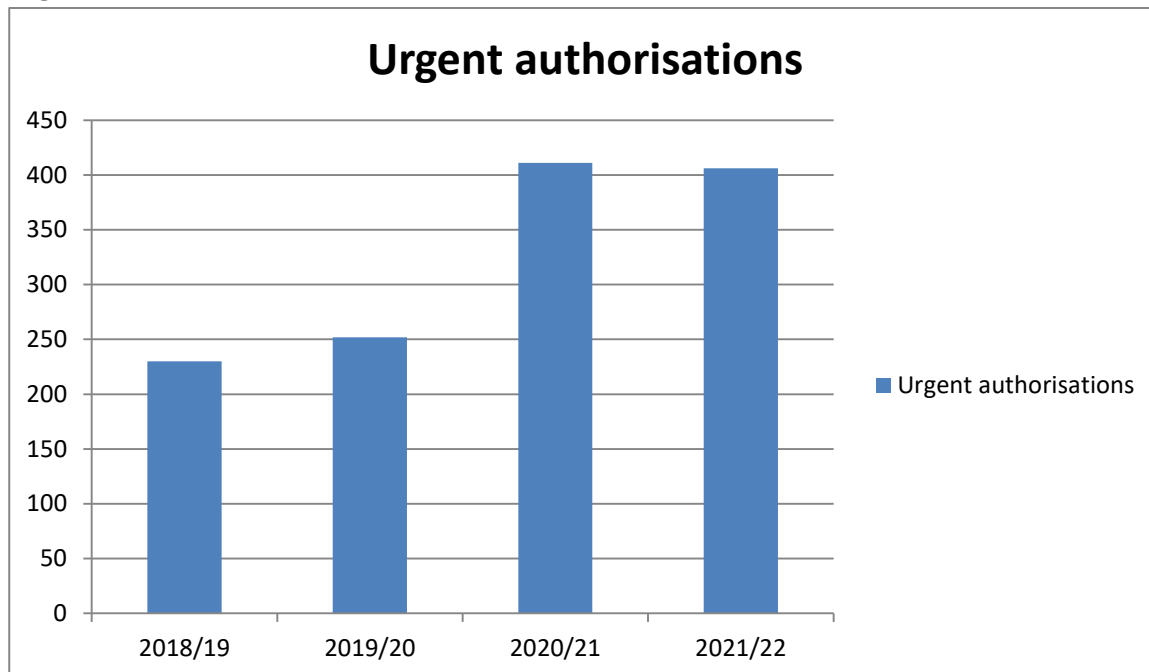
Figure 5 illustrates the number of DoLS applications each year since 2018. The threshold for a DoLS authorisation to be made is referred to as the 'Acid test' and was a result of the Supreme Court judgement on the 'Cheshire West Case', which since then has included patients:

- 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 2020/21, **406** applications were made, a decrease of **5** on the previous year. As discussed previously this is significant as during the period 2021 / 2022 there was a general decrease in patients attending the Trust, due to the pandemic and restrictions and therefore highlights the increased acuity of the patients that were present.

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Figure 5



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.

There have been **12** referrals in the period 2021/22, with **10** referrals for decision making in relation to serious medical treatment. Although this is a decrease on previous years there have been no concerns regarding instruction not being made.

Transition to Liberty Protection Safeguards (LPS)

The proposals regarding changes to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS), received Royal assent in 2019, the transition to LPS was due to come into force in 2020, however this was delayed. Work has been undertaken both within the Trust and in conjunction with partners in the District to understand the implications of these changes. During the period 2021/22 the Assistant Chief Nurse Vulnerable Adults has represented the Trust at District meetings. Work to fully formulate a response to the proposed changes has not been entirely possible due to the delay in the publication of the Code of practice. Preparation work has been undertaken, with some staff being supported to access their Best Interest Assessor training.

2.1.6 Learning Disabilities

The Safeguarding Adults were previously 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

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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. This resulted in the Trust appointing a Lead Nurse for Learning Disabilities. The Lead Nurse sits alongside the Safeguarding Adults team.

The Learning Disability Lead Nurse has worked directly with patients and their carers during the pandemic, supporting staff to understand the needs of the patients by encouraging the use of the VIP passports, providing engagement and distraction activities, providing alternative communication methods such as picture boards and liaising with specialist services to ensure safety both in the Trust and when returning to their homes. They have also ensured where concerns are highlighted regarding the care of a patient with a Learning Disability, this was addressed in a timely manner, ensuring direct feedback to staff involved and escalation of any themes or trends to the Assistant Director of Nursing for the division or the Medical Director.

To support with this work, an additional needs healthcare post was established and recruited to this has facilitated a more consistent presence on wards supporting patients with additional needs such as a Learning Disability, Mental Health diagnosis or Dementia.

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

Safeguarding adult training compliance is a key performance indicator and monitored through the Safeguarding adult's Subgroup 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 2020/21 compliance has remained over **92%** across levels 1 and 2 with level 3 reducing due to changes to the recording system within ESR and the movement of staff. The identification of the reduction enabled further examination of the detail of the levelling. IT was identified that in some circumstances there was duplicate levels applied to roles and in some circumstances the correct levels not assigned. The volume of referrals to the team highlights that

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staff are still aware of their responsibilities and who to access for support, there is an action plan in place to support rectification of the reduction. The opportunity to deliver training in ways other than face to face has ensured that the Safeguarding Adults team has enabled the safeguarding team to deliver bespoke training in areas following specific concerns being identified.

All staff must have Prevent basic awareness and staff identified as level 3 and 4 for safeguarding adults must also undertake the Workshops Raising Awareness of Prevent (WRAP) or Level 3 e learning current compliance is **91.2%**.

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 2021-22, 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
- Safeguarding Adults Reviews (SAR)
- All age exploitation

As part of the commissioning standards for provider organisations, the Safeguarding Adult team previously had ensured a proportionate contribution to the delivery of local multi-agency training programmes, as required by the Safeguarding Adult's Board. However, this was not applicable during 2021/22 due to the pandemic and that a decision from the Board was to suspend all multi-agency training during this period.

2.4.1.2 Serious Adult Reviews (SARs)

A SAR is a multi-agency review process that seeks to learn from the death of vulnerable adult where there has been concern of abuse or neglect. It is not to apportion blame. There is consistent representation at these meetings from the Safeguarding Adults team and any actions for the Trust are monitored through the Safeguarding Adult subgroup. There have been **4** ongoing SARs during 2021/2022, with further referrals received and considered.

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2.4.2 Domestic and Sexual Violence Board

The Assistant Chief Nurse Vulnerable Adults is a member of the Domestic and Sexual Violence Strategy Board with the Safeguarding Adults Specialist Practitioner attending a number of the subgroups. Work from these groups is discussed at the safeguarding adults subgroup and actions monitored via the workplan.

2.4.3 Transforming Lives Partnership

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. Work from this Board is considered at the Safeguarding adults subgroup.

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. There have been **4** new DHR's instigated during this period with initial learning being shared,

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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 and Patient Safety Academy. The key aims of the Safeguarding adult subgroup for the forthcoming year are:

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1. To continue to monitor and maintain training compliance across all levels through the safeguarding adult subgroup.
2. To further develop reporting data to highlight themes and trends relating to patient demographics and develop training relating to identified areas of development.
3. To continue to support the multi-agency partnership in the progression of key work areas in Bradford to ensure adults are effectively safeguarded. To include participation in Multi agency training and consistent representation on all subgroups of the Board.
4. To ensure continued development and training in relation to the Mental Capacity Act and forthcoming changes from DoLS to LPS, in conjunction with Health and Social care colleagues in the District.

4 BENCHMARKING IMPLICATIONS

There is no model hospital data relevant to this paper.

5 RISK ASSESSMENT

- 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. It is likely that there will be a resource implication to the implementation, this is being discussed across health partners within the District to understand where some of this may be a shared resource.
- The increase in patients with a mental health diagnosis attending the Trust and requiring support and detention under the MHA has increased. The Mental Health Strategy was launched in 2021 with the focus being on partnership working and addressing barriers to service, in line with Act as One. The development and implementation of the Core 24 service standard, which is the standard for adult liaison mental health services should assist with addressing some the challenges faced, however it will not address all of them. There has been work undertaken to look at what as a Trust we can develop to ensure we are not neglecting or causing harm to patients with a mental health diagnosis through lack of provision or delayed access to appropriate services.
- There is often a belief that patients with a Learning Disability or Mental Health diagnosis need 'safeguarding'. In its widest sense this is true, however they often don't require a statutory safeguarding response. The work of the Safeguarding team has similarities and

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shared responsibilities in some key areas with the Lead Nurses for Learning Disabilities and dementia and the Specialists Practitioner for Mental Health. It has been identified that a training post to cover all these aspects would be beneficial, this has been discussed with Education as an area in need of development and how best as a Trust we can ensure the safety of patients and staff.

- During the period 2010/22, the frequency of MARAC meetings continued at the increased rate instigated during the previous year. Prior to this period they occurred every fortnight, due to the increase in referrals and recognition of the need for multi-agency discussion of cases to happen sooner, their frequency increased. This over time has meant that the number of cases discussed has also increased with, on occasions, there being two meetings per week. This is an increased expectation on the team regarding the activity in relation to this and if continues will need to be reviewed and potentially resourced differently. The addition of the HIDVA to the team was extremely beneficial and provided increased support to both patients and staff.

6	RECOMMENDATIONS/FUTURE WORK
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- Training review of all work streams relating to Safeguarding and vulnerable groups to ensure compliance with national guidance but also for opportunities to explore alternative methods of training delivery. The lockdown restrictions have enabled people to access training other than face to face and for organisations to invest and explore in resources to enable compliance.
- Planning and preparation both within the Trust and with partners across the district in relation to the impending introduction of the Liberty Protection Safeguards (LPS). There will be a training requirement and potentially a staffing implication however it is not possible to determine the extent of this until the consultation on the code practice has been concluded and a firm implementation date has been agreed.
- Further development of the additional needs health care role, which has evaluated very well, with staff and carers reporting back on the difference this role makes for the experience of patients with additional vulnerabilities when in hospital.
- Ongoing development and support for staff regarding mental health and supporting patients in crisis/distress. Development of a training post for conflict resolution, de-escalation, and breakaway training to support the clinical response to restraint workstream.
- Further analysis of data relating to safeguarding concerns, to identify any gaps in provision, specifically relating to ethnicity or cultural background of the Adults at risk (Aar) This in turn will enable further development and access of support services to groups who are potentially more disadvantaged due to language barriers, isolation or lack of understanding of services available to support. .

Meeting Title	Board of Directors		
Date	14 July 2022	Agenda item	BO.7.22.37

- Presentation and participation in the District Safeguarding week. As in previous years the Safeguarding Adults team will be actively promoting Safeguarding week in June and representing the Trust across the District. The theme for this year is *All age exploitation* with a specific safeguarding adult focus on Domestic servitude, County lines and modern day slavery. This is in conjunction with partner agencies.
- Work with Clinical Business Units to identify ways to create a development post for Safeguarding. This would mean the knowledge and skills could be further embedded within the units directly.

7	Appendices
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Appendix 1 - Self-assessment of commissioning standards.