TRUST BOARD PUBLIC – JULY 2013　　　　**Agenda Item Number: 136/13**
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Subject:	Safeguarding Adults – Annual Report
Prepared by:	Anne Taylor – Patient Safety Coordinator Lorna Wilkinson – Head of Patient Safety
Presented by:	Julie Dawes, Director of Nursing
Purpose of paper *Why is this paper going to the Trust Board?*	To provide the Board with annual report information on adult safeguarding for 2012/13 For Information / Awareness of progress over 2012/13
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*	• Adult safeguarding continues to have an increasing profile within the Trust which is reflected in the increase in activity as detailed in this report (215 alerts in 2011/12 has increased to 569 in 2012/13 • National enquiries and reports (Winterbourne View, Francis Report) have raised the profile of Adult Safeguarding amongst patients, the public and our staff. As a result there has been a continued increase in safeguarding related activity. • The governance structures around safeguarding have been enhanced through the establishment of the Safeguarding Committee, chaired by the Director of Nursing (section 2.2) and the increased resource from the Patient safety Coordinator • The CQC inspection in March 2013 tested outcome 7 (safeguarding) and found the Trust complaint with good staff knowledge – this has been reflected internally through improved audit outcomes. • The Trust has participated in the first whole system serious case review into care of a gentleman with autism and learning disabilities. Recommendations from the review were published in June 2013 and are available in the public domain. The Trust has submitted a status report back to the Safeguarding Boards. Most actions completed.
Options and decisions required *Clearly identify options that are to be considered and any decisions required*	
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)?	Failure to apply Deprivation of Liberty Safeguards (DoLS) 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. He 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	Links to Strategic Aim 1 - Deliver safe, high quality, patient centred care • Safeguard vulnerable groups through robust safeguarding procedures
Risk Description	
CQC Reference	Outcome 7

Committees/Meetings at which paper has been approved:	Date

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
- Learning from allegations of harm or abuse to prevent risk to other vulnerable adults

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 may include 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, safeguarding adults is bound by several separate pieces of legislation that do not currently specify requirements for acute trusts. 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 Multiagency Hampshire Safeguarding Adults Policy.

1.4. The purpose of this report is to inform the Trust Board of safeguarding adults related activity from April 2012 – March 2013. 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 2013-14.

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, as this is very much a multi agency activity.

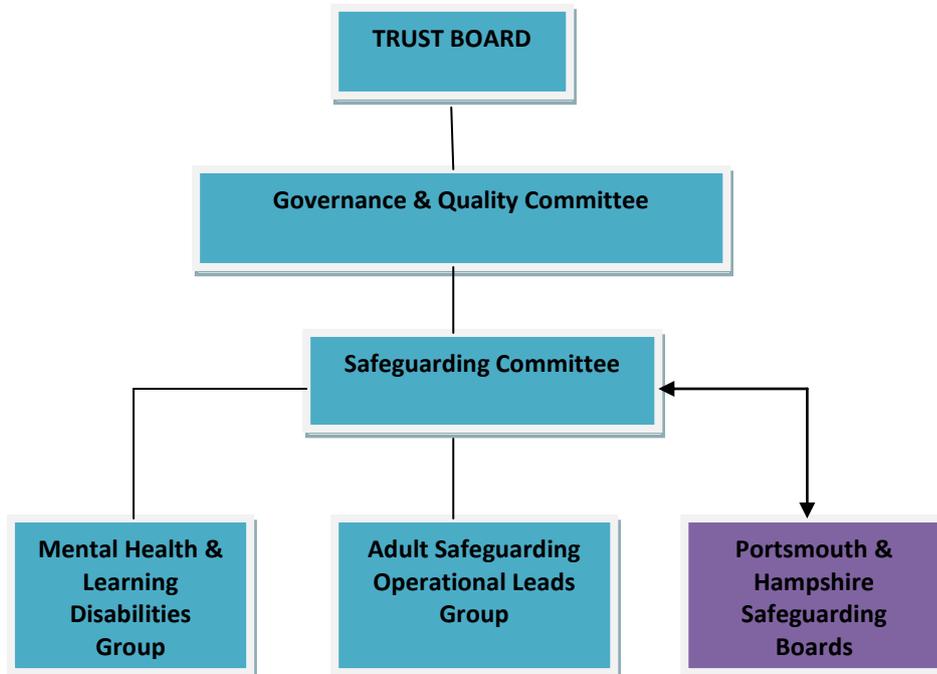2.2. Internal infrastructure, systems and processes

2.2.1. Infrastructure

During 2012/13 the safeguarding adults arrangements have been further strengthened. The Trust's Executive Lead for Safeguarding is the Director of Nursing, who delegates responsibility to the Head of Patient Safety / Deputy Director of Nursing. In response to the increased safeguarding activity, the 0.5 wte post with responsibility for safeguarding adults introduced in October 2011 was increased to 1.0 wte in January 2013. This post has been effective in the further development of learning and development opportunities within the organisation, the implementation of more reliable data capture and analysis and an improvement in the working relationships between the Trust and external partners.

In recognition of the importance of this agenda, an overarching Trust Safeguarding Committee was established in January 2013. The purpose of the Safeguarding Committee is to ensure that Portsmouth Hospitals NHS Trust is fulfilling its responsibilities for the safeguarding of adults and children. The Safeguarding

Committee steers the safeguarding adults and children agenda within the organisation to ensure that policies, procedures, and practices are compliant with national and local requirements.

A safeguarding operational lead role is in place in all Clinical Service Centres to support the embedding of safeguarding adults processes into 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 the bi-annual safeguarding adults audit. A recommendation of the 2012 safeguarding adult internal audit (carried out by Deloitte) was to formalise and strengthen both this role and the Operational Group. As a result revised terms of reference have been ratified and Heads of Nursing have signed off the 'Leads' role descriptor for their areas, thus committing CSC support. The safeguarding operational lead role continues to have 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.

Reporting Structure for Adult Safeguarding:

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                   │ Governance & Quality Committee │
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                      │ Safeguarding Committee │──────────────►
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   │ Mental Health│  │     Adult    │  │ Portsmouth & │
   │ & Learning   │  │ Safeguarding │  │  Hampshire   │
   │ Disabilities │  │  Operational │  │ Safeguarding │
   │    Group     │  │  Leads Group │  │    Boards    │
   └──────────────┘  └──────────────┘  └──────────────┘
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## 2.3. Systems and processes

2.3.1. Raising an alert

Safeguarding cases are divided into two areas in the hospital setting:
- Those related to issues prior to admission, 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.

As can be seen below the Trust raises >95% of alerts it is involved in.

Safegurading Alerts April 2012 - March 2013.
Source of Alert
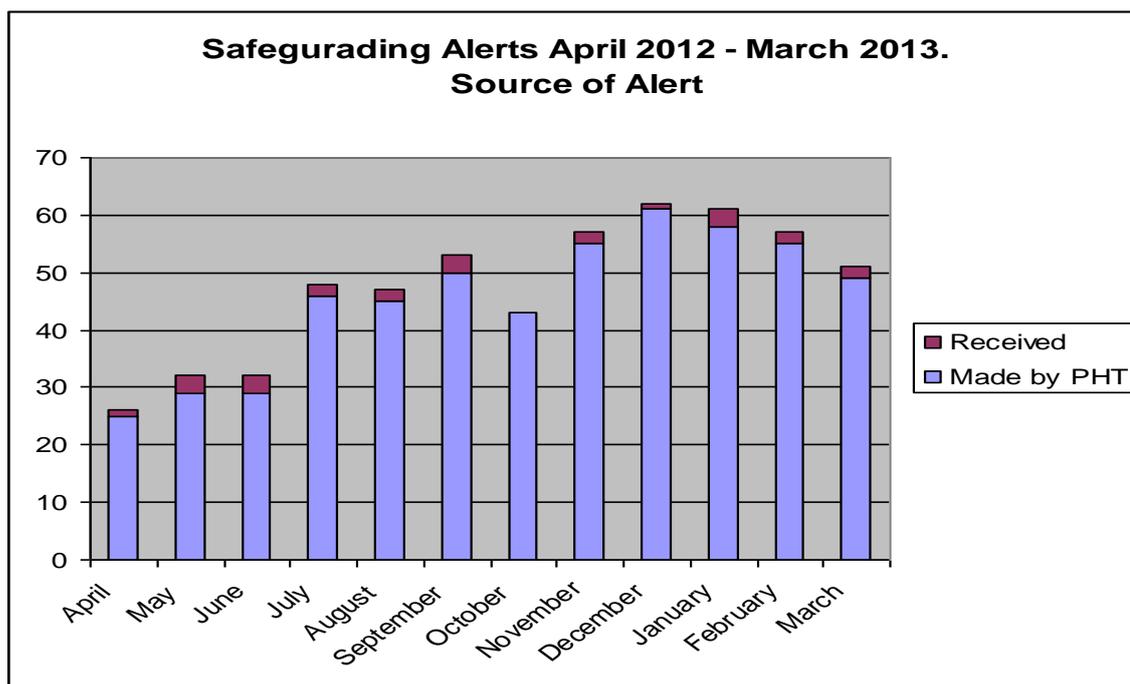
Local Authorities retain statutory responsibility for the coordination and investigation of all safeguarding cases but the Trust is required to actively contribute in line with the Multiagency Hampshire Policy.

The number of concerns reported has increased significantly with the introduction of 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 have often also been the subject of a complaint or an adverse incident. This illustrates how the nature of the concerns often overlap these processes, and staff sometimes struggle with clarity on this. As a result work is now in progress via the Hampshire Healthcare Consortia (see section 3.3) to develop a standardised threshold tool to assist in this decision making. PHT has contributed to this piece of work which is currently being piloted within a neighbouring organisation prior to a decision to release Hampshire wide.

During 2012 the process for raising safeguarding adults alerts was identified by staff at practice level as complex, and lacking clarity, this was primarily due to the fact that different systems were in place for the two local authorities (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. As a result, since 10 December 2012 the two councils have moved to one referral system which has been a big improvement for our staff. To assist staff further our internal incident reporting system (datix) has also been amended to include a section on safeguarding (Adult and Child) providing a link to the adult safeguarding alert form. This ensures that all safeguarding requirements are met regarding who should be informed and clearly links incident reporting processes with safeguarding, as per national guidance.

2.3.2.   Data monitoring

The Trust continues to monitor safeguarding cases through a simple database which 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 569 adult safeguarding alerts have been made / received over the last year, a considerable increase from the 215 alerts in 2011/12. 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.

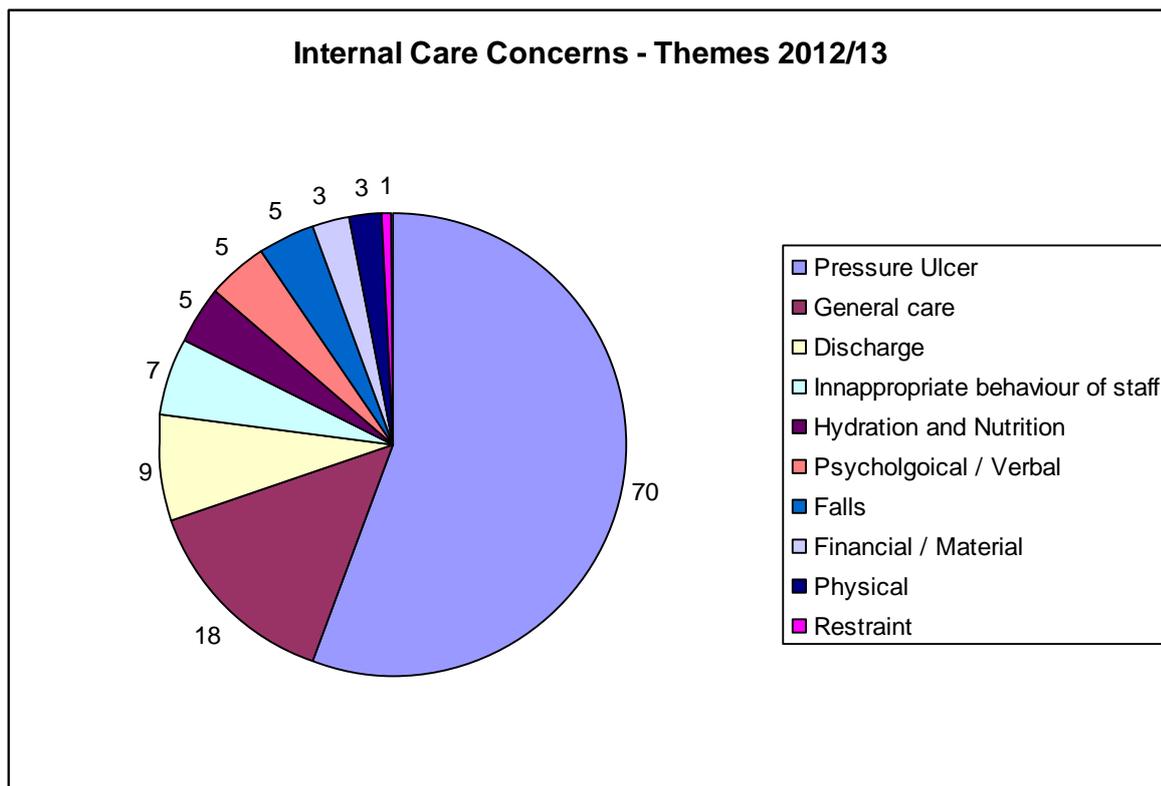**Focus of Safeguarding Alerts April 2012-March 2013**
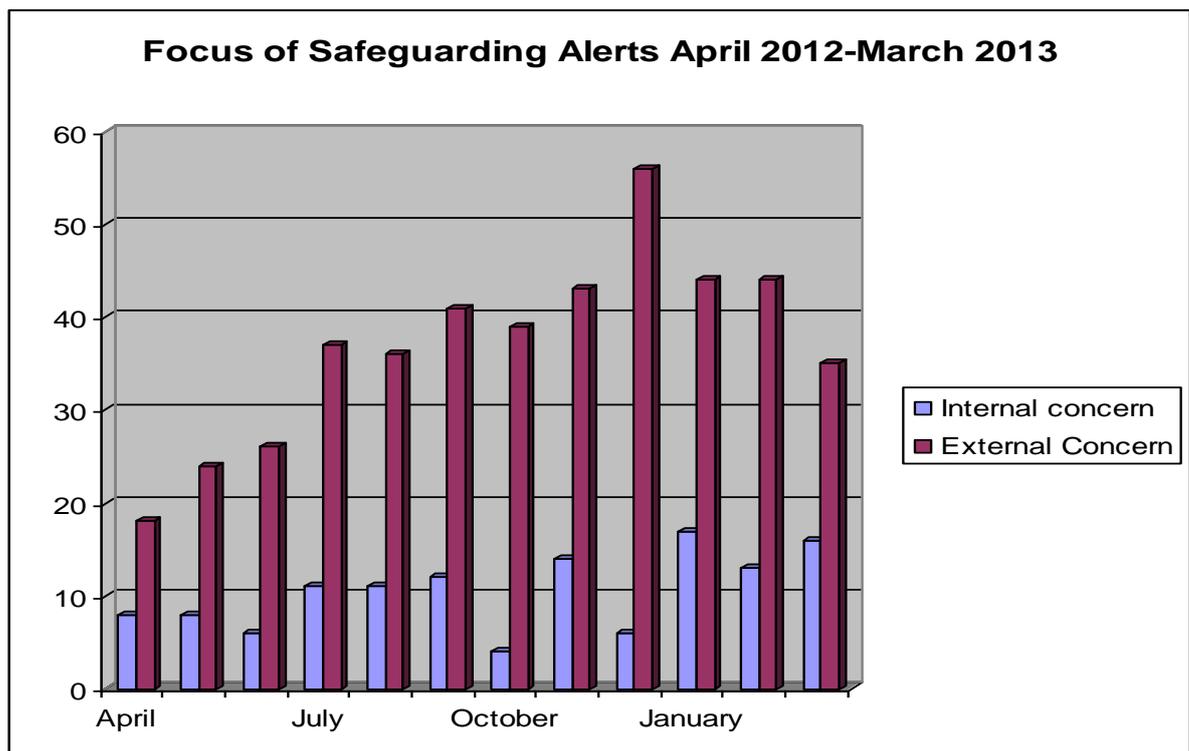
The top two themes for external care concerns (prior to admission) were:

- Grade 3 and 4 pressure ulcer present on admission
- General care / carer concerns

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

The remaining alerts (126 out of the 569) were related to the hospital. The top two themes were:

- Grade 3 and 4 Hospital associated pressure ulcers (70)
- General care concerns / omissions and neglect (18), this is a broad group which includes for example concerns about clinical care, meeting hygiene needs, lack of supervision resulting in vulnerable adults leaving the hospital or self harm.

Internal Care Concerns - Themes 2012/13

Legend:
- Pressure Ulcer
- General care
- Discharge
- Innappropriate behaviour of staff
- Hydration and Nutrition
- Psycholgoical / Verbal
- Falls
- Financial / Material
- Physical
- Restraint

Values: 70, 18, 9, 7, 5, 5, 5, 3, 3, 1

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 alerts 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 progress and final closure of safeguarding cases by the local authority can be difficult to establish. A key concern is that Hampshire and Portsmouth continue to record outcomes using different operating definitions. Regular meetings between the Trust and the two councils have been implemented and this situation is beginning to improve.

With the increase in dedicated safeguarding hours in January 2013 we have refined our data recording so outcomes are clearer and more easily followed up. Safeguarding Outcomes January – March 2013:

Outcome *	Open *(remains open - outcome not known)*	Not Determined *(allegations not upheld)*	Partly Determined *(some elements upheld)*	Determined *(allegations upheld)*	Alert only / No further Action	Deemed Not Safeguarding	Not PHT (on investigat ion)
January	6	5	0	2	2	1	
February	1	2	0	2	2	6	1

| March | 4 | 3 | 0 | 2 | 1 | 6 | |

Portsmouth City Councils case closure categories have been utilised. Hampshire case closures have been aligned to the closest equivalent.

The 6 cases which have been 'determined ' i.e. the abuse / harm is deemed to have occurred as alleged, all relate to hospital associated pressure ulcers that were found to be avoidable. Learning and action plans for these cases are contained within the pressure ulcer report.

2.4. Reporting

The Board receives a monthly exception report of safeguarding adults concerns, a quarterly detailed report as part of the quality report and an annual report. A priority for the coming year is to review the format of reports to ensure they meet both Trust Board and contractual requirements.

3. External Interface

3.1. Safeguarding Executive Groups

Currently only Portsmouth has a Safeguarding Executive Group, which oversees and directs the work of the Partnership Board. The Trust is represented by the Deputy Director of Nursing/Head of Patient Safety on the Portsmouth Executive Group. A two-tier Board structure is not the usual practice and this is currently under review.

3.2. Safeguarding Adults Boards

The Trust is a joint signatory to the pan-Hampshire Safeguarding Adults Multi-agency Policy, an update of which is due out in July 2013. 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 both these Boards.

3.3. Hampshire Healthcare Consortia

The Consortia is an advisory group to the Hampshire Safeguarding Adults Board 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 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.

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 March 2013.

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 the April 2013 audit the return rate was 66%. All questions bar one achieved a compliance rate of 75% and above and there has been an improvement on the previous year.

4.3 Internal Audit –

During 2012/13 an audit was carried out by Deloitte as part of the internal audit programme. The audit reviewed 6 areas:
* Policies and Procedures
* Training and support
* Interagency cooperation
* Incident reporting
* Risk Management

There were 3 'medium priority' recommendations resulting from this audit:

Action	Update
Essential Training compliance - To help aid the identification of areas of non compliance regular data sharing should be conducted and reviewed at Safeguarding Operational Leads meetings	Learning and Development have been asked to provide the data, however there are some technical difficulties in data production. Work continues to refine this
Safeguarding Operational Leads Group and Role -The ToR and Role Descriptor for SOLs should be ratified by the Safeguarding Executive Group upon its formation. Upon its ratification the ToR and Role Descriptor should be signed be each SOL to confirm their acceptance of the role and responsibilities. In addition to this the ToR should be signed by the relevant CSC management team to confirm acceptance of the new arrangement.	Group TOR and SOL Role Descriptor ratified at January 2013 Safeguarding Committee. All CSC's / SOL's have signed up to the role descriptor
Safeguarding adult alerts should be reported to the relevant Council and evidence retained by the Trust to confirm the procedure has been followed.	A change to our data collection now allows easy identification of any alerts that have not been sent externally.

4.3. Serious Case Review

The Trust has participated in the first serious case review commissioned by Hampshire, related to the whole health and social care system of care for a gentleman with profound autism and learning disabilities who died in the Trust in 2010. The final report was published in June 2012 there are recommendations for the Trust, most of which have been completed and an action plan for those outstanding is being monitored through the safeguarding committee.

5. Education and training

5.1. 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. It is anticipated that this will be replaced with face to face training when Trust induction is reviewed.
- Update via the Essential Skills Handbook.
- Face to face at CSC and speciality level
- Bespoke sessions for specific staff groups including volunteers

Compliance as of March 2013 was 86.4% with the essential skills training for this subject. This is an improvement from 77% reported last year.

5.2. Bespoke MCA/DOLS training was delivered to senior clinical staff across 2011 and 2012. The safeguarding lead has begun training sessions at CSC and speciality level and has reviewed an external provider. An assessment of training needs for different staff groups is planned as part of the Safeguarding Operational Leads work plan for the year 2013/14.

5.3. The Patient Safety Co-ordinator, with lead operational responsibility, has maintained a high level of knowledge and practice through:
- Completion of the NHS Safeguarding Adults Leadership Programme.
- Attended the Hampshire County Council multiagency detailed awareness training.
- Successfully completed domestic abuse training provided by Hampshire County Council
- Completed hospital specific MCA and DOLS training
- Participated in safeguarding peer supervision with other local NHS safeguarding leads, facilitated by the Centre for Nursing Innovation.
- 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.

5.4 CSC Safeguarding Operational Leads have commenced a programme of attendance at multiagency training which includes a module on domestic abuse, with 3 having attended to date and more scheduled throughout 2013/14.

6. Key Achievements 2012/13

- Comprehensive response to Winterbourne View which has been shared with both Hampshire and Portsmouth Safeguarding Boards. Additionally a presentation on the learning and implications for an acute hospital has been shared with a wide variety of staff across the Trust.
- Increase resource from 0.5 to 1.0 WTE lead nurse working in adult safeguarding. As a result this person has taken the lead role for emerging agendas such as domestic abuse, Mental Capacity Act and Deprivation of Liberty Safeguards in clinical practice.

- Safeguarding Committee established to bring together improvements across children's and adult safeguarding
- Full review of policies commenced
- Restraint Policies have been under review for some time – chemical restraint policy competed and ratified in May 2013 and Physical Restraint Policy due for ratification at July Safeguarding Committee
- Formalisation of safeguarding operational lead (SOL) role and working group. SOL's have begun to provide monthly CSC safeguarding activity reports that are utilised both within the group and CSC governance meetings.
- Contribution to pan Hampshire review of region wide multiagency safeguarding policy (due out in July 2013)
- Introduced a system of feedback to Trust staff raising a safeguarding alert. In addition to ensuring that staff are made aware of what has happened as a result of the alert, this is proving to be a useful tool in educating staff about adult safeguarding.
- Improved safeguarding case closure rate and outcome sharing.
- CQC Outcome 7 compliance
- Delivery of HealthWRAP training to 50 members of staff.
- Establishment of an overall Trust Lead for Domestic Abuse and Violence.

7. Priorities for 2013/14

- Further improve data collection / outcome recording.
- Improve format of safeguarding reports to meet needs of both commissioners and Board.
- Further develop MCA and DoLS knowledge and application in practice.
- Work with Learning & Development to collect Mental Capacity Act and DoLS training data
- In conjunction with external partners, plan and deliver appropriate training on domestic abuse and violence to key staff groups.
- Delivering the PREVENT agenda. This is led by the Head of HR, though is closely aligned with adult safeguarding. We are required to develop an action plan to ensure targeted groups (to be agreed in quarter 1) receive counterterrorism training by March 2017. This requires training of at least 1 additional HealthWRAP facilitator which is planned for July 2013, however this still leaves only 2 facilitators in the Trust so this will remain challenging.
- Completion of policy reviews -Mental Capacity Act and Deprivation of Liberty Safeguards, and Adult Safeguarding Policy (following release of updated multiagency policy in July 2013).
- Adult safeguarding event within the Trust is planned for week October 7. This will be aimed at professionals and patients / general public attending the hospital. The intention is to raise general awareness about adult safeguarding, provide resources and useful tips for clinical staff / areas.
- Improve information for patients and families about adult safeguarding within the trust.
- Implement recommendations of a multi-agency review in Hampshire aimed at reducing choking risk in patients with a learning disability.
- Work with external partners (NHS and local authority) to improve consistency of safeguarding decision making, both internally and externally when determining if an incident or concern crosses the safeguarding threshold (NHS Threshold Tool).
- Continuing multiagency training for SOL's
- Work with external partners to improve the care and management of patients brought to hospital subject to Mental Health Section 136.

8. Summary

The Safeguarding Adults agenda is increasing in profile, there have been high publicity reports such as Winterbourne View and the Francis Report which hold safeguarding as a key central theme, 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. This report describes many key achievements over 2012/13, as well as describing the priorities and challenges for 2013/14