

# Adult Safeguarding Annual Report

1<sup>st</sup> April 2020 – 31<sup>st</sup> March 2021



**Debra Harrison**  
**Named Nurse, Adult Safeguarding**

Author : Debra Harrison, Named Nurse Adult Safeguarding Document Approved by: Lisa Cheek, Director of Nursing and Midwifery	Date: 3 <sup>rd</sup> August 2021
Quality Governance Committee	Page 1 of 59

**Contents**

**1.0 Introduction..... Page 3**

**2.0 Governance and Corporate Standards..... Page 3**

**3.0 Legislation (Policies & Procedures)..... Page 4**

**4.0 Activity..... Page 5**

**5.0 Mental Capacity Act (2005) & Deprivation of Liberty Safeguard Page 7**

**6.0 Pressure Ulcers Acquired at the RUH..... Page 8**

**7.0 Training..... Page 8**

**8.0 Safer Recruitment..... Page 8**

**9.0 Serious Case Reviews/Domestic Homicide Reviews..... Page 8**

**10.0 Organisational Risks..... Page 9**

**11.0 Achievements 2019/20..... Page 9**

**12.0 Objectives 2019/20..... Page 10**

**13.0 Concluding Comments..... Page 10**

- Appendix 1: Annual Audit**
- Appendix 2: Learning Disability Annual Report + Addendum**
- Appendix 3: Domestic Abuse Annual Report**
- Appendix 4: Mental Health Annual Report + Addendum**

## 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 Named Nurse, Adult Safeguarding, Specialist Practitioner, Adult Safeguarding, and Liaison Nurse for Learning Disabilities and this team reports to the Chief Nurse 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

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 Named 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.

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. The structures for safeguarding assurance processes are under review for 2021-2022.

**The impact of Coronavirus Pandemic**

There were no changes at any time, to legal requirements for Adult Safeguarding and the Mental Capacity (Amended) Act in the Coronavirus Act 2020.

Following the ongoing requirements to adhere to social distancing implemented in March 2020 the team have been predominantly working from home and implemented a duty rota to support the administrators who have remained office based. The team continues to monitor referrals and communications whilst working in this way. Referrals have not reduced during the pandemic and the top 3 referral concerns remain as before, being Neglect, Self-neglect and Domestic Abuse.

A significant number (10) of the safeguarding allegations against the Trust relating to care have been around discharges and concerns raised by families and care providers. The restrictions on visiting and the changes to the discharge processes may have affected this in that family members were not able to always visit to be involved with the discharge planning and care providers were not able to assess the patients on the wards as was the practice pre COVID. Communication and coordination could also have been hampered as reliant on using phone calls and other virtual methods for contact rather than face to face when visiting patients on the wards.

**Learning Disabilities**

See Annual Report attached at Appendix 3.

**3. Legislation (Policies and Procedures)**

The adult safeguarding team has ownership of 13 Trust policies. 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, 40 allegations against the Trust, a majority of which were referred in by the adult safeguarding team for consideration under Section 42 of the Care Act 2014 by BaNES Local Authority.

The allegations consisted of;

- 9 relating to staff conduct
- 31 relating to care incidents such as falls, unexplained bruising/wounds, hospital acquired pressure ulcers and unsuccessful discharges

Of the 40 cases

- 20 did not meet the threshold for further safeguarding enquiries (50 %)

Of the 20 cases that did screen in for a Section 42 Enquiry

- 4 cases were unsubstantiated,
- 1 cases were partially substantiated,
- 4 cases were substantiated,
- 2 cases were inconclusive and
- 9 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 2018 – March 2021**

	<b>Banes</b>	<b>Somerset</b>	<b>Wiltshire</b>	<b>S Glos</b>	<b>Other</b>	<b>Total</b>
<b>2018-2019</b>	372	103	430	27	26	958
<b>2019-2020</b>	352	108	421	32	40	953
<b>2020-2021</b>	<b>577</b>	<b>109</b>	<b>356</b>	<b>18</b>	<b>24</b>	<b>1,084</b>

## Multi Agency Safeguarding HUB (MASH)

The local hubs are well established and the figures above include requests for information made to the Trust as part of the information gathering under Section 42 processes

## Retrospective Review of Patients

The Safeguarding team also received 17 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.

## Domestic Abuse

From April 2020 until November 2020 there was no Independent Domestic Violence Advisor (IDVA) in post. There has been a minimal reduction in referrals for Domestic Abuse, however it should be noted that the national picture relation to Domestic Abuse in COVID showed an increase in activity (See Domestic Abuse Annual Report). Table 2 below shows the comparison between 2019-20 and 2020-21

The funding has once again been secured for a fixed term of 1 year and the RUH will be directly employing the Domestic Abuse Lead for the next financial year.

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

Local Authority	2019/2020		2020/2021	
	No of Referrals	MARAC Referrals	No of Referrals	MARAC Referrals
B&NES	79	4	80	1
Wiltshire	102	1	76	3
Somerset	29	1	23	0
South Glos	4	0	5	0
Other	15	2	13	0
<b>Total:</b>	<b>229</b>	<b>8</b>	<b>197</b>	<b>4</b>

**Table 3: Additional Support Needs**

	2020/21
Drugs/Alcohol	25
Mental Health	57
Learning Disability/Difficulty	5
Dementia	7
<b>Total</b>	<b>94</b>

**Table 4: Age Groups of Patients**

18-25	17
26-35	39
36-60	72
60+	69
<b>TOTAL</b>	<b>197</b>

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

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

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>2018 – 19</b>	282	315	106	23	12	738
<b>2019 – 20</b>	252	336	83	32	7	710
<b>2020 – 21</b>	249	276	64	22	13	624

**Table 6: Comparison of Deprivation of Liberty Safeguard's Applications Received against Applications Assessed for April 2020 - March 2021**

<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>	249	276	64	22	13	624
<b>Authorised</b>	1	2	1	0	0	4
<b>Percentage</b>	0.40%	0.73%	1.56%	0.00%	0.00%	0.64%

The combined activity undertaken by the Trust safeguarding team in relation to safeguarding concerns and Deprivation of Liberty Safeguards Authorisation applications this year is 1,708, the previous year's activity was 1663

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

## 6. Pressure Ulcers acquired in the RUH

Following screening by the Specialist Tissue Viability Nurse (TVN) 6 avoidable hospital acquired category 3 pressure ulcers and 1 category 4 pressure ulcer were considered under the safeguarding process. The Trust safeguarding team will have raised safeguarding concerns with the relevant Local Authorities 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 team 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 2020-21**

Subject	Target Compliance %	Q1 %	Q2 %	Q3 %	Q4 %	Staff No. Trained
Level 1 Adult Safeguarding	90%	85.6%	86.4%	87.3%	87.3%	5583
Level 2 Adult Safeguarding	90%	85.7%	85.4%	85.5%	85.5%	3558
Level 3 Adult Safeguarding	90%	46.3%	60.5%	59.0%	47.7%	62
Prevent awareness	90%	93.5%	94.4%	95.0%	94.4%	6038
Prevent WRAP 3	85%	86.4%	87.2%	88.7%	88.6%	3771

### Prevent Awareness and WRAP Training Compliance

Training compliance is on target and is available by ELearning only using materials developed by NHS England. The annual Prevent Self-Assessment has been completed.

## 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 2020-2021 the adult safeguarding team has participated in 5 Safeguarding Adult Reviews and no DHR's.

The team will continue to review any general actions from SARs or DHRs and bring to the attention of the Joint Safeguarding Committee.



## 10. Organisational Risks

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 for the patient while they are on the ward. 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 under review

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 is published in 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 and development
3. Compliance with training is under scrutiny by the safeguarding team particularly levels 1 and 2.

## 11. Achievements 2020-21

- Delivery of Level 3 adult safeguarding training via Microsoft Teams and development of a workbook to support the training.
- In response to COVID social distancing requirements the team have developed a rota for working in the office or at home to ensure continuity of service
- Reviewed content of Level 1 e learning module
- Reviewed Adult Safeguarding Policy
- Participated in the Trust's Paperless in patient Records Project
- Trust representation at 6 Safeguarding Adult Reviews and attended 1 associated learning event
- Representation for the Trust on the Bath and North East Somerset (BaNES) Liberty Protection Safeguards (LPS) Project Board
- Named Nurse, Adult Safeguarding assumed role for Trust Lead, Prevent, due to the previous lead leaving the Trust.

## 12. Objectives for 2021 - 2022

- To refresh the training needs analysis for Levels 1, 2 and 3 adult safeguarding training to meet the refreshed Intercollegiate Competency Framework (due August 2021)
- To continue to ensure the provision of timely advice in relation to safeguarding and Mental Capacity as staff will continue to be working a maximum of 50% of their time at home due to social distancing, flexible working arrangements and the ongoing lack of office space
- To develop an action plan in relation to the delivery of supervision for adult facing care provision within the Trust.
- Reintroduce the Lead Practitioner Network
- 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 and Non-Executive Lead for Safeguarding, the safeguarding activities of staff particularly through the difficult year experienced by all 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 2021-2022.

## Appendix 1

<b>Name of Organisation:</b>	<b>Royal United Hospitals Bath Foundation Trust (RUH)</b>	<b>Date completed:</b>	<b>20/05/2021</b>	<b>Completed by:</b>	<b>June Thompson, Specialist Practitioner Adult Safeguarding</b>
------------------------------	---	------------------------	-------------------	----------------------	--

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>	Chief Nurse	
<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 Chief Nurse or Deputy Chief Nurse</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>Named 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 2020 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's Safeguarding websites has been hyperlinked into the Trust intranet Adult Safeguarding page.</p>	

	<p>Communication is via Workplace (electronic platform) the Safeguarding newsletter and training programmes.</p> <p>The team has refreshed their intranet pages 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 team</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>	<p>All are included.</p>	

<ul style="list-style-type: none"> <li>Who provides the safeguarding adults training in your organisation?</li> </ul>	The Named 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, and ids included as part of the Trust Accreditation Scheme. 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>	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.	
<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 Joint Safeguarding Committee.</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>	An audit of the safeguarding records is planned on an annual basis	
<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>	The recruitment and DBS policies are reviewed as per all Trust policies on a 3 yearly cycle unless there are any changes required meanwhile.	
<ul style="list-style-type: none"> <li>Does your recruitment policy include volunteers, charity fund raisers or celebrities?</li> </ul>	Yes	
<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>	Yes	
<ul style="list-style-type: none"> <li>How do you gain assurance that any contracted services or individuals follow safe recruitment processes?</li> </ul>	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>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 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>By direct contact by the Named Nurse, Adult Safeguarding or Specialist Practitioner, Adult Safeguarding.</p>	



<b>6. Multi-Agency Working</b>		
<ul style="list-style-type: none"> <li>▪ Does a senior manager (executive) from your organisation, who has decision-making authority, regularly attend the Partnership meetings?</li> <li>▪ Does a nominated deputy attend 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 Partnership 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>Serious Adult Review (SAR) – Individual Management Report (IMR) completed</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; Partnership?</li> </ul>	<p>No actions identified for the Trust from the SARs, awaiting response from 1 SAR</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>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 Joint 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 partnership web sites on the Trust intranet safeguarding web page.</p>	

<b>7. Engaging Adults and their Carers/Families</b>		
<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>	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.	
<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>	Through the Executive Lead at Board level should there be a patient story that needs to be shared.	

## **Appendix 2**

### **Learning Disability Annual Report 2020-21**

#### *Authors*

Holly Wilson, Acute Learning Disabilities Liaison Nurse

Carolyn Johnson, Safeguarding and Learning Disabilities Support Worker

Author : Holly Wilson, Learning Disability Liaison Nurse	Date: 3 <sup>rd</sup> August 2021
Document Approved by: Lisa Cheek, Director of Nursing and Midwifery	
Quality Governance Committee	Page 19 of 59

## Contents

<b>1.0</b>	<b>Introduction.....</b>	<b>Page 21</b>
<b>2.0</b>	<b>Background.....</b>	<b>Page 21</b>
<b>3.0</b>	<b>Service .....</b>	<b>Page 21</b>
<b>4.0</b>	<b>Policies .....</b>	<b>Page 22</b>
<b>5.0</b>	<b>Documentation.....</b>	<b>Page 22</b>
<b>6.0</b>	<b>Quality, Audit and Assurance.....</b>	<b>Page 23</b>
<b>7.0</b>	<b>Autism.....</b>	<b>Page 24</b>
<b>8.0</b>	<b>Training.....</b>	<b>Page 25</b>
<b>9.0</b>	<b>Activity.....</b>	<b>Page 25</b>
<b>10.0</b>	<b>Patient Experience.....</b>	<b>Page 28</b>
<b>11.0</b>	<b>Covid-19.....</b>	<b>Page 28</b>
<b>12.0</b>	<b>Risk Register.....</b>	<b>Page 29</b>
<b>13.0</b>	<b>Achievements for 2020-21.....</b>	<b>Page 30</b>
<b>14.0</b>	<b>Objectives for 2020-21.....</b>	<b>Page 30</b>
<b>15.0</b>	<b>Summary.....</b>	<b>Page 30</b>
<b>16.0</b>	<b>References.....</b>	<b>Page 31</b>

## 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 Disability Liaison Nurse and service. This report covers the period from April 2020 – March 2021.

## 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 2019-22:

- 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 is now to be provided by 1 band 7 Learning Disability Liaison Nurse (LDLN) 4 days per week (0.8 WTE) and 1 band 4 Safeguarding and Learning Disability Support Worker 4 days per week (0.8 WTE). During 2020-21 there was no LDLN in post between May 2020 and December 2020. This meant the service was running at a very limited capacity during these times. There is currently no Learning Disability Liaison cover after 4.30pm, overnight or during bank holidays and weekends. North Bristol trust as well as other trusts outside of Bath and North East Somerset, Swindon and Wiltshire are operating a 7 day LDLN service.

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, or suspected learning disability, 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.

The LDLN updates the Clinical Site Team daily 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 where appropriate

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. This policy is due for review and will be a priority for 2021-22.

**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).

Part of the Bath and North East Somerset (BaNES), Swindon and Wiltshire Clinical Commissioning Group (BSW CCG) learning from deaths work plan is a focus on the hospital passport and this is being reviewed throughout BSW to improve and promote its use. We have also worked with BASS (Bristol Autism Service), BANES commissioning team and local specialist LD service to roll out an Autism specific hospital passport to highlight the needs of people with Autism in acute and mental health services.

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 hospital is to become paperless during 2021-22 and the LDLN has been working with the lead professional for this project to ensure the correct assessment and referral documents will be available electronically.

## 6. Quality, Audit and Assurance

### i) Audit:

Following an interim report published by CQC during 2020 around the inappropriate use of DNACPR during Covid-19, an audit of trust TEP/ DNACPR forms has been undertaken. The audit is still in its early phase and following the audit, which took place on a small sample of patients known to have a Learning Disability a comparison audit on general patient records will take place to identify any learning, improvements or common themes. The results and any associated action plans of this audit will be available for 2021-22 annual report.

Softer signs of deterioration, a tool designed to identify deterioration in individuals who may not be able to communicate or refuse physical observations has been selected for quality accounts. The tool will be rolled out across the trust alongside NEWS2 to try and improve health outcomes for individuals where clinical assessment may be challenging. This tool is already successfully used across other trusts and a trust wide roll out will be one of the priorities for 2021-22 alongside the trust wide deteriorating adult patient work stream.

### ii) Mortality Reviews:

During 2020/21 Trust deaths of patients with a known learning disability 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. The Trust made 14 notifications to the LeDeR programme from April 2020-March 2021 (See Table 1)

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 (SJRs). All people with confirmed or a suspected diagnosis of Learning Disability are referred for a SJR to take place. The LDLN receives a copy of all completed SJR's and will use any outcomes to improve trust wide learning and inform priorities of upcoming work streams.

LeDeR reviewers have started to request SJRs as part of their review process. Learning from LeDeR newsletters and reports have been shared in the Trust safeguarding newsletter, and included where appropriate in ward communications and training.

From June 2021-22 reporting to LeDeR will also include patients with an Autism diagnosis that do not also have a Learning Disability. Previously only those who had both Autism and a Learning disability (dual diagnosis) were notifiable to LeDer. The trust has just amended the SJR criteria to reflect this change.

### iii) LeDeR notifications for April 2020-March 2021

**Table 1**

<b>Notification to LeDe</b>	<b>2020/21</b>
April	1
May	0
June	4
July	0
August	0
September	2
October	2
November	0
December	0
January	3
February	1
March	1
<b>Total</b>	<b>14</b>

### iv) Work plan:

The LDLN work plan was previously reviewed at the Safeguarding Adults Committee. Under a new structure the LD work plan and steering group has now become the Learning Disabilities Operational Group which will report into the Vulnerable Patients Assurance Committee (VPAC). The VPAC will provide quality assurance monitoring and review of the current work streams as well as any difficulties with implementing current standards across the trust.

The work plan would also benefit from the development of a patient led group and adopting the initiative of “ask listen do” to ensure the Trust can demonstrate they are engaging and seeking the expertise of people with Learning Disabilities, their families and carers and this is brought through to board level.

During Quarter 3 the Trust participated in the NHS Improvement benchmarking programme. The results had been delayed due to the Coronavirus pandemic but the 2019-20 a summary of the results are available (see Appendix 1). The 2020-21 benchmarking has already taken place and this will inform the 2021/22 learning disability work plan objectives to help move the current work stream priorities forward.

## 7. Autism

During 2020-21 Autism training which is delivered across the trust by Bristol Autism Spectrum Service (BASS) was affected by the Coronavirus pandemic. The full day face to face course was replaced by a virtual half day course delivered via teams. Individual practitioners from across the Trust continued to book onto the course and this was taught at a maximum capacity of 15 participants. Between April 2020 and March 2021 three courses were hosted within the Trust. The current process for staff



to book a place is via the Learning Disability Liaison (LDL) service who send an attendees list to BASS. The LD service also follow up with certificates and course evaluation. The service for people with Autism who do not have a Learning Disability is under review and development within this area is necessary, to better understand their specific needs and barriers in accessing acute care. The LDLN meets quarterly with a local Autism forum for LDLN's across various trusts to map out the support required for individuals with Autism within acute care. The LDLN has also linked with local Autism advocacy groups.

**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 Level 2 Adult safeguarding e learning package. There are also two external e-learning modules available for staff to access. Due to social distancing restrictions no face to face sessions have taken place. The plan for this year's training delivery is to support the implementation of the Oliver McGowen mandatory training programme which will become part of the Trust wide training programme.

The LDLN has supported the apprenticeship programme for the Trainee Nursing Associates (TNA) as well as other allied health professionals to gain experience, knowledge and skills on one day placements. Discussions about accommodating Learning Disability Nursing student placements from UWE are currently ongoing. This would benefit both the Trust and nursing students to have Learning Disability Nursing students within the hospital and for the Learning Disability nursing students to gain acute care experience pre-qualification.

**9. Activity**

The following data reflects activity from April 2020 to March 2021. A database is held by the LDLN which records patient information and attendances.

The number of hospital inpatients referred to the LDLN for the reporting period of April 2020 March 2021 was **307**. The total figure includes patients with a confirmed or suspected diagnosis of Learning Disability and/ or a formal or suspected diagnosis of Autism.

All referrals are logged onto a database, all patients have an individual electronic file where all contact and important information is available and we record all patient contact.

**Inpatient referrals to the Learning Disability Liaison Service 2018-2021**

The comparison figures for the last 3 years are recorded in table 2 below

**Table 2**

<b>Referrals</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>
April	14	37	15
May	22	29	35

<b>Referrals</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>
June	27	27	19
July	28	19	23
August	28	21	32
September	13	18	22
October	25	19	22
November	27	17	23
December	29	36	23
January	26	30	33
February	19	25	31
March	18	39	29
<b>Total</b>	<b>276</b>	<b>317</b>	<b>307</b>

Outpatient referrals have only been recorded since December 2020 and are recorded in Table 3 below

**Table 3**

<b>No. of outpatient Referrals</b>	<b>2020/21</b>
April	N/A
May	N/A
June	N/A
July	N/A
August	N/A
September	N/A
October	N/A
November	N/A
December	3
January	8
February	5
March	12
<b>Total</b>	<b>28</b>

From December 2020 we have made the decision to include outpatient activity into our ongoing referral data, this is due to the large volume of complex outpatient work we are currently involved in. In previous years this has not been included in the end of year reports. Outpatient referrals range from providing advice and reassurance through to complex care co-ordination and planning for individuals particularly with behaviours that challenge, who may require multiple investigations under anaesthetic and are unable to access healthcare services in the typical way.

In these cases we are involved in best interest decision making, co-ordinating and planning from pre-admission through to discharge. The LDLN will typically follow the patient from the community into the acute setting, throughout their experience and then through to safe discharge back to the community.

There are some departments where our involvement has become more prevalent such as ED, oral surgery, radiology and more recently the Tuberous Sclerosis specialist clinics. This is due to the large volume of patients with Learning Disabilities that are brought in under their care and are requiring surgical interventions or MRI scanning under a general anaesthetic. This group of patients are complex, and there will be issues such as capacity to consent to treatment.

We are working on surgical pathways that will improve the co-ordination of bringing in individuals with complex needs who require sedation and best interest planning and also the potential need for the trust to make an application to the Court of Protection for the most complex care plans. We are in the process of supporting the hospital to develop consistent pathways and named medical professionals who have become very experienced in supporting and managing the needs of our most complex patients.

It is well documented that people with Learning Disabilities require consistent and well planned care to improve health outcomes. This is a challenge in an acute hospital setting where consultants and doctors may regularly rotate and staff teams are not experienced in meeting the needs of patients with Learning Disabilities.

For complex elective admissions, we are working towards a pathway where the same senior anaesthetist and admission wards will create an experienced team, who can support a patient with complex needs. This will improve the accessibility of services for people with Learning Disabilities who require a number of reasonable adjustments to be made for their care and hospital treatment.

**Case Study**

Below is an example of the type of outpatient referral we may be involved with and the types of reasonable adjustments that may be required:

A patient with severe Learning Disabilities secondary to fragile x syndrome and complex needs who is under gastroenterology following a diagnosis of chromosomal hemochromatosis. This patient has behaviours that challenge managing his care and does not tolerate blood monitoring, which is a vital way of monitoring his treatment and condition. Should the blood tests not be undertaken there is a high risk to his long term health by not having the appropriate treatment.

The patient lacks capacity to consent or make decisions about his care and treatment. Communication and planning between the patient’s GP and specialist consultant is key to the development of a best interest plan. Due to this the LDLN has been involved in his best interest decision meetings to support the department, specialist hepatology nurses, care home staff, GP, the patient’s Independent Mental Capacity Advocate (IMCA) and anaesthetists to make decisions about his ongoing care and treatment.

The LDLN will also co-ordinate and support his admission into hospital for further investigations.

A number of reasonable adjustments have been required to enable him to access acute care and to manage the risks of his challenging behaviour within this environment. The LDLN holds a critical role in supporting both the community and the acute trust to support this type of complex elect admission. Without clear co-ordination and planning it is unlikely that patients with this level of need would be able to access acute care settings and will face with poor health outcomes, which is why having sufficient capacity in the LDLN, is vital to enable the Trust to support in reducing health inequalities for people with Learning Disabilities and/or Autism.

**10. Patient Experience**

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

The interview panel for the Learning Disability Nurse and support worker roles include people with Learning Disabilities and/ or Autism.

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.

An application was submitted and approved by Friends of the RUH charity for funding to provide distraction and calming activities to be used for patients with Learning Disabilities. The LDLN has liaised with carers and therapists to identify the best items to purchase and sensory equipment for all departments has been bought as well as a device to support blood taking for patients who have anxieties or needle phobia, this is hugely prevalent in patients with LD. Equipment will be distributed as part of raising awareness of the support people with Learning Disabilities may require within a hospital setting and is due to be taken to wards, during Learning Disability Awareness week June 2021.

**11. The impact of Covid-19**

The Coronavirus pandemic has put a lot of the strategic work planning around the Learning Disabilities standards on hold. The multi-agency steering group that had been previously been established and it's identified work streams had to be put on hold and only two meetings were able to take place during 2020-21 instead of the planned quarterly meetings. There are a number of areas where improvements have been identified and key people are taking these work streams forward. The trust would benefit from an overarching strategy to demonstrate how they will take the NHS standards and embed them into practice at the Trust. This will help set out some of the main objectives for improving patient care and the timescales in which this is achievable.

During the pandemic people with Learning Disabilities were identified at a high clinical risk of mortality from Covid-19, and we saw an increased number of patients being admitted particularly from December 2020. The LDLN service spent time making accessible Covid-19 resources including the roll out of a Covid-19 passport to support the original hospital passports. All resources were made available on the trusts website and a lot of work was done around swab testing which was an area that posed challenges within the LD population and access to hospital.

During the pandemic the Care Quality Commission (CQC) published an interim report over the inappropriate use of DNACPR practice highlighting that this was disproportionately affecting disabled people and people with Learning Disabilities. As a service we were alerted to Treatment Escalation Plans (TEP's) where decisions were questioned and challenging reasons for non-escalation ensuring where possible that family members were involved in decision making and advance care planning. During the pandemic we worked closely with the palliative care team and contributed to some shared communications around end of life care and visiting. There were exemptions in place for visitors of vulnerable patient, which was at the discretion of each ward manager and it has become apparent that there were some inconsistencies in the application of the exemptions for some people with Learning Disabilities where they were not able to have familiar support provided during their stay.

Side rooms, which are often used as a reasonable adjustments for people with LD, were used throughout the pandemic for patients in isolation, and this affected some LD patients who were admitted to general ward areas. We had a lot more queries from people who were anxious about coming into the hospital and catching coronavirus and often patients or families needed a lot more support and reassurance. At the peak of the pandemic, the Learning Disability Liaison service as other services were instructed to reduce footfall in the Trust by predominantly to work from home and did not carry out face to face assessments or ward visits.

This created some communication barriers and proved challenging at times when trying to assess patient needs. We received a huge increase in patient queries particularly from specialist community teams and family members who were struggling to communicate directly with the ward staff regarding patient care. We are currently still working from home around 50% of our time and ward visits have still not fully resumed. This is constantly under review with the lifting of further restrictions.

**12. Risk Register**

Support by paid carers for patients with complex needs remains on the Trust Risk Register, there are 3 key areas of work that need attention over the next year;

- 1. The legal aspects of funding carers that are not on agreed framework (as usually social care staff so not on the agreed framework used by the Trust Staffing Solutions service) and the actual cost to the Trust of paying carers is unknown as charged to individual ward budgets
- 2. Consideration that carers should be issued an honorary contract while supporting patients on the wards-how could this be managed?

3. There are carers that are funded (or part funded) by Continuing Health Care (CHC) but this is not easy to identify or understand what process is in place to recharge to the CHC team. The Designated Safeguarding Nurse for BSW (BaNES Locality) is supporting the service to establish the correct processes and protocols.

### **13. Achievements 2020-2021**

- Increased the funding and resource for the Learning Disability Liaison Nurse role
- Continued to provide some Autism and LD awareness training virtually to Trust staff
- Developed action plan to ensure compliance with the NHS Improvement Standards for patients with learning disabilities and/or autism.
- Introduced a multi-agency operational group to monitor the delivery against the Improvement Standards
- Through the Bath Improvement System (BIS) introduced a driver looking at readmissions data for people with Learning Disabilities to identify themes as to why people with a Learning Disability are more likely to be readmitted to hospital following a discharge

### **14. Objectives for 2021-2022**

- Develop a strategy (2021-23) for caring for patients with a Learning Disability and/or Autism that underpins the Trust Values and True North incorporating the Learning Disability National Standards
- Improve the identification and flagging of people with Learning Disability/Autism
- Audit use of TEP/DNACPR documentation and develop actions plans
- Roll out the Softer Signs of Deterioration Tool for ED and inpatient areas
- Continue to develop Accessible Pathways at an operational level for complex patients
- Act on the outcomes of the readmission data for patients with a Learning Disability
- Submit business case to increase the Learning Disability Liaison Service to enable a 7 day service

### **15. 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 and service developments
- Referral processes and reasonable adjustments made for patients with a learning disability

- Highlights some of the operational level adjustments that need to be addressed to improve access to acute for people with Learning Disabilities and or Autism
- 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 and health outcomes of people with learning disabilities.

Some of the barriers that remain are as follows:

- Capacity of the LDLN service to deliver all improvement targets as well as patient support
- Not having a named medical professional for complex patients with LD or a consistent medical/ nursing team during admission due to staff ward rotations
- Not all patients are accurately flagged or identified as having a Learning Disability and or Autism and therefore do not have access to the specialist Learning Disability Liaison Nurse or Safeguarding and Learning Disability Support Worker

## 16. References

Building the Right Support 2015

<https://www.england.nhs.uk/wp-content/uploads/2015/10/d-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:

Author : Holly Wilson, Learning Disability Liaison Nurse	Date: 3 <sup>rd</sup> August 2021
Document Approved by: Lisa Cheek, Director of Nursing and Midwifery	
Quality Governance Committee	Page 31 of 59

## Addendum

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

#### 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 2019, to gather data against the 4 standards. In March 2021 the findings from the benchmarking process were provided to the RUH in a bespoke report. The delay in providing this data was largely due to the coronavirus pandemic and is now in retrospect to another set of data being collected in 2020. The results of this will be due in August 2021 and will be the most relevant when prioritising LD work streams.

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.

#### 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



## **Participation**

208 organisations from across England registered for the project, of these 137 were acute services. 208 organisations completed the organisational survey, 205 surveyed their staff, and 190 surveyed service users/patients. The RUH participated in all 3 components of the project

## **The 2019 Report Findings**

### **Standard 1 - Respecting and protecting rights**

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

- Service users in hospital have access to statutory and/or general advocacy services
- The Trust ensures it has representation at the local Learning Disabilities Mortality Review (LeDeR) strategy group
- Trust makes reasonable adjustments for appointment time and appointment letters, visiting exceptions in place (due to COVID 19) specific COVID 19 guidance available, Reasonable Adjustments Policy in place, triage priorities in place for patients with LD and or Autism

#### **Areas Requiring Improvement**

- The Trust does not have identified low stimulus waiting areas or changing places toilet facilities. A changing places application has been submitted as part of the HIP2 improvements taking place across the trust. Head of estates is leading on this piece of work and feeding into the Learning Disability Committee group.
- 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.
- Opportunity for home visits for people with a LD instead of an outpatient appointment needs to be explored.
- The Trust does not routinely conduct post incident reviews and debriefs following incidents where restrictive interventions have been used.

### **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 and carer 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: - 86% of trusts employ people with a Learning Disability, the RUH employs 27 WTE.
- 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 programme does not invite people with a learning disability to contribute to staff training

### **References**

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



## **Appendix 3**

### **Domestic Violence and Abuse Annual Report 2020-2021**

*Author*

Vivienne Cutler, Domestic Violence and Abuse Practitioner

## Contents

<b>1.0 Introduction.....</b>	<b>Page 38</b>
<b>2.0 Background.....</b>	<b>Page 38</b>
<b>3.0 Service.....</b>	<b>Page 38</b>
<b>4.0 Domestic Violence and Abuse Case Study .....</b>	<b>Page 39</b>
<b>5.0 Policies.....</b>	<b>Page 41</b>
<b>6.0 Staff Domestic Abuse Awareness .....</b>	<b>Page 41</b>
<b>7.0 Patient Information.....</b>	<b>Page 42</b>
<b>8.0 Achievements since November 2020 .....</b>	<b>Page 42</b>
<b>9.0 Objectives .....</b>	<b>Page 43</b>
<b>10.0 Summary.....</b>	<b>Page 45</b>
<b>12.0 References.....</b>	<b>Page 45</b>

## 1. Introduction

This report is to provide assurance that there are measures in place to provide equitable access to support for patients experiencing domestic abuse at the Trust and to report on the activities of the Royal United Hospitals Bath NHS Foundation Trust (RUH) Safeguarding Domestic Violence and Abuse Lead. This report covers the period from the 9th November 2020-31<sup>st</sup> March 2021.

## 2. Background

In November 2020 the Trust appointed a Safeguarding Domestic Violence and Abuse Lead to support patients experiencing domestic abuse within the Trust. In addition to patient support the remit of the post holder is to raise awareness of domestic abuse within relevant clinical areas, to deliver training to staff, review Trust policies relating to Domestic Violence and Abuse and to represent the Trust at the B&NES, Mendip and Wiltshire Multi Agency Risk Assessment Conferences (MARACs).

A subsequent year's funding by Bath and North East Somerset (BaNES), Wiltshire and Swindon Clinical Commissioning Group (BSW CCG) and BSW public health service was agreed until March 2022.

## 3. Service

The Safeguarding Domestic Violence and Abuse Lead provides a service for 30 hours a week covering Monday to Thursday. The role provides intensive, one-to-one support to people experiencing, or who have experienced, domestic abuse (men and women) presenting at the Trust and associated Birthing Centres, prioritising those who are at medium to high risk of harm. This support extends for a time limited period (up to 4 weeks) after discharge from hospital.

The Safeguarding Domestic Violence and Abuse Lead will refer onto appropriate domestic abuse support services if support is still required after this time.

Referrals are received by the Safeguarding Domestic Violence and Abuse Lead via the following routes:

- Safeguarding Harm Event via the Trust's electronic patient record system (Millennium);
- Safeguarding Alert- by midwives (Millennium)
- Telephone, should staff not have access to Millennium;
- Safeguarding Domestic Violence and Abuse Lead email address.

Referrals from 9<sup>th</sup> November 2020- 31<sup>st</sup> March 2021 are shown in table 1

**Table 1**

Date	Wilts	Banes	Somerset	South Gloucestershire	Other	TOTAL
November	1	3	0	1	0	<b>5</b>
December	3	7	1	0	1	<b>12</b>
January	4	9	3	0	0	<b>16</b>
February	9	6	3	0	0	<b>18</b>
March	9	12	2	1	3	<b>27</b>

The total number of referrals received from November 2020-March 2021 was **78**

On receipt of the referral the Safeguarding Domestic Violence and Abuse Lead will:

- Contact the patient and complete a “Safelives” Domestic Abuse, Stalking and Harassment Risk Assessment (DASH).
- Will identify any risks during the assessment and a safety plan will be formulated with the patient.
- The risk assessment score also determines whether the case should be presented at the relevant MARAC.
- If the patient is considered high risk a referral will be submitted to MARAC and the Safeguarding Domestic Violence and Abuse Lead will present the case at the MARAC meeting
- The patient’s record will be updated on the safeguarding note on Millennium for the women who are pregnant.

#### **4. Domestic Violence and Abuse Case Study:**

##### **Female patient aged 46**

The patient presented at the Emergency Department with a head injury. She reported an assault approximately 2 weeks ago in which she was punched in the head. Since then she has had an apparent escalation of multiple long-standing symptoms.

She reported intermittent leg weakness/paraesthesia for many months/years, with headaches, back/arm/leg/pelvic pain, tremors, chest pain. She was seen by neurology previously and had a normal CT brain. It was felt that her symptoms were likely non-organic in nature, although she unfortunately missed several appointments for an MRI to further investigate as she was living in a women's refuge and moving frequently at the time. She was very upset to have missed this and is keen for a re-referral for MRI if possible. She plans to visit her GP to discuss whether a re-referral is possible. She was advised that an MRI was not able to be performed in the emergency department that day.

The lady had a history of PTSD and is in regular contact with her support worker at Wiltshire Early Intervention service. Her PTSD symptoms had escalated recently during a turbulent time in her personal life.

There were also concerns regarding domestic violence- 7 days ago. She reported physical, psychological and financial abuse during the short relationship. Ex-partner had now moved out and was living next door to her property with his ex-partner. She reported ongoing harassment from the pair and reported she is awaiting re-housing. She did not want to move into a refuge at that time.

From a physical health point of view, observations and blood tests (including TSH and haematinics) were normal. A bruise on her upper right arm was noted - allegedly from her ex-partner. No other evidence of physical injury was observed. Neurological examination was inconsistent at times, but on repeat normal findings were elicited. Discussed with consultant and no indication for CT head or further imaging was needed at time.

The Safeguarding Adults team was alerted and the Safeguarding Domestic Violence and Abuse lead made contact via Microsoft Teams (MST) due to COVID 19 Pandemic, as the patient had had been discharged home.

“Safelives Risk Assessment” was completed and the outcome was that risk was scored at 20. This was deemed to be High Risk and required a referral to MARAC. The Safeguarding Domestic Violence and Abuse lead explained the DASH risk assessment score and this warranted a referral to be made to MARAC, patient gave consent to this referral being made on her behalf.

The Safeguarding Domestic Violence and Abuse lead continued to offer support to the patient by:

- liaising with the patient’s existing extensive mental health support network
- supporting the patient at the police station to make a statement
- continuing to liaise with the police to keep the patient up to date with the ongoing investigation
- liaising with housing to support with housing application to move
- discussing ongoing support from the local Independent Domestic Violence Service and also made aware of the Freedom Programme
- made patient aware of Claire’s Law (Domestic Abuse disclosure request)
- advising on safety netting/planning
- raising an adult safeguarding alert
- MARAC referral completed

The case was heard at MARAC where the Safeguarding Domestic Violence and Abuse Lead presented the case and updated the patient of the outcome of the meeting and plan made for ongoing support. The outcome for the patient was that with Safeguarding Domestic Violence and Abuse lead liaising with the external agencies ensured that ongoing safeguarding and protection measures were put in place for the patient



## 5. Policies

The Trust has two policies relating to Domestic Abuse:

- Domestic Abuse Affecting Staff (Perpetrators and Victims) Policy;
- Domestic Abuse Policy.

The Domestic Abuse Affecting Staff (Perpetrators and Victims) Policy provides information of the support available and recourses to victims/survivors of domestic abuse, and to perpetrators of domestic abuse. The policy also provides guidelines to managers on how to support their staff who are victims and perpetrators of domestic abuse.

There has been a noticeable increase in Staff reporting to being victims of domestic abuse since a change in work circumstances (homeworking) due to COVID 19 pandemic. This policy is currently being updated to make the necessary adjustments to reflect the change in working arrangements and increase the information available to support for the managers who are supporting staff who have disclosed that they are experiencing domestic violence or abuse. A staff guide is also being produced so that they can directly access support services available in their local community.

The Trust Domestic Abuse Policy outlines the aims of the Trust to improve detection of, and support for, patients who disclose that they are experiencing domestic violence or abuse, and to improve staff understanding of, and response to, patients who are experiencing domestic violence or abuse. This policy has been updated to ensure all staff have current information about the newly appointed role of the Safeguarding Domestic Violence and Abuse Lead.

Amendments made to both policies will be published subject to ratification.

The Trust will take the opportunity to promote and publicise these policies at training and supervision sessions.

## 6. Staff Domestic Abuse Awareness

Due to Covid-19 social distancing measures the Safeguarding Domestic Violence and Abuse Lead has developed a training package suitable to be delivered via Microsoft Teams (MST). This training will enable staff to identify and refer patients who are experiencing domestic abuse, and the domestic abuse support available. Training and supervision has already been delivered to the following;

- Emergency Department (ED)– nurses, senior house officers and middle grade doctors
- Midwives working in the TRUST including the supporting birth centres.
- Maternity supervision sessions (via MST) in order to offer advice and guidance as required.

Support and advice has also been provided to the Riverside Sexual Health Clinic Team, Mental Health Liaison Team (AWP) and the Pain Team as requested.

Further training and awareness of the role of the Safeguarding Domestic Violence and Abuse Lead will be delivered face to face to other areas within the Trust as soon as social distancing restrictions are lifted by attending morning handovers or team meetings.

There has been a national and local campaign (16 Days of Action) to raise awareness of Domestic Violence and Abuse and the Trust participated by sending out information for relevant clinical staff and patients.

The Domestic Violence and Abuse website on the Trust Intranet includes information on services available at national and local levels. This includes people who identify as Lesbian Gay Bisexual and Transgender+ (LGBT+) and those who have experienced honour based violence (HBV).

## **7. Patient Information**

The Trust Safeguarding Domestic Violence and Abuse lead receives requests for patient information and completes a case search and submits information to the:

- Fortnightly North and West Wiltshire and Mendip MARAC meetings
- Weekly B&NES MARAC meetings.
- Presents all cases that are referred by the TRUST to the B&NES, Mendip and N&W and E&S Wiltshire MARAC meetings

## **8. Achievements since November 2020:**

Since commencing in post, November 2020 the Safeguarding Domestic Violence and Abuse Lead has:

- Work is in progress with updating the Trust's Domestic Abuse affecting Staff (Perpetrators and Victims) Policy.
- How to make a referral for Domestic Abuse concerns has also been updated and circulated within the Trust.
- The Domestic Violence and Abuse web page, on the Trust's intranet, is also in the process of being updated including a current and up to date Domestic Violence and Abuse directory.
- Developed virtual training programmes to meet specific clinical areas has been achieved including packages at different levels to raise awareness of Domestic Abuse
- Participated a national and local campaign (16 Days of Action) to raise awareness of Domestic Violence and Abuse and the Trust has targeted information for relevant clinical staff and clients
- Attends supervision sessions and covering domestic abuse concerns
- Established links with other Domestic Abuse support agencies including; the police, MARAC Coordinators, DHI (Drugs and alcohol support services) Next Link and Libra refuges and Splitz- Domestic Abuse Services in Wiltshire.

- Represents the Trust at the Mendip (Somerset) BANES and Wiltshire Multi Agency Risk Assessment Conferences (MARAC). Updates client's record as appropriate.
- Attends regular National Maternity Safeguarding Network meetings
- Attends the Wiltshire Safeguarding Vulnerable People Partnership (SVPP) Domestic Abuse sub-group meeting (via MST)
- Linked with the Employee Assistance Programme (EAP), to discuss future training to EAP, Occupational Health and Human Resources (HR) on how to support TRUST staff who may be experiencing domestic abuse.
- Assembled additional resource packs for staff/students with information about domestic violence and abuse

## 9. Objectives for 2021-2022

### Training:

- Continue to deliver training to Emergency Department (ED) – nurses, senior house officers and middle grade doctors and midwives working in the TRUST including the supporting birth centres. Deliver training to Riverside Sexual Health Clinic
- Ensure that Maternity Support Workers (MSWs) and Health care assistants (HCA'S) all have access to training in routine enquiry about domestic abuse so that they feel confident to carry this out and know what action to take on disclosure. This will be achieved by attending PROMPT mandatory training days and level 3 training.
- Support the development and delivery of a training package on the Complex Trio alongside Alcohol Liaison and Mental Health Liaison Team

### Audits:

- Audit ED referrals to identify gaps in knowledge with a view to developing future training programmes.
- Undertake the Midwifery Routine Enquiry about Domestic Abuse at every contact audit

### Staff:

- Meet with the Chaplaincy team to explore the use of 'Listening Lounges' for staff experiencing domestic violence or abuse. It was mentioned at the last SVPP meeting that staff in another Trust have had given positive feedback about the profound impact and need to have their distress acknowledged by another person in a safe place without receiving advice, judgement or labelling of their trauma.

### Patients:

- Develop resources that will safely advertise the domestic abuse services available in the Trust in other key languages.

- Develop resources patients who experience domestic violence or abuse who have learning disabilities or sensory impairment (hearing loss)
- Work with the IT lead midwife to explore if a prompt about domestic abuse enquiry could be added to the antenatal appointment documentation on Millennium.

Information:

- Support the ED domestic abuse lead to further develop the ED web page as a resource for staff
- Regularly attend the Trust Birthing Centres to offer supervision alongside the Named Midwife for Safeguarding to discuss patients they have worked with who are affected by domestic abuse.

Recent feedback received by the Safeguarding Domestic Violence and Abuse Lead from other multi agency professionals

“Clients who have disclosed domestic abuse whilst attending the RUH have reported that they have found the support from the Safeguarding Domestic Violence and Abuse Lead really good. They have felt supported emotionally. They have found that being informed of other services available to them has been invaluable”

“I just wanted to say thank you both for your help in this matter, it’s been really great to be able to pull together such a co-ordinated MDT Approach at short notice.”  
Social Worker, Adult Safeguarding Team”

“Having the post holder as the Trust domestic violence worker has been invaluable to the team, and the service users we see. The post holder has been entirely approachable, reliable and diligent, and has gone the extra mile on a number of occasions for me personally after conducting assessments that need specialist domestic violence support in the Trust.

From patients I've spoken to after having input from the post holder, they have said they felt supported and 'heard', and with a dedicated domestic violence worker within the hospital, it has helped tremendously in making sure every aspects of a patients needs have been addressed fully.

I think that without the post holder in the role as the DV worker, there would be a gap in our services which would be detrimental to the patients we see”.

Mental Health Liaison Team Nurse based in the Trust

“Since being in post Southside have built up a very good relationship with the post holder, she has shown a real understanding of collaborative working with various workers within our team to reduce risk to victims. She has also gained a very good understanding of domestic abuse issues since being in post. She is also very approachable, keen to learn and has great inter personal skills.

The Safeguarding and Domestic Abuse Lead has ongoing contact with the IDVA at Southside is greatly appreciated by the IDVA. Many of her clients attend the Trust ED department on a regular basis and she welcomes the benefits of regular liaising with the IDVA regarding some of her most vulnerable clients.

The Safeguarding and Domestic Abuse Lead is also a regular attendee at the BaNES weekly MARAC and provides very useful updates and information to manage the high risk cases discussed.

In addition the post holder has recently worked in conjunction with Southside Domestic Abuse Services to put together a procedure whereby any high risk cases that come into contact with her can be referred directly into our service”

Domestic Abuse Services Manager



## 10. Summary

This report highlights the progress made in a short period of time within the Trust in relation to:

- The activity of the Safeguarding Domestic Violence and Abuse lead
- Patient information available within the Trust
- Staff resources available in the Trust
- Delivery of staff training on how to identify and refer patients who are experiencing domestic violence and abuse
- Information relating to support staff can access when experiencing domestic violence or abuse within the Trust
- Future objectives to improve service provision to patients and staff experiencing domestic violence and abuse

## 11. References

- ONS (2016), March 2015 Crime Survey for England and Wales (CSEW)
- Domestic violence and abuse: multi-agency working. NICE guideline PH50 (2014)
- Domestic violence and abuse <https://www.nice.org.uk/guidance/ph50>
- Quality standard [QS116] Published: 29 February 2016

## Appendix 4

### **Mental Health Annual Report 2020 – 2021**

#### **Author:**

**Julia Peacock**

*Mental Health Project Coordinator*

#### **Contributions from:**

**Zara March**

*Specialist Perinatal Mental Health Midwife*

**Fiona Beech**

*Consultant Emergency Medicine*

## Contents

<b>1. Introduction</b>	<b>48</b>
<b>2. Background</b>	<b>48</b>
<b>3. Policies and Guidelines</b>	<b>48</b>
<b>4. Service Level Agreement</b>	<b>48</b>
<b>5. Patients Detained under the Mental Health Act</b>	<b>49</b>
<b>6. Adult Mental Health Liaison Service</b>	<b>49</b>
<b>7. Emergency Department</b>	<b>50</b>
<b>8. Child and Adolescents Mental Health Liaison Service</b>	<b>51</b>
<b>9. Perinatal Mental Health</b>	<b>53</b>
<b>10. Mental Health Coordinator</b>	<b>54</b>
<b>11. Training</b>	<b>57</b>
<b>12. Objectives 2021/22</b>	<b>57</b>
<b>13. Summary</b>	<b>58</b>
<b>14. Recommendations</b>	<b>58</b>

## 1. Introduction

The aim of this report is to update the Board on the activities relating to patients with Mental Health needs between April 2020 and March 2021.

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 Bath and North East Somerset (BaNES) Swindon and Wiltshire Clinical Commissioning Group (BSW CCG) 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 patients 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 and Dr Matt Jelley are the named responsible clinicians for the RUH.

### *Key Administrative Responsibilities:*

- to provide administrative support 8:30–5:00pm
- to undertake scrutiny of section papers – to ensure the section is legal.
- to provide training when required for the site team with the administration of Section papers

The service level agreement also stipulates 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 RUH 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 2019-2020 and 2020-2021 (please see addendum for the explanation of various sections for detaining patients under the Mental Health Act)**

<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
<b>Admitted under section 17 leave (2020/21)</b>	<b>Detention under Section 2 (2020/21)</b>	<b>Detention under Section 3 (2020/21)</b>	<b>Detention under Section 5 (2) (2020/21)</b>	<b>Detention under Section 37/41 (2020/21)</b>
13	26	8	18	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 2020–2021.

## **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 the BSW CCG. 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 2018-19, 2019-20 and 2020-21.**

<b>Month</b>	<b>2018-2019</b>	<b>2019-20</b>	<b>2021-21</b>
April	237	229	117
May	250	228	187
June	219	249	189
July	235	264	203
August	244	224	204
September	198	220	182
October	245	230	194
November	232	241	193
December	224	230	156
January	215	246	155
February	204	247	178
March	237	173	228
<b>TOTAL</b>	<b>2740</b>	<b>2781</b>	<b>2186</b>

The above results show a decrease of 21% of referrals for 2020/21 in comparison with the previous year. It is thought that referral numbers are down from previous year due to the Coronavirus pandemic. However, although less referrals, the complexity of presentations has been much greater, with some very unwell patients presenting to ED and to the wards. The increased complexity of presentation by the patients, is thought to be mainly due to the reduction of face to face reviews with care co-ordinators in secondary services, and clinicians working from home in non-essential services.

**7. Emergency Department**

*Mental Health Breaches*

The Emergency Department (ED) 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 once a mental health admission has been deemed necessary allocation of a suitable bed.

#### *Theme of the month - Mental Health*

The Emergency Department recently had theme of the month about mental health. This included Departmental wide teaching covering mental health along with alcohol liaison, homeless, safeguarding and Learning Disabilities. Along with face to face and virtual training, discussions posters and videos were used to help spread information.

#### *New Matrix*

New matrix released now paper and on line, and the Trust is aiming for paperless patient records later in the year.

#### *New Mental Health Observation Chart*

Mental health observation chart is being trialled, particularly concentrating on patients waiting a long time for assessment/review in the assessment rooms based in ED

#### *Absconding guidance*

The Emergency Department have worked closely with the police to create new guidance for absconding patients. This work has been carried out to reduce the number of unnecessary requests to the police and ensure that when the police do have powers to return an at risk patient back to the department they are informed correctly.

#### *Rapid Tranquilisation guidance review*

RUH clinicians are currently working with AWP staff to review the rapid tranquilisation policy in the RUH and include a safer alternative to the current medication used (Haloperidol). This project is being led by the lead pharmacist for the Emergency Department and Consultant Psychiatrist from the Acute Hospital Liaison Service.

#### *Risk*

##### *Detaining patients to ED Observation ward*

We have continued to see a lack of mental health bed provision nationally that results in more patients who have been assessed and require mental health admission remaining in the emergency department while waiting for a bed. The senior consultants from the emergency department have declined for patients to be detained under the Mental Health Act to the Observation ward as they are unable to provide ongoing assessment and treatment for the patients acute mental health needs. An escalation policy for such patients have been developed and discussions continue about how best to meet these patients Mental Health needs.

## **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 only. 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 the paediatric ward over night for assessment the following day 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:*

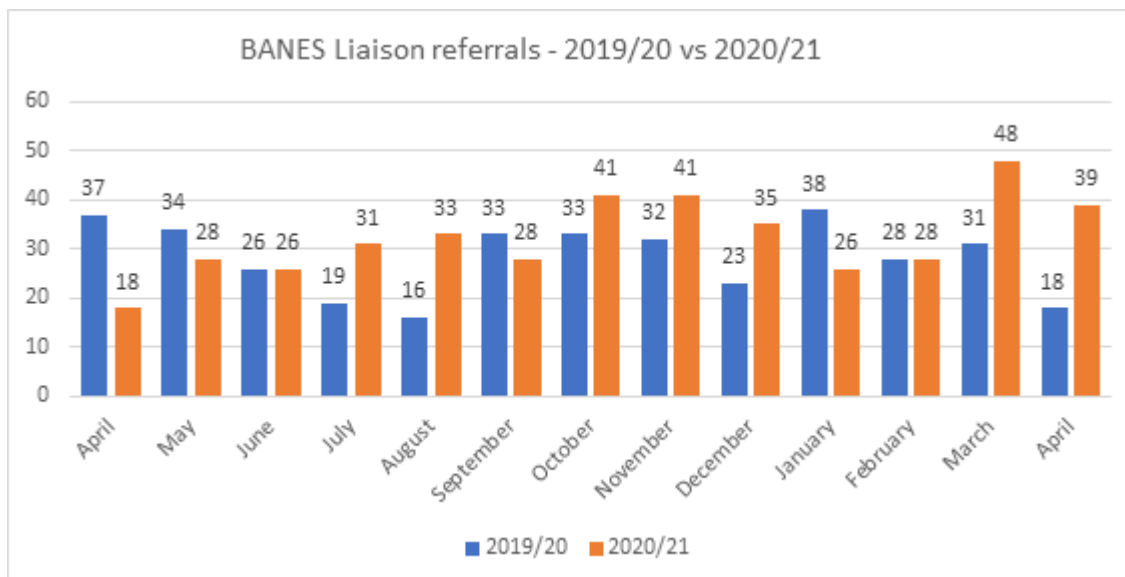
- to provide comprehensive bio-psycho-social assessment, formulation and provision of mental health care for patients referred to the team
- to work collaboratively with RUH staff to facilitate a safe discharge
- support and training to general hospital staff relating to child and adolescent mental health
- to support the paediatric 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

*Risk*

In September 2020 the CAMHS liaison lead for the hospital left her position. A practitioner from the team was appointed to the post however is currently on maternity leave and the service has not been able to identify replacement. Currently this risk is mitigated by liaising with CAMH’s managers if issues need raised.

**Table 3: CAMHS Mental Health Liaison Service Referrals for 2019-2020 and 2020/2021.**

<b>Month</b>	<b>2019/20</b>	<b>2020/21</b>
<b>April</b>	19	18
<b>May</b>	22	28
<b>June</b>	9	26
<b>July</b>	10	31
<b>August</b>	7	33
<b>September</b>	18	28
<b>October</b>	14	41
<b>November</b>	18	41
<b>December</b>	23	35
<b>January</b>	39	26
<b>February</b>	28	28
<b>March</b>	32	48
<b>TOTAL</b>	239	383

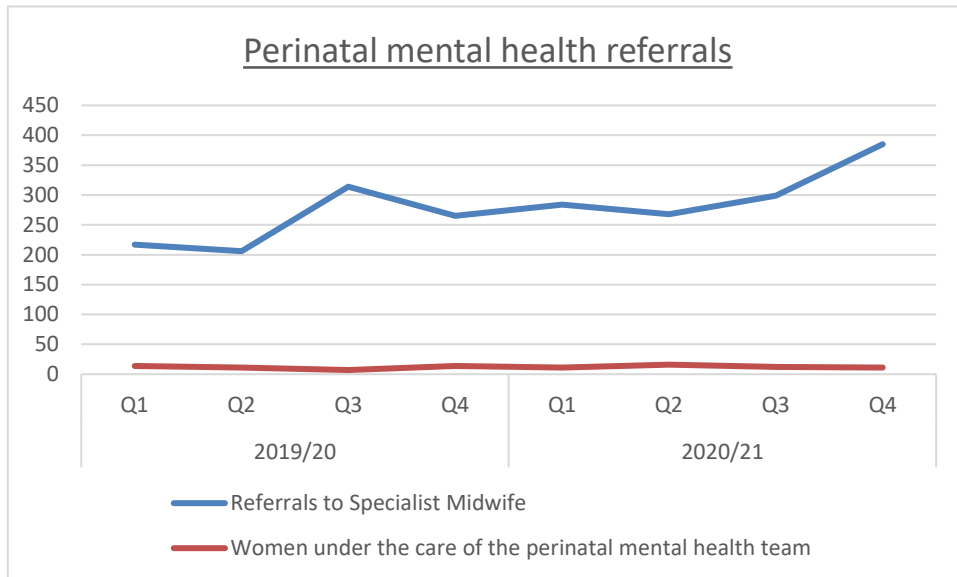


The above shows a 60% increase on last year's total referrals. There is a degree of discrepancy due to last year's figures not including young people who present and already have an open episode (currently under the team) therefore the actual figures for last year are expected to be slightly higher.

## 9. Perinatal Mental Health

The Specialist Perinatal Mental Health Midwife continues to provide specialist support to patients along with 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 line manager for a continuity of care team, providing 24 hour care for women with complex social needs in central Bath.

In 2020/21 there were 1,283 women referred to the Specialist Perinatal Mental Health Midwife who were identified as having past or present mental ill health, or at increased risk due to family history. This equates to 25% of women accessing maternity services. This is an increase of 28% compared to 2019/20. There was a reduction in referrals in Q1 and Q2 2020/21 followed by a continued increase in referrals in Q3 and Q4.



Weekly triage meetings with the Banes, Swindon and Wiltshire perinatal mental health team and the Somerset perinatal mental health team have taken place virtually throughout 2020/21. There has been an increase in the number of professionals attending the triage meeting to include; Maternity staff, perinatal mental health, Health Visiting, Family Nurse Partnership, Banes and Wiltshire Improving Access to Psychological Therapies service and the Bluebell buddy service.

Banes, Swindon and Wiltshire were successful in a joint bid for Maternal Mental Health Clinics (MMHC) with a focus on perinatal trauma through loss, bereavement and birth trauma. In Q3 and Q4 the planning process was undertaken to implement the service which will commence in 2021/22.

Whilst the Consultant led complex needs clinic has continued to run throughout 2020/21, there has not been attendance by the Avon and Wiltshire Partnership perinatal Psychiatrist in the past year due to the pandemic and sickness. This is planned to resume in 2021/22.

The Specialist Perinatal Mental Health Midwife delivers training on the mandatory update days for maternity services including the maternity safeguarding level 3 day, the maternity professional day and in Q3 2020/21 introduced training on postpartum psychosis on the maternity PROMPT obstetric emergency day.

### 10. Mental Health Coordinator

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

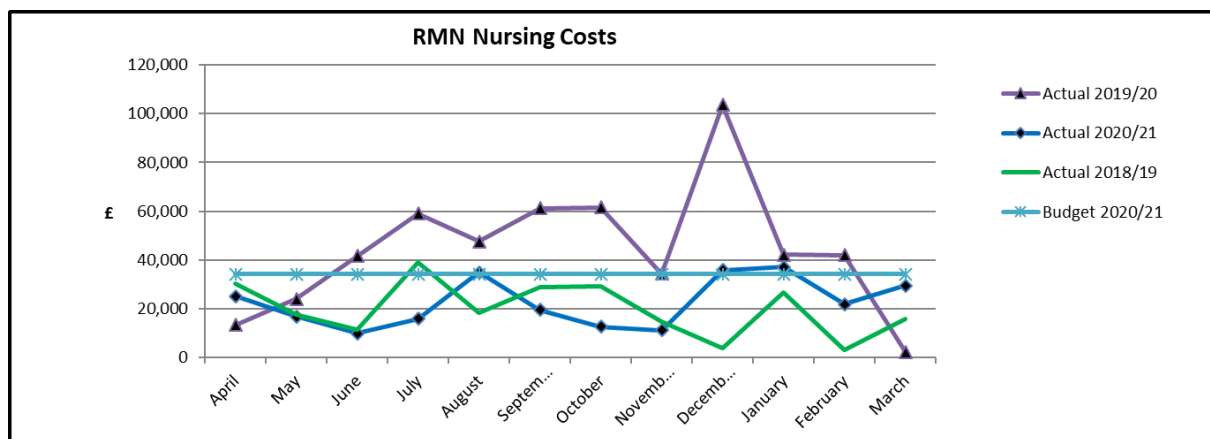
**Table 3: Total monthly spend for 1:1 specialist staff and MH Coordinator role for 2018-19, 2019-20 and 2020-2021**

Month	2018-2019 £	2019-2020 £	2020-2021 £
<b>April</b>	30,493	13,415	25,265
<b>May</b>	17,529	24,163	16,913
<b>June</b>	11,644	41,717	10,011
<b>July</b>	38,906	59,042	16,039
<b>August</b>	18,437	47,601	34,920
<b>September</b>	28,850	61,280	19,593
<b>October</b>	29,149	61,669	12,786

<b>November</b>	14,719	34,429	11,260
<b>December</b>	3,922	103,639	35,825
<b>January</b>	26,624	42,170	37,163
<b>February</b>	3,351	42,001	21,931
<b>March</b>	15,818	2,328	29,580
<b>TOTAL</b>	<b>£201,480</b>	<b>£411,852</b>	<b>271,286</b>

The above results show a 34% decrease on cost comparison with the previous year. The increase for the previous year (2019/20) was due to the Mental Health Coordinator going on maternity leave in December 2018 and for the most part the role not being covered. The Mental Health Coordinator returned from maternity leave in January 2020. This demonstrates the effectiveness of the MH Coordinator role in reducing spend on 1:1 support even when there has been an increase in the complexity of patients presenting with Mental Health needs.

**Table 3: Total cumulative spend for 1:1 specialist staff and MH Coordinator role for 2018-19, 2019-20 and 2020-2021**



## Impact of COVID-19

### Staffing-

At the start of the pandemic we saw a decline in RMN requests which remained low into the summer of 2020. At this time patients needing extra support were largely being managed by RUH HCA's or AWP HCA's. Towards the end of 2020, COVID has had an impact and the number of staff picking up shifts which declined. From December onwards there has been an increase in the number of RMN requested due to a number of reasons.

Firstly, the impact of COVID on the number of staff unavailable due to sickness or self-isolating has meant that the wards have been unable to manage 1:1 requests within their own staff numbers. Secondly, AWP has had a number of wards closed to admissions due to COVID. This led to an increase in the length of stay at the RUH for patients needing transfer to specialist MH beds, and therefore, the increase in number of 1:1 requests.



## Collaborative Working

### *The Joint Trust Operational Mental Health Group*

The group currently meets bi monthly and has multi agency representation. During this meeting complaints, compliments, risks and projects are discussed and actions agreed. It also gives opportunity for members of various teams to give updates on their work. The work of the group is currently monitored and directed by the Joint Safeguarding Committee

### *Project with BaNES Commissioners for Drug and Alcohol Services*

There has been an increase in the number of drug related deaths in the BaNES area in the last few years from accidental overdoses of illicit or prescribed drugs. In an attempt to reduce this the RUH have been requested to share information on the patients who attend the Emergency Department following an accidental overdose as described above. The aim would be for the external drug and alcohol services to contact the patients identified and offer support from drug and alcohol services. The RUH has collated the requested information and are currently working with the information governance team to create an information sharing agreement with the drug and alcohol services.

### *Good practice example*

The RUH were approached by AWP to offer support to a very complex patient admitted to Sycamore Ward (mental health ward at Hillview). The patient was being fed via a Nasogastric tube feed twice a day under restraint. In the past when it was necessary to admit the patient to a general hospital this had been very traumatic for her and had increased the risk both to herself and others. Various members of staff from the RUH, AWP and the Eating Disorder Service worked together to devise a care plan to mitigate these risks. A direct admission plan to Sycamore Ward was agreed to avoid admission to the Emergency Department was agreed and training given to AWP staff from the RUH Nutrition Nurses to enable the feeds to be given at Sycamore Ward.

## 11. Training

### *Mental Health Awareness – E Learning Module*

A Mental Health Awareness e learning package has been developed for all staff. This module includes what is mental wellbeing, what effects it and how to improve your wellbeing. Common mental health disorders seen in the hospital and information on the Mental Health Liaison Service has also been included

### *Mental Capacity Training for Discharge Liaison Nurses and Therapists*

Training has been delivered by the Named Nurse, Adult Safeguarding and the Mental Health Coordinator to the discharge liaison nurses and Therapists on understanding and carrying out capacity assessments.

### *MHA training*

A monthly training session is delivered to the new overseas nurses on the Mental Health Act.

## 12. Objectives 2021/22

- The Mental Health Coordinator and Named Nurse, Adult Safeguarding are working towards achieving compliance with the Mental Capacity Act 2019 (amended) particularly supporting the Trust with the new requirements as a Responsible Body

for the Liberty Protection Safeguards scheme (replacing the Deprivation of Liberty Safeguards scheme April 2022)

- The Mental Health Coordinator, Alcohol Liaison Nurse and the Domestic Violence and Abuse Practitioner are working together to develop a training day on 'The Complex Trio'.
- Capacity/Restrictive Practice and gold standards – There will be a focus in the coming year to create an in house training/information package for all the wards in the hospital. The project will begin with one ward and aim to work together to provide training and information around capacity, restrictive practice and mental health. For a period there will be input to the ward from both RUH and AWP specialist staff with the aim to increase knowledge and processes around these issues. Staff from the ward will be given the opportunity to become ward "experts" and continue the information sharing once the initial comprehensive support has been delivered. There may also be opportunity for ward staff to enhance their knowledge and training by shadowing specialist staff. Once the pilot has been delivered to the first ward it will move on to the next area. Following the initial input the aim will be to have selected staff from the wards to be part of a mental health supervision group where information sharing, training and process development can continue.

### **13. Summary**

This report has concentrated on the key mental health activity and improvements to practice within the organisation for 2020-2021. 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 2021-22.

### **14. 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.