

# **SAFEGUARDING ADULTS**

## **ANNUAL REPORT**

**2017 - 2018**

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## ANNUAL REPORT FOR SAFEGUARDING ADULTS – 2017/18

### 1. PURPOSE

The purpose of this Annual Report is to inform Trust Board Members of the progress with regard to its responsibilities for Safeguarding Adults. The report will identify Safeguarding Adults activity within the Trust over 2017/18, raise awareness of key issues affecting practice and service delivery, and identify key priorities for 2018/19.

### 2. EXECUTIVE SUMMARY

The Trust has statutory responsibilities to safeguard adults at risk of harm, abuse and neglect that access its services and premises. The challenges facing vulnerable adults remain significant in this health economy and, in particular, the increase in people that have complex needs, such as Mental Health, Dementia and Learning Disabilities.

The Trust continues to meet its regulatory and contract obligations in relation to Safeguarding Adults and is a proactive member of both Local Authority Safeguarding Adult Boards.

In terms of highlights during 2017/18:

- A satisfactory review of Safeguarding Adults by the Care Quality Commission – no compliance issues raised during the inspection undertaken in February 2018 or areas of concern.
- Positive feedback from NHS Hull and East Riding Clinical Commissioning Groups about the governance and progression of Safeguarding Adults agenda items.
- The successful Enhanced Care Team Pilot and positive outcomes for patients, their families and staff.
- The revision of the Mental Health Legislation Service Level Agreement improving the provision of MH training and data sharing.
- The consistent training compliance of over 80% for Safeguarding Adults, Mental Capacity and Deprivation of Liberty Safeguards.
- Positive feedback from Hull and East Riding Safeguarding Adult Board Managers and Chairs regarding the Trust arrangements for Safeguarding Adults.
- Established and positive partnership working with a range of external agencies to improve the care and treatment of patients with vulnerabilities including those under detention.

There have been a number of challenges during 2017/18 for safeguarding but overall the Trust is in a strong position for 2018/19. The Trust understands the areas which require focus and strengthening and these are fully sighted on moving forward. There have been many positive aspects to comment on over the past year and in particular; good partnership working with the local authority safeguarding boards, internal governance of safeguarding, staff knowledge and training, and an experienced and credible safeguarding team. All of these positive aspects will continue into 2018/19 and support the safeguarding work planned.

Key areas for focus in 2018/19 are:

- Review and analysis of the Intercollegiate Training Document for Safeguarding Adults, NHSE 2018.
- Strong focus on Mental Health, Autism and Learning Disabilities training.
- Improved data on persons detained under the Mental Health Act.
- Review of Domestic Abuse training, processes, policies and risk assessment.
- Continued implementation of electronic flagging for patients with complex needs such as learning disabilities and severe autism.
- One to one supervision of patients and the progression the Enhanced Care Team implementation.

The Trust has identified a number of actions required to strengthen the Safeguarding Adult's service. Actions are determined from internal practice and review, regulatory inspections, commissioning requirements, Safeguarding Adult's Board activities and from the lessons learned from Case Reviews.

In the last annual report for 2016/17 a summary of work was planned as detailed below. A brief update follows each statement:

- Development and implementation of Restraint Care Plan
  - ✓ This was implemented in 2017.
- Development of Enhanced Care Team (pilot commences in September 2017)
  - ✓ The pilot commenced as planned and extended so improved data could be gathered.
- Continued development of Safeguarding Champions
  - ✓ Further training dates were delivered in 2017/18 and a review of roles and responsibilities for the Champions has taken place.
- Review and update of the Safeguarding Adults Policy
  - ✓ This was updated and is available on the Trust Intranet site
- Delivery of the Trust QIP for Safeguarding Adults.
  - ✓ Key areas from previous CQC inspections were delivered and the Trust QIP for Safeguarding closed.
- Delivery of the Prevent key performance indicator
  - ✓ Compliance of 80% was delivered by end of April 2018 and assisted by the introduction of the Home Office Prevent Health Wrap online learning tool.
- Review of Safeguarding Adults Level 2 training – combining with Level 2 Childrens Safeguarding
  - ✓ This was undertaken and amendments taken to combine. Feedback from staff has been very positive with regards to the revision of the training.
- Review of Mental Health training requirements
  - ✓ An analysis has taken place against MH and Autism standards and this work will continue into 2018/19.
- Progression of actions detailed in the NCEPOD – Mental Health in General Hospitals
  - ✓ Work is ongoing with all actions identified and this will be strengthened by the establishment of a specific MH committee in 2018/19.
- Revision of Safeguarding Concern Form
  - ✓ This has been completed and is awaiting upload to the Trust Intranet site.
- Review of Domestic Abuse training, policies and assessment processes
  - ✓ This has been undertaken and will be progressed during 2018/19.
- Implement information on patients detained under the Mental Health Act
  - ✓ Work is progressing on this and the Service Level Agreement updated with Humber Teaching NHS Foundation Trust to reflect required improvements.

- Delivery of actions from Mersey Internal Audit Agency
  - ✓ These have been completed.
- Progression of electronic Safeguarding Flagging processes and applications to client groups such as Learning Disabilities
  - ✓ This has been completed and will continue in collaboration with Community health and social care partners. A consent form was developed and upload of information from service users has commenced.
- Implement the Learning Disability Mortality Reviews (LeDeR) and processes
  - ✓ This has been completed and processes outlined.
- Commence NHS Improvement Pilot for Learning Disabilities standards and assessment of provider (December 2017)
  - ✓ This was delayed by NHSI and received by the Trust in summer 2018 so will be carried forward to 2018/19.

### 3. BACKGROUND

The Care Act\* came into force in 2015 and replaces all previous guidance such as 'No Secrets 2001'\*\*.

#### What has changed under the legislation of the Care Act?

Adult safeguarding is the process of protecting adults with care and support needs from abuse or neglect (hereafter referred to as "adults"). It is an important part of what many public services do, but the key responsibility is with local authorities in partnership with the police and the NHS. The Care Act 2014 puts adult safeguarding on a legal footing and from April 2015 each local authority must:

- make enquiries, or ensure others do so, if it believes an adult is subject to, or at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to stop or prevent abuse or neglect, and if so, by whom
- set up a Safeguarding Adults Board (SAB) with core membership from the local authority, the Police and the NHS (specifically the local Clinical Commissioning Group/s) and the power to include other relevant bodies
- arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has 'substantial difficulty' in being involved in the process and where there is no other appropriate adult to help them
- cooperate with each of its relevant partners in order to protect adults experiencing or at risk of abuse or neglect.

\*The Care Act 2014, Department of Health, 2014

\*\* No Secrets Guidance on developing and implementing, Department of Health, 2000

It also updates the scope of adult safeguarding:

- Where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there) –

- (a) has needs for care and support (whether or not the authority is meeting any of those needs),
- (b) is experiencing, or is at risk of, abuse or neglect, and
- (c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

In effect this means that regardless of whether they are providing any services, councils must follow up any concerns about either actual or suspected adult abuse. Safeguarding Adult Boards have been strengthened and have more powers than the current arrangements set up by “No Secrets\*” but they are also have to be more transparent and subject to greater scrutiny. All organisations who are involved in adult safeguarding need to reflect the statutory guidance, good practice guidance and ancillary products that have been developed when devising their training and implementation plans for staff. Policies and procedures should be based on the processes laid out in the statutory guidance.

### Key messages of the Care Act 2014

The statutory guidance enshrines the six principles of safeguarding:

1. **empowerment** - presumption of person led decisions and informed consent
2. **prevention** - it is better to take action before harm occurs
3. **proportionality** - proportionate and least intrusive response appropriate to the risk presented
4. **protection** - support and representation for those in greatest need
5. **partnerships** - local solutions through services working with their communities
6. **accountability** - accountability and transparency in delivering safeguarding.

It signalled a major change in practice - a move away from the process-led, tick box culture to a person-centered social work approach which achieves the outcomes that people want. Practitioners must take a flexible approach and work with the adult all the way through the enquiry and beyond where necessary. Practice must focus on what the adult wants, which accounts for the possibility that individuals can change their mind on what outcomes they want through the course of the intervention.

The NHS is a key component of safeguarding and the local Clinical Commissioning Groups (CCGs) are one of the three statutory core partners of the Safeguarding Adults Boards.

The CCG is in the best position to ensure that NHS providers meet their responsibilities through its commissioning arrangements with them. However Safeguarding Adult Boards are free to invite additional partners to sit on the Board. For example, many SABs also have local NHS Provider Trusts on their Boards. Many Boards have also found it extremely helpful to have a representative GP on their Board who can communicate directly with their colleagues to emphasise the importance of their role in protecting adults at risk of abuse and neglect.

\*No Secrets Guidance on developing and implementing, Department of Health, 2000  
There have been a number of high profile hospital scandals that have highlighted the need for vigilance and action among staff and managers. The NHS has particular duties for patients less able to protect themselves from harm, neglect or abuse. All commissioners and contractors have a responsibility to ensure that service specifications, invitations to tender, service contracts and service level agreements promote dignity in care and adhere to local multi-agency safeguarding policies and procedures. Commissioners must also assure themselves that care providers know about and adhere to relevant CQC Standards. Contract

monitoring must have a clear focus on safeguarding and robustly follow up any shortfalls in standards or other concerns about patient safety.

NHS managers, commissioners and regulators will want assurance that when abuse or neglect occurs, responses are in line with local multi-agency safeguarding procedures, national frameworks for Clinical Governance and investigating patient safety incidents. Therefore these services must produce clear guidance to managers and staff that sets out the processes for initiating action and who is responsible for any decision making. To prevent cases falling through the net, the NHS and the local authority should have an agreement on what constitutes a 'serious incident' and what is a safeguarding concern and appropriate responses to both.

With regards to Safeguarding Adults, the Hull and East Yorkshire Hospitals NHS Trust works in close partnership with local health providers such as City Health Care Partnership, Humber Teaching NHS Foundation Trust and the Hull and East Riding Clinical Commissioning Groups as well as the Police, Local Authorities, the Probation and the Prison Service.

The Trust is a member of the two local Safeguarding Adults Boards in Hull and in East Riding. During 2017/18, attendance of the Trust representatives at both was excellent.

The CQC undertook a full inspection of the fundamental standards in February 2018 and the Trust's Safeguarding Lead was interviewed with regards to Safeguarding Adults and Children, Learning Disabilities, Restraint, Mental Capacity and Deprivation of Liberty Safeguards. There were no compliance concerns raised with regards to Safeguarding Adults, Mental Capacity, Best Interests, Learning Disabilities, Deprivation of Liberty and detainment of patients using the correct legal frameworks. There is work to improve documentation with regards to Mental Capacity and Best Interests and this was referenced in the final report. Staff understanding of the subject was generally good, but this was not always reflected in patient records.

The Trust is required to submit quarterly reports on Safeguarding to the Trust's Commissioners as part of the locally set Key Performance Indicators. These are presented to the Contract Monitoring Board and then discussed at the Quality Delivery Group which is a sub group of the Contract Monitoring Board and whose membership consists of local and specialist commissioners with Trust representatives. The Trust's Chief Nurse and Safeguarding Lead attend this meeting and have received positive feedback regarding the progression of safeguarding during 2017/18.

#### **4. LOCAL CONTEXT**

Hull and East Yorkshire Hospitals NHS Trust (HEYHT) is a large acute Trust situated in Kingston upon Hull and the East Riding of Yorkshire. The Trust employs in excess of 8000 staff and delivers its services on two main sites; Castle Hill Hospital and Hull Royal Infirmary. Outpatient services are also delivered from across locations across the local health economy area. The Trust provides a full range of urgent and planned general hospital specialities, routine and specialist diagnostic services and other clinical support services. These secondary care services are provided to a catchment population of approximately 600,000 in the Hull and East Riding of Yorkshire area.

The local care system served by the Trust centres on the City of Kingston Upon Hull, its suburbs and the surrounding East Riding of Yorkshire, a rural area containing a number of market towns.



Hull is a geographically compact city of approximately 270,000 people. It was identified as the 3rd most deprived local authority in England in 2015 (Index of Multiple Deprivation, Department of Communities and Local Government). The health of people in Hull is generally worse than the England average, with life expectancy for both men and women being lower than the England average.

The East Riding of Yorkshire is predominantly a rural area populated by approximately 342,000 people. The geography of the East Riding makes it difficult for some people to access services. Life expectancy for men is higher than the England average. A larger proportion of the East Riding population is over 65 years of age compared to Hull. Whilst the ethnicity of the two populations is predominantly white, Hull has a higher percentage of residents who are either South Asian, Black, mixed race, Chinese or other origin.

Although the two local authority areas are very different in their patient populations, health profiles, geographical landscape and distribution, common themes have emerged in respect addressing health inequalities, prevention and management of long term conditions. The higher incidence of deprivation in Hull and the ageing and increasing population of the East Riding requires the Trust to tailor its services to meet the needs of these two very different patient populations.

From a Safeguarding Adult perspective, the local landscape and population is an increasing challenge and in particular with rates of abuse, neglect and harm which are closely linked with deprived areas. The increase in the ethnic minority population is also a challenge for Safeguarding Adults due to the cultural traits and behaviour which meet the thresholds for safeguarding in both children and adults. Examples of this would be Female Genital Mutilation, Domestic Abuse and Prevent (the Government's agenda on anti-terrorism and preventing vulnerable people from being radicalised). Financial abuse has seen a significant increase in its reporting in this area and this has resulted in the Safeguarding Adult Board in Hull working with financial institutions to raise awareness and help prevent this type of abuse. The increase in people who self neglect and who are hoarders is also a concern locally and numerous services use a significant amount of resources working with these individuals. Fire risks attached to these individuals is significant and the Humberside Fire and Rescue work proactively with individuals and the housing associations to try and minimise the risk. The increase in the population requiring mental health services is also a concern locally. The Trust works closely with Humber Teaching NHS Foundation Trust regarding mental health and is a member of the Mental Health Crisis Care Concordat and recently established Mental Health and Dementia Strategic Steering Group (East Riding).

It should not be underestimated that the resource limitations from the public spending cuts are having an impact locally and this in turn is proving challenging for the Safeguarding of Adults. Increase in referrals, advocacy requirements, deprivation of liberty applications, social work resources are just some of the local challenges that the Safeguarding Adult Partnership are facing and in individual organisations. The importance of good working relationships and communication between agencies is key protecting adults at risk from abuse.

## **5. MANAGEMENT AND ORGANISATIONAL ARRANGEMENTS**

The Executive Trust Lead for Safeguarding Adults and Children is the Chief Nurse, Mr Michael Wright.



The Trust's Lead for Safeguarding Adults and Children is Assistant Chief Nurse, Miss Kate Rudston.

There are two Safeguarding Adults Specialist nurses (1.8 WTE), Ms Janet Page and Mrs Christine Davidson, who work under the management of the Assistant Chief Nurse.

The Assistant Chief Nurse manages the operational function and governance of Safeguarding in the Trust including; Mental Capacity, Restraint, Deprivation of Liberty Safeguards, Consent, Prevent, Mental Health and managing safeguarding allegations against staff.

This structure is supported by the Trust's Executive Board and Health Group Directors.

The Assistant Chief Nurse has open access to the Executive Directors and the Chief Executive Officer on matters pertaining to Safeguarding and meets with the Chief Nurse regularly to discuss safeguarding issues.

During 2017/18, the Trust Chairman, established a Non-Executive Director champion for Safeguarding, Learning Disabilities and Mental Health. This role is supported by Vanessa Walker, who has significant experience in the role of Non-Executive Director and is also a strong advocate for all matters pertaining to Safeguarding and access to acute NHS services for people with complex needs and vulnerabilities.

Safeguarding was included in the Trust Quality Improvement Plan and the actions were successfully delivered in 2017/18 and closed.

Safeguarding continues to be embedded in all aspects of governance in the Trust and work continues with patient experience, risk and governance to ensure that information is triangulated and acted upon with regards to protecting vulnerable children, young people and adults at risk.

Learning Disabilities is also covered under the portfolio of Safeguarding and the Trust hosts a Learning Disabilities Liaison Nurse, Michaela Marr, who is employed by Humber Teaching NHS Foundation Trust. The Learning Disabilities Nurse meets monthly with the Safeguarding Adults Team and also with the Assistant Chief Nurse to ensure that any patient issues are identified quickly and escalated to rectify satisfactorily.

The Trust holds a monthly safeguarding committee which covers both adults and children and is supported by commissioned task and finish groups as well as subgroups for training and Mental Health and Learning Disabilities.

The Trust Safeguarding Committee reports to the Operational Quality Committee. The Safeguarding Committee met 8 times out of possible 12 during 2017/18 with meetings cancelled due to number of apologies received or due to significant operational pressures in the Trust at that time.

The Safeguarding Adult's team is a small team which manages a series of items such as Mental Health, Deprivation of Liberty, Making Safeguarding Personal, Safeguarding Adult Reviews and Domestic Abuse. The requirements with Multi Agency Public Protection Arrangements (MAPPA) and Multi-Agency Risk Assessment Conference (MARAC) is also significant as partnership working with the Police, Prisons and Probation has continued to increase and improve over the past year. Regular meetings take place with the Prison governors and this had led to a real improvement in the transfer of care of this population, improving communication and learning lessons from when pathways have not gone as well as expected.

The Safeguarding Adults Team consists of the following:

- Safeguarding Lead/Assistant Chief Nurse (1 x WTE)
- Safeguarding Adult Specialist Nurses (1.8 WTE)

The Compliance team within the Trust Governance department provides the administration and governance processes for Safeguarding Adults and this support has been invaluable in the excellent improvements that Safeguarding Adults has made.

All data received and sent from the Trust with regards to Safeguarding Adults is captured by the Compliance Team and intelligence gathered to provide not only an internal view but also a local picture. This information can help inform areas of concern not just within the Trust with regards to high levels of safeguarding reporting but also externally. For example if a local care provider is causing a high level of referrals to be placed by Trust staff then this is not only detected quickly but also sent to the relevant Designated Professional for Safeguarding Adults in the Clinical Commissioning Group.

## **5.1 ROLES & RESPONSIBILITIES**

The Safeguarding Adults Team provides specialist advice, support and supervision pertaining to the safeguarding of adults at risk or suffering from harm, abuse or neglect to all Trust staff and volunteers.

A dedicated Safeguarding Adults Telephone is in operation Monday to Friday 9am to 5pm (excluding bank holidays). Outside of these hours, the Site Matron team provide advice and support.

Safeguarding Adult referrals are all submitted electronically.

The Safeguarding Adults team's responsibilities are as follows:

1. Provide specialist advice on safeguarding adult's issues, mental capacity, consent, Prevent, mental health, best interests, Deprivation of Liberty Safeguards, human trafficking, domestic abuse and learning disabilities.
2. Support and supervision to staff in relation to incidents that have occurred or are disclosed as part of safeguarding adults reviews/referrals.
3. Bespoke training to staff and ensure the safeguarding adults training is updated as required and in line with any lessons learnt locally or nationally.
4. Compliance with regulatory and contract standards in relation to Safeguarding Adults.
5. Compliance with Safeguarding Adult Boards policies and procedures including information sharing and good partnership working across agencies.
6. Undertake Safeguarding Adult Investigations (section 42 under the Care Act) and Reviews and advise on Serious Incidents, ensuring actions from learning lessons are implemented and embedded.
7. Review and triage all safeguarding adult referrals and Deprivation of Liberty applications.
8. Review, support and triage all Independent Mental Capacity Advocate (IMCA) requests.
9. Reporting on all activity and items for escalation to the Trust Safeguarding Committee.
10. Support and advice on detainment of patients under the Mental Health Act or Mental Capacity Act.

11. Develop and undertake audits as required.
12. Provide leadership and visibility on Safeguarding Adults.
13. Advise on potential areas of concern to the Trust Executive Directors.

The list above is not exclusive but demonstrates the key areas of work.

## 5.2 INTERNAL GOVERNANCE

The Trust has an overarching Safeguarding Adults Policy that sets out the standards and requirements when dealing with safeguarding issues or concerns (CP277). The Trust has Mental Capacity Act, Deprivation of Liberty Safeguards, Consent and Physical Restraint Policy (CP354).

A new policy was developed and implemented during 2017/18. The policy for the prevention of self-harm, including attempted suicide, for patients over the age of 18 years. This policy details the process for identifying the safe environment and management of people who are admitted onto an adult ward at Hull and East Yorkshire Hospitals NHS Trust having performed an act of self-harm, a deliberate overdose, or with suicidal intent to ensure they are nursed in a safe and supportive environment and have timely access to appropriate physical and mental health care. The policy was developed in partnership with Humber Teaching NHS Foundation Trust.

Safeguarding Policies are supported by procedures, protocols and guidelines. All of the documents are underpinned by the Safeguarding Adult Board Policies and Procedures as well as Department of Health guidance. All are available on the Trust intranet.

All Safeguarding Adult's activity is recorded in a monthly report and presented to the Safeguarding Committee.

All Safeguarding Adult's Investigation Reports and Reviews are reviewed, quality checked and approved by the Assistant Chief Nurse before they leave the organisation.

The Safeguarding Adult's team review all complaints that may have a safeguarding element within them. An opinion is offered on the complaint with regards to Safeguarding and this is sent to the lead patient experience officer.

All Serious Incidents when they are declared are sent to the Assistant Chief Nurse for review and opinion on Safeguarding. During 2017/18, the Serious Incident panel have continued to see improvements in the reference to safeguarding and mental capacity in all reports submitted.

The Trust contributed to one Domestic Homicide Review which was commissioned in 2015 by the Hull Community Safety Partnership and which had occurred in Hull in February 2015. This report was approved by the Home Office and published in 2017. Key actions for Hull and East Yorkshire Hospitals NHS Trust included:

- Using the case study in training once published
- Improving documentation and names of members attending with victims of domestic abuse where it is known to be present or disclosed
- Ensure staff know about information sharing in these cases of Domestic Abuse and where mental capacity is present
- Ensure staff know about who to contact for advice on Domestic Abuse

These actions are being progressed as part of the Domestic Abuse work and policy development.

The Trust was asked to contribute to two Domestic Homicide Reviews which were commissioned in late 2017. One of cases the Trust had no involvement in the individual so the Trust was exempt from the review. The second review will be concluded in 2018/19.

### **Mental Health and Learning Disabilities**

During 2016/17, the Trust developed a draft Learning Disability and Mental Health Strategy. A committee and sub group of the Safeguarding Committee was established to specifically focus on Learning Disabilities and Mental Health and its membership includes external representatives and health partners. The strategy was intended to be completed in 2017/18 but has not progressed as expected. It has been delayed due to various changes in the mental health agenda locally and nationally, and in particular the work that Humber Teaching NHS Foundation Trust is leading on. A decision was taken to establish a specific Mental Health Committee in the Trust which will capture all policy work, activity, training, and quality and experience domains. This is being developed and will be implemented during 2018/19.

NHS Improvement are planned to publish guidance, Learning Disability Improvement Standards for NHS Trusts in 2018.

The standards, the first of their kind aimed solely at NHS Trusts, are intended to help the NHS measure the quality of service we provide to people with learning disabilities, autism or both. Once these are published, the Safeguarding Adults team will scope the work associated with these standards and identify key areas of work as required.

The Trust revised the Service Level Agreement with Humber Legislation Department for Mental Health Support. This will provide improved governance and structure to activity, training support and advice. Communication between adult mental health service leads in Humber Teaching NHS Foundation Trust and Hull and East Yorkshire Hospitals NHS Trust has been strengthened and it is anticipated that better data for this item will emerge in 2018/19.

### **Learning Disabilities Mortality Review programme (LeDeR)**

The LeDeR programme was commissioned by NHS England in 2015 to support local areas in England to review the deaths of people with a learning disability to:

- Identify common themes and learning points and
- Provide support to local areas in their development of action plans to take forward the lessons learned

There are two specific ways that healthcare professionals may be involved in the LeDeR Programme:

I. One is with regard to notifying the death of any of their patients with a learning disability.

II. The other is to input into a review into the circumstances leading to the death, of those aged 4 years and over. This may involve sharing information about a patient who has died or participating in a multi-agency review where knowledge and perspectives in primary care will be of significant importance.

The LeDeR programme is part of a suite of programmes previously known as confidential enquiries. It has approval from the Secretary of State under section 251 of the NHS Act 2006 to process patient identifiable information without the patient's consent.

Service condition 26 of the NHS Standard Contract requires any provider of services to the NHS to participate in the projects within the National Clinical Audit and Patient Outcomes Programme relevant to the Services.

The LeDeR programme strives to ensure that reviews of deaths lead to learning which will result in improved health and social care services for people with learning disabilities. It is not an investigation nor is it aimed at holding any individual or organisation to account. If individuals and organisations are to be able to learn lessons from the past it is important that the reviews are trusted and safe experiences that encourage honesty, transparency and the sharing of information in order to obtain maximum benefit from them.

### **Deaths of patients with a Learning Disability that occur within the Trust**

All deaths are monitored via the Trust Business Intelligence Analyser. Any deceased patients who have had a diagnosed Learning Difficulty are identifiable via this system and will be escalated to the Safeguarding Team, by the Trust Clinical Outcomes Manager. Once the death has been verified by the Safeguarding Team, the local area contact (LAC) will then be notified (Hull/East Riding CCG), as well as notification given to the LeDeR team based at Bristol University, via the web based form. Trained reviewers will then be assigned to a review case with all subsequent learning fed back to the LAC via the Clinical Outcomes Manager and to the LeDeR team via the web-based portal.

The Trust has developed a notification process which is co-ordinated by the Trust Clinical Outcomes Manager within the Governance Team. Flow charts have been developed to accompany the processes and a briefing paper submitted to the Trust Mortality Committee outlining the developments.

The Trust is represented and attends the Hull and East Riding LeDeR Strategic Steering Group where quality assurance reviews are undertaken on all local reports as well as discussing themes and trends that are emerging.

A total of nine reviewers are trained in the acute Trust with further training planned for 2018/19 to ensure continuity and resilience with its obligations to LeDeR investigations.

### **IVF Unit**

The Trust hosts the IVF unit and a number of improvements with regards to safeguarding were implemented in 2017/18. These included regular safeguarding supervision for the team working in the unit, clarification of reporting/referral systems, implementation of subfertility questionnaire and senior nurse support to the Lead Nurse of the unit. Since these amendments have been made, a meeting was held in July 2018 with the Hull and East Riding Designated Professionals (children and adults), the IVF lead clinical director and lead nurse and the Trust Assistant Chief Nurse. The meeting was arranged to discuss lessons learnt from complex cases where safeguarding issues have arisen and ways to improve the pathways from primary care to IVF referral. Positive assurance was provided with regards to the safeguarding links and further meetings will be arranged to continue to review the associated actions.

### **Enhanced Care Team**

At the Executive Management Committee in March 2017 a proposal was presented to introduce an Enhanced Care Team (ECT) across the Trust. This team would be trained to



provide support and care specific needs to vulnerable patients who required 1 to 1 supervision. The suggested benefits of which would reduce the requirement of using agency security personnel as well as improving the quality of the care and patient experience. However, it was noted that due to the nature of the acute service it may not be possible to completely eliminate all patient watches by security guards.

The Pilot would focus on a full service team that could offer 1 to 1 nursing supervision to a variety of patients with specifically identified complex needs and eventually encompass paediatrics if approved for Trust-wide implementation.

The ECT provide supervision, support and nursing care to patients identified as Level 4 who pose a potential or actual risk to themselves and who have been identified as requiring an enhanced level of care and supervision (Security are allocated to Level 5 patients who are at risk to others). Through effective monitoring they can quickly identify changes in the patient's condition and wellbeing and identify factors that may exacerbate or inhibit challenging behaviours. This is achieved by establishing good communication techniques with patients, promoting coping skills, being aware of the needs of the individual patient and facilitating a rapid and appropriate response. The team undertake nursing care duties for that one patient including participation in washing, dressing, nutrition and toileting needs and document and report to the Registered Nurse responsible for the patient and they liaise with relatives/carers or other members of the medical profession e.g. physiotherapists or doctor. The team receive a full handover regarding the patient from the nurse in charge of the patient and deliver a full handover to the person taking over the care from them, either at the end of the shift or when the Enhanced Supervision ceases. The ECT complete an activity log identifying activities undertaken and behaviours observed to ensure that patient's receiving one to one continuous supervision are fully engaged, stimulated and interactive. The log helps reinforce holistic care and better utilisation of the staff member providing the dedicated one to one care. The ECT are identified by a different uniform to that of other healthcare workers and to clarify their specific role.

The Pilot was extended and following a presentation to the Trust Executive Management Committee in September 2018, the recommendation to implement a team substantively was approved. This will provide a robust safe quality service for patients who have challenging behaviour and require a bespoke model of care which cannot currently be provided from existing nursing teams. Work has commenced on this and this is featured as a key priority for 2018/19.

### **5.3 EXTERNAL GOVERNANCE**

During 2017/18, the Trust was represented on the Hull and East Riding Safeguarding Adults Boards by the Assistant Chief Nurse. In addition, the Trust is represented on the Safeguarding Adult Boards sub committees by the Safeguarding Adult Specialist Nurses.

The overarching purpose of a Safeguarding Adult's Board is to help and safeguard adults with care and support needs. It does this by:

- Assuring itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance.
- Assuring itself that safeguarding practice is person-centered and outcome-focused.
- Working collaboratively to prevent abuse and neglect where possible.
- Ensuring agencies and individuals give timely and proportionate responses when abuse or neglect have occurred.



- Assuring itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in its area.

Safeguarding Adult Boards have three core duties. They must:

- Develop and publish a strategic plan setting out how they will meet their objectives and how their member and partner agencies will contribute.
- Publish an annual report detailing how effective their work has been.
- Commission safeguarding adults reviews (SARs) for any cases which meet the criteria for these.

The Hull and East Riding Safeguarding Adult's Boards are structured differently.

The East Riding Safeguarding Adult's Board incorporates a wide range of members and is supported by sub groups; Training, Audit and Assurance, Business Implementation Group and Safeguarding Adult Review Group. The East Riding Safeguarding Adult Board requests an annual self-assessment to be completed by partners and this is followed up by a challenge panel event. This was undertaken in 2017/18 and the Board Chair and Manager were extremely satisfied with the Trusts arrangements and governance of Safeguarding Adults.

The Hull Safeguarding Adult's Board consists of an Executive Board consisting of the three statutory partners stated in the Care Act 2014; the Police, the Clinical Commissioning Group and the Local Authority. In addition to the core partners, the Independent Chair, the Board Manager, and the Chair of the Strategic Delivery Group are also members. The Board is supported by a Strategic Delivery Group which consists of the wider partnership. The Assistant Chief Nurse chairs the Strategic Delivery Group and this is referenced and commended in the Hull Safeguarding Adults Board Annual Report 2017/18.

### **Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework - NHS England**

Health providers are required to demonstrate that they have safeguarding leadership, expertise and commitment at all levels of their organisation and that they are fully engaged and in support of local accountability and assurance structures, in particular via the Local Safeguarding Adult and Childrens Boards, and in regular monitoring meetings with their commissioners (Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework, NHS England, July 2015).

Health providers must ensure staff are appropriately trained in safeguarding adults, children, Prevent, domestic abuse, the Mental Capacity Act and Deprivation of Liberty Safeguards at a level commensurate with their role. A draft intercollegiate document by NHS England set out the specific requirements for Safeguarding Adults but this was retracted in April 2016 and is under review. It is expected that this will now be published in summer 2018. It is strongly recommended that safeguarding forms part of any mandatory training in order to develop and embed a culture within their organisation that ensures safeguarding is acknowledged to be everybody's business from "the board to the floor".

The Trust is compliant with mandatory training for all staff and has consistently maintained a position of over 80% for Safeguarding adults, Mental Capacity Act and Deprivation of Liberty Safeguards in 2017/18.

All health providers are required to have effective arrangements in place to safeguard children and adults at risk of abuse or neglect and to assure themselves, regulators and their commissioners that these are working. These arrangements include:

- Safe recruitment practices and arrangements for dealing with allegations against people who work with children or vulnerable children as appropriate.
- A suite of safeguarding policies including a chaperoning policy.
- Effective training of all staff commensurate with their role.
- Effective supervision arrangements for staff working with children / families or adults at risk of abuse or neglect.
- Effective arrangements for engaging and working in partnership with other agencies.
- Identification of a named lead for adult safeguarding and a Mental Capacity Lead – this must include the statutory role for managing adult safeguarding allegations against staff.
- Developing an organisational culture such that all staff are aware of their personal responsibility to report concerns and to ensure that poor practice is identified and tackled.
- Policies, arrangements and records to ensure consent to care and treatment is obtained in line with legislation and guidance including the Mental Capacity Act 2005 and the Children Act 1989/2004.

The Trust is compliant with the above arrangements and all of these elements are included in the local commissioning contract/key performance indicators to which the Trust reports quarterly to NHS Hull Clinical Commissioning Group.

Named professionals have a key role in promoting good professional practice within their organisation, supporting the local safeguarding system and processes, providing advice and expertise for fellow professionals, and ensuring safeguarding training is in place. They should work closely with their organisation's safeguarding lead, Designated Professionals and the Safeguarding Boards.

All providers are required to have a Mental Capacity Act Lead who is responsible for providing support and advice to clinicians in individual cases and supervision for staff in areas where these issues may be particularly prevalent and/or complex. They should also have a role in highlighting the extent to which their own organisation is compliant with the MCA through undertaking audit, reporting to the governance structures and providing training. The named lead(s) will work closely with the Clinical Commissioning Group adult safeguarding lead.

The Trust is compliant with this requirement and undertakes bi-annual audits of Mental Capacity and Associated Documentation as well as a separate audit of Restraint. The results of audits undertaken in 2017/18 were circulated to Health Group Leads, escalated to the Operational Quality Committee and extracts included in the Trust Newsletter.

The Trust Safeguarding Adults Team have all attended external higher level training in Mental Capacity, Consent, Best Interest and Deprivation of Liberty and provide advice and

expertise to colleagues as and when requested or sought. Where legal advice is required for complex cases or court of protection applications then this is referred to the Trust solicitors.

The Trust is compliant with the requirements of named leads for Safeguarding Adults, Mental Capacity Act and Managing Safeguarding Allegations against Staff. The Assistant Chief Nurse undertakes this role and is also the Prevent Lead for the organisation.

## **Care Quality Commission**

All providers of health services are required to be registered with the Care Quality Commission. In order to be registered, providers must ensure that those who use the services are safeguarded and that staff are suitably skilled and supported

In April 2015, new fundamental standards of safety and quality were introduced which all providers of regulated health and social care activities must meet. The standards set the benchmark below which care must not fall. One of the standards relates to safeguarding. The fundamental standard on safeguarding states that children and adults using regulated services must be protected from abuse and improper treatment. Providers should establish and operate systems and processes effectively to ensure this protection and to investigate allegations of abuse as soon as they become aware of them.

In addition, the standard states that care or treatment must not:

- (i) discriminate on the grounds of any of the protected characteristics of the Equality Act 2010 (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation)
- (ii) include acts intended to control or restrain an adult or child that are not necessary to prevent, or not a proportionate response to, a risk of harm to them or another person if the adult or child was not subject to control or restraint
- (iii) be degrading to the adult or child
- (iv) significantly disregard the needs of the adult or child for care or treatment.

The standard goes on to state that no adult or child must be deprived of their liberty for the purposes of receiving care or treatment without lawful authority. Under the Mental Capacity Act 2005, the Care Quality Commission is responsible for monitoring how hospitals and care homes operate the Deprivation of Liberty Safeguards.

There are two Key Lines of Enquiry (KLOE) questions relating to safeguarding that the CQC inspect for NHS hospitals. These are:

- KLOE S3: Are there reliable systems, processes and practices in place to keep people safe and to safeguard them from abuse and neglect?
- Prompt – are there arrangements in place to safeguard adults and children from abuse that reflect relevant legislation and local requirements?

And

- KLOE E6: Is people's consent to care and treatment always sought in line with legislation and guidance?
- Prompt – Do staff understand the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children Acts 1989 and 2004?

- Prompt – Do staff understand the difference between lawful and unlawful restraint practices, including how to seek authorisation for a deprivation of liberty?

The Trust was inspected in February 2018 by the Care Quality Commission. There were no issues identified with regards to Safeguarding Adults. The published report refers to some gaps in documentation of Mental Capacity and Best Interest Decision Making, but generally provides overall assurance of staff understanding of safeguarding adults and mental capacity. No issues were raised with regards to the care of patients with Learning Disabilities.

## 6. TRAINING AND DEVELOPMENT

### 6.1 SAFEGUARDING ADULTS TRAINING

Training and education of staff for Safeguarding Adults, Mental Capacity and Deprivation of Liberty continues to be a high priority for the Trust.

Safeguarding Adults training is updated regularly and in line with any changes in national guidance or legislation. The training is aligned to the key principles of the local Safeguarding Adult Boards Policies and Procedures.

Safeguarding training compliance is shown in the table below:

<b>Compliance (As at 10<sup>th</sup> April 2018)</b>	<b>% Compliance Target 80%</b>
Safeguarding Adults Level 1	89.9%
Safeguarding Adults Level 2	91.4%
Mental Capacity Act	88.7%
Deprivation of Liberty Safeguards	89.7%

The Trust is required to be 80% compliant or above with all levels of safeguarding training and this has been consistently above this target throughout 2017/18.

The main area of concern during 2016/17 was the failure to achieve 80% compliance for the Prevent training against the training needs analysis. This was a key performance indicator set by the Trust commissioners for 2016/17. Compliance at the end of March 2018 was 67%. The table below states the compliance at the end of May 2018.

<b>PREVENT HEALTH WRAP Training (Level 3)</b>		
<b>Required</b>	<b>Completed</b>	<b>Compliance %</b>

345

279

80.4

## 7. SAFEGUARDING ADULTS ACTIVITY 2017/18

All data is captured by the Trust's Compliance Team and the databases are cleansed regularly with regular meetings with the Safeguarding Adults Team. This is to ensure that all referrals are followed up as required and outstanding actions addressed in a timely manner.

### SUMMARY OF SAFEGUARDING ADULT'S REFERRALS MADE

#### INTRODUCTION

The section of the annual report 2017/18 provides an update on activity relating to safeguarding and vulnerable adults and to provide assurance that the revised processes implemented are embedded in practice.

All data contained in this report is correct as of 17<sup>th</sup> March 2018.

#### 7.1 SUMMARY OF SAFEGUARDING ADULT REFERRALS MADE

##### **Total Reported**

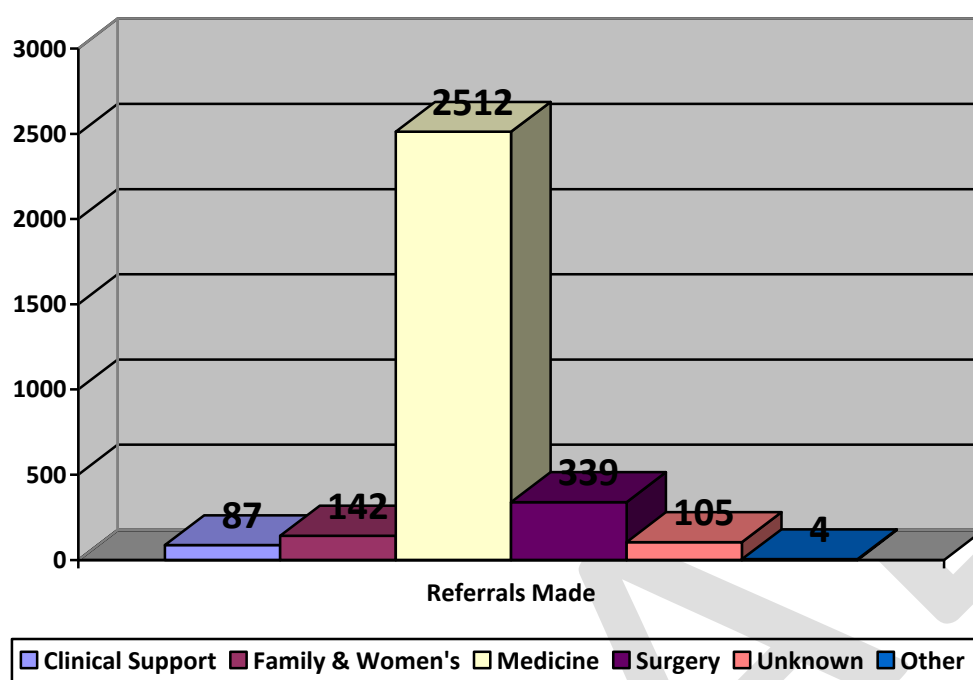
At the date of writing this report, 3189 referrals have been processed by the Safeguarding Adults Team:

Year	2013/14	2014/15	2015/16	2016/17	2017/18
Referral Not Required	87	208	142	254	263
Sent to Local Authority	166	358	537	603	525
<b>Total</b>	253*	566	679	857	788

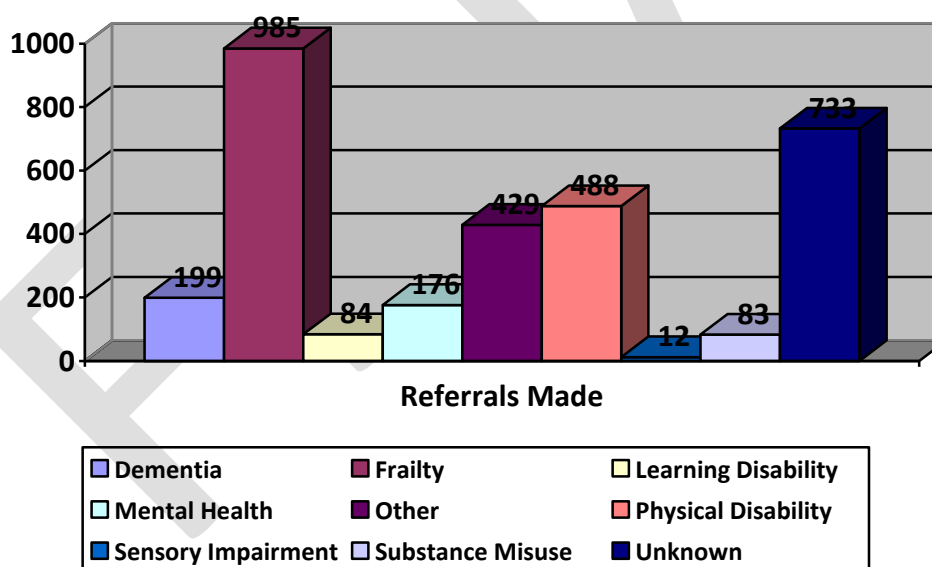
\*NB 2013/14 data commenced in October 2013

\*\*Year to date

The graph below shows the total number of referrals made by reporter per Health Group:

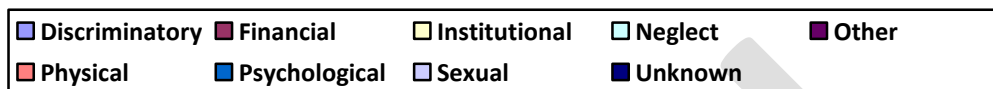
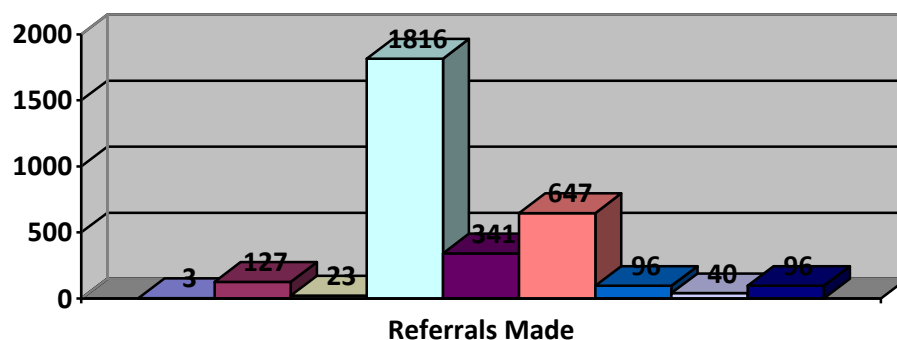


The graph below shows the total number of referrals made by client group:



The graph below shows the total number of referrals made by abuse type:





## 7.2 Total Sent To Local Authority May 2017 – April 2018

The table below shows how many of the referrals met the criteria to be sent to the local authority and how many were not sent as a rolling annual overview:

Month	Referral Not Required	Sent to Local Authority	Total
May 2017	20	47	67
June 2017	20	30	50
July 2017	14	32	46
August 2017	16	60	76
September 2017	24	32	56
October 2017	21	40	61
November 2017	22	39	61
December 2017	16	35	51
January 2018	22	47	69
February 2018	22	61	83
March 2018	28	55	83
April 2018	11	33	44
<b>Total</b>	<b>236</b>	<b>511</b>	<b>747</b>

## 7.3 Total Overdue for Investigation Response

The table below shows all referrals currently overdue for investigation with a local authority:

Local Authority	2016/17	2017/18	Total
Hull	29	138	167
East Riding	5	126	131
Lincolnshire	1	0	1
North East Lincolnshire	0	6	6
North Yorkshire	0	3	3
York	0	1	1
<b>Total</b>	<b>35</b>	<b>274</b>	<b>309</b>

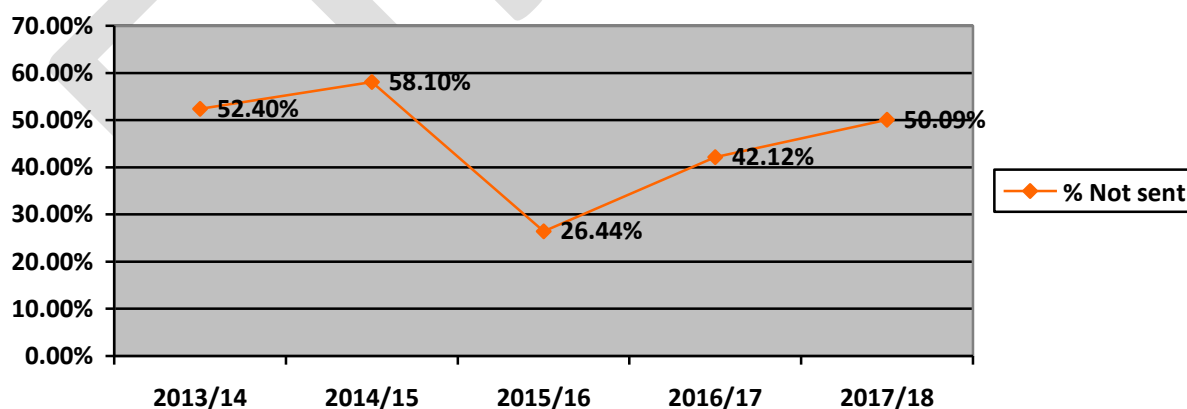
The Trust Compliance team contact the Local Authorities on a bi-monthly basis to follow up outstanding referrals and so that this information can be captured and the case closed.

#### 7.4 Total Referrals Not Appropriate For Submission to the Local Authority

The table below shows how many referrals were deemed as appropriate and the reason why, if given, as a rolling annual overview:

Reason Not Sent	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Total
Children's referral						3	2				1	1	7
Consent not obtained			1				1		1	1	1		5
Does not meet criteria	9		4	1	10	14	9	4	12	14	10	3	90
Information only	2			1									3
Insufficient information	5	6	11	7	4	1	1	1	1	1		1	39
Patient has capacity										1			1
Police investigation			1									1	2
Unknown	22	14	3	5	2	6	7	3		1	1	3	67
Discharge Team to review and action							1	14	2	4	9	6	36
<b>Grand Total</b>	<b>38</b>	<b>20</b>	<b>20</b>	<b>14</b>	<b>16</b>	<b>24</b>	<b>21</b>	<b>22</b>	<b>16</b>	<b>22</b>	<b>22</b>	<b>15</b>	<b>250</b>

Below is a graph that shows the increase in numbers of referrals that have not been sent as a percentage:



Below shows the numbers that were sent to the Discharge Liaison Team or the Tissue Viability Team for input and action on a rolling annual overview.

	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	Total
Sent to	14	14	8	9	13	11	16	18	23	25	20	13	184

Discharge Liaison Team													
Sent to Tissue Viability Team	0	3	1	5	3	2	1	5	5	2	1	0	28
<b>Total</b>	<b>14</b>	<b>17</b>	<b>9</b>	<b>14</b>	<b>16</b>	<b>13</b>	<b>17</b>	<b>23</b>	<b>28</b>	<b>27</b>	<b>21</b>	<b>13</b>	<b>212</b>

### 7.5 Referrals made against Nursing / Residential Homes

The Compliance Team closely monitor themes of concerns reported against nursing and residential homes and identify any issues that require escalation and further investigation by the relevant safeguarding adult team as a theme against a particular nursing home. This detailed and confidential information is sent to the Hull and East Riding Clinical Commissioning Groups Designated Safeguarding Adult Nurses/Professionals on a quarterly basis, where it is expected that this will be triangulated with other intelligence on these providers.

#### Referrals Made – Themes and Trends

On a monthly basis, the Compliance Team review all referrals made and identify the reason why a referral has been made, in order to identify themes and trends. Whilst this may not always be apparent and can be subjective, it has provided useful information to Trust.

The top five themes for the year 2017/18 are as follows:

- Increase in care / support at home / self neglect
- Pressure Damage / Deep Tissue Injury - Care Home Acquired
- Pressure Damage / Deep Tissue Injury
- Domestic abuse
- General neglect / lack of personal cares

### 7.6 Referrals Made with a Possible Safeguarding Children Concern

Year	2013/14	2014/15	2015/16	2016/17	2017/18	Total
<b>Total</b>	11	22	27	21	6	87

### 7.7 Referrals Made Against Trust by the Trust

Since April 2017, 10 referrals have been made by HEY staff regarding care at HEYHT:

Made by Trust Staff Against Trust	Total
Hospital Acquired Pressure Damage / Deep Tissue Injury	7
Failure to escalate	1
Restraint	1
Lack of nutrition	1
<b>Total</b>	<b>10</b>

The following table shows the numbers in comparison to previous years:

Year	2013/14	2014/15	2015/16	2016/17	2017/18	Total
<b>Total</b>	15	16	20	19	10	80

Seven referrals were made by the Trust that related to Serious Incidents since April 2017, all of these were Hospital Acquired Pressure Sores / Damage / Deep Tissue Injuries.

## 7.8 SUMMARY OF SAFEGUARDING ADULT REFERRALS RECEIVED

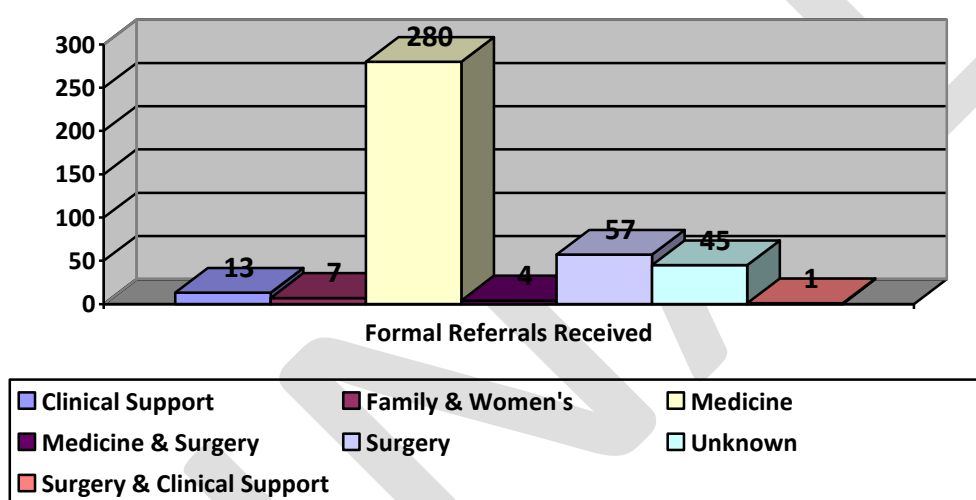
### **Total Reported**

Since October 2010, 407 formal referrals have been made to the Safeguarding Adults Team. These are referrals that have been placed by external agencies against the Trust.

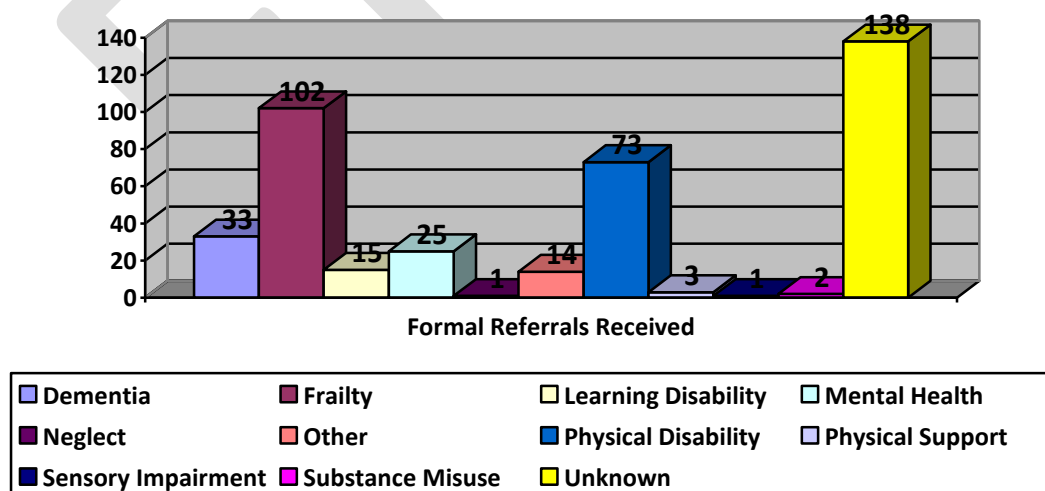
Year	2010/ 11	2011/ 12	2012/ 13	2013/ 14	2014/ 15	2015/ 16	2016/ 17	2017/ 18	2018/ 19*	Total
Formal	19	19	23	63	67	89	51	74	2	407

\*Year to date – April 2018 included

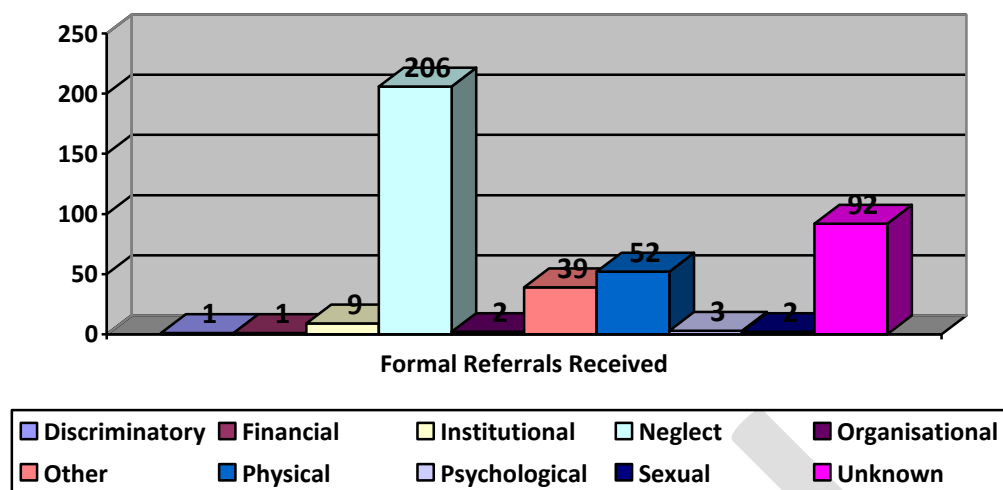
The graph below shows the total number of formal referrals made against each Health Group:



The graph below shows the total number of formal referrals made by client group:



The graph below shows the total number of formal referrals made by abuse type:



### 7.9 Outcome of Closed Investigations

Since April 2016, 94 referrals have been closed. Of those, six were substantiated, 30 were not substantiated, two were inconclusive and 19 required no further action. 37 did not meet the criteria for investigation.

### 7.10 Complaints Sent to Safeguarding Adults Team for Consideration

From January 2016, a new process was introduced where any complaints that may have implications for safeguarding are sent to the Safeguarding Adults Team for awareness. As of April 2018, 150 complaints have been sent to the Safeguarding Adults Team for review:

Year	2013 / 14	2015 / 16	2016 / 17	2017 / 18	2018 / 19*	Total
Complaints	1	36	72	40	1	150

\*Year to date

The Compliance Team regularly request an update from the Complaints Team as to whether any of these complaints have been closed and whether it was indicated that a referral was required.

### 7.11 DEPRIVATION OF LIBERTY (DOLS) APPLICATIONS

Since July 2014, 262 DOLs applications were received by the Safeguarding Adults Team for review and /or action:

Year	Total Received for Action	Sent to Local Authority					Not Sent to Local Authority
		Awaiting decision from LA	Approved	Not Approved	Cancelled before Decision	Total Sent to LA	
2014 / 15	34	0	4	1	25	31	4
2015 / 16	69	0	6	0	58	64	5
2016 / 17	75	0	2	1	70	73	2
2017 / 18	86	3	0	0	74	77	9
Total	264	3	12	2	227	245	20

Reasons for not sending an application to the local authority include poor completion of the forms, not meeting the criteria, patient discharged or regaining capacity.

Cancellation reasons include patient regaining capacity, patients being discharged and a small number of patients that were deceased before the application was approved.

#### **7.12 YAS REFERRALS**

Since October 2016 the Trust has been recording concerns sent to the Safeguarding Adults Team via the Local Authority that have been raised by members of the Yorkshire Ambulance Service. To date, the trust has received 245 referrals. These are forwarded to one of the Safeguarding Adults Specialist Nurses for review a decision made whether to forward onto a relevant team for action or whether the referral can be logged and closed. All but one referral has been actioned accordingly and closed.

#### **7.13 INDEPENDENT MENTAL CAPACITY ADVOCATE (IMCA) REFERRALS**

The Trust has made 11 applications for an IMCA and all have been actioned immediately internally. Four of these have been approved; however, there are delays in the local authority commissioned advocacy service with the process and allocation of advocates in a timely manner.

#### **7.14 MULTI-AGENCY PUBLIC PROTECTION ARRANGEMENTS ALERTS**

All Multi-Agency Public Protection Arrangements Alerts are logged by the Compliance Team. These are forwarded to a Safeguarding Adult Specialist Nurse from the LA's Designated Professional for Safeguarding Adults who completes the alert within Lorenzo and answers any queries. Since the beginning of July 2017, there has been six MAPPA alerts made to the trust via email, all were actioned immediately and alerts placed on the relevant Trust system.

#### **7.15 INFORMATION REQUESTS**

Since May 2017 the Compliance Team have noted an increase in the number of information request coming to the Trust via email. Therefore a formal recording system was implemented. Requests are sent to a Safeguarding Adult Specialist Nurse who responds to and the response is logged. The types of information requests range from details of cause of death and admission reason and any background medical information or flags that may be relevant to a particular case.

Month	Number of Requests
May 2017	6
June 2017	1
July 2017	0
August 2017	0
September 2017	0
October 2017	6
November 2017	0
December 2017	0
January 2018	1
February 2018	2
March 2018	1
April 2018	1
Total	18

#### **7.16 MULTI-AGENCY RISK ASSESSMENT CONFERENCE ACTIONS**



All MARAC actions are logged by the Compliance Team. These are forwarded to a Safeguarding Adult Specialist Nurse from the Local Authority who will action any requests or flags required. There have been two actions sent by the Local Authority since September 2017, both of which was dealt with by the team.

#### **7.17 HUMAN TRAFFICKING CONCERNS**

The Compliance Team record any human trafficking concerns or information and ensure they are escalated to the Safeguarding Adult Specialist Nurses. There have not been any concerns reported during 2017/18.

#### **7.18 DATIX INCIDENTS FOR SAFEGUARDING**

All Datix incidents that have been reported with safeguarding adult's criteria are cross referenced with the safeguarding adult's database and escalated to the Senior Matrons for action. This ensures that there is a final approval stage and the incident closed in a timely manner.

The Safeguarding Adults Nursing Team continue to complete a feedback message to the reporter of the incident where required.

Reports on outstanding DATIX incidents are sent to the Health Groups monthly and so this is cleansed as necessary.

### **8. SAFEGUARDING ADULT REVIEWS**

The Trust has participated in several Safeguarding Adult Reviews during 2017/18 for both Hull and East Riding Safeguarding Adult Boards.

Not all of the investigations are published; this is the decision of the Safeguarding Adult Board. The learning from these cases is fed back to the Trust Safeguarding Committee.

### **9. KEY ACHIEVEMENTS IN 2017/18**

A list of key operational and strategic achievements are stated as follows:

- Delivery of the Trust Quality Improvement Plan
- Implementation of the LeDeR processes and continuation of improved governance
- Development of new Safeguarding Adult Referral (pending upload to Trust Intranet)
- Review and implementation of the Safeguarding Training Day
- Development and pilot of the Enhanced Care Team
- Compliance to regulatory standards for Safeguarding Adults – February 2018, Care Quality Commission
- Compliance and positive feedback from Commissioners with regards to key performance indicators for Safeguarding Adults and additional developments under the portfolio of safeguarding
- Reviewed and improved information sharing processes for MAPPA and MARAC and input of Safeguarding alerts on Lorenzo
- Completion of Mental Capacity Act and Restraint Audits
- Improvements in data management and governance with Compliance Team
- Scoping of NHS Learning Disability Standards

- Continued good attendance and support to Hull and East Riding Safeguarding Adult Boards
- Scoping of Domestic Abuse work for 2018/19
- Sustained compliance of training above 80% for Safeguarding Adults, MCA and Deprivation of Liberty Safeguards
- Contribution and participation in Safeguarding Adult Reviews and Domestic Homicide Reviews

## 10. KEY ACTIONS FOR 2018/19

The Trust has identified a number of actions required to strengthen the Safeguarding Adult's service. Actions are determined from internal practice and review, regulatory inspections, commissioning requirements, Safeguarding Adult's Board activities and from the lessons learned from Case Reviews

A summary of work planned in 2018/19 is as follows:

- Development and implementation of Domestic Abuse training plan and policies including Routine Enquiry
- Support partnership working with Domestic Abuse Partnership and establish honorary post for Independent Domestic Violence Advocate (IDVA)
- Implement substantive Enhanced Care Team
- Continued development of Safeguarding Champions
- Review of Mental Health, Autism and Learning Disability training requirements
- Review of the NHS Learning Disability Standards; undertaking a gap analysis of the standards and implementing actions where gaps are identified
- Progression of actions detailed in the NCEPOD – Mental Health in General Hospitals
- Upload of revised electronic Safeguarding Adults Concern Form
- Improved data for patients detained under the Mental Health Act
- Improved data and analysis of Learning Disabilities Liaison nurse activity and contacts
- Continued progression of electronic Safeguarding Flagging processes and applications to client groups such as Learning Disabilities
- Participation in 'Differently Enabled' event planned in February 2019, a partnership conference and workshop, showcasing the Trust and work to date working with patients with complex needs
- Develop a Mental Health Quality Improvement Plan and establish a Mental Health Committee

## REPORT END

Report Author: Kate Rudston, Assistant Chief Nurse and Trust Safeguarding Lead  
Date: December 2018