

TRUST BOARD PART I – JUNE 2012

Agenda Item Number: 92/12
Enclosure Number: (5)

Subject:	Safeguarding Adults – Annual Report
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Purpose of paper <i>Why is this paper going to the Trust Board?</i>	Regular Reporting For Information / Awareness
Key points for Trust Board members <i>Briefly summarise in bullet point format the main points and key issues that the Trust Board members should focus on including conclusions and proposals</i>	<ul style="list-style-type: none"> • The Trust has implemented many developments related to safeguarding adults over the last year. Audits of knowledge and understanding have shown demonstrable improvements as a result. • The profile of and requirements related to safeguarding adults has grown significantly over the past year. This has led to an increase in related activity. • The 2012/13 contract contains further specific requirements related to education and training which have resource implications. • The Trust is participating in the first whole system serious case review into care of a gentleman with autism and learning disabilities. Recommendations from the review are expected in July.
Options and decisions required <i>Clearly identify options that are to be considered and any decisions required</i>	
Next steps / future actions: <i>Clearly identify what will follow the Trust Board's discussion</i>	
Consideration of legal issues (including Equality Impact Assessment)?	
Consideration of Public and Patient Involvement and Communications Implications?	

1. Introduction and background

1.1. 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

1.2. A vulnerable adult is described as a person “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 includes but is not exclusive to older people, people with a learning disability and those with a specialist mental health need including dementia, depression, substance and alcohol use.

1.3. Unlike safeguarding children, there are currently no legislative requirements for safeguarding adults. There is however a requirement for the Trust to comply with the Care Quality Commission Outcome 7; safeguarding vulnerable people from abuse, the standards described in the local contract and the pan- Hampshire Safeguarding Adults Policy.

1.4. The purpose of this report is to inform the Trust Board of safeguarding adults related activity from April 2011 – April 2012. The report details the infrastructure to support the effective delivery of the safeguarding adults agenda, governance and assurance systems and compliance, education and training and key drivers for 2012 -13.

2. Safeguarding Adults – delivery infrastructure

2.1. 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.

2.2. Internal infrastructure, systems and processes

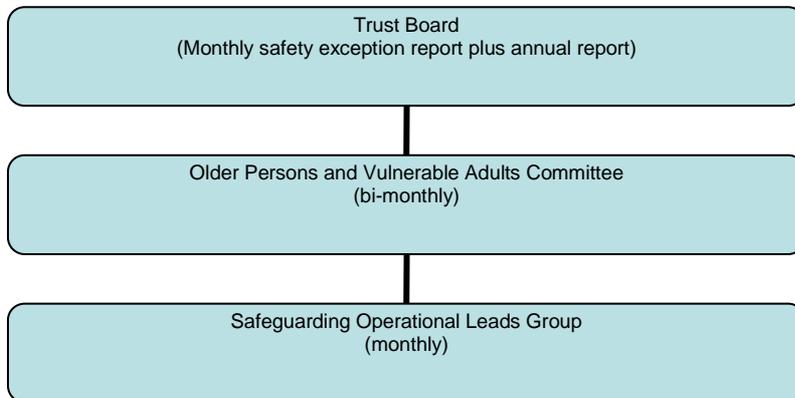
2.2.1. Infrastructure

During 2011/12 the safeguarding adults arrangements have been strengthened. The Trust’s Executive Lead for Safeguarding is the Director of Nursing, who delegates the Named Professional responsibility to the Head of Patient Experience. A fixed term 0.5 wte post with responsibility for safeguarding adults was appointed to in October 2011. This post has been effective in the further development of learning and development opportunities, the implementation of more reliable data capture and analysis and an improvement in the working relationships between the Trust and external partners.

To support embedding safeguarding adults practice in all wards and departments, a safeguarding operational lead role has been developed. This role has responsibility, as part of their main role, for the provision of first line advice, awareness raising and formal teaching sessions at CSC level and facilitating the bi-annual safeguarding adults audit. The role has had a positive impact with an improvement in knowledge at practice level (evidenced by the bi-annual audit – see

section 4.2) and an increase in appropriate referrals to the Adult Social Care Safeguarding Team.

Groups internal to the organisation have been developed to ensure clear reporting and accountability from Clinical Service Centre level to the Board (see diagram x)



There is a supplementary group of executive leads from the Unitary Authority and County Council who meet quarterly with the Director of Nursing and Named Professional Lead (Head of Patient Experience). This provides a forum for the discussion of strategic issues associated with the hospital safeguarding adults agenda.

2.3. Systems and processes

2.3.1. Raising a concern

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

- Those related to issues prior to admission, recognised on admission to the hospital
- Those related to concerns about care and treatment during a hospital admission or attendance.

The council retain statutory responsibility for the management of all safeguarding cases but the Trust is required to actively contribute in line with pan-Hampshire Policy.

The number of concerns reported has increased significantly with the introduction of more robust training and data monitoring systems. Concerns raised related to care or issues prior to admission are higher than those about the care in hospital (see section 2.3.3). Some themes and issues have been identified as having previously being reported as a complaint or an adverse incident. There is currently some inconsistency across the area served by the Trust in the decision as to whether an issue is safeguarding, a complaint or an incident. Work is now in progress via the Hampshire Healthcare Consortia (see section 3.3) to develop a standardised threshold grid to assist in this decision making.

The process for raising safeguarding adults concerns was identified by staff at practice level as complex, lacking clarity and different systems were in place for the two councils (Hampshire and Portsmouth City). The Trust hosted a mapping event with the Adult Social Care teams, which resulted in the production and implementation of a simplified process and associated guidance. Currently the two

councils continue to have different systems and ways of working which poses a challenge to practice based staff making referrals from the Trust. It has been agreed that the councils will work toward an integrated process

2.3.2. Data monitoring

A new system for the recording and monitoring of safeguarding adults cases has been developed and implemented. The simple database allows for:

- effective and accurate 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.

2.3.3. Activity

A total of 215 referrals have been received over the last year. Of these 78% were concerns related to care issues prior to admission, including notification of patients who had protection plans in place in the community. The top two themes were:

- Grade 3 and 4 pressure ulcer present on admission
- Allegations of fraud and assault made by patient against family member or friend

The remaining concerns were related to the hospital. The top two themes were:

- Failed/poor discharge
 - 10 cases have been full investigated by ASC.
 - 6 outcomes recorded as partially substantiated (i.e. some elements of the concerns were supported but not all).
 - 2 recorded as not safeguarding cases
 - 2 closed but no outcome recorded by ASC
- In-patient care and/or experience.
 - 11 cases fully investigated
 - 1 fully substantiated
 - 1 partially substantiated
 - 2 undetermined (evidence suggests there was an issue but not able to be proven)
 - 2 Not determined (not upheld)
 - 3 recorded as not safeguarding
 - 2 closed but no outcome recorded

The progress and final outcome of the ASC investigations in many cases has been difficult to establish. A key concern is that Hampshire and Portsmouth currently record outcomes using different operating definitions and it has been requested that similarly to the referral and management process, a standardised approach is adopted. Currently, 38 cases have been confirmed as closed and the Patient Safety Coordinator is working with both ASC teams to determine the outcome of the remaining cases.

2.4. Reporting

Since May 2012, the Board receives a monthly exception report of safeguarding adults concerns, a quarterly detailed report as part of the integrated quality account and for this first time this year, an annual report.

3. External Interface

3.1. Safeguarding Executive Groups

Portsmouth and Hampshire each have an Executive Group, which oversees and directs the work of the Boards. The Trust is represented by the Head of Patient Experience on the Portsmouth Executive Group.

3.2. Safeguarding Adults Boards

The Trust is a joint signatory to the pan-Hampshire Safeguarding Adults Multi-agency Policy. The application of this policy is monitored via the Hampshire Safeguarding Adults Board for Hampshire residents and Portsmouth City Board for Portsmouth residents. The Trust is represented at the Boards.

3.3. Hampshire Healthcare Consortia

The Consortia is a sub-group of the Hampshire County Council Safeguarding Adults Executive Committee comprising representatives from health provider organisations across the strategic health authority. Its primary functions are to provide a forum for practice and policy development, discussing challenges and developing consensus in relation to health specific issues. The Trust is represented at the Consortia.

3.4. 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 being working with hospital social care teams. Portsmouth has a Safeguarding and Duty team who take responsibility for the management of all safeguarding cases. Over the past year, there has been a significant improvement in the working relationships between the Trust and specialist safeguarding services.

4. Governance and assurance

4.1. Declaration of CQC compliance

The Trust has declared full compliance with Care Quality Commission Outcome 7. This was supported by the most recent full inspection in October 2011. Recommendations for some improvements were made however with regard the systematic application of policy and guidance into practice. This is being supported by a rolling programme of education and training.

4.2. Audit

The Trust has implemented an audit programme based on the NHS South Central Safeguarding Adults audit tool. This multidisciplinary audit is undertaken bi-annually and all clinical service centres participate. This ensures a representative sample of in-patient, out-patient and day case areas are included. The audit tests knowledge of understanding of the principles of, and processes related, to safeguarding adults. In January 2012 181 members of staff responded (a 60% response rate for the survey sample) and included nursing, medical and therapy staff. Thirty of thirty one (30/31) questions achieved a score of 75%. One (staff awareness of reporting concerns to

local authority access teams) was recorded at 66%. Overall, this was a significant improvement on the results of the previous audit when 2 questions scored between 65 and 74% (amber rating) and 2 less than 64% (red rating). The results informed amendments to the local e-learning tool.

4.3. Serious Case Review

The Trust has participated in the first serious case review related to the whole health and social care system care of a gentleman with profound autism and learning disabilities. The Trust was commended for the open and honest participation in the process and is awaiting the final report.

5. Education and training

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

- E-learning using the national on- line tool
- Face to face on induction and update sessions at a corporate level
- Face to face at CSC and speciality level
- As bespoke for specific staff groups including volunteers

Compliance as of May 2012 was 77%. It has been recognised that not all local training has been inputted to ESR and work is in progress with the CSC leads improve the reliability of the data.

5.2. Specific training has been provided to the Trust Board ensure an understanding of the responsibilities of the Board.

5.3. Bespoke MCA/DOLS training has been commissioned and delivered to senior clinical staff.

5.4. The Patient Safety Co-ordinator, with lead operational responsibility, has:

- Attended the Hampshire County Council multiagency detailed awareness training.
- Successfully completed domestic abuse training
- Completed hospital specific MCA and DOLS training
- Completed Health WRAP (workshop to raise awareness of PREVENT) training and is now an approved facilitator, able to provide local training. 'Prevent' is part of the UK's counter-terrorism strategy, CONTEST. Its aim is to stop people becoming terrorists or supporting terrorism. Within the NHS we meet and treat people who may be vulnerable to radicalisation and our key challenge is to recognise the early signs of this, be aware of the support that is available to them and confidently refer the person for appropriate support

This has led to the development of a significant source of expertise in the Trust which will enable the further progression of training to enable an increase in knowledge and skills and compliance with the requirements of the local contract.

6. Summary 2011 – 12

6.1. There has been an increased emphasis on the safeguarding adults agenda over the last two years. In addition to the concerns raised by cases such as Winterbourne and the care of people with a learning disability, the social situation

of increased unemployment has led to a community wide increase in the number of safeguarding cases related to physical and financial abuse. Hospital care is being increasingly scrutinised and issues which would have been dealt with through the complaints or risk systems, are now being raised through safeguarding. This has led to a significant growth in safeguarding adults related activity which will continue.

7. Key Drivers 2012/13

- 7.1. The previously published practice guidance (Association of Directors of Adult Social Care, NHS South Central Assurance Framework, and “No Secrets”) has now been supplemented by the 2012/13 contract which contains a schedule regarding safeguarding adults. This schedule makes explicit the obligations of the organisation to increase staff knowledge and understanding of safeguarding adults and their individual specific responsibilities.
- 7.2. There is a requirement to have a nominated PREVENT lead, who will work with local multiagency teams and introduce HealthWRAP training as part of the government counter terrorism strategy. It has been negotiated that the Emergency Department senior team will receive the training.
- 7.3. The outcome of the first Serious Case Review will require a focussed approach to implementation of the recommendations.
- 7.4. A review of the pan –Hampshire Safeguarding Adults Policy will lead to a need for a review of local policy and practice.
- 7.5. The scope of education and training needs to be expanded to include:
 - Level 2 and 3 safeguarding adults training for appropriate staff
 - Level 1 for non-clinical staff who are in direct contact with vulnerable adults
 - Face to face MCA/DOLS training for senior clinical staff

8. Summary

The Safeguarding Adults agenda is increasing in profile and the number of people categorised as vulnerable is also growing. Significant progress has been made by the Trust in delivering this complex programme of work and the working relationship between health and adult social care has improved greatly during the year. The Trust is now faced with a number of challenges in delivering the continuing requirements of this agenda including the development and provision of education and training.

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19 June 2012