Portsmouth Hospitals NHS
NHS Trust

TRUST BOARD PUBLIC – JULY 2015 **Agenda Item Number: 145/15**
Enclosure Number: (11)

Subject:	Safeguarding Adults – Annual Report 2014/15
Prepared by:	Anne Taylor – Adult Safeguarding Lead Nurse Fiona McNeight – Acting Head of Quality
Sponsored by:	Cathy Stone, Director of Nursing
Presented by:	Cathy Stone, Director of Nursing
Purpose of paper	Discussion requested by Trust Board Regular Reporting For Information / Awareness
Key points for Trust Board members *Briefly summarise in bullet point format the main points and key issues that the Trust Board members should focus on including conclusions and proposals*	• 30% increase in Adult Safeguarding alerts over the year. • Current adult safeguarding resources • Supreme Court Judgement on 19 March 2014 regarding Deprivation of Liberty Safeguards (DOLS) has resulted in increased numbers of applications for authorisation and carries potential risks for the organisation. • Internal audit undertaken in quarter 2/3 highlighted limited assurance for Adult Safeguarding.
Options and decisions required *Clearly identify options that are to be considered and any decisions required*	Need to review resources allocated to Adult Safeguarding, Mental Capacity Act and DOLS agenda.
Next steps / future actions: *Clearly identify what will follow the Trust Board's discussion*	Any outcomes from Trust Board discussion to be fed back into the Safeguarding Committee
Consideration of legal issues (including Equality Impact Assessment)?	The Supreme Court ruling in March 2014 has resulted in a major change to how we apply the Deprivation of Liberty Safeguards (DOLS). Failure to apply the changes in practice and demonstrate we have discharged our duty under the Mental Capacity Act could result in unlawful deprivation of an individual's liberty. DOLS can also be challenged through the courts.
Consideration of Public and Patient Involvement and Communications Implications?	Involvement of patients and families is a key component of adult safeguarding. The Trust continues to work with external agencies in raising awareness across communities

Links to Portsmouth Hospitals NHS Trust Board Assurance Framework/Corporate Risk Register	
BAF/Corporate Risk Register Reference	Risk Register ref: 21-1415
Risk Description	Mental Capacity Act and Deprivation of Liberty Safeguards Risk Rating 16
CQC Reference	Outcome 7

Committees/Meetings at which paper has been approved:	Date
Safeguarding Committee	June 2015

1. Introduction and background

Living a life that is free from harm and abuse is a fundamental right of every person. When abuse does take place, it needs to be dealt with swiftly, effectively and in ways that are proportionate to the issues.

Safeguards against poor practice, abuse, neglect and exploitation need to be an integral part in the delivery of care and support.

Safeguarding Adults is about:

- Recognising those who may be vulnerable to harm and abuse
- Ensuring systems and processes are in place to afford protection to individuals
- Responding in a timely and appropriate manner to expressions of concern
- Learning from allegations of harm or abuse to prevent risk to other vulnerable adults

A vulnerable adult is described as a person 18 years and over "who is or may be in need of community care services by reason of mental or other disability, age or illness and who is or maybe unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation" (Department of Health 2000). For the general hospital population this may include but is not exclusive to older people, people with a learning disability, those with a specialist mental health need including dementia, depression, substance and alcohol use, people with a chronic health condition or physical disability.

Up to 31 March 2014, unlike safeguarding children, safeguarding adults is bound by several separate pieces of legislation. The Trust must also comply with the Care Quality Commission Essential Standards for Quality and Safety, the standards described in the local contract and the Multiagency Hampshire Safeguarding Adults Policy.
From 1st April 2015, the implementation of the Care Act 2014 will bring together safeguarding legislation for adults and introduce changes which will impact on safeguarding practice within the Trust.

Many vulnerable adults lack mental capacity to make decisions about aspects of their everyday life, including health care. As such, ensuring, we practice within the Law and have discharged our responsibilities under the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DOLS) legislation is essential.

The purpose of this report is to inform the Safeguarding Committee of safeguarding adults related activity from April 2014 – March 2015. The report details the infrastructure to support the effective delivery of the safeguarding adults agenda, governance and assurance/compliance systems, activity for the year, education and training, and key priorities going forwards for 2015-16.

This report provides a declaration to the Safeguarding Committee about how the Trust is complying with current Safeguarding Adult duties and maps and prioritises areas for development.

2. Safeguarding Adults – delivery infrastructure

There are two elements to the delivery of an effective safeguarding adults service: internal systems, processes and infrastructure, and the interface with external agencies, including adult social care, community and third sector services, as this is very much a multi agency activity.

2.1. Internal infrastructure

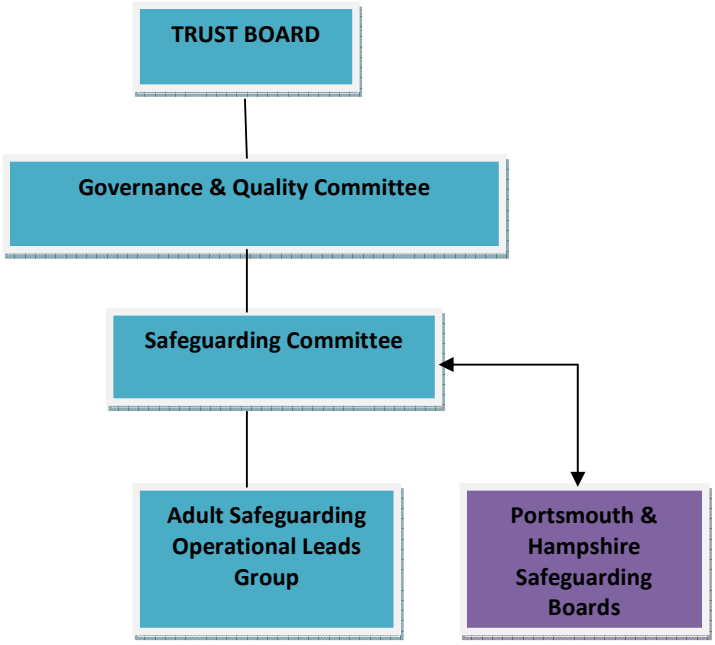
The trust's Executive Lead for Safeguarding is the Director of Nursing, who delegates responsibility to the Acting Head of Quality. Additionally the Medical Director provides leadership specifically to all grades of medical staff.

The Adult Safeguarding Lead Nurse acts as the hospital wide lead for ensuring all services and staff are aware of their roles and responsibilities in relation to Safeguarding Adults. The post-holder is also the Trust Lead for the MCA, DOLS and Domestic Abuse.

An overarching Safeguarding Committee chaired by the Director of Nursing acts to ensure that Portsmouth Hospitals NHS Trust is fulfilling its responsibilities for the safeguarding of adults and children. The Safeguarding Committee steers the safeguarding agenda within the organisation to ensure that policies, procedures, and practices are compliant with national and local requirements.

Adult Safeguarding is everyone's responsibility, and Clinical Service Centres (CSC's) have an adult safeguarding operational lead (SOL) role to support safeguarding processes in practice at department level. This role has responsibility for the provision of first line advice, awareness raising and formal teaching sessions at both trust and CSC level, as well as facilitating audit. Several CSC's have introduced additional lead roles to support the increasing demands of the safeguarding agenda.

Reporting Structure for Adult Safeguarding:



2.2. Systems and processes

2.2.1. Raising an alert

Safeguarding cases are divided into two main areas in the hospital setting:

- Those related to issues about community care services, recognised on admission to the hospital or disclosed to staff during the patients stay.
- Those related to concerns about care and treatment during a hospital admission or attendance.

Alerts can either be raised by trust staff or are received into the trust from our external safeguarding partners. Alerts sent from external sources are usually about

care concerns within the trust; however they also include requests for information to assist ongoing safeguarding activity in the community or to share relevant safeguarding information about a patient who has been admitted.

The trust continues to have a healthy reporting culture with >95% of all safeguarding alerts we are involved in being raised by trust staff, compared to 93% in 2013/14.

Up to 31 March 2014 Local Authorities retain statutory responsibility for the coordination and investigation of all safeguarding cases and the trust is required to actively contribute in line with the Multiagency Hampshire Policy. The implementation of the Care Act 2015 has brought increased responsibilities for other statutory partners including health.

The number of safeguarding allegations continues to increase significantly with the continued focus on more robust training and data monitoring systems. Alerts raised relating to care or issues prior to admission are higher than those about the care in hospital (see section 2.3.3).

Reported alerts may also be the subject of a complaint or an adverse incident. Within the NHS there are robust systems and processes for managing these and there has been inconsistency both internally and between external partners in determining when a concern crosses Safeguarding thresholds and what level of response is required. The Hampshire Adult Safeguarding Board commissioned the Hampshire NHS Reference Group (see section 3.1) to review threshold decision making within the NHS. To achieve this trust has contributed to the development of a standardised threshold tool to assist decision making when determining if an issue crosses the safeguarding threshold. In order to maintain assurance regarding internally made threshold decisions, use of the tool within the trust is limited to safeguarding leads only.

2.2.2. Data monitoring

The trust continues to monitor safeguarding cases through a simple spread sheet which allows for:

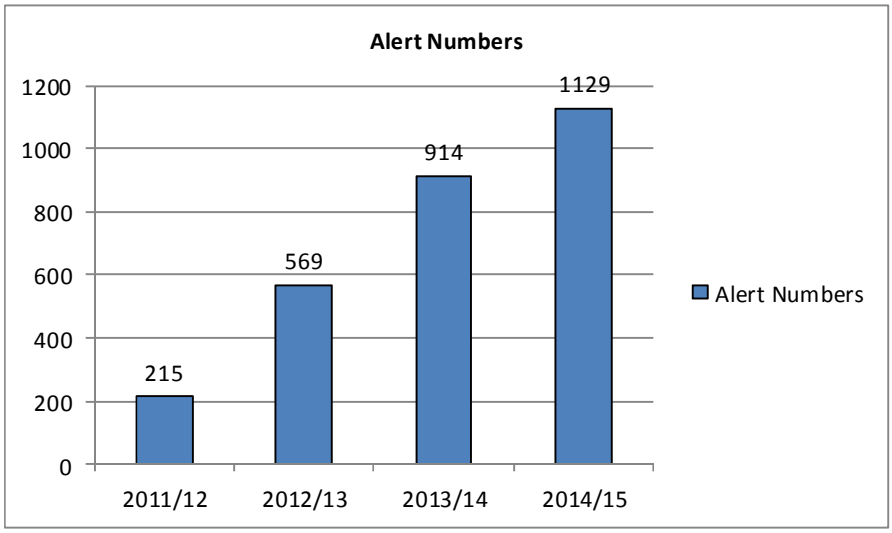
- tracking of new, at investigation and resolved cases
- early identification of themes, types of abuse and areas of concern
- monthly reporting of cases raised against the Trust and those raised by trust staff in response to concerns on admission or disclosure during a patients stay.

A safeguarding internal audit in September 2014 identified that in approximately 28% of cases there was a delay in sending alerts to the local authority. The target is to notify the local authority within 1-working day of staff identifying a safeguarding concern. In response to this the data collection system was amended in quarter4 to monitor these delays and prompt for earlier escalation. The end of year position is that 84% of alerts met the target; a significant improvement since the internal audit.

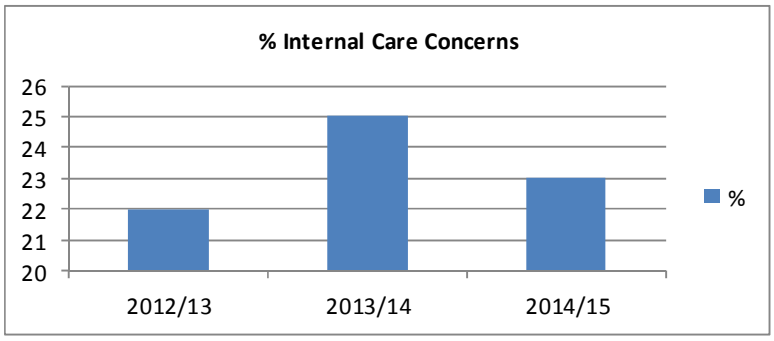
The data collection system for both safeguarding and DOLS has been reviewed in 2014/15 as due to the simplicity of the system used, it remains difficult to reconcile figures and pull relevant data for reports. To date a suitable automated alternative has not been found.

2.3. Activity

The number of safeguarding alerts continues to rise each year.



Despite the rise in alert numbers, the proportion relating trust provided care remains relatively unchanged. Of 1129 adult safeguarding alerts made / received over the last year, 77% (873) were concerns related to care issues prior to admission, including notification of patients who had protection plans in place in the community. A further 1% related to both internal and external care concerns and 22% (246) related to trust provided care only.



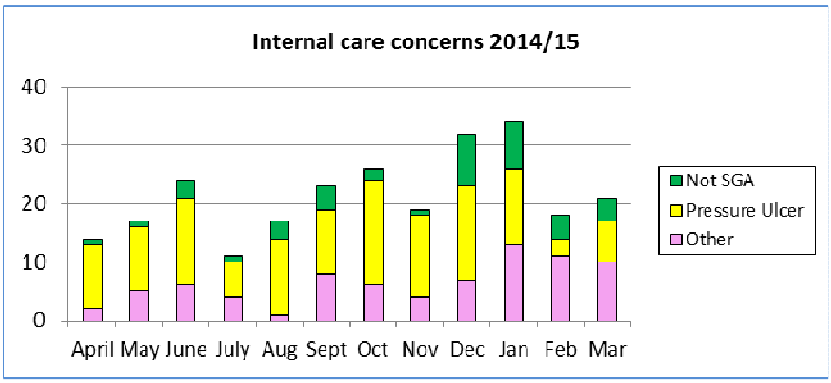
It should be noted that an alert is an *allegation*. In a proportion of cases initial internal review determines the issue does not cross safeguarding thresholds. For those that do, following investigation many are found to be unsubstantiated.

Where relevant, trust staff participate in safeguarding activity relating to external care concerns. The input can vary but includes attendance at strategy meetings and case conferences, notes reviews, provision of reports or independent professional advice.

2.4. Summary of Themes and Organisational Learning

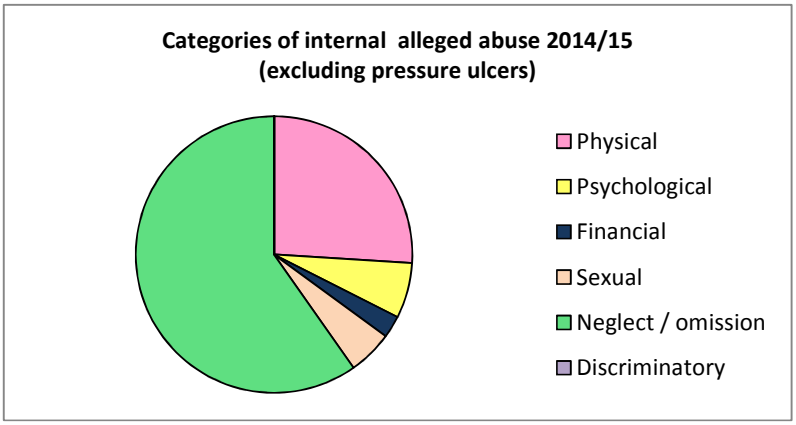
The top two themes remain:

- Grade 3 and 4 Hospital associated pressure ulcers
- General care concerns / omissions and neglect (46). This category includes a wide variety of allegations including failure to meet basic needs such as food and fluids, hygiene, respect and dignity; lack of supervision; safeguarding process issues; communication (between agencies and patients / family.



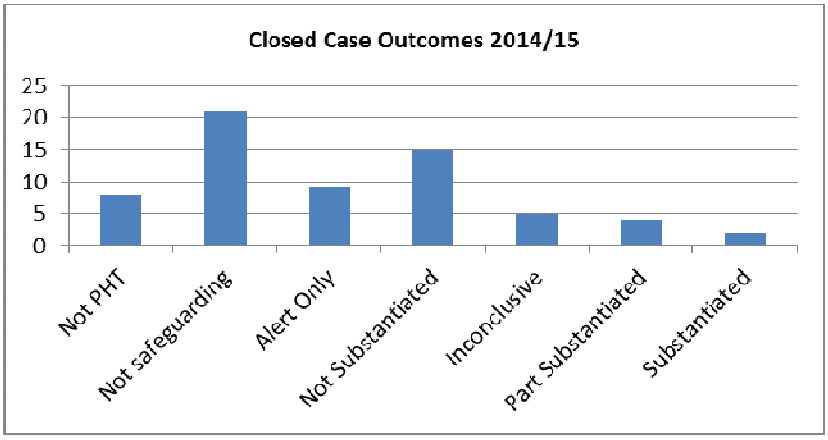
If internal concerns which do not cross the safeguarding threshold and potential hospital associated pressure damage are removed from safeguarding data, only 6.8% (77) of the total alerts related to internal allegations of abuse, neglect or omissions of care.

The breakdown of alleged abuse for internal care concerns (excluding pressure damage) can be seen in the chart below.



All safeguarding alerts relating to internal care concerns are investigated appropriately. For hospital related pressure ulcers the standard Trust root cause analysis process is undertaken and the outcome, recommendations and action plan is shared with external partners.
For other internal concerns we liaise with the local authority to determine the most suitable approach to take which could include following our own complaints, SIRI or HR / disciplinary process and feeding back findings or participating in a multiagency investigation (which could also include the police). The Trust works closely with external safeguarding partners to ensure transparency and openness with regard to investigations and conclusions.

As can be seen from the chart below, excluding pressure ulcers, for alerts raised in 2014/15 only 6 cases have been found partly or fully substantiated.



A number of 2014/15 cases remain open and reasons for this include:

- Awaiting feedback on investigation report from Local Authority
- On-going active safeguarding activity
- Incident still under investigation in the trust

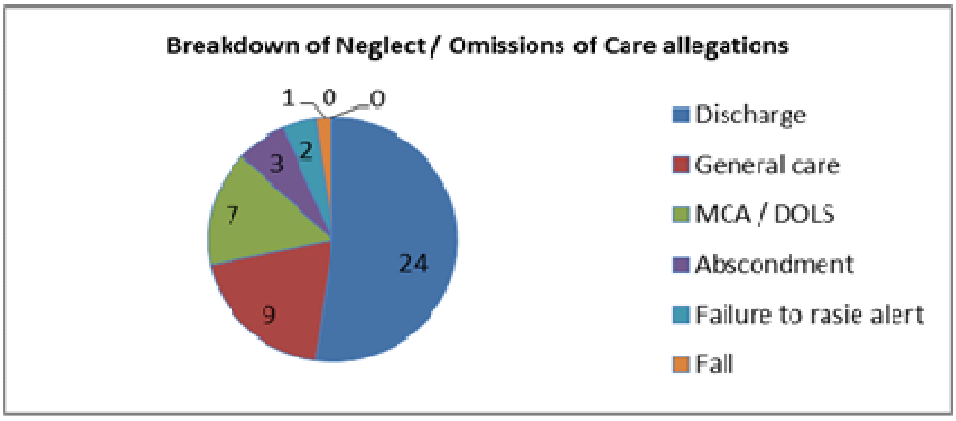
Detail of learning from safeguarding cases has been included within the quarterly Board reports. Key issues rom closed cases are highlighted below:

Physical: There has been an increase in the number of allegations of physical abuse (20) within the trust. It should be noted that 5 incidents relate to the actions and behaviour of visitors whilst on the premises rather than staff. 1 case involving an agency worker has been substantiated and the individual was also referred to the Disclosure and Barring Service (DBS).

Psychological: None of the allegations have been upheld.

Abuse of a sexual nature: None of the allegations have been upheld. We still await formal closure from external safeguarding cases for 2 allegations of inappropriate sexual behaviour. Investigations have been concluded and no evidence to support the allegations has been found.

Neglect / Omissions of Care: As discussed above, this category covers a wide variety of concerns which have been broken down below:



- Discharge: There has been an increase in the number of discharge concerns coming into the trust via safeguarding. Reasons for this are not clear, but may include increased safeguarding understanding and awareness in both the care home sector and the general public. The allegations related to wards across the trust and specialities. 2 of the 24 allegations relating to discharge have been partly substantiated and 5 found 'inconclusive' (lack of evidence to substantiate or refute the allegation or conflicting evidence from different sources) and 8 allegations remain under investigation.
- General Care: A review of the allegations has found no pattern in terms of the type of concerns raised or departments. Several cases remain open to safeguarding; of the closed cases only 1 allegation has been substantiated.
- MCA and DOLS: We have seen a rise in the numbers of concerns relating to capacity and DOLS. In part this is due to trust staff recognising instances where there may have been omissions in the application of due process. Our social care colleagues have increasingly used the safeguarding process to raise concerns relating to MCA and DOLS. Outcomes to date are: 4 cases await formal closure; 1 found unsubstantiated;1 case found to relate to externally provided care and 1 held as an alert only with no specific safeguarding action required.

2.5. Reporting

Compliance against contractual and CQC requirements is reported quarterly to the Safeguarding committee. Thy report also details activity data and learning from closed cases.

3. External Interface

3.1. Safeguarding Adults Boards (SAB)

The trust is a joint signatory to the pan-Hampshire Safeguarding Adults Multi-agency Policy updated in July 2013. The application of this policy is monitored via the Hampshire SAB for Hampshire residents and Portsmouth City SAB for Portsmouth residents. The Trust is represented at both these Boards and their associated sub-groups.

Until now SAB's have not been a statutory requirement; however this changed on 1st April 2015 when the Care Act 2014 came into force. During quarters 3 and 4 both SAB's were preparing for the new legislation which has required increased activity and time commitment from all member agencies.

The trust is working with both Boards to support the practice of sharing sub-groups across the two Boards to avoid duplication of work, and whilst agreed in principle the two Boards are at different stages of development and therefore this is not fully embedded into everyday practice.

The trust has representation on a newly formed joint SAB Health sub-group. It is anticipated that this will replace the function of the NHS Reference Group.

3.2. Adult Social Care Safeguarding Teams

Hampshire and Portsmouth have two different infrastructures for the delivery of the safeguarding adults agenda. Hampshire work through liaison and facilitation roles, with the focus for hospitals working with hospital social care teams. Portsmouth has a Safeguarding and Duty team who take responsibility for the management of all safeguarding cases. There are good working relationships between the Trust, and specialist safeguarding services.

Tri-partner meetings between the Trust and both Local Authority teams continue. The aim of these meetings is to further develop harmonised processes and consistent decision making which has historically differed between the two authorities.

3.3. Other external interfaces:

- Portsmouth MCA and DOLS Steering Group
- Domestic Abuse Commissioning Group

4. Mental Capacity Act 2005 and Deprivation of Liberty Safeguards

The MCA is one of the most important pieces of legislation that affects 'front-line' staff working in acute healthcare. The Act provides a statutory framework to empower and protect vulnerable people who are not able to make their own decisions. It makes it clear who can take decisions on their behalf, in which situations, and how they should go about this. Health care and treatment decisions taken on behalf of someone who lacks the mental capacity to make these decisions are covered by the Act and there is a need to ensure that all clinicians demonstrate in practice that they are working within the legislation and that there is robust documentation to support this.

The MCA was later amended to include the DOLS which came into effect in April 2009. DOLS legislation offers Safeguards for those who lack mental capacity to consent to / make decisions about accommodation in care homes or hospitals whilst providing a lawful mechanism for them to be 'detained'.

There are two types of DOLS authorisation: a Standard DOLS that the trust as a managing authority grants to itself for 7-days; and a Standard DOLS, granted following independent assessments. Guidance within the DOLS Code of Practice states that a DOLS should not be applied for unless it is anticipated that a Standard Authorisation will be required, as in the short term the powers of the MCA alone can be utilised. An 'MCA Admission' form was introduced in July to assist clinicians with their decision making and documentation.
Until recently there was no clear definition of what a deprivation of liberty was and staff were required to use their judgement and outcomes of Case Law to determine whether a treatment and care regime amounted to a 'restriction' or a deprivation of liberty. A Supreme Court ruling in March 2013 introduced an 'Acid Test' to determine whether there is a deprivation of liberty and this is significant as it has expanded the scope of patients to be considered for a DOLS. The Acid Test:

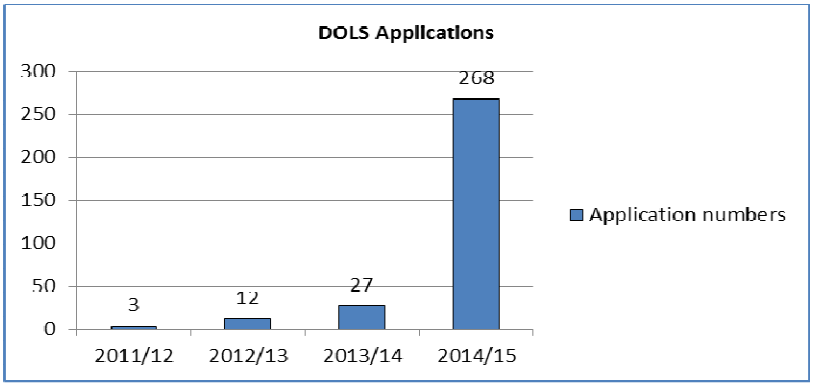
A person may be considered to deprived of their liberty if they lack the mental capacity to consent to accommodation in hospital (or care home) and:

- The person is subject to continuous supervision and control

AND

- The person is not free to leave

From 2011 until 2013/14 there had been a gradual rise in DOLS applications and this is believed to have been due to internal training and increased staff awareness of the requirements. The impact of the acid test and changing the DOLS thresholds has resulted in a large rise in DOLS applications (see below), which has an impact on the workload of clinical teams.



In recognition of the potential risks associated with failure to apply the legislation appropriately MCA and DOLS have been included on the trust risk register and carry a current rating of 16. Internal audit identified a lack of assurance relating to MCA and DOLS. Work is being undertaken to address the recommendations, with only 1 recommendation outstanding relating to centralisation of the DoLS process.

The change in threshold for DOLS application has brought with it an increased likelihood of instances where there may be an unlawful deprivation of liberty. A number of cases have been identified where there have been process issues relating to MCA and DOLS. Safeguarding alerts were appropriately raised and it is encouraging that staff are recognising and reporting these incidents. Robust internal investigations via the SIRI process have been completed though formal closure to safeguarding is awaited. The internal outcome for all cases is that whilst there have been 'technical' process breaches and the care of the patient would not have altered had due process been correctly applied.

4.1. Restraint

In quarter 3 a Task and Finish Group was established to review Trust practice against the Department of Health guidance "Positive and Proactive Care: reducing the need for restrictive interventions" and make recommendations to ensure compliance with the guidance.

Staff reporting guidance and an incident review tool has been developed and from April 2015 *clinical* reporting and review of 'moderate to severe' restraint incidents will commence. For the purposes if reporting and review, moderate / severe restraint has been agreed internally as: *Manual, mechanical or chemical restraint technique which is used on a patient in an emergency situation to prevent immediate harm to the patient and/or others (not part of planned treatment e.g. ventilated patient having chemical sedation).*

The groups focus is now on reviewing current training provision and potential options to meet the needs of patients, staff and latest guidance.

The trust documentation group have been asked to take forward documentation issues in relation to behaviour support plans.

5. Governance and assurance

5.1. Declaration of CQC compliance

The trust continues to declare full compliance with CQC safeguarding standards.

In June 2014 the CQC published their report following a themed inspection in March 2014. The inspection focussed on support and care of people with dementia, who as a group are

particularly vulnerable from the safeguarding perspective. All areas inspected were found to be compliant with the standards.

An organisational inspection was undertaken by the CQC in February 2015 and the report is currently awaited.

5.2. Audit

The existing adult safeguarding audit is no longer suitable for purpose. Compliance has been consistently >75%, however areas where improvement is required and forthcoming changes to adult safeguarding were not addressed in the tool. An audit tool review is planned for 2015/16.

A recent organisational audit tool for SAB partner agencies has been completed which highlighted several areas where work is already on-going within the trust including policy updates and improving learning from safeguarding cases. Additionally work will continue in conjunction in multiagency partners to identify means of improving patient feedback mechanism in relation to safeguarding interventions.

Availability of public/patient information leaflets was audited in quarter 3. Results found 47% of audited areas had information available, an improvement on the 2013/14 position of 27%. Information availability has been added to the revised CSC monthly reporting tool.

The following departmental audits have been undertaken and are discussed in the relevant sections of this report:

- MCA and DOLS (MOPRS)
- Domestic Abuse (Women and Children). See 5.4.

5.3. Serious Case Review (SCR)

The trust has contributed to two SCR's in 2014/15. Neither of these cases have yet been published. Our internal investigations have found no fault in Trust care.

5.4. Domestic Abuse and Violence

The Adult Safeguarding Lead acts as overarching lead for Domestic Abuse within the Trust. This is supported by Departmental Leads within Maternity Services and the Emergency Department.

Along with multiagency partners in Portsmouth, the trust signed up to Public Health Responsibility Deal Pledge H9 - Domestic Violence (Department of Health) at the end of 2013/14. This was announced in a joint media release in June 2014.

A new policy for domestic abuse has been developed and this was launched in our Adult Safeguarding week in October. A brief handy ward resource was issued to SOL's for distribution within their areas which also included information for staff who may be experiencing domestic violence.

In addition to Departmental Leads within Maternity Services and the Emergency Department the Adult Safeguarding Lead acts as overarching lead for Domestic Abuse within the Trust.

In 2013 the Home Office analysed 54 completed reports and made a number of recommendations one of which was that *"Midwives should undertake routine enquiry by asking all pregnant women whether they are at risk of, or are suffering/suffered from domestic violence".* In the light of this, all trust midwives are trained to ask every pregnant

woman whether they have experienced domestic abuse. At the request of the Portsmouth Safeguarding Children Board an audit has been undertaken to review compliance of this.

The outcome of the audit identified that 49% of woman were asked the question regarding domestic abuse. An initial action plan has been developed, however this currently is under further review.

5.5. Domestic Homicide Reviews

A domestic violence and abuse incident which results in the death of the victim is often not a first attack and is likely to have been preceded by psychological and emotional abuse. Many people and agencies may have known of these attacks – neighbours, for example, may have heard violence, a GP may have examined injuries, housing organisations may have been called repeatedly for repairs to homes, the police may have been called, there may have been previous prosecutions, or injunctions, and so on. This can sometimes make serious injury and homicide in domestic violence and abuse cases preventable with early intervention.

Domestic Homicide Reviews (DHRs) were established on a statutory basis under section 9 of the Domestic Violence, Crime and Victims Act (2004). This provision came into force on 13th April 2011. The purpose of a DHR is not to enquire how a victim died or who is culpable, but to determine if any lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims; to prevent domestic violence and abuse homicide and improve service responses for all domestic violence and abuse victims and their children through improved intra and inter-agency working. This includes applying the learning within partner organisations. DHR reports are reviewed by the Home Office prior to publication.

The trust has contributed to 2 DHR's however to date neither of report has been published.

6. Prevent / HealthWRAP

Prevent is part of the UK's counter-terrorism strategy, CONTEST. Its aim is to stop people becoming terrorists or supporting terrorism. Healthcare professionals will meet and treat people who may be vulnerable to being drawn into terrorism. Being drawn into terrorism includes not just violent extremism but also non-violent extremism, which can create an atmosphere conducive to terrorism and can popularise views which terrorists exploit. The Counter-Terrorism and Security Act 2015 became Law in February and brought with it a legal requirement for certain authorities, including health to have "due regard to the need to prevent people from being drawn into terrorism".

The key challenge for the healthcare sector is to ensure that, where there are signs that someone has been or is being drawn into terrorism, staff can recognise those signs correctly and is aware of and can locate available support. It should be remembered that it is not only patients who may be vulnerable to this type of exploitation, and in recognition of this the Trust Prevent Lead is the Head of Human Resources.

We are required to submit monthly data relating to Prevent (referrals and training activity and this is managed within the Human Resources department. To date the Trust has not made any Prevent referrals though some local NHS providers have done so.

Currently the most significant terrorist threat is deemed to be from Al Qai'da-associated groups and from terrorist organisations. Terrorists associated with the 'extreme right' also pose a threat. Given the recently reported incidents relating to Syria which involved local residents, from April 1st 2015 Portsmouth will move to being considered a higher priority area than in 2014/15.

7. Fire Safety

Both the Hampshire and Portsmouth Safeguarding Adult Boards commissioned Start and Finish Groups aimed at reducing the risk of home fires for vulnerable adults. The trust has been represented on the Portsmouth group by Discharge Planning Services.

For vulnerable adults who are identified as being at high risk of a home fire, the Fire Service offers free home checks and fitting of smoke alarms. Assessment of the home environment is most commonly undertaken by our external partners (e.g. community health services or social care) as part of the discharge planning process, and if risk factors are identified, the assessing professional is required to refer as appropriate. There are some occasions when referrals have been made by our own discharge planning team and records of all referrals are maintained by the Fire Service.

8. Education and training

8.1. Adult Safeguarding

Safeguarding adults is one element of essential skills training for staff. The training is delivered via:

- E-learning on induction using the national on-line tool. The Trust has been developing a new regional e-induction tool and Adult Safeguarding will be included within this.
- Update via the Essential Skills Handbook.
- New doctors induction programme.
- Face to face at CSC and speciality level.
- Bespoke sessions for specific staff groups.
- Specific training for patient experience team.

Compliance as of March 2015 was 97.9%. This is an improvement from 95.5% reported last year.

8.2. MCA and DOLS

MCA and DOLS training is delivered via:

- New doctors induction programme
- Departmental development days
- Externally provided multiagency training days
- Specific sessions for security staff was delivered in quarter 1, covering their responsibilities and role in relation to patients, the MCA and those detained under DOLS authorisations.
- Externally provided Webinar's and Case Law updates
- Face:face sessions are provided on request by the trust lead and SOL's.

Work has been undertaken to ensure that from April 2015 the trust will be in a position to report a training compliance figure for MCA and DOLS rather than actual numbers. All staff will be expected to have an introductory level of knowledge and this will be incorporated within the essential update programme. Further work is required from the CSC's in quarter 1 2015/1 in order to apply a compliance figure for Enhanced MCA and DOLS training.

8.3. Prevent.

Monthly workshops are delivered to key staff groups. From January 2015 the updated WRAP 3 replaced the previous version HealthWRAP version. A total of 246 staff have attended, including members of the Trust Board.

8.4. The Adult Safeguarding Lead Nurse and SOL's have maintained a high level of knowledge and practice through:

- Participated in safeguarding supervision
- Care Act preparedness workshops
- Externally provided multiagency safeguarding training and workshops
- Externally provided Webinar's and Case Law updates
- Monthly meetings which include sharing learning from cases

9. Key Achievements 2014/15

- Increase in numbers of DOLS applications.
- Second organisational Adult Safeguarding Awareness Week held in October.
- Establishment of a Restraint Reduction Task and Finish group and introduction of reporting and review guidance for 2015/16 in line with DH guidance.
- An SOL away afternoon April 2014 to review progress and establish priorities for the year.
- Development of a Domestic Abuse and Violence Policy, including advice for staff who are victims of DA and widened scope of training across the trust.

10. Priorities for 2015/16

- Implement plans for increased administration support for adult safeguarding
- Meet the requirements of the Care Act 2014 which comes into force on 1st April 2015, and improve patient safety
- Complete the work of the Restraint reduction task and finish group
- Monitor and reduce delays in sending safeguarding alerts to external partners
- Increased assurance for MCA and DOLS
  - Administration support for adult safeguarding
  - Policy and guidance updates
  - Updated MCA and DOLS training strategy
  - Continue to develop MCA and DOLS knowledge and application in practice
  - Training compliance data collection and reporting
  - Increase in enhanced MCA and DOLS training delivery to key clinical staff
  - Exploration of e-learning opportunities
- Audit
  - MCA and DOLS in other CSC's
  - Adult Safeguarding audit tool
- Plan and deliver a third annual adult safeguarding event
- Continue to work with Safeguarding Boards and external partners

11. Summary

The Safeguarding Adults agenda continues to increase in profile, and the number of people categorised as vulnerable is also growing. Despite the substantial increase in activity, progress continues to be made in delivering this complex programme of work.

The implementation of the Care Act 2014 will bring further changes and emphasises the requirement for safeguarding to remain at the heart of organisational objectives and strategy. It is anticipated there will be an increased requirement for the trust to actively participate and lead in certain safeguarding activities, and this will bring with it considerable demands on resources, and the safeguarding function of the trust will need to be under constant review to ensure resilience of this service.

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