

Adult Safeguarding Annual Report

1st April 2022 – 31st March 2023



Rachel Burns
Named Professional Adult Safeguarding

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1. Introduction

This annual report reflects the arrangements to safeguard and promote the welfare of adults at risk within Royal United Hospitals Bath Foundation Trust, for the period of 1st April 2021 to 31st March 2022. The report concentrates on key safeguarding activity and risks within the organisation in line with the statutory requirements of the Care Act 2014.

2. Governance and Corporate Standards

The Bath and North East Somerset (B&NES) 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. Senior representation is held at relevant sub groups for both Partnerships.

The Chief Nurse is the Executive lead responsible for safeguarding within the Trust and a nominated Non-Executive Director is a safeguarding champion. The Trust have employed an Associate Director for Vulnerable People (January 2023) to lead on the wider safeguarding and vulnerability agenda within the Trust.

Clinical Outcomes and Quality Assurance reports are produced quarterly and submitted to BaNES, Swindon and Wiltshire Integrated Care Board (BSW ICB). These reports monitor adult safeguarding activity against the Quality Schedule Key Performance Indicators.

The BSW ICB (BaNES locality) Designated Nurse for Adults provides supervision oversight to the Lead Professional Safeguarding.

Vulnerable People's Assurance Committee (VPAC)

The internal safeguarding governance processes have been reviewed in 2022-23 with all safeguarding groups reporting into the newly created Joint Operational Safeguarding and Prevent Group, then to the Vulnerable Peoples Assurance Committee (VPAC) where assurance reports highlighting risks, mitigations and any other concerns are discussed. Summary highlights are reported to the Quality Governance Committee and Trust Board.

Care Quality Commission (CQC)

The CQC carried out an unannounced focused inspection on 22 August 2022 with specific focus on the safety and quality of care within the Medicine Division.

The visit highlighted that a significant number of staff were not compliant with Safeguarding training and completion and recording of Mental Capacity Act assessments and Best Interest decisions were not always completed robustly or timely. Leading to an inconsistency with the identification and review of patients who may be being deprived of their liberty. An action plan is in place focusing on these key areas, these will remain a focus over the next year 2023/2024.

3. Legislation (Policies and Procedures)

The adult safeguarding team has ownership of 13 Trust policies. The policies are all up to date and reviewed at least 3 yearly or when there are changes in legislation. The Adult Safeguarding Policy also makes reference to any SVPP or BCSSP policy and procedure guidance.

During 2022/23 the following policy has been updated:

- Domestic Abuse Policy updated with the new definition of domestic abuse (Domestic Abuse Act 2021).

4. Safeguarding Activity

To reflect the safeguarding principle of transparency and accountability, we received 53 allegations against the Trust.

Of the 53 allegations: 46 (87%) relate to issues around care received
 7 (13%) relate to issues around staff conduct

Of the 53 allegations: 19 went through to Section 42 enquiries by B&NES Local Authority (Care Act 2014).

Of the 19 cases that went through to Section 42 enquires the safeguarding outcomes are:

- 9 were fully substantiated
- 3 inconclusive
- 2 partially substantiated
- 2 were unsubstantiated
- 3 still under the safeguarding process.

The themes of the allegations raised about the Trust predominately refer to discharge arrangements in terms of timeliness, completeness of arrangements (e.g.domiciliary care package) and communication with carers, family prior and care providers prior to discharge. Management of pressure damage, sub-standard information and sharing re bruising and pressure damage.

Outcomes of safeguarding investigations have been shared with staff members via governance/quality meetings and significant learning is incorporated within Level 3 training programme.

In relation to the allegations which did not meet the threshold for further safeguarding enquiries, it was considered that the actions and learning already implemented by the RUH following initial internal investigations was appropriate and no further investigations were required.

All the 53 allegations resulted in initial information gathering, internal investigation or Section 42 Enquiries completed by the safeguarding team.

5. Allegations against Staff (Conduct)

As part of the overarching safeguarding legislative framework, the Trust has a statutory responsibility with regards to managing allegations against staff conduct, around neglect/acts of omission.

During 2022/2023 there were 7 cases relating to staff conduct; 3 were in relation to agency staff. All of which were investigated accordingly with outcomes such as, escalating to employing agency, no further action and supportive frameworks.

6. Safeguarding Adult Reviews (SAR's) and Domestic Homicide Reviews (DHRs)

Safeguarding Adult Reviews (SARs) take place after an adult dies or is seriously injured, and abuse or neglect is thought to be involved. The reviews look at lessons that can help prevent similar incidents from happening in the future.

During 2022-2023 the adult safeguarding team has completed Agency Involvement Summaries and Chronologies for 6 notifications for consideration of Safeguarding Adult Reviews (SARs), 3 for BaNES Community Safety and Safeguarding Partnership (BCSSP) and 3 for Wiltshire Safeguarding Vulnerable People Partnership (WSVPP).

Of the notifications received by BCSSP one has met the criteria for a SAR and a learning event will be held later this year; 2 are waiting further information. The key themes continue to be related to alcohol dependency, mental health, self-neglect and the use of the Mental Capacity (amended) Act.

Domestic Homicide Reviews (DHRs) were established on a statutory basis under Section 9 of the Domestic Violence, Crime and Victim Act 2004. There is one outstanding DHR which was undertaken and 2 further requests that we have provided information for.

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

7. Pressure Ulcers acquired in the RUH

Following screening by the Specialist Tissue Viability Nurse safeguarding, referrals to the local authority were completed for 9 category 3 and 4 potentially avoidable hospital acquired pressure ulcers.

Table 1: Pressure Sores: Safeguarding Outcomes 2022/2023

| No. Incidences | Safeguarding outcome | Comments |
|----------------|----------------------|--|
| 7 | Fully substantiated | 3 upheld 1 partially upheld 3 closed following Part C of investigation. Local authority assured of learning |
| 1 | Unsubstantiated | Closed following Section 42 Enquiry. No evidence of any neglect/omissions of care re pressure area care. |

| No. Incidences | Safeguarding outcome | Comments |
|----------------|---------------------------|--|
| 1 | Closed at threshold stage | Information provided Pressure Ulcer developed at home not within hospital. |

The safeguarding team has representation at the Pressure Huddle Meetings and at the Serious Incident Panel Meetings.

8. Applications for Deprivation of Liberty Safeguards (DoLS)

The adult safeguarding team review, manage and administer the DoLS process for the Trust. Each application is reviewed and sent to the patients Local Authority. The team review applications prior to admissions to ensure:

- A relevant mental capacity assessment is documented
- Accurate, appropriate and comprehensive DoLS application

There were 746 DoLS applications made during the year (2022/2023), an increase of 212 from the previous year (2021/2022).

9. Appropriate Training, Skills and Competences

Table 2: Mandatory Training Compliance 2022-23

| Subject | Target Compliance % | Q1 % | Q2 % | Q3 % | Q4 % |
|----------------------------|---------------------|--------|--------|-------|--------|
| Level 1 Adult Safeguarding | 90% | 84.6% | 85.7% | 84.9% | 84.9% |
| Level 2 Adult Safeguarding | 90% | 83.0% | 83.4% | 83.1% | 83.4% |
| Level 3 Adult Safeguarding | 90% | 57.2% | 58.2% | 60.2% | 67.27% |
| Prevent awareness | 90% | 93.91% | 93.91% | 94.1% | 94.2% |
| Prevent WRAP 3 | 80% | 88.50% | 88.50% | 88.0% | 88.7% |

Safeguarding Adult Training is an intrinsic part of professional practice and is core business for all health care organisations.

All adult safeguarding training delivered within the Trust is based on the requirements specified within the Intercollegiate Safeguarding Competencies for Health Care Staff for Adults (2018). This guidance specifies the content and levels of competences that health care staff should achieve. There is an emphasis on the 'Think Family' approach to safeguarding which promotes the consideration of the safeguarding needs of the whole family and not just the patient receiving care from the Trust.

Safeguarding Adult Level 1 and 2 training

Level 1 and Level 2 training are being delivered by e learning. Compliance will continue to be monitored as part of the quarterly safeguarding reporting process.

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Level 3 training compliance has increased from 47.7% at the end of 2020/2021 to 67.27%. This remains a priority focus, systems in place (frequency and trajectories) are being established to provide assurance that there are enough places available to increase compliance to over 90%, with Trust-wide support for staff to access the training.

A training needs analysis will be completed on 2023/2024 which will result in a significant increase of staff numbers required to complete Level 3 mandatory training. These requirements are significant because of the importance of safeguarding to holistic care and ensuring that safeguarding is reflected in healthcare’s legal and ethical duties.

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.

10. Safer Recruitment

The Disclosure and Barring Policy has been ratified and published, the policy sets out the requirements of the Trust to check for criminal records obtained through the Disclosure and Barring Service (DBS).

11. Organisational Risks

The adult safeguarding team wish to highlight and update on the following main risks to the Trust board:

- **Mental Capacity Act/DoLs Lead Professional**
The need for a designated role to provide strategic leadership and expert guidance within the Trust across services in relation to the MCA. To lead on the development and monitoring of quality performance standards in relation to the MCA and start to prepare the Trust for implementation of Liberty of Protection Safeguards (LPS).

- **Training Needs Analysis Safeguarding Adult Training Level 3**
The training needs analysis will result in a significant increase of staff numbers required to complete Level 3 mandatory training. These requirements are significant because of the importance of safeguarding to holistic care and ensuring that safeguarding is reflected in healthcare’s legal and ethical duties. Capacity to support delivery requires appropriate resource.

- **Independent Domestic Violence Advisor role**
No current designated role within the Trust.

12. Achievements 2022-2023

- Successful appointment and induction of the Lead Professional Safeguarding Lead.
- Successful appointment of Associate Director for Vulnerable People to strengthen and support the Safeguarding Agenda internally and across partner systems.

- Increased Safeguarding compliance across all levels, with Level 3 being the most significant. Established robust systems, now in place to monitor compliance with clear trajectories of achieving and maintaining compliance moving forward.
- Continue to align where possible the adult and child agenda to focus on the 'Think Family' agenda.
- Representation for the Trust on the BaNES Community Safety and Safeguarding Partnership Quality and Performance sub group.
- Development of bespoke MCA & DoLS training in response to CQC Action plan. The training is face-to-face and scenario based, and will continue to be rolled out across the Trust in the coming year.

13. Objectives for 2023 – 2024

- To develop an Adult Safeguarding Supervision Policy and an action plan in relation to the delivery of supervision for adult facing care provision within the Trust.
- Explore the introduction Safeguarding Champions to help to share learning and embed safeguarding principles.
- To implement the safeguarding strategy that will set out the strategic approach to ensure safe and effective services for safeguarding adults and children are in place for the next 3 years. The main objectives are to encourage continuous improvement in compliance with national and local policies, developing and implementing systems for quality monitoring that are robust, auditable and effective and raising the awareness of safeguarding making it 'everyone's business'.
- Review of safeguarding data management processes to ensure that more robust systems are in place.
- To undertake a training needs analysis against job role descriptors in order to widen the application of the intercollegiate document, Adult Safeguarding Roles and Competences for Health Care Staff (2018). In order to fully align recommendations for Safeguarding Level 3 Training.
- To appoint a Named Medic for Adult Safeguarding.

14. Concluding Comments

This report highlights the progress and key adult safeguarding activity improvements and identified risks in the organisation. The 'Think Family' approach ensures that safeguarding is everyone's business. Training compliance and keeping safeguarding on the agenda will continue to be a priority, so the impact on adults is clearly understood by all staff groups to identify and respond to concerns/disclosures in line with legislative and professional responsibilities.

Work to embed safeguarding and the Mental Capacity/Deprivations of Liberty Safeguards into clinical practice will continue, as will promoting a culture of 'making Safeguarding Personal' and ensuring the voice of adults at risk is heard within care delivery.

The adult safeguarding adult team continue to strive for best practice for patients and their families.

References: *Adult Safeguarding: Roles and Competencies for Health Care Staff*
London RCPCH, *First edition: August 2018*

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