

# Adult Safeguarding Annual Report

1<sup>st</sup> April 2019 – 31<sup>st</sup> March 2020



**Debra Harrison**  
**Senior Nurse Adult Safeguarding**

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## 1. Introduction

All persons have the right to live their lives free from violence and abuse. This right is underpinned by the duty on public agencies under the Human Rights Act (1998) to intervene proportionately to protect the rights of citizens. We are committed to safeguarding adults at risk by working in partnership with other agencies to ensure any identified risk or concern is responded to without delay. Our focus is protecting people and reducing risks.

The Trust has an identified Senior Nurse, Adult Safeguarding, Specialist Practitioner, Adult Safeguarding, and Liaison Nurse for Learning Disabilities and this team reports to the Director of Nursing and Midwifery as the Executive Lead for Adult Safeguarding. Funding for an Independent Domestic Violence Advisor continues for another year. There continues to be an increased collaborative approach with the Children's Safeguarding Team, particularly around the Think Family and Community approach and delivery of training programmes.

## 2. Governance and Corporate Standards

The Bath and North East Somerset (BaNES) Community Safety and Safeguarding Partnership (BCSSP) and Wiltshire Safeguarding Vulnerable People Partnership (SVPP) are the key statutory mechanism for agreeing how relevant organisations in each local area will cooperate to promote the welfare of adults at risk and safeguard them from the risk of being abused.

The Deputy Director of Nursing and Midwifery represents the Director of Nursing and Midwifery for the Trust at both the BCSSP and SVPP. The Trust also has senior representation at relevant sub groups for both Partnerships

An annual review has been presented to the Clinical Governance Committee in January 2020 which provided assurance in relation to safeguarding activity and training compliance. Significant assurance has been agreed by the committee meeting. The Clinical Governance Committee is currently reviewing their structure and ways of working going forward.

Monitoring against the Quality Schedule Key Performance Indicators occurs through the Clinical Outcomes and Quality Assurance reports that are submitted to the Clinical Commissioning Groups (CCG) on a quarterly basis. The Clinical Commissioning Groups Adult Safeguarding Designated Nurses provide supervision and oversight to the Trust's Senior Nurse, Adult Safeguarding.

The Trust is compliant with the Corporate Standards as set out in the Quality Schedule 2017-19 (Section 5) in relation to executive leadership at Board level and named persons with responsibility for safeguarding adults, female genital mutilation, sexual abuse, domestic violence, modern slavery (human trafficking), Prevent and the Mental Capacity Act and Deprivation of Liberty Safeguards. The safeguarding team maintains a database for adult safeguarding and deprivation of liberty safeguards referrals, concerns and enquiries and the data is submitted on a quarterly basis to the CCG and the Trust's Operational Governance Committee.

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The PALS and Complaints team will notify the Adult Safeguarding Team when there is a need to consider if any abuse, neglect or harm has occurred within the body of any complaints. The adult safeguarding team has requested notification of all 72 Hour Reports completed in relation to serious or adverse incident reporting in the Trust. Where incidents relate to the care provided by the Trust this is logged through the incident reporting route and dealt with either by the performance management process or Root Cause Analysis methodology. Where there are safeguarding concerns relating to incidents then the concerns are raised with the Virgin Care Adult Safeguarding Team. The Virgin Care Adult Safeguarding Team is responsible for completing a Threshold Tool for the local authority safeguarding chair to decide whether the case meets the criteria for a Section 42 Safeguarding Enquiry.

When the Trust identifies services or departments where there may be issues that compromise the safety of adults with care and support needs then the adult safeguarding team are involved with the monitoring processes.

**Safeguarding Adult Committee (SAC)**

The Safeguarding Adult Committee (SAC) and Children’s Safeguarding Committee (CSC) has been a joint meeting since July 2019 and continues to provides assurance to the Board that the Trust has a robust framework in place for providing an environment, working practice, suitably skilled workforce and procedures that will ensure that appropriate actions are taken if any member of staff has concerns about the welfare of an adult with care and support needs or child experiencing abuse or neglect. The joint committee is structured so that the mid-section of the meeting is used to discuss issues that meet a think family agenda and the business of the two committees is discussed either side of the joint meeting.

**Mental Capacity and Deprivation of Liberty Safeguards Working Group**

The Mental Capacity and Deprivation of Liberty Safeguards Working Group was established in 2018 and the work is directed by the SAC and the working group reports to the SAC. The group is chaired by the Senior Nurse, Adult Safeguarding and has representatives from each division, and the hospital social care and mental health teams. The group are reconvening later this year to develop plans to implement the new responsibilities and duties for the Trust as the Responsible Body for Liberty Protection Safeguards (LPS) once the Code of Practice has been published.

**Covid-19**

In response to the requirements to adhere to social distancing since March 23<sup>rd</sup> the team have been predominantly working from home and have implemented a duty rota to support the administrators who have remained office based. The team will continue to monitor referrals and communications whilst working in this way and how the teams develops as we move forward to the “new normal”.

**Learning Disabilities**

See Annual Report attached at Appendix 3.

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### 3. Legislation (Policies and Procedures)

The adult safeguarding team has ownership of 13 Trust policies and 2 NICE guidance. The policies are reviewed at least 3 yearly or when there are changes in legislation. The adult safeguarding team also make reference to any SVPP or BCSSP policy and procedure guidance. All Trust policies and SVPP and BCSSP policies are available on the intranet. The ownership of the recruitment and employment policies is with the Human Resources department and the adult safeguarding team liaise closely with the Deputy Director for People (the Trust's Allegation Officer). Any allegations against staff are referred into the safeguarding process and will be triaged by the Local Authority.

The Criminal Justice and Courts Act 2015 is taken into consideration where there is an allegation against staff and wilful neglect or ill treatment will be considered as part of the HR review and ongoing investigation. To reflect the safeguarding principle of transparency and accountability, 47 allegations against the Trust were considered under safeguarding. These were 8 allegations around staff conduct and 39 relating to care incidents such as falls, unexplained bruising and hospital acquired pressure ulcers.

Of the 47 cases 20 did not meet the threshold for further safeguarding enquiries, 6 cases were unsubstantiated, 6 cases were partially substantiated, 6 cases were substantiated, 4 cases were inconclusive and 5 are still under the safeguarding process.

### 4. Activity

All safeguarding concerns raised by the RUH staff (actual or suspected cases of abuse or neglect) are reviewed by the Adult Safeguarding Team and then the concerns will be passed to the relevant Local Authority who will determine whether the concerns meet their organisational thresholds for safeguarding or if they can be managed through other alternative care options. The numbers of referrals received by the adult safeguarding team is shown in Table 1.

**Table 1: Yearly Comparison of Concerns by Local Authority April 2014 – March 2020**

	<b>Banes</b>	<b>Somerset</b>	<b>Wiltshire</b>	<b>S Glos</b>	<b>Other</b>	<b>Total</b>
<b>2014-15</b>	187	52	231	10	6	486
<b>2015-16</b>	220	71	229	14	7	541
<b>2016-17</b>	259	84	280	23	15	661
<b>2017-18</b>	313	88	348	21	13	783
<b>2018-2019</b>	372	103	430	27	26	958
<b>2019-2020</b>	<b>352</b>	<b>108</b>	<b>421</b>	<b>32</b>	<b>40</b>	<b>953</b>

### Retrospective Review of Patients

The Safeguarding team also received 14 requests from Local Authorities for a retrospective review of patients' admissions. This will usually consist of completing a chronology and case summary or a Section 42 8A Enquiry Report for presentation at a safeguarding review meeting. All of the retrospective requests related to community cases where the person had recently been in hospital and were not allegations against the Trust.

### Multi Agency Safeguarding HUB (MASH)

Both BaNES and Wiltshire have now established a MASH to consider complex safeguarding concerns. The RUH Safeguarding Team has received 148 information requests from BaNES MASH.

### Domestic Abuse

From October 2019 until March 2020, due to the resignation of the Independent Domestic Abuse Advisor (IDVA) and not being able to replace her the safeguarding team were only able to advise staff and signpost the patients who were experiencing domestic abuse to their local community services. It is unknown whether this is the reason for a reduction in referrals to the team. The table 2 below show the comparison between 2018-19 and 2019-20

The funding has once again been secured for a fixed term of 1 year and for the time the RUH will be directly employing the IDVA. The RUH will be continuing to make bids for funding to continue and on a recurring basis to have parity with Great Western Hospital.

**Table 2: DV Referrals and MARAC Referrals**

Local Authority	2018/2019		2019/2020	
	No of Referrals	MARAC Referrals	No of Referrals	MARAC Referrals
B&NES	104	14	79	4
Wiltshire	99	11	102	1
Somerset	23	2	29	1
South Glos	4	0	4	0
Other	11	0	15	2
<b>Total:</b>	<b>241</b>	<b>27</b>	<b>229</b>	<b>8</b>

**Table 3: Additional Support Needs**

	2019/20
Drugs/Alcohol	31
Mental Health	98
Learning Disability/Difficulty	13
Dementia	15
<b>Total</b>	<b>157</b>

**Table 4: Age Groups of Patients**

18-25	35
26-35	41
36-60	63
60+	90
<b>TOTAL</b>	<b>229</b>

## **5. Mental Capacity Act (2007) & Deprivation of Liberty Safeguards**

The Senior Nurse, Adult Safeguarding is also the lead for the Mental Capacity Act and Deprivation of Liberty Safeguards within the Trust.

This was a complex case relating to the assessment of the patient's mental capacity for decisions on treatment and care

One of the issues was whether the patient had the necessary mental impairment for the purposes of the MCA 2005. Previous compulsory treatment on earlier that year and at other times in the patient's life had probably led to longer-term psychological consequences and made the patient quite distrustful of some of the staff. A consultant liaison psychiatrist confirmed that the patient had experienced "a *psychological reaction* but was not subject of the Mental Health Act. A Deprivation of Liberty Safeguards (DoLS) application was made and granted. On an interim basis, the judge was satisfied that there was reason to believe the patient lacked capacity to refuse the treatment and that the injections were in the patient's best interests. Physical restraint to administer the insulin was very much to be a last resort, and the deprivation of liberty was authorised.

This is the first case the Mental Capacity Lead for the Trust has been involved with that has ended in the Court of Protection and the key learning for the Trust is the need for clear guidance and training for clinicians is required. This was planned to be developed with the Lead for Inquests and Claims and Named Doctor for Adult Safeguarding if appointed (or Medical Director) over 2020 however this timeframe may be affected by the Trust response to the Coronavirus pandemic.

The number of Deprivation of Liberty Safeguards applications made to the Local Authorities are shown in Table 5

**Table 5: Yearly Comparison of Deprivation of Liberty Safeguard's Applications by Local Authority**

	<b>Banes</b>	<b>Wiltshire</b>	<b>Somerset</b>	<b>S. Glos</b>	<b>Other</b>	<b>Total</b>
<b>2014 - 15</b>	148	149	38	10	4	349
<b>2015 - 16</b>	183	182	67	26	5	463
<b>2016 - 17</b>	237	314	90	15	6	662
<b>2017 -18</b>	241	308	97	34	6	686
<b>2018 - 19</b>	282	315	106	23	12	738
<b>2019 - 20</b>	252	336	83	32	7	710

**Table 6: Comparison of Deprivation of Liberty Safeguard's Applications Received against Applications Assessed for April 2019 - March 2020**

<b>Applications</b>	<b>Banes</b>	<b>Wiltshire</b>	<b>Somerset</b>	<b>S. Glos</b>	<b>Other</b>	<b>Total</b>
<b>Received</b>	252	336	83	32	7	710
<b>Authorised</b>	6	3	1	0	0	10
<b>Percentage</b>	2.38%	0.89%	1.21%	0.00%	0.00%	1.41%

The combined total of safeguarding concerns and Deprivation of Liberty Safeguards applications managed by the Trust Safeguarding Team this year is 1663. It was noted that in the last 2 weeks of March the number of safeguarding and DoLS referrals reduced due to the reduction in number of patients in the Trust as beds were made available to care for patients with Covid-19

The Trust, as the Managing Body for DoLS, completes their responsibilities under the DoLS framework by assessing and applying for an authorisation.

The Local Authorities are the Supervisory Bodies for DoLS and have the responsibilities for arranging the independent assessments and hold the risks for any unauthorised DoLS

The Senior Nurse Adult Safeguarding is scoping the options for supporting the Trust to implement the Liberty Protection Safeguards in April 2022 meanwhile the team will be focusing training on improving the quality of the Mental Capacity Assessments completed by the Trust.

## **6. Pressure Ulcers acquired in the RUH**

6 avoidable hospital acquired category 3 pressure ulcers and 1 category 4 pressure ulcer were considered under the safeguarding process following screening by the Specialist Tissue Viability Nurse (TVN). 170 community acquired category 3 and 4 pressure ulcers were seen by the Trust TVNs and will have informed the community TVNs.

The Trust safeguarding team will have raised safeguarding concerns with the relevant Local Authority Safeguarding Teams in relation to the community acquired category 3 and 4 pressure ulcers where appropriate.

## **7. Training**

Trust training figures and compliance rates are listed in the tables below. Compliance continues to improve for Prevent and Adult Safeguarding compliance reports continue to be analysed by the senior nurse and areas that are flagging as red for compliance are contacted, and the managers are offered additional training at ward or department level.



**Table 7: Training Compliance 2019-20**

<b>Subject</b>	<b>Target Compliance %</b>	<b>Q1 %</b>	<b>Q2 %</b>	<b>Q3 %</b>	<b>Q4 %</b>	<b>Staff No. Trained</b>
Level 1 Adult Safeguarding	90%	87.3%	86.6%	85.7%	87.6%	5359
Level 2 Adult Safeguarding	90%	86.3%	84.9%	83.2%	85.9%	3379
Level 3 Adult Safeguarding	90%	4%	4%	15.5%	41%	57
Prevent awareness	95%	95.6%	95.3%	95.2%	95.5%	5840
Prevent WRAP 3	85%	83.4%	83.6%	84.5%	86.7%	3487

**Prevent awareness and WRAP Training Compliance**

Training compliance is on target and is available by ELearning only using materials developed by NHS England

Prevent awareness annual updates will now be in the form of an annual newsletter developed by the local Prevent leads, led by the CCG Prevent lead and was published May 2019.

The Prevent Self-Assessment has been completed by the Prevent Lead and returned to the CCG lead.

**8. Safer Recruitment**

The Disclosure and Barring Policy has been ratified and published; the policy sets out the requirements of the Trust on checks of criminal records obtained through the Disclosure and Barring Service (DBS).

**9. Safeguarding Adult Reviews (SARs)/Domestic Homicide Reviews (DHRs)**

During 2019/20 the Trust has participated in 2 Serious Adult Reviews (1 BaNES and 1 Wiltshire) and 1 Domestic Homicide Review (BaNES).

Action Plans were developed and implemented in response to the Wiltshire SAR and learning was shared in February at the Nursing Grand Round.

The team will continue to review any general actions from SARs or DHRs and bring to the attention of the Safeguarding Adult Committee. The team is currently involved in two potential Safeguarding Adult Reviews for BaNES.

## 10. Organisational Risks

1672-Securing 1:1 support for patients with Learning Disabilities the risk is that the Trust needs to make reasonable adjustments to support patients with a learning disability and for those with highly complex needs staff from their care homes or families have been providing the care. The risk is around staff not employed by the Trust in any capacity (unlike agency staff from agreed frameworks) are delivering care in our wards and often the staff are from a social care background rather than healthcare. Work continues to address this issue.

### Potential risks

1. Compliance with the implementation with the Mental Capacity Act (amended) 2019 in relation to implementing the responsibilities and duties relating to the Trust becoming the Responsible Body for Liberty Protection Safeguards has been delayed until April 2022. The Trust lead for the Mental Capacity Act compliance will continue to focus training on assessing mental capacity and will be able to fully assess the risks to the Trust once the Code of Practice and regulations are published Spring 2021
2. Funding for the Independent Domestic Violence Advisor is agreed annually by the Clinical Commissioning Group. As the post holder supports an extremely high risk group of patients and post Covid-19 easing it is anticipated nationally that there will be an increase in people experiencing domestic abuse or violence will present to services including the Trust the uncertainty of funding each year does not allow for service continuity development
3. Compliance with training is under scrutiny by the safeguarding team particularly levels 1 and 2 as up take of places on the face to face training has steadily decreased and the team has cancelled 2 days of training due to lack of numbers of participants (under 5 on each day)
4. Office space is insufficient to meet the need of the team. The safeguarding team will move forward with a blended approach for providing the service, balancing the need to be visible as a patient facing service and to continue to work in an integrated way with the Children and Young People's safeguarding team and the need to meet social distancing requirements. The safeguarding leads are currently drafting a risk assessment to address the health and safety and staff wellbeing requirements and need for sufficient office space

## 11. Achievements 2019-20

- Development of the Adults and Children's Safeguarding Committees to include a joint committee Think Family focused session which includes a case study or shared learning from Safeguarding Adult Reviews or Serious Case Reviews.
- Delivery of Level 3 adult safeguarding training. Three successful sessions have been delivered training for 57 staff with positive evaluations from all participants.
- Carers Charter, developed with support from the Trust Carer Partnership Group, was launched as part of Carers Week in June 2019

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- The Senior Nurse, Adult Safeguarding and Named Nurse, Children’s Safeguarding have led on the supervision pilot sites as part of the development of a model of supervision for the Trust which is part of the Nursing and Midwifery Strategy.
- Introduced the publication of a quarterly Trust Safeguarding Newsletter “Everybody’s Business”

## 12. Objectives for 2020 - 21

- To refresh the training needs analysis for Levels 1 and 2 adult safeguarding training to meet the Intercollegiate Competency Framework
- To continue to ensure the provision of timely advice in relation to safeguarding and Mental Capacity despite staff working predominantly at home during the Covid-19 pandemic
- To ensure the production and implementation of a recovery plan as lock down measures ease and in line with the expected surge in safeguarding activity particularly in relation to domestic abuse and self-neglect/neglect
- To continue to monitor the actions to achieve compliance with the Learning Disabilities Standards for patients with a Learning Disability and/or Autism at the joint Safeguarding Committee meetings
- To develop an action plan in relation to the delivery of supervision for adult facing care provision within the Trust.
- To continue to work on promoting vulnerable patients’ wishes in relation to Mental Capacity Assessments and discharge planning for patients with complex needs
- To review the Liberty Protection Safeguards Code of Practice and Regulations (still to be published) and develop and deliver an action plan for the Trust to meet the responsibilities and expectations laid down in the Code and Regulations

## 13. Concluding Comments

This report has concentrated on the key safeguarding activity improvements and risks within the organisation. Whilst it has provided an opportunity to demonstrate key activity it is by no means a full report of achievements of the Adult Safeguarding Team and others in the organisation. It is appropriate to acknowledge the achievements of the Adult Safeguarding Team, the support of the Executive Lead for Safeguarding, the safeguarding activities of staff.

The adult safeguarding adult team continue to strive for best practice for patients and their families, especially with new ways of working due to the pandemic where we are even more reliant on our colleagues on the frontline to be the eyes and ears for safeguarding and will progress new ways of working throughout 2020-21.

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## Appendix 1

<b>Name of Organisation:</b>	<b>Royal United Hospitals Bath Foundation Trust (RUH)</b>	<b>Date completed:</b>	<b>30/05/2019</b>	<b>Completed by:</b>	<b>June Thompson, Specialist Practitioner Adult Safeguarding</b>
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Question	Response/Evidence	RAG Rating
<b>1. Governance</b>		
<ul style="list-style-type: none"> <li>Does your organisation have a board level lead for safeguarding adults?</li> </ul>	Director for Nursing and Midwifery.	
<ul style="list-style-type: none"> <li>How does your organisation support the LSAB and its LSAB sub-groups?</li> </ul>	<p>Representation at Board level by the Director or Deputy Director for Nursing and Midwifery.</p> <p>Members of the Trust Adult Safeguarding Team attend each relevant sub group.</p>	
<ul style="list-style-type: none"> <li>Does your organisation have a named Adult Safeguarding professional?</li> <li>Does this person have protected time and a job description?</li> </ul>	<p>Senior Nurse Adult Safeguarding.</p> <p>This is a full time post and has a job description.</p>	
<ul style="list-style-type: none"> <li>Do you have safeguarding adult's policy, procedures and guidelines?</li> <li>When were these last reviewed?</li> <li>How does your organisation communicate this to your workforce?</li> </ul>	<p>Adult Safeguarding Policy is in place and last reviewed July 2015 to be compliant with the Care Act 2014.</p> <p>Staff guidance has been adapted for use by the Trust from the Wiltshire LSAB staff guidance.</p> <p>Access to the BaNES and Wiltshire LSAB's websites has been hyperlinked into the Trust intranet Adult Safeguarding page.</p> <p>Communication is via the Staff News (electronic) the Trust</p>	
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	<p>Practitioner Network and training programmes.</p> <p>The team has refreshed their Top Tips in relation to safeguarding and related subjects such as learning disabilities, mental health, mental capacity and DoLS.</p>	
<ul style="list-style-type: none"> <li>▪ Does your organisation have a policy for managing visits by celebrities, VIPs and other official visitors?</li> </ul>	Yes	
<ul style="list-style-type: none"> <li>▪ Has your organisation been involved with any inspection related to safeguarding adults? If yes, please give details</li> </ul>	No	
<ul style="list-style-type: none"> <li>▪ Have you submitted an annual safeguarding report to the CCG which has been reviewed internally by senior management?</li> </ul>	The Annual Report will be submitted to the Trust Board in June and to the CCG by 1 <sup>st</sup> September as per schedule.	
<p>How does your organisation ensure all the following are assessed against safeguarding criteria?:</p> <ul style="list-style-type: none"> <li>▪ Complaints/PALs contacts</li> <li>▪ Adverse &amp; serious incidents</li> <li>▪ Performance management cases</li> <li>▪ Category 3 and 4 pressure ulcers</li> </ul>	<p>The safeguarding team works with the PALS/Complaints Team and has previously provided bespoke training. The PALS contacts are shared with the team on a monthly basis.</p> <p>The safeguarding team is automatically alerted via Datix of certain incidents and has a standing invite to every serious incident professional review.</p> <p>The safeguarding team liaises with the Deputy Director for HR who undertakes the Allegations Officer role or the HR Business Partners for any performance management cases.</p> <p>All multiple category 2, category 3 and 4 pressure ulcers are validated by the Trust Tissue Viability Nurses who will complete their screening tool and refer to the Trust Adult Safeguarding Team.</p>	

<b>2. Training , Skills &amp; Competences</b>		
<ul style="list-style-type: none"> <li>▪ Do you have a training strategy which includes a matrix that identifies the safeguarding adults training needs for all staff inc. volunteers?</li> <li>▪ Do staff receive refresher/update training every 3 years?</li> </ul>	<p>There is a training needs analysis in place that includes volunteers. All training programmes are reviewed annually by the senior nurse alongside the training needs analysis. This will be reviewed again when the NHSE Intercollegiate Document is finally published.</p> <p>All staff receive update training every 3 years, either by face to face sessions or through e-learning programmes.</p>	
<p>Does your training strategy include awareness raising for:</p> <ul style="list-style-type: none"> <li>▪ Domestic Violence</li> <li>▪ Human trafficking &amp; modern slavery</li> <li>▪ Forced marriage</li> <li>▪ Female Genital Mutilation</li> </ul>	All are included.	
<ul style="list-style-type: none"> <li>▪ Who provides the safeguarding adults training in your organisation?</li> </ul>	The Senior Nurse, Adult Safeguarding and the Specialist Practitioner, Adult Safeguarding.	
<ul style="list-style-type: none"> <li>▪ How do you monitor the impact of the training on practice and outcomes?</li> </ul>	The number of referrals made to the team, CQC inspection feedback, discussions at the Practitioner Network meetings where attendees are encouraged to discuss a case they have been involved with at ward or department level. The Specialist Practitioner under takes case notes audits reviewing referral processes.	
<b>3. Managing Adult Safeguarding Concerns</b>		
<ul style="list-style-type: none"> <li>▪ Are adults at risk referred to advocacy services when necessary? How do you monitor/record this?</li> </ul>	Referrals are made to the local advocacy by the wards and departments and would be recorded in their clinical records. The referral process has now changed so that the referral is made through the patient's electronic patient record so that we have clearer and more easily accessible data.	

<ul style="list-style-type: none"> <li>Are there opportunities for staff and volunteers to debrief and reflect following safeguarding concerns?</li> </ul>	<p>All staff are offered an opportunity by the safeguarding team when there has been a safeguarding concern and this is also offered where a serious incident has occurred (via Employee Assistance Programme or TRiM). This is also offered to students if they are involved in the incident.</p>	
<ul style="list-style-type: none"> <li>Do you have robust systems that allow you to accurately record, monitor and report all safeguarding activity?</li> <li>Do you have a process for assessing and addressing safeguarding risks?</li> </ul>	<p>The Adult Safeguarding Team maintains a database with links to records that are generated by the team.</p> <p>Trends in allegations against the Trust are monitored and a quarterly report is presented to the Trust Operational Governance and Adult Safeguarding Committees.</p>	
<ul style="list-style-type: none"> <li>How do you check/audit records for accuracy, relevance and timeliness? How often do you do this?</li> </ul>	<p>An audit of the safeguarding records is planned to take place bi-monthly in 2018-19 and this is on a multi-disciplinary basis.</p>	
<b>4. Safe Recruitment &amp; Retention of Staff</b>		
<ul style="list-style-type: none"> <li>Does your organisation have a safe recruitment policy that is reviewed annually?</li> </ul>	<p>The recruitment and DBS policies are reviewed as per all Trust policies on a 3 yearly cycle unless there are any changes required meanwhile.</p>	
<ul style="list-style-type: none"> <li>Does your recruitment policy include volunteers, charity fund raisers or celebrities?</li> </ul>	<p>Yes</p>	
<ul style="list-style-type: none"> <li>Do all job descriptions include a statement on the roles &amp; responsibilities to safeguarding adults? If not, why not?</li> </ul>	<p>Yes</p>	
<ul style="list-style-type: none"> <li>How do you gain assurance that any contracted services or individuals follow safe recruitment processes?</li> </ul>	<p>All contractors are managed by the Estates and Facilities departments and clinical agency staff are all managed through the Trust's Staffing Solutions team.</p>	

<p>Do all your staff, including volunteers, who have contact with adults at risk (i.e. regulated activity) have an enhanced DBS check?</p> <ul style="list-style-type: none"> <li>▪ What number and % are outstanding?</li> <li>▪ How are you addressing this?</li> </ul>	<p>The Trust has commenced the plan to retrospectively DBS check staff who have never had one over the next 3 years. Non-clinical staff who have never had a DBS will be asked to complete a 'Self-Declaration' Form.</p> <p>Management Board decision continues with last year's decision to maintain current practice as compliant with NHS Employers requirements.</p>	
<b>5. Managing Safeguarding Adult Allegations against Staff</b>		
<ul style="list-style-type: none"> <li>▪ Does your organisation have a process in place for the management of allegations against staff?</li> </ul>	Yes	
<ul style="list-style-type: none"> <li>▪ How does your organisation promote zero tolerance to abuse?</li> </ul>	This is detailed in the Employee Code of Conduct.	
<ul style="list-style-type: none"> <li>▪ Does your organisation report allegations to a designated officer who will support investigations?</li> </ul>	Yes, this could be the Allegations Officer or one of the HR Business Partners.	
<ul style="list-style-type: none"> <li>▪ How do you ensure that all your staff know how to report a concern about a member of staff?</li> </ul>	<p>There are the following policies:</p> <p>Managing Conduct and Raising Concerns (Whistle blowing) there are also Freedom to Speak Up Guardians identified in the Trust.</p> <p>There is a confidential national telephone line and e mail address for staff to use if they do not want to raise concerns via their line manager.</p> <p>All this is included in the Adult Safeguarding Induction and update training and available on the Trust intranet.</p>	



<ul style="list-style-type: none"> <li>▪ Are all allegations reported to the CCG? If not, why not?</li> <li>▪ How is this reported?</li> </ul>	<p>Via Datix reporting and direct contact by the Senior Nurse, Adult Safeguarding or Specialist Practitioner, Adult Safeguarding.</p>	
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6. Multi-Agency Working		
<ul style="list-style-type: none"> <li>▪ Does a senior manager (executive) from your organisation, who has decision-making authority, regularly attend the LSAB?</li> <li>▪ Does a nominated deputy attend the LSAB in their absence?</li> </ul>	<p>Yes.</p> <p>Yes.</p>	
<ul style="list-style-type: none"> <li>▪ How does your organisation ensure that staff adhere to statutory information sharing guidance?</li> </ul>	<p>Follow information governance policy and procedures and have to complete training on an annual basis.</p>	
<ul style="list-style-type: none"> <li>▪ Has your organisation been requested by the LSAB to complete an audit or report (e.g. Individual Management Report)?</li> <li>▪ If yes, what was requested and was this completed within the required timeframes? If not, why not?</li> </ul>	<p>Domestic Homicide Review (DHR) – Individual Management Report (IMR) completed and presented at panel.</p> <p>Two Serious Adult Review (SAR) – Individual Management Report (IMR) completed and presented at panel.</p> <p>All were completed on time.</p>	
<ul style="list-style-type: none"> <li>▪ Has progress against subsequent single agency action plans been reported to the CCGs &amp; LSAB?</li> </ul>	<p>No actions identified for the Trust from the SARs.</p> <p>DHR process still ongoing, as yet no actions identified for the Trust.</p>	
<ul style="list-style-type: none"> <li>▪ How does your organisation demonstrate that you have engaged with/implemented multi-agency recommendations from any Safeguarding Adults reviews (SAR's) you have been involved with?</li> </ul>	<p>No actions identified for the Trust from the SAR's but the safeguarding team review the overarching actions and attended learning events to inform practice at the Trust if necessary.</p>	

<ul style="list-style-type: none"> <li>Can your organisation demonstrate that learning has been adopted from both national &amp; local SAR's?</li> </ul>	<p>Learning and recommendations are and will be discussed at the Adult Safeguarding Committee to decide how to disseminate actions or learning to the Trust. Local SARs, once published, are available via links to the local safeguarding adults board web sites on the Trust intranet safeguarding web page.</p>	
<p><b>7. Engaging Adults and their Carers/Families</b></p>		
<ul style="list-style-type: none"> <li>How does the organisation ensure that service users and their carers/family are actively engaged in the safeguarding process?</li> </ul>	<p>Using the Making Safeguarding Personal approach, patients and family are invited to participate in any safeguarding review meetings and offered the opportunity to discuss if they do not wish to attend the meetings.</p>	
<ul style="list-style-type: none"> <li>How does the organisation ensure that the voice of the adult at risk is heard at both clinical and Board level?</li> </ul>	<p>Through the Executive Lead at Board level and at the Professional Nurse and Midwifery Forum should there be a patient story that needs to be shared.</p>	

## Appendix 2

### Learning Disability Annual Report 2019-20

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## 1. Introduction

This report is to provide assurance that there are measures in place to provide equitable access to acute care for patients with a learning disability at the Trust and to report on the activity of the Learning Disabilities Liaison Nurse. This report covers the period April 2019 – March 2020.

## 2. Background

In 2015 NHS England committed to the programme of ‘Transforming care for people with learning disabilities’. This was a commitment to improve services for people with learning disabilities and/or autism, who display challenging behaviors including those with a mental health condition. The overriding aim is to enable people to live in the community with support that meets their needs, close to home.

Nationally the following NICE guidelines (NG) relating to people with Learning Disabilities have been published. The Trust is not yet fully compliant with the guidance and is part of the Learning Disabilities Work plan 2019-20:

- NG11: Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges (May 2015);
- NG54: Mental health problems in people with learning disabilities : prevention, assessment and management (Sept 2016);
- Learning disabilities and behaviour that challenges: service design and delivery (March 2018);
- NG96: Care and support of people growing older with learning disabilities (April 2018).

## 3. Service

The learning disability service has been under review and is now to be provided by 1 Learning Disability Liaison Nurse (LDLN) 3 days per week (0.6 WTE) and 1 Safeguarding and Learning Disability Support Worker 4 days per week (0.8 WTE). This new post has been recruited to in March 2019 and the new post holder commences in May 2019.

Referrals are received by the LDLN via the following routes:

- Staff in wards and departments identify that the patient has a learning disability and refer by telephone or e mail.
- Staff complete an Initial Risk Assessment on Millennium (the Trust electronic patient record system). If the patient has a learning disability, learning difficulty or suspected learning disability/difficulty, an automatic referral is generated to the LDLN.
- Community teams refer by telephone or e mail.

Patients already known to the service have a flag to identify that they have a learning disability on the electronic patient record (Millennium). This provides a visible alert for staff on their patient list.

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The LDLN updates the Clinical Site Team so that any inpatients with a learning disability are included on the site office patient safety board. She also liaises with the weekend matron regarding the most vulnerable patients.

The wider Adult Safeguarding team respond to any urgent queries or concerns in the LDLN's absence

**4. Policies**

The Trust has a policy entitled 'Supporting Adults with a Learning Disability'. The policy reflects national recommendations and gives pathway guidance for people with a learning disability accessing acute care at the Trust. It also provides examples of reasonable adjustments that can be made to support their hospital stay.

**5. Documentation**

Hospital staff are reminded and encouraged to make use of 'Passports to Hospital Care' at the following opportunities:

- when referring patients on Millennium;
- during LDLN ward visits and patient reviews;
- during training sessions and E learning training updates;
- within the policy (Supporting Adults with a Learning Disability).

There is additional Trust documentation to support patients with a learning disability (Learning Disability Specific Needs Document). This has been reviewed and amended to reflect current guidance. The latest version has been shared for discussion and approval at the April 2019 Safeguarding Adults Committee. The LDLN has also developed a Learning Disability communication sheet which will be tested with Respiratory ward during Quarter 1 2019/2020.

**6. Quality, Audit and Assurance**

**i) Audit:**

Audit and review of NICE guidance has influenced amendments to the Learning Disability Specific Needs Document.

The results of the re-audit of Consent Standards for Patients with Learning Disabilities undergoing Surgical Procedures, has been reviewed by the Medical Director and the Mental Capacity Group.

The audit evidenced that mental capacity was being discussed and considered, during the consent process. However, use of the Trust Mental Capacity assessment document was inconsistent. This form was revised in October 2018 and is available on the Trust intranet.

The Consent Policy is due to be revised and re-audited in 2019.

**ii) Mortality Reviews:**

During 2019/20 Trust deaths of patients with known learning disabilities are notifiable to the LeDeR Programme. This is a national programme that is being rolled out under the NHS England footprint in line with transforming care partnerships.

Under this programme, which is based at Bristol University, all deaths of people with a learning disability over the ages of 4 are being reviewed. The Trust participates in this review by notifying the LeDeR Programme of the known deaths of patients with a confirmed diagnosis of learning disability.

The LDLN attends the Trust Mortality Surveillance Group. This group has developed processes for the implementation of structured judgement reviews (SJR).

LeDeR reviewers have started to request SJRs as part of their review process. Learning from LeDeR newsletters and reports has been shared in the Trust safeguarding newsletter, and included in the new communication sheet.

**iii) Work plan:**

The LDLN work plan items are reviewed at the Safeguarding Adults Committee.

The Learning Disability work plan and priorities were included as work streams within the Adult safeguarding Strategic Plan for 2019/2020. Progress has been monitored and reviewed at the Safeguarding Adults Committee.

During Quarter 3 the Trust participated in the NHS Improvement benchmarking programme. The results from this (awaited) will form the basis of the 2019/20 learning disability work plan objectives.

**7. Autism**

During 2019 The LDLN has delivered autism awareness training to staff within the Trust. This training has been rolled out to both hospital wards and departments. Staff attended included nurses, healthcare assistants, administrative staff and nursing students and will continue in 2020.

**8. Training**

In addition to the autism awareness sessions, awareness training on how to support people with a learning disability while in hospital is also available to staff. This is delivered as part of the Initial Mandatory training programme for clinical staff via the Adult safeguarding e learning package and at Level 2 Adult safeguarding update training. There are also two external e-learning modules available for staff to access.

The LDLN has supported trainee nursing assistants (TNA) to gain experience, knowledge and skills on one day placements. The LDLN also facilitated the first TNA placement within the safeguarding and learning disabilities team.



## 9. Activity

The following data reflects activity from April 2019 to March 2020. A database is held by the LDLN which records patient information and attendances.

The number of hospital in-patients referred to the LDLN for the reporting period of April 2019 March 2020 was 317, an increase from the previous year.

<b>Referrals</b>	<b>2018/19</b>	<b>2019/20</b>
April	14	37
May	22	29
June	27	27
July	28	19
August	28	21
September	13	18
October	25	19
November	27	17
December	29	36
January	26	30
February	19	25
March	18	39
<b>Total</b>	<b>276</b>	<b>317</b>

The Learning Disability database records details of patients referred including those who have required adjustments to care in regard to outpatients and planned admissions. The in-patients with the most complex needs are prioritised for review by the LDLN.

Many of the patient referrals required reasonable adjustments to be made to support their hospital stay, an example of reasonable adjustments that have been made for a patient attending the emergency department;

A patient with a severe learning disability and autism has a plan in place as previous attendances have highlighted the need to reduce risks of delay and escalation of his anxieties related to his autism when he attends the emergency department (ED). The LDLN and Community LDLN met with the patient's family and support team and identified some key adjustments required for the patient. Following this an ED Consultant helped to develop a one page plan including the required adjustments and a clear flow chart for staff to follow.

This has now been amended and agreed and has been added to the ED electronic record system for future admissions.

It has also been agreed that the plan will be reviewed and adapted following any such admissions. This has provided reassurance for the patient and family, and an opportunity for joint working between the hospital and community.

**Patient Experience**

The Trust participated in the NHS Improvement Benchmarking which included seeking patient feedback (results awaited).

The interview panel for the safeguarding and learning disability support worker included a project search student with disabilities so that their views and opinions could be considered.

There is a range of easy read information available on the learning disability intranet site. Requests for accessible information are recorded on the patient electronic record, and interpreters (e.g. British Sign Language) can be arranged via the Trust intranet patient experience section.

The innovation panel has agreed to fund a range of sensory activities for patients with a learning disability to provide distraction or calming activities for the patients. The LDLN has liaised with carers and therapists to identify the best items to purchase and is beginning to build a resource for use in the wards and departments. An activity box has been provided for the emergency department and additional resources are held in the safeguarding office. These can be provided by the LDLN or safeguarding team to wards and departments to support individual patients

The Trust ‘See it my way’ event in February 2019, Living with a learning Disability, enabled patients, carers and staff to share their experiences with a wide range of Trust staff. A short film of the key messages from this event is in the process of being shared with staff and made available for staff on the Trust intranet.

**10. Objectives for 2020-21**

- To increase the knowledge and skills of clinical staff in relation to learning disabilities and autism.
- To continue to build on action plan to ensure compliance with the NHS Improvement Standards for patients with learning disabilities and/or autism.
- To work with the palliative care team to improve end of life care for people with learning disabilities and or autism.

**11. Summary**

This report highlights the progress within the Trust in relation to the following;

- The activity of the Learning Disability Service and progress with the work plan.
- Referral processes and reasonable adjustments made for patients with a learning disability.
- Delivery of staff training; both on how to support people with a learning disability and awareness of the needs of people with autism.
- Ongoing work to improve the service to people with learning disabilities.

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## 12. References

Building the Right Support 2015

<https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf>

Confidential Inquiry into the premature deaths of people with a learning disability (CIPOLD 2013)

<http://www.bris.ac.uk/cipold/>

Independent review of deaths of people with a Learning Disability or Mental Health problem in contact with Southern Health NHS Foundation Trust April 2011 to March 2015 2016

<https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2015/.../mazars-rep.pdf>

NICE guideline 2015: (NG11) *Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges*

NICE guideline 2016 (NG54): *Mental health problems in people with learning disabilities: prevention, assessment and management*

Trust policy: Supporting Adults with a Learning Disability: [http://webserver.ruh-bath.nhs.uk/staff\\_resources/governance/policies/documents/clinical\\_policies/blue\\_clinical/Blue\\_7027.pdf](http://webserver.ruh-bath.nhs.uk/staff_resources/governance/policies/documents/clinical_policies/blue_clinical/Blue_7027.pdf)

Transforming care

<https://www.england.nhs.uk/wp-content/uploads/2015/01/transform-care-nxt-stps.pdf>

Addendum:

## **Performance against the learning disability improvement standards: Findings from the NHS benchmarking network exercise**

### **1 Introduction**

In June 2018 NHS Improvement launched the national learning disability standards for NHS Trusts. The 4 standards are:

- Respecting and protecting rights
- Inclusion and engagement
- Workforce
- Specialist learning disability services

The first 3 standards should be met by all Trusts and the 4th is specifically for Trusts that provide services commissioned exclusively for people with learning disabilities, autism or both.

A national Benchmarking took place between September and December 2018, to gather the first set of baseline data against the 4 standards. In July 2019 the findings from the benchmarking process were provided to the RUH in a bespoke report.

The RUH participated in the benchmarking process in order to identify service improvements required for people with learning disabilities, autism or both. Equally, compliance with standards identifies areas where we are delivering high quality services.

Over a million people in England have a learning disability and there is evidence that they often experience poorer access to healthcare than the general population.

Organisations have a duty to make reasonable adjustments for people with learning disabilities and / or autism to ensure they have good access to healthcare.

*The NHS Long Term Plan* (January 2019) commits the NHS to ensuring that all people with a learning disability, autism or both can live happier, healthier, longer lives.

### **2 Project Process and Data Collection**

There were 3 components to the benchmarking process:

1. An Organisational Survey
2. A Staff Survey
3. A Service user / Patient Survey

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### 3 Participation

213 organisations from across England registered for the project, of these 129 were acute services. 191 organisations completed the organisational survey, 189 surveyed their staff, and 119 surveyed service users / patients. The RUH participated in all 3 components of the project.

#### The Report Findings

#### The Organisational Survey

#### Organisational Level Reasonable Adjustments

Reasonable Adjustments offered National and RUH	National compliance	RUH compliance
There are triage processes which prioritise people with LD in distress	86%	Yes
Low stimulus area/waiting area?	60%	No
Changing places/ toilet facilities?	42%	No
Accessible information regarding the services it provides?	90%	Yes
Accessible appointment letters?	59%	Yes
Facilities to support carer involvement?	98%	Yes
Accommodate carers overnight on site?	86%	Yes
Home visits (out patients) for people with LD instead of an outpatient	58%	No
Discounted/free parking for people?	76%	Yes

#### Standard 1 - Respecting and protecting rights

##### Areas where the Trust is performing well

- There are procedures in place to ensure that the pathways of care for people with learning disabilities are concordant with all guidance
- Service users in hospital have access to statutory and/or general advocacy services.
- The Trust regularly audits any restrictions and deprivations of liberty it places on people.
- The Trust ensures it has representation at the local Learning Disabilities Mortality Review (LeDeR) strategy group.

##### Areas Requiring Improvement

- The Trust does not have identified low stimulus waiting areas or changing places toilet facilities
- The Trust does not currently hold a list of people with learning disabilities waiting for assessment and/or treatment, and so does not have policies to regularly contact service users with updates. Waiting times for this group of patients are not monitored or reported to the board
- The Trust does not have service delivery outcome measures or data in order to understand how effective our services are for people with learning disabilities.

- The Trust does not routinely conduct post incident reviews and debriefs following incidents where restrictive interventions have been used
- The Trust needs to have an agreed process for learning from these reviews and to be able provide data relating to percentages of causes of deaths of patients with learning disabilities

## **Standard 2 - Inclusion and engagement**

### Areas where the Trust is performing well

- The organisation has a forum to engage the views of patients and carers (the patient experience group)

### Areas requiring Improvement

- The Trust needs to increase opportunities for people with learning disabilities to meet and engage with services so that their views are heard
- Equality Impact Assessments should be completed to identify the impact on people with learning disabilities when any service changes are considered
- The Trust needs to review its complaints process to make adjustments for people with learning disabilities
- The Trust does not have a process for home visits for people with learning disabilities instead of outpatient appointments.

## **Standard 3 - Workforce**

### Areas where the Trust is performing well

- The Trust employs people with learning disabilities: - Nationally 75% do, however the RUH is in the top 10% - employing 36 WTE where the average is 6 WTE and the maximum is 37 WTE
- The Trust workforce plan includes looking at new roles in LD care
- The organisation has clearly identified leads to improve services for people with a learning disability
- The organisation has a board level lead for monitoring and assuring the quality of services for people with a learning disability
- The organisation provides training for staff to help them support people with learning disabilities including communication modification and safeguarding.

### Areas requiring improvement

- The number of designated learning disability liaison nurses employed by the Trust is below average
- The Trust induction programmer does not invite people with a learning disability to contribute to staff training

## **4 Results from staff and patient survey –full results detailed in Appendix 1**

- 20 staff were contacted to complete the survey as per the benchmarking guidance, 9 responded.
- 80 patients were contacted, by letter, telephone or face to face to offer the opportunity to participate in the survey. 2 patients responded

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**5 Conclusion**

This report summarises RUH Bath results from the first NHS benchmarking process relating to the NHS Improvement Standards for people with learning disabilities and / or autism. NHS Improvement aim to apply the standards to all NHS funded care by 2023/24.

The RUH Learning Disability team have developed an overarching work plan for 2019 -2022 to ensure progress is made in identified areas for improvement which include the areas identified from the national benchmarking.

**6 Recommendation**

This report recommends that Trust Board supports the implementation of a learning disability and autism steering group. The group to be chaired by an employee of the Trust with a Learning Disability supported by the Deputy Director of Nursing and Midwifery with the purpose to oversee the improvement work required. Terms of Reference are currently being drafted and members invited.

**7 References**

National learning disability improvement standards for NHS Trusts (2018)  
The NHS long term plan (2019)

**Appendix 3**

**Mental Health Annual Report 2019 – 2020**

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**Joe Bereza**

*Mental Health Liaison Lead (CAMHS)*

**Zara March**

*Specialist Perinatal Mental Health Midwife*



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## 1. Introduction

The aim of this report is to update the Board on the activities relating to patients with Mental Health needs between April 2019 and March 2020.

The Mental Health Act provides a legal basis on which to detain, assess and treat those with, or suspected of having a mental illness/disorder and allows for the compulsory treatment of a mental illness.

The Royal United Hospitals Bath NHS Foundation Trust (RUH) is registered with the Care Quality Commission (CQC) for the regulated activity of assessment or medical treatment of a person detained under the Mental Health Act 1983 (as amended in 2007).

## 2. Background

The RUH coordinates the Joint Trusts Operational Mental Health Group which is chaired by the Deputy Director for Nursing and Midwifery and attended by senior members of staff from the RUH and Avon and Wiltshire Mental Health Partnership (AWP). The purpose of the Operational Mental Health Group is to provide a forum for identification and resolution of on-going operational and interface issues relating to the provision of mental health care within the RUH. This group has an operational Work Plan and the implementation is monitored within this meeting.

AWP is commissioned by the local Clinical Commissioning groups to provide mental health liaison services to the RUH. A locality based mental health liaison team are based within the RUH.

## 3. Policies and Guidelines

*The Safe and Supportive Observation Policy* is available on the Trust's intranet. This policy is used to identify when a ward may need extra staff to support a patient. The policy includes the process for requesting extra staff, guidance for the level of observation needed, expectations for all staff including specialist mental health staff and paperwork to record care given.

*The Mental Health Act Policy; Care of Adults detained under the Act* is available on the Trusts intranet. The aim of the policy is to support staff in the effective implementation of the Mental Health Act, to ensure service users detained under the Act receive care and treatment lawfully and that they are able to exercise their rights at all times.

*Managing Clinically Challenging Behaviour Guidelines*; is available on the Trust intranet. The purpose of the policy is to support staff in managing patients with challenging behaviours on the wards and departments.

## 4. Service Level Agreement

The Mental Health Act service level agreement provides clinical and administrative support for patients detained at the RUH under the Mental Health Act. AWP are the provider of clinical and administrative services. This agreement is in place to ensure the RUH meets all the administration requirements under the Mental Health Act.

This includes provision of, the Responsible Clinician role, medical scrutiny of Section papers and training for Clinical Site Team and administrative support for patients wishing to appeal against their Section or advisory support.

*Key Clinical Responsibilities:*

- to provide an appropriate clinician to undertake the Responsible Clinician Role for patients detained under a section of the Mental Health Act. Dr William Bruce Jones is the named responsible clinician for the RUH
- to undertake Medical Scrutiny of Section papers – to ensure the section is legal.

*Key Administrative Responsibilities:*

- to provide administrative support 8:30–5:00pm
- to provide annual training for the site team with the administration of Section papers
- to provide a hotline in relation to implementation of the Mental Health Act for patients, relatives and staff.

A single point of contact (dedicated phone number) is available for the Psychiatric teams to enable them to ask for advice and plan care with the RUH Acute Physician on call. This supports the physical needs of patients in local mental healthcare settings (Hillview and Ward 4), ensuring their physical care needs are met without an unnecessary attendance to the RUH emergency department.

**5. Patients Detained under the Mental Health Act**

The site team is responsible for overseeing the operational delivery of the Mental Health Act requirements in relation to detained patients, including maintaining a database which logs all records of patients detained under a section of the Mental Health Act. Table 1 provides details of patients detained in 2018-2019 and 2019-2020.

**Table 1: Patients detained under the Mental Health Act 2018–2019 and 2019-2020 (please see addendum for the explanation of various sections for detaining patients under the Mental Health Act)**

<b>Admitted under section 17 leave (2018/19)</b>	<b>Detention under Section 2 (2018/19)</b>	<b>Detention under Section 3 (2018/19)</b>	<b>Detention under Section 5 (2) (2018/19)</b>	<b>Detention under Section 37/41 (2018/2019)</b>
17	19	4	7	0
<b>Admitted under section 17 leave (2019/20)</b>	<b>Detention under Section 2 (2019/20)</b>	<b>Detention under Section 3 (2019/20)</b>	<b>Detention under Section 5(2) (2019/20)</b>	<b>Detention under Section 37/41 (2019/20)</b>
18	20	6	16	0

Patients who are detained under the Mental Health Act have the right to appeal to the hospital manager against their detention at any time. There were no managers or tribunal appeal hearings for 2019–2020.

## 6. Adult Mental Health Liaison Service

The RUH Adult Mental Health Liaison Service (MHLS) is provided by AWP clinicians as a jointly commissioned service by BaNES and Wiltshire Clinical Commissioning Group. The service is for people who are aged 18 years and over, there is no upper age limit. The service is provided to all (as deemed appropriate) individuals who attend or who are admitted to the RUH, regardless of home address, GP registration or accommodation status.

The team is split into 2 sub teams: Adults of Working Age (AOWA) and Older Adults (OA) The AOWA service operates between 08:00 to midnight seven days a week and the OA service operates between 9:00 to 17:00 seven days a week.

Out of hours mental health support is delivered by the BaNES Intensive Service (midnight–8 am), which provides a crisis response and home treatment service within the community as well as supporting the Emergency Department.

### *Mental Health Liaison Service Aims:*

- to provide a comprehensive psychosocial assessment service throughout all clinical departments of the RUH;
- to take the lead in undertaking, managing and evaluating clinical risk in relation to the care and treatment of people with mental health needs in the RUH;
- to contribute to effective, holistic and person centred care delivery within the RUH;
- to provide expert mental health advice, information, support, supervision and sign posting for RUH staff;
- to act as an effective communication channel between the range of secondary mental health services (including those not provided by AWP) and the RUH;
- to contribute to the review, evaluation and further development of mental health services within the RUH.

**Table 2: Mental Health Liaison Service referrals 2017-18, 2018-19 and 2019-20.**

<b>Month</b>	<b>2017-2018</b>	<b>2018-2019</b>	<b>2019-20</b>
April	222	237	229
May	254	250	228
June	232	219	249
July	209	235	264
August	198	244	224
September	190	198	220
October	235	245	230
November	237	232	241
December	217	224	230
January	237	215	246
February	208	204	247
March	236	237	173
<b>TOTAL</b>	<b>2675</b>	<b>2740</b>	<b>2781</b>

The above results show an increase of 1.4% of referrals for 2019/20 in comparison with the previous year.

## 7. Emergency Department

### *Mental Health Breaches*

The Emergency Department breaches relating specifically to mental health patients remain low. The themes of these breaches are discussed during the Joint Operational Mental Health meetings as well as specific cases. The majority of mental health breaches in the Emergency Department are primarily as a result of delays to further assessment by secondary mental health services, awaiting completion of a Mental Health Act assessment or the coordination of psychiatric beds or placements.

### *Mental Health Assessment rooms*

A bid for funds from The Friends of the RUH to upgrade 2 mental health assessment rooms in ED was successful and the work carried out in 2019. Furniture was replaced and a mural painted on the wall.

Through collaborative working with AWP and the RUH the rooms have also been assessed and made anti ligature proof. This includes all the fittings being changed, new CCTV and light switches being moved to outside the rooms.

## 8. Child and Adolescents Mental Health Liaison Service

The Child and Adolescents Mental Health Service (CAMHS) Liaison Service is provided by B&NES Oxford Health and was launched within the hospital in October 2017. Prior to this CAMHS operated an in reach service. The service is available to all children and young people up to the age of 18 admitted to the Emergency Department, Maternity Services and the Children's Ward, where there are concerns about their mental health and/or deliberate self-harm.

The service operates from 9.00 am-8.00 pm Monday- Friday and 10.00 am-6.00 pm weekends and bank holidays. During these times a CAMHS liaison practitioner is on site and available to complete assessments in a timely manner. Outside of these hours CAMHS on-call are able to offer urgent/emergency advice when appropriate outside the commissioned liaison hours. CAMHS are not based onsite outside of commissioned liaison hours. If no medical treatment is needed and the young person can potentially be discharged, CAMHS can offer telephone support to facilitate discharge if appropriate. If the young person needs a face to face assessment, they are admitted to a ward over night for assessment during the liaison hours. This is the current agreed pathway for young people who present out of hours and is in line with NICE guidelines.

### *CAMHS Liaison Service aims:*

- to provide comprehensive bio-psycho-social assessment, formulation and provision of mental health care for patients referred to the team
- to work collaboratively with RUH staff to facilitate a safe discharge
- support and training to general hospital staff relating to child and adolescent mental health
- to support the children's ward in the management of patients with mental health needs and input on discharge planning
- to develop repeat attenders care plans in conjunction with the Emergency Department (ED)
- to develop a Deliberate Self Harm proforma

**Table 3: CAMHS Mental Health Liaison Service Referrals 2019/20.**

<b>Month</b>	<b>2019/20</b>
<b>April</b>	19
<b>May</b>	22
<b>June</b>	9
<b>July</b>	10
<b>August</b>	7
<b>September</b>	18
<b>October</b>	14
<b>November</b>	18
<b>December</b>	23
<b>January</b>	39
<b>February</b>	28
<b>March</b>	32
<b>TOTAL</b>	239

Unfortunately the above figures provided by CAMHS do not include assessments of young people who present and already have a CAMHS care episode open (currently under the team). The actual figure will therefore be slightly higher.

### **9. Crisis Concordat**

Local services are required to work in partnership to put in place the principles of the National Concordat to improve the system of care and support so that people in crisis because of a mental health condition are kept safe and receive the appropriate emergency support in a timely way. The RUH has, with partners, signed a Crisis Concordat agreement in line with national requirements with both Wiltshire and B&NES councils. A Crisis Concordat action plan is in place with B&NES and the RUH is an active participant of the B&NES Crisis Concordat meetings.

### **10. Perinatal Mental Health**

A Band 7 Perinatal Mental Health Midwife provides specialist support to patients, managing a team who caseload women who have complex needs, and ensuring pathways, policies, and processes for these at risk women and families are developed and implemented. The specialist Midwife is now line manager for a new continuity of carer team which launched in November 2019, providing 24 hour care for women with complex social needs in central Bath.

In 2019/20 there were 1,002 women referred to the Specialist Perinatal Mental Health Midwife that were identified as having past or present mental ill health or at increased risk due to family history.

The Specialist Perinatal Mental Health Midwife has been working closely with the local community based perinatal mental health teams. The Avon and Wiltshire perinatal mental health team formally launched in March 2020 and is now at full establishment. The Somerset perinatal mental health team have been accepting referrals since January 2019.

The Specialist Perinatal Mental Health Midwife has been working with women on a one to one basis who have Fear of Labour (Tokophobia) or who are sexual abuse survivors, to provide additional support and care planning. There has been ongoing planning with the local CCG to prepare a bid to be a pilot site for maternity outreach clinics to increase the support available to this group of women.

The patient information leaflet for women with severe mental health concerns was updated to reflect the specialist services in April 2019. A new patient information leaflet regarding depression medication in pregnancy was completed in January 2020 and a new leaflet regarding antipsychotic medication and pregnancy is due to be in print Q1 2020/21. The 'Maternity Mental Health' guideline was updated in October 2019 to reflect changes to the service and to national guidance.

The electronic perinatal mental health screening tool was launched in October 2019 and is built into the maternity booking document. The screening tool has been altered to reflect the current national guidance. The tool is now more comprehensive and includes the screening tools 'GAD-7' (anxiety assessment) and 'PHQ9' (depression assessment) in line with NICE guidance. The tool is automatically sent to the Specialist Perinatal Mental Health Midwife and the woman's GP and is triaged on a weekly basis. The woman's Health Visiting team also receive a copy.

Weekly triage meetings with the Banes, Swindon and Wiltshire perinatal mental health team commenced on the 22nd January 2020. The meeting is attended by the Specialist Perinatal Mental Health Midwife and members of the specialist team. New referrals are discussed at the meeting. A weekly triage with the Somerset perinatal mental health team is due to commence in Q1 2020/21 which is planned to be a telephone triage due to the geographical distance.

Monthly meetings take place with the wider mental health services to discuss women of concern, to ensure that care plans are in place and all relevant teams are aware of the concerns. The meetings are run by the Specialist Perinatal Mental Health Midwife and attended by the Specialist Support Midwife, B&NES and Wiltshire Improving Access to Psychological Therapies (IAPT) Services, Hospital Liaison, Avon and Wiltshire Perinatal Mental Health Team, B&NES and Wiltshire PCLS Services and the Bluebell buddy service. The Keynsham Midwifery service is planning to attend commencing Q1 2020/21.

A joint obstetric/psychiatric clinic commenced on the 19<sup>th</sup> February 2020. The clinic runs fortnightly and is attended by the Consultant Psychiatrist and the Consultant Obstetrician for women with severe mental ill health and under the care of the Banes, Swindon and Wiltshire perinatal mental health team.

A study day regarding perinatal mental health took place on 3<sup>rd</sup> May 2019. The day was well attended by a number of different professionals and was well evaluated with a clear increase in knowledge as a result of attendance. A further study day was arranged for May 2020 however has been postponed due to Covid-19.

## 11. Mental Health Project

The Mental Health Coordinator role has been extended to 2023. The role remains substantially within AWP with an honorary contract within the RUH and is now fully embedded into the RUH systems.

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The priorities remain to review patients' mental health needs and coordinate access to appropriate mental health support, including RUH HCAs, AWP bank HCAs, as well as agency Registered Mental Health Nurses (RMN's). The aim of the role is to support the wards in managing challenging behaviour, improve parity of esteem and reduce overall costs on agency RMN expenditure.

*Ongoing Review of Request for a 1:1*

In line with the Safe and Supportive Observations Policy requests for a 1:1 are reviewed by the Mental Health Project Coordinator. The purpose of this is to review the need for the request, give support and advice to the wards in managing any challenging behaviour, help to coordinate care and ensure patients are being treated in the least restrictive practice.

Once the patient is reviewed, if 1:1 is deemed necessary they will be allocated the appropriate member of staff based on the risk level. This may be a 1:1 from the ward team or more specialist mental health staff: AWP HCA or bank/agency RMN.

*AWP HCA's working in the RUH*

There continues to be a service level agreement in place with AWP to use Band 3 mental health trained HCA assistants within the RUH. These staff members support patients primarily with 1:1 care who have a mental health or challenging behaviour need. Members of AWP staff complete an induction with the Mental Health Coordinator prior to working within the RUH. They are offered supervision by the Mental Health Coordinator as well as group peer supervision by AWP.

The induction continues to be available to Band 3 AWP HCA's interested in working within the RUH.

The AWP HCA role continues to provide the below benefits

- increased staffing levels to support patients with challenging behaviours
- provide ongoing specialist mental health support
- ongoing specialist training for staff recruited to the bank provided through AWP
- regular staff members working
- specialist workers in behaviour management
- an increase in therapeutic activities for the patients

The AWP HCA shifts are put out in advance and request 2 staff members working each shift. This ensures (when filled) we always have specialist staff available to support patients with challenging behaviour and/or mental health needs. The AWP HCA work as 'allocate on arrival' which ensures they are allocated according to patient need and level of risk as highlighted by a risk assessment completed by the ward staff. The AWP HCAs are now fully embedded into the RUH systems and wards.

AWP HCA's, Agency RMN's and the Mental Health Coordinator costs come out of one budget, of which the expenditure can be seen below.



**Table 3: Total monthly spend for 1:1 specialist staff in the RUH for 2017-18, 2018-19 and 2019-20**

<b>Month</b>	<b>2017-2018 £</b>	<b>2018-2019 £</b>	<b>2019-2020 £</b>
<b>April</b>	1,2482	30,493	13,415
<b>May</b>	970	17,529	24,163
<b>June</b>	2,720	<b>11,644</b>	41,717
<b>July</b>	4,517	38,906	59,042
<b>August</b>	5,999	18,437	47,601
<b>September</b>	3,705	28,850	61,280
<b>October</b>	6,499	29,149	61,669
<b>November</b>	484	14,719	34,429
<b>December</b>	1,584	3,922	103,639
<b>January</b>	1,628	26,624	42,170
<b>February</b>	3,952	3,351	42,001
<b>March</b>	5,919	15,818	2,328
<b>TOTAL</b>	<b>£56,459</b>	<b>£201,480</b>	<b>£411,852</b>

The above results show a 104% increase in cost in comparison with the previous year. The reason for the increase in spend is likely due to the Mental Health Coordinator going on maternity leave in December 2018 and cover for the post not starting until April 2019. The staff member covering the role unfortunately left in June 2019 meaning for the majority of the maternity leave was not covered.

This impacted in the following areas:

- initial and ongoing assessments of 1:1 requests not always assessed by specialist staff prior to being authorised.
- reduction of coordination of specialist staff movement in line with new 1:1 requests.
- AWP HCA inductions were not happening therefore new AWP staff members were not taken on during this period.

The Mental Health Coordinator returned from maternity leave in January 2020 which appears to be reflected in the reduction in the monthly expenditure figures above for January and February. February's figure was expected to be under budget however, included in this was an estimate of 3 months of missing RMN invoices for previous months (totalling £36,168.84). This estimate was higher than the actual invoices and therefore the remaining money was taken off the March invoice which accounts for the lower amount.

#### *Collaborative Working*

The Mental Health Coordinator is employed substantively by AWP and on an honorary contract with the RUH. Being in the position to work across both Trusts allows for access to both Trusts systems and joint supervision.

The Mental Health Coordinator facilitates joint working with several teams across the hospital, in particular Mental Health Liaison (including access to Psychiatric Doctors), Alcohol Liaison team, Social Work team, Discharge Liaison team, ward teams, other

services outside of the hospital, including psychiatric wards, AMHP service and secondary mental health services.

This works towards optimising recovery, facilitating discharge and proactively identifying appropriate support post discharge to prevent readmission for the same concern. The Mental Health Coordinator sits on the Joint Trusts Operational Group, attends weekly integrated discharge service meetings and regular site meetings.

**12. Training**

*Understanding Common Mental Health Problems*

A training day was set up in 2018 for clinical staff Band 4 and under, titled ‘Understanding Common Mental Health Problems’ with an opportunity for staff to complete a City and Guilds Unit and gain a certificate following attendance of the day. To date, the course has been run 4 times with 69 staff members attending. The day is facilitated by the Mental Health Coordinator with support from the Education Centre. Feedback from the training has been very positive with 99% of staff stating they would recommend to a colleague. This was due to recommence in 2020 however has been postponed due to Covid-19 social distancing measures.

*Mental Health Awareness*

The Mental Health Coordinator continues to provide a session within the Level 2 Safeguarding update training day. The focus of this is awareness of mental health problems seen in the hospital, what support is available to patients with a mental health need and the referral process to Mental Health Liaison.

*Mental Health Awareness – E Learning Module*

An e learning package has been developed with the aim for the information to mirror the face to face session and will be on staff’s STAR training as an essential subject. We were hopeful it would roll into pilot phase within Q1 2019, however due to no one in post this was not achieved. The target is to roll out to pilot phase by Q3 2020.

**13. Objectives 2020/21**

- Pilot and roll out and review effectiveness e learning package for ‘Mental Health Awareness’ within Quarter 3.
- Mental Health Coordinator to continue to work with AWP bank to increase number of AWP HCA’s inducted to work in the RUH.
- Engage with ward Mental Health Champions and create links to share information and advice regarding Mental Health.
- Support the RUH in achieving compliance with the Mental Capacity Act 2019 (amended) particularly supporting with the roll out of the Liberty Protection Safeguards scheme, although this is likely to be delayed due to Covid-19

**14. Summary**

This report has concentrated on the key mental health activity and improvements to practice within the organisation for 2019-2020. It has included compliance with the Mental Health Act statutory reporting requirements. On-going progress has been made during the year in collaborative work between the RUH and AWP, and with the wider health community under the principles of Parity of Esteem with the focus on ‘Valuing Mental Health Equality with Physical Health’ for patients and their families. This work will continue to progress for 2020-21.

**15. Recommendations**

The Board are asked to note the contents of the report and the activity undertaken.

*Addendum:*

## **Explanation of Sections for detaining patients under the Mental Health Act**

### **Section 2**

It is designed for people who it is deemed necessary to have an assessment for a mental disorder, and that due to their presentation and possible risks this needs to take place in a hospital setting. This section lasts for up to 28 days. Two doctors and an approved mental health professional decide when a person is put on Section 2.

### **Section 3**

It allows for the detention of a person for treatment in hospital based on certain criteria being met.

This lasts for up to 6 months. While on Section 3, a senior doctor called a responsible clinician will be in charge of their care and treatment.

### **Section 5(2)**

If a person came to hospital without being on a Section, they would be an 'informal' or 'voluntary' patient. If they wanted to leave and this was not considered appropriate, the decision would be made to assess them under Section 2 or Section 3. It takes time to carry out an assessment and sometimes a person is placed under Section 5(2) to stop them from leaving.

### **Section 17**

If a patient is detained to the hospital on a Section 2 or 3 they can be granted Section 17 leave. If a patient who is detained in a mental health unit requires treatment for a physical illness they may be given formal Section 17 leave to attend the RUH for treatment of their physical condition.

### **Section 37/41**

This is a Hospital Order made by either the Magistrates of Crown Court requiring a person's detention in hospital. Section 41 is a Court Order which prevents a person from being transferred to a different hospital, granted leave or discharged without the Home Secretary being consulted and is made if the court considers it necessary to protect the public from serious harm.