

Adult Safeguarding Annual Report

1st April 2023 – 31st March 2024



Rachel Burns
Named Professional Adult Safeguarding

Content

1. Introduction	Page 3
2. Governance Arrangements	Page 3
2.1 Vulnerable People Assurance Committee	Page 3
2.2 Care Quality Commission (CQC)	Page 4
3. Learning Development & Training	Page 4
4. Supervision and Reflective Practice	Page 5
5. Policies and Guidance	Page 5
6. Adult Safeguarding Activity.....	Page 5
6.1 Harm Events	Page 5
6.2 Allegations against the Trust	Page 6
7. Key risks and themes arising from referrals and allegations	Page 7
7.1 Organisational Abuse/Closed Culture	Page 7
7.2 Pressure Damage as an indicator of Neglect or abuse	Page 7
7.3 Safe and effective discharge.....	Page 7
8. Effective Multi Agency working.....	Page 7
9. Statutory Reviews.....	Page 8
9.1 Safeguarding Adult Reviews (SARs).....	Page 8
9.2 Domestic Homicide Reviews (DHRs).....	Page 8
10.Applications for Deprivation of Liberty Safeguards (DoLS).....	Page 8
11.Safer Recruitment and Retention of staff.....	Page 9
12.Organisational Risks.....	Page 9
13.Achievements 2023/2024.....	Page 9
14.Safeguarding Priorities in 2024/2025.....	Page 9
15.Concluding Comments	Page 10

1. Introduction

This report highlights the work undertaken by the Royal United Hospitals Bath NHS Foundation Trust (RUH) in respect to its commitment and responsibilities in maintaining the safety and protection of adults at risk of abuse and neglect.

The RUH is required under statute and regulation to have effective arrangements in place to safeguard and promote the welfare of adults at risk of harm and abuse in every service that they deliver.

This report covers the period from 1st April 2023 to 31st March 2024 and provides assurance that systems are in place to ensure that patients using Trust services are effectively protected, and that staff are supported to respond appropriately where safeguarding concerns arise

2. Governance Arrangements

The Bath and Northeast Somerset (B&NES) Community Safety and Safeguarding Partnership (BCSSP) and Wiltshire Safeguarding Vulnerable People Partnership (SVPP) are the key statutory mechanisms 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 subgroups for both partnerships.

The Chief Nursing Officer is the Executive Lead for safeguarding and has responsibility to ensure that the Trust contribution towards safeguarding is discharged effectively throughout the organisation.

We have a nominated Non-Executive Director on the Board who is a safeguarding champion.

The Trust has an Associate Director for Vulnerable People who leads on the wider safeguarding and vulnerability agenda within the Trust.

The BANES, Swindon and Wiltshire Integrated Care Board (BSW ICB) Designated Nurse for Adults (BANES locality) provides supervision oversight to the Lead Professional Adult Safeguarding and has standing invitations to the safeguarding committee ensuring oversight of the Trust's safeguarding work.

2.1 **Vulnerable People Assurance Committee (VPAC)**

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. Performance and key messages are reported to VPAC quarterly.

The Joint Operational Adult and Children's Safeguarding Prevent Group meet quarterly and seek assurance that all safeguarding commitments and responsibilities for adults and children are met. It oversees the work of the Safeguarding Team and safeguarding activity across the Trust, and seeks assurance that there are suitable processes in

place to ensure that safeguarding arrangements are reviewed and updated on a regular basis. This group reports to VPAC.

VPAC is the focal point of Safeguarding governance and assurance and is chaired by the Chief Nursing Officer. The purpose of this is to provide a Trust overview of the safeguarding systems and processes and ensure that this agenda remains core to the Trust’s values and that the Trust remains compliant with all statutory and regulatory requirements. Summary highlights are reported to the Quality Governance Committee and Trust Board.

2.2 Care Quality Commission (CQC)

Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect, as well as promoting good practice for responding to concerns and partnership working.

The Care Quality Commission (CQC) role is to monitor, inspect and regulate services to make sure they meet the fundamental standards of quality and safety.

The Adult Safeguarding Team provide updates to CQC through the RUH engagement sessions.

3. Learning Development and Training

The Intercollegiate Document Guidance underpins safeguarding training for Safeguarding Adults, NHS England (2018).

The document describes roles and responsibilities and details the level of training required. Each level of training requires that staff complete a minimum number of hours training over a three-year period.

Training continues to utilise e-learning for Level 1 and Level 2 and the Named Professional Adult Safeguarding Lead facilitates a full day classroom-based training for Level 3.

To improve Level 3 Safeguarding Adult Training compliance the team increased the frequency of training and with Divisional support targeted the areas/staff that were not compliant.

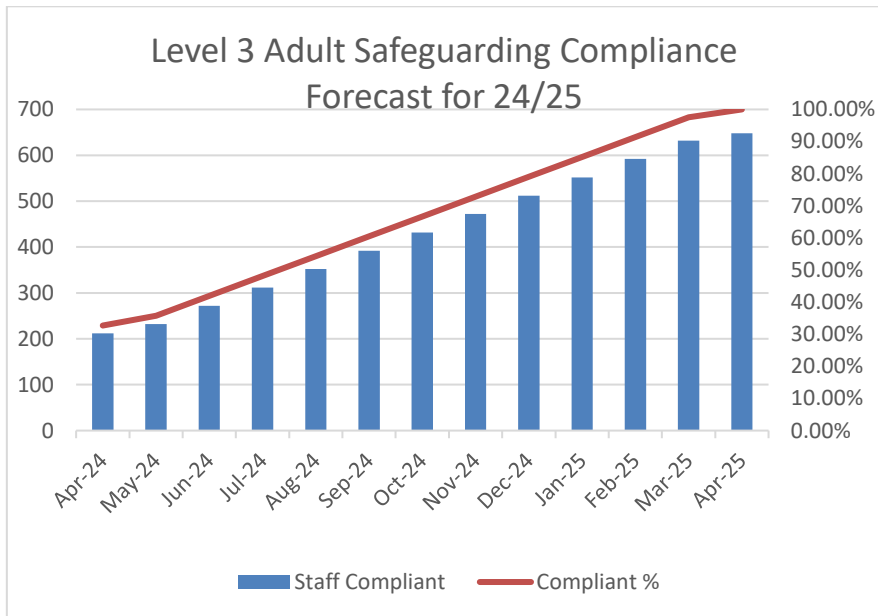
Compliance raised from 67.27% (Q4 22/23) to 93.1% (Q4 23/24). The Level 3 course is consistently positively evaluated by all who attend.

Table 2: Mandatory Training Compliance 2023-24

Subject	Target Compliance %	Q1 %	Q2 %	Q3 %	Q4 %
Level 1 Adult Safeguarding	90%	85.6%	86.2%	87.9%	92.5%
Level 2 Adult Safeguarding	90%	85.5%	84.8%	86.7%	91.4%
Level 3 Adult Safeguarding	90%	81.6%	91.9%	93.7%	93.1%

Prevent awareness	90%	94.6%	92.1%	93.3%	96.2%
Prevent WRAP 3	85%	90.5%	88.1%	89.8%	93.7%

A training needs analysis of Level 3 Safeguarding training has been completed and from April 2024 we will be increasing the audience to all clinical staff Band 6 and above in patient facing roles. This will significantly drop the compliance but will mean more staff will be trained to a higher level which is good practice.



4. Supervision and Reflective Practice

All staff have access to informal support and advice from the adult safeguarding team. This is commonly accessed by phone, email and face to face within wards and departments. Advice focuses on assessment of safeguarding risk supporting referral processes as well as reviewing care options in response to safeguarding risk.

The adult safeguarding team have line management supervision meetings to share learning and concerns around complex cases.

The Named Professional Adult Safeguarding Lead provides supervision to the Director of Nursing at the Sulis Hospital.

5. Policies and Guidance

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 refers to an SVPP or BCSSP policy and procedure guidance.

6. Safeguarding Activity

6.1 Harm Events

The Safeguarding Adults team received a total 933 referrals from clinical services across the Trust in 2023/24. This evidences a continued year on year increase in referrals to the team.

Activity	Q1	Q2	Q3	Q4	TOTAL
Advice	8	6	26	10	50
Complaint	0	0	0	0	0
Discriminatory	0	0	0	0	0
Domestic Abuse	67	42	39	45	193
Financial	9	14	6	15	44
Honour-based Violence	0	0	0	1	1
Modern Slavery	3	1	0	2	6
Neglect	45	36	32	47	160
Organisational	0	2	3	2	7
Physical	14	34	15	9	72
Prevent	0	0	0	0	0
Psychological	3	10	13	3	29
Public Protection	0	0	0	1	1
Self-Neglect	85	90	92	89	356
Sexual	1	5	4	3	13
TOTAL	235	240	230	227	933

Self-neglect, domestic abuse and neglect continue to form the highest percentage of referrals made. There is a noticeable rise in modern slavery concerns which have led to local authority referrals resulting in referrals to the National Referral Mechanism.

An ongoing theme identified in relation to the categories in the above table is the high degree of complexity and risk which involves multiple agencies and the time taken by the team to scrutinise and assess each concern.

Allegations against the Trust

Section 42 of The Care Act (2014) establishes the process of local authority led Safeguarding Adults Enquiry, which may be in relation to concerns about abuse or neglect within a health or care setting.

The Trust received 84 allegations (compared to 53 in 2022/2023). These concerns were raised about care services delivered by the RUH. The Adult Safeguarding team works closely with B&NES Local Authority to ensure that we respond effectively to identify areas that need further investigation.

To this end, regular face-to-face meetings take place to review progress on all such reports with the local authority.

Of the 84 allegations: 60 (71.4%) relate to issues around care received
24 (28.5%) relate to issues around staff conduct

Of the 84 allegations: 42 were referred to B&NES Local Authority
(The Care Act 2014)

A central part of the review process for these cases is to ensure transparency and consistency between any Trust Governance processes and to avoid duplication and possible miscommunication when managing parallel processes. For example, if a case has been raised involving pressure related skin damage, it is important that the response undertaken within the Datix incident management process is clearly integrated into any Section 42 Enquiry.

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 Trust following initial internal investigations was appropriate and no further investigations were required.

7. Key Risks and themes arising from allegations

7.1 Organisational Abuse/Closed Culture

Poor culture can start to embed and become normalised as part of a closed culture, and this increases the risk of harm to individuals with care and support needs. The Safeguarding Team developed a training programme focusing on Organisational Abuse: ‘Embedding a Safer Culture’. This provided a safe space for staff to both reflect, share and educate themselves to understand how culture impacts care. This training continues to be available and is incorporated into the Adult Level 3 training and can be delivered as part of bespoke sessions.

The Safeguarding Team work closely with Patient Safety and Patient Support and Complaints to triangulate themes and ensure that safeguarding individuals remains paramount.

7.2 Pressure Damage as an indicator of Neglect or abuse

Within Quarter 2, a ward-based action plan containing significant improvement interventions was implemented, overseen by the Management Team and the Chief Nursing Officer.

The plan was aligned with safeguarding processes. The Safeguarding Lead worked with the Integrated Care Board (ICB) and local authority to create an outcome focused (SMART) plan to measure change and impact in relation to assurance around safeguarding activity. This has proven successful with ward areas remaining pressure ulcer free.

The Safeguarding Adult Team together with the Tissue Viability Team continue to analyse and reflect on the circumstances that would indicate how and when pressure damage can be an indicator of neglect. There is representation from the safeguarding team at the Pressure Ulcer Steering Group.

7.2 Safe and effective discharge

The Safeguarding Lead has linked with the Care Home Forum to better understand from their perspective issues and themes relating to a poor discharge. This work will

develop alongside the Divisional Leads and Discharge Team to analyse and identify themes.

8. Effective Multi Agency Working

The overarching purpose of the Safeguarding Partnerships is to ensure that adults with care and support needs are safeguarded from abuse and neglect.

As part of the Trust’s adult safeguarding responsibilities, we participate in multi-agency reviews and have Trust representation on the Safeguarding Partnerships subgroups as below:

- Domestic Abuse Multi-Agency Risk Assessment Conference (MARAC) in both BaNES and Wiltshire
- Domestic Violence Safeguarding Partnership Subgroups
- BaNES Operational Exploitation Meeting
- Safeguarding partner agency meetings in both BaNES and Wiltshire;
- National Named Professionals Network;
- South West Prevent Network Meetings;
- Community in Practice Mental Capacity Forum
- SVPP Senior Partners Forum

9. Statutory Reviews

All NHS organisations that are asked to participate in a statutory review must do so.

Statutory reviews are processes for learning and improvement and all health providers are required to provide and share information relevant to any statutory review process. Safeguarding Adult Reviews (SAR) and Domestic Homicide Reviews (DHR) form an essential part of the multi-agency partnerships safeguarding strategies

The extent of RUH involvement in the statutory review process will depend on the Trust’s involvement in the case. This most commonly includes providing a comprehensive chronology and practitioners involved in the case participate in practice review workshops. A representative for the Trust will also be a member of the oversight panel for the review.

Learning from local and national enquiries, SAR and DHRs, alongside case learning reviews is incorporated into training.

9.1 Safeguarding Adult Reviews (SARs)

During 2023-2024 the adult safeguarding team has completed Agency Involvement Summaries and Chronologies for 4 notifications for consideration of Safeguarding Adult Reviews (SARs), 0 for BaNES Community Safety and Safeguarding Partnership (BCSSP) and 4 for Wiltshire Safeguarding Vulnerable People Partnership (WSVPP).

9.2 Domestic Homicide Reviews (DHRs)

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.

10. 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 patient’s 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 973 DoLS applications made during the year (2023/2024), an increase of 227 application from the previous year (2022/2023).

Bespoke training was delivered across the Trust and the Safeguarding Lead continues to offer bespoke sessions to ward/outpatient areas.

11. 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).

12. Organisational Risks

The following risk in relation to safeguarding adults is on the Trust Risk Register, with clear trajectories. The current risk level is low.

Safeguarding Adult Level 3 Training Compliance will drop from over 90% to approx. 30% in April 2024. The key staff initially identified are compliant, widening the audience will only strengthen and further embed Adult Safeguarding.

13. Achievements 2023-2024

- Successful appointment of Named Medic for Adult Safeguarding.
- Achieving over 90% compliance for Level 3 Adult Safeguarding
- Delivery of Board Level Adult and Children Safeguarding training in line with the Intercollegiate Document.
- 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 subgroup.
- Representation of the Trust on the Wiltshire SVPP Senior Partners Forum
- The Safeguarding team have reviewed the Prevent training needs in line with the new Core Skills Training Framework and national Prevent Competency Framework. An action plan has been agreed and training proposal completed for ratification and implementation in Q1 2024/25.

14. Safeguarding Priorities for 2024–2025

- To develop the RUH Safeguarding Strategy underpinned by the Vulnerable People Strategy, aligning with Trust objectives and values, and those of the local Safeguarding Partnerships.
- 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 of Safeguarding Champions to help to share learning and embed safeguarding principles.
- Review of safeguarding data management processes to ensure that more robust systems are in place.
- Work with our Discharge team colleagues and local authority partners to ensure safe hospital discharge processes and transparently link safeguarding pathways to Hospital Discharge Governance pathways.
- Achieve level 3 adult safeguarding and Prevent training compliance.
- To ensure the finding of quality assurance activity informs SMART outcome focused action plans which will be reported to VPAC.
- Continue developing a safeguarding culture that focuses on personalised outcomes. Embedding the Making Safeguarding Personal approach across the Trust through training. Explore qualitative reporting on outcomes and qualitative measure.

15. Concluding Comments

The Adult Safeguarding Team are committed to ensuring that the Trust effectively executes its duties and responsibilities in adult safeguarding. The Team adopts a whole systems approach to its work with community partners as well as those within the Trust, to ensure that a multi perspective ‘Think Family’ approach is adopted.

This report demonstrates safe and effective practice in relation to our statutory and regulatory agenda, with good compliance to internal and external safeguarding standards. The team will continue to build on existing work to ensure Trust culture around safeguarding processes are robust and effective and remain aligned with core Trust values.

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