

Board of Directors Quality and Performance Committee

15th April 2015

[Attachment 11]

Safeguarding Adults Annual Report 2014 - 2015

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| Status: | A paper for Information |
| History: | Previous Safeguarding Adults ARC and Trust Board |
| Reports | |

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Directors of Adult Services

Board of Directors Quality and Performance Committee

15th April 2015.

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| Subject | Safeguarding Adults Annual Report |
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| Presented by | Directors of Adult Services |

Purpose of the Report

To report to the Board on Trust performance over the last year and provide assurance of suitable systems and processes being used within the Trust to identify and care for adults at risk. This paper provides the Board with an update on:

1. Safeguarding adults activity
2. Training compliance
3. Allegations, complaints, incidents and achievements
4. Internal management reviews/serious case reviews/domestic homicide reviews
5. Other relevant points for the board to consider

Key Points

- Over the last year there has been a steady increase in referrals to safeguarding and the cases are increasingly complex. This trend is set to continue with the Care Act 2014 implementation.
- The referrals for people with a learning disability is on the increase as staff often require enhanced support to care for patients with complex needs.
- Referrals to the DaD service are also continuing to rise with patients requiring enhanced care and support.
- Referrals for DoLS have increased significantly since the lowering of the threshold for a deprivation of liberty to occur following the Supreme Court judgement in March 2014.

Implications

- The increase in safeguarding referrals has resulted in the referrals being prioritised according to risk and responded to accordingly and in a timely manner.
- The increase in DoLS referrals has resulted in all members of the safeguarding team undertaking DoLS assessments to ensure that patients are seen in a timely manner and any deprivation of liberty in the best interest of the patients is lawful.
- The high number of referrals to the DaD clinical nurse specialists has resulted in some delay in patients being seen on the wards. The clinical nurse specialists have been offering staff advice on the telephone as initial response to the referral and then visiting the patients on the wards for a more detailed patient assessment where required.

Recommendations

The Board is asked to consider the contents of this report and raise any issues of concern or outline any specific action they request.

Background

This report provides an overview of the activity in relation to how the Trust has executed its responsibility for identifying and caring for adults at risk under our care in line with the Trust Safeguarding Adults Policy and Procedures. It highlights the monitoring arrangements and training that has taken place during the last year.

1.0 Safeguarding Adults Referrals

1.1 Acute Services Referrals

| 2014-2015 | Q1 | Q2 | Q3 | Q4 | Total referrals in 2014-2015 | Total referrals in 2013-2014 | % increase |
|---------------------|-----|-----|-----|-----|------------------------------|------------------------------|------------------------------|
| Number of referrals | 168 | 169 | 185 | 226 | 748 | 611 | 22.42% increase in referrals |

- 1.1.1 It was a busy year with a 22.42% increase in referrals from acute services to the safeguarding adults team from last year. This mirrors activity of partner health Trusts who have also seen an increase in referrals. This trend is set to continue with the changes within the Care Act 2014 which comes into force on 1st April 2015. From April 2015, all cases of self neglect and hoarding will require a safeguarding referral and response where currently these cases are dealt with by social services using care management approaches.

1.2 Community Services Referrals

| 2014 - 2015 | Q1 | Q2 | Q3 | Q4 | Total | Total referrals in 2013-2014 | Percentage increase from 2013-2014 |
|-----------------|----|----|----|----|-------|------------------------------|------------------------------------|
| Total referrals | 22 | 44 | 41 | 35 | 142 | 61 | 132% |

- 1.2.1 The referrals from community teams have increased significantly over the last year representing a 132% rise in numbers. This is a very positive change in practice and this increase is likely to continue from the anticipated impact of the Care Act 2014.
- 1.2.2 One of the key challenges faced by community staff is supporting patients and or their carers who refuse appropriate care and treatment that is required to support the needs of the patient. These patients sometimes have the mental capacity to refuse treatment. Many of these cases where essential care is being refused are beginning to be escalated via safeguarding to ensure a systematic and multi-agency approach to managing the risk and care provided to adults who live chaotic lives often making unwise decisions.

1.3 Referral Origin

| Location/directorate | Acute/ Community | Q1 | Q2 | Q3 | Q4 |
|----------------------|---------------------|----|----|----|----|
| A&E | A | 49 | 51 | 53 | 81 |
| Victoria | A | 21 | 14 | 26 | 25 |
| Sarah Swift | A | 10 | 16 | 11 | 15 |

- 1.3.1 The admission wards and A&E continue to pick up safeguarding issues on admission which is good practice. Patients with safeguarding needs being identified early in the admission process allows for and required safeguarding plans to be put in place and the patients made safe for discharge without delaying their discharge unnecessarily.
- 1.3.2 Safeguarding referrals have been received from across the acute and community services over the last year. There has been a noticeable increase in telephone discussions about safeguarding concerns that staff have about any of their patients. Recognising and reporting safeguarding concerns is now embedded within acute and community services. The safeguarding adults team has been raising staff awareness of safeguarding adults through safeguarding adults bi-monthly newsletters, monthly safeguarding surgeries and training.

1.4 Referral Types

| 2014 - 2015 | Q1 | | Q2 | | Q3 | | Q4 | |
|-----------------------------|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
| | A | C | A | C | A | C | A | C |
| Potential domestic violence | 1 | 0 | 0 | 0 | 0 | 0 | 4 | 0 |
| Potential financial abuse | 18 | 0 | 24 | 3 | 11 | 3 | 13 | 2 |
| Psychological /verbal | 13 | 0 | 8 | 3 | 6 | 2 | 4 | 1 |
| Potential physical abuse | 17 | 3 | 23 | 2 | 21 | 1 | 17 | 4 |
| Potential sexual abuse | 3 | 0 | 1 | 2 | 0 | 1 | 2 | 0 |
| Institutional | 1 | 0 | 2 | 1 | 1 | 1 | 0 | 0 |
| Neglect | 23 | 8 | 34 | 24 | 51 | 15 | 47 | 21 |
| Care Management / DoLS | 81 | 5 | 71 | 6 | 89 | 10 | 122 | 3 |
| Prevent | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Advice and Notification | 11 | 6 | 6 | 3 | 6 | 8 | 17 | 2 |
| Total | 168 | 22 | 169 | 44 | 185 | 41 | 226 | 35 |

- 1.4.1 Over the last year, the highest number of referrals was received for neglect as the category of abuse similar to the year before. This included formal and informal carers as having caused harm to a vulnerable adult. The second and third highest numbers of referrals received were for physical abuse and financial abuse respectively. The risk of financial abuse may increase with more patients being offered personal budgets to manage their care through

formal or informal care arrangements. This is addressed in staff training and staff are made aware of the potential for financial abuse of personal budgets by others.

- 1.4.2 Approximately 45% of all referrals were not safeguarding concerns according to the 'No Secrets' guidance. These cases were dealt with by social services using care management procedures. This practice is set to change in the first quarter of 2015 when the Care Act 2014 makes self neglect and hoarding safeguarding concerns which are currently being dealt with as care management issues. This will subject people who inevitably self neglect due to dependence on drugs or alcohol to a safeguarding inquiry. Supporting patients who make capacitous decisions to be dependent on drugs or alcohol will continue to be a challenge for practitioners as it is now.

1.5 Total referrals by age

| Age | 17-30 | 31-50 | 51-70 | Over 70 |
|-----|-------|-------|-------|---------|
| Q1 | 15 | 18 | 45 | 112 |
| Q2 | 10 | 27 | 43 | 132 |
| Q3 | 11 | 28 | 52 | 135 |
| Q4 | 21 | 37 | 64 | 139 |

- 1.5.1 Approximately 30% of all safeguarding adults referrals were for people over the age of 70 years in 2014-2015 compared to 60% in the previous year. The safeguarding adults team has seen an increase in referrals for a younger cohort of patients with safeguarding issues related drug or alcohol dependence, homelessness, complex physical needs, mental health needs and no recourse to public funds. It has been challenging to ensure the safety of patients who are homeless or those who choose to continue to be dependent on alcohol or drugs. The team has worked closely with the Homeless team to support such vulnerable adults.

2.0 **Training**

| | Yes/No | Renewal date |
|--|--------|--------------|
| Current approved and implemented safeguarding training plan/policy | Yes | April 2015 |

2.1 Safeguarding Adults Level 2 training

| Training Level 2 | Total number to train | Acute compliance | | Community Adults compliance | | Children Acute and community compliance | | Overall Trust compliance |
|------------------|-----------------------|------------------|--------|-----------------------------|--------|---|--------|--------------------------|
| Q1 | 7724 | 5958 | 88.75% | 531 | 88.51% | 1235 | 88.50% | 88.90% |
| Q2 | 7673 | 5920 | 90.00% | 533 | 90.25% | 1220 | 90.25% | 90.02% |
| Q3 | 8077 | 6256 | 90.61% | 481 | 89.40% | 1340 | 89.78% | 90.40% |
| Q4 | 8168 | 6303 | 91.16% | 472 | 91.10% | 1393 | 90.31% | 91.01% |

- 2.1.1 Over the last year the Trust achieved its training target of 85% set by the local CCGs. In April 2015 there will be a review of the Safeguarding Adults training to ensure that that Trust training is Care Act 2014 compliant.
- 2.1.2 There are 2 departments listed below that are not 85% compliant with their safeguarding adults training. The safeguarding adults team has been providing bespoke sessions to try and achieve compliance. The turnover of staff in these 2 departments is high and it has not been possible to provide training sessions to keep the departments' training compliance at 85% or higher. The safeguarding trainers will continue to work with the departments to resolve the identified issue.

| Clinical Area | Staff to train | Staff trained | Compliance |
|----------------|----------------|---------------|------------|
| Pharmacy | 152 | 114 | 75% |
| GSTS Pathology | 41 | 31 | 75.61% |

2.2 Prevent Training

- 2.2.1 Prevent is part of the governments counter-terrorism strategy called Contest. The aim of Prevent is to stop people from becoming terrorists or supporting terrorism. It forms part of the safeguarding agenda as it is about preventing vulnerable adults and children from being radicalised.
- 2.2.2 240 staff have received Level 2 (WRAP 3) Prevent training across the organisation since training started in November 2014.
- 2.2.3 Level 2 (WRAP 3) Prevent training is now provided once a week and available for staff to book onto. Bespoke sessions of Level 2 Prevent training are being offered to staff groups who are in contact with high risk patient groups including staff who care of adolescents, adults with care and support needs, A&E, security and chaplaincy staff. Monthly training figures are being reported to NHS England and Lambeth and Southwark CCGs.
- 2.2.4 Level 1 Prevent Awareness session will be offered to all staff who are new to the Trust at corporate induction. This training will begin to be offered at corporate induction in April 2015.
- 2.3.5 Prevent leaflets are included in the induction pack that is given to staff when they attend induction. This will be replaced with the handouts for the Level 1 Prevent training presentation in August 2015.

3.0 Deprivation of liberty safeguards (DoLS)

- 3.1 There were 47 DoLS applications made in the last year compared to 25 made in the previous year. A significant rise in the number of application was noticed after the Supreme Court judgment in March 2014 which lowered the threshold for a deprivation of liberty to occur. However the rise in referrals for DoLS has reached a plateau. The safeguarding team has continued to raise staff awareness of DoLS through newsletters, safeguarding surgeries and training.

3.2 DoLS application 2014-215

| DoLS 2014-2015 | Application | Granted | Not granted | Not assessed |
|----------------|-------------|---------|-------------|--------------|
| Q1 | 3 | 0 | 2 | 1 |
| Q2 | 13 | 8 | 3 | 2 |
| Q3 | 17 | 9 | 6 | 2 |
| Q4 | 16 | 4 | 7 | 5 |

- 3.3 The local authorities as Supervisory Bodies have been inundated with referrals since the judgement in March 2014. It has resulted in delays in assessments by the Best Interest and Mental Health Assessors and subsequent delays in the outcomes of the assessments being determined. Situations have arisen where an Urgent Authorisation completed by the Trust as Managing Authority has lapsed before a decision about the DoLS application is communicated to the Trust. This would make any deprivation of liberty the patient was subject to, unlawful for the duration of the time there was no valid Urgent Authorisation or a DoLS being granted by the Supervisory Body. The safeguarding team has sought legal advice regarding this situation. The advice is to ensure that the safeguarding team representing the Managing Authority will keep in regular contact with the Supervisory Body and ensure that the patient's care plan is reviewed regularly to minimise and restrictions on the person's liberty. This is a national problem and further guidance from the Law Commission is expected in March 2015.

4.0 Mental health detentions and admissions

- 4.1 Over the last year there were 94 patients detained under the MHA 1983 who were admitted to the Trust. Of these:

| Mental Health Act 1983 | Q1 | Q2 | Q3 | Q4 |
|--------------------------------|----|----|----|----|
| Detained under s5(2) | 7 | 6 | 14 | 8 |
| Detained under s2 | 5 | 9 | 19 | 15 |
| Patient detained under s3 | 1 | 2 | 2 | 2 |
| Section 136 | 0 | 1 | 1 | 0 |
| Received treatment under (s17) | 2 | 0 | 0 | 0 |

- 4.2 There has been a 70% increase in the number of patients detained under the MHA 1983. This increase can be attributed to the fact that there is now a clear process for the receiving, recording and storing of section papers and also because there have been more patients with mental health problems requiring admission for physical health care.

- 4.3 South London and Maudsley NHS Foundation Trust (SLaM) took over MHA administration for patients detained under the MHA 1983 on behalf of the Trust from 3rd March 2014. The service level agreement that has been in place for MHA administration to be provided by SLaM for patients detained in the Trust under the MHA 1983 is being reviewed. The new agreement will start from 1st April 2015 and reviewed yearly.
- 4.3.1 The scrutiny provided by the MHA administrator has ensured that all detained patients have their rights explained to them and any issues with the section papers that affect their validity are quickly resolved.

5.0 Allegations

5.1 Allegations

- 5.1.1 There were 17 allegations against Trust staff in the last year with 10 of them being unsubstantiated or closed with no further action. Guidance on the Management of Allegations has been developed and is going through final amendments. The guidance identifies clear roles and responsibilities for the management of allegations together with a clear process for reporting and deciding if a concern meets the threshold for an allegations investigation.

5.2 Complaints

- 5.2.1 14% of the complaints received by the Trust were for people over the age of 65 years. It has not been possible to identify how many people over the age of 65 had dementia as a diagnosis. The Complaints team are looking at how this information can be made available as the patient diagnosis is not included as part of the complaint letter.

6.0 Internal management reviews/serious case reviews/domestic homicide reviews

- 6.1 During the last year there was one domestic homicide review (DHR) conducted by Bolton Community Safety Partnership into the deaths of two women (victims) and the perpetrator in a house fire. One of the victims had attended the Adult Congenital Heart Disease Service at St. Thomas' Hospital between 2006 and 2013. An IMR was completed detailing the Trust's involvement in the care of this patient and submitted. The IMR did not recommend any actions for the Trust.

7.0 Other relevant points for the Board to consider

7.1 Local Authority feedback

- 7.1.1 The Trust completed and submitted to Southwark local authority, the Safeguarding Adults at Risk Audit tool developed by NHS England to self assess, monitor and improve safeguarding adults arrangements within individual statutory and private organisations such as hospitals, the police and social services. The Trust participated in a challenge event in June where the members of the Safeguarding Adults Partnership Board had the opportunity to seek assurance from individual partner organisations about their safeguarding arrangements and practice. This was a very useful exercise and each organisation was able to benchmark its arrangement with that of partner agencies.

- 7.1.2 Lambeth Safeguarding Adults Partnership Board declined to use the NHS England Safeguarding Adults self assessment tool and developed its own audit tool. Each partner organisation was required to complete the tool and present it to the Safeguarding Adults Partnership Board. This was also a positive exercise where Board members were able to seek assurance from their partners.
- 7.2 The safeguarding team has been working with Lambeth and Southwark local authorities on the consultation of the Care Act 2014 in relation to safeguarding adults. The Care and Support Statutory Guidance on the Care Act 2014 was published in October 2014 and detailed changes in safeguarding arrangements for the local authority and partner agencies. The Care Act 2014 replaces the No Secrets guidance and provides the legal basis for all safeguarding work.
- 7.3 The Care Act 2014
- 7.3.1 The Care Act 2014 comes into force in April 2015. The Act and the accompanying Care and Support Statutory Guidance place key requirements on statutory service providers.
- 7.3.2 The statutory guidance makes two types of requirements: those that the Trust must adhere to and the requirements that the Trust should adhere to unless it can demonstrate good reason not to.
- 7.3.3 The following requirements need to be in place by April 2015 when the Act comes into force:
- Clear roles and responsibilities for safeguarding adults such as a Safeguarding Adults Lead and a Designated Safeguarding Adults Manager.
 - Adult safeguarding policies and procedures that reflect the framework set by the Safeguarding Adults Partnership Boards in consultation with them. This should include what circumstances would lead to the need to report outside their own chain of line management, including outside their organisation to the local authority.
 - There must be clarity about how responses to safeguarding concerns deriving from the poor quality and inadequacy of service provision including patient safety in the health sector, should be responded to. This will include:
 - Clarity about when the employer undertakes the safeguarding enquiry, and how this is fed back to the local authority and scrutinised
 - Clarity about when the local authority undertakes the enquiry
 - Clarity about interface of complaints, clinical governance, disciplinary and other HR processes, and regulatory processes with the multi-agency safeguarding procedures
 - Self-neglect will now be a safeguarding adults issue.
 - Domestic abuse approaches and legislation can now be considered safeguarding responses in appropriate cases.

- Employers should produce for their staff a set of internal guidelines which relate clearly to the multiagency policy and which set out the responsibilities of all staff to operate within.
- Internal guidelines should also explain the rights of staff and how employers will respond where abuse is alleged against them within either a criminal or disciplinary context.

7.3.4 Review of the Safeguarding Adults policy and procedures was commenced in January 2015 to reflect the Care Act 2014 requirements. Many of the requirements already form part of the Trust safeguarding adults policy and procedures. Any changes made to the policy and procedure documents will be communicated across the Trust widely via the safeguarding adults newsletter and training.

8.0 Audits

8.1 During 2014 – 2015 the following audits were conducted:

| Current Audits | Lead | Completion |
|--------------------|----------|---------------|
| MCA audit | Raja Ram | February 2015 |
| DoLS audit | Raja Ram | February 2015 |
| DaD team referrals | Raja Ram | February 2015 |

8.2 MCA 2005 Audit

- 8.2.1 77 sets of notes were audited to identify if staff were following the MCA principles when caring for patients who lacked capacity to decide on their care and treatment. The records were audited to identify if patients were formally assessed for the ability to make care and treatment decisions that were required of them if the 2-stage capacity test was used and if the results were recorded in detail. The records were also audited to identify where results of the capacity tests were recorded and if best interest meetings or discussions were had and recorded.
- 8.2.2 A gradual improvement in practice was noticed over the year with significant improvements in practice noted in the last quarter. 22 health records were audited in quarter four. The recording of the 2-stage test shows improvement with over 80% of the health records audited demonstrating detailed records of the findings of the 2-stage capacity test. 86% of the records that were audited demonstrated a record of all the four components of the functional aspect of the capacity test compared to 50% in the last quarter.
- 8.2.3 There appears to be a reduction in the number of best interest meetings recorded this quarter compared to the last quarter. However the reduction in meetings appears to be counter balanced by a significant increase in the numbers of discussions with family members. A best interest meeting is not always required if the family is available and fully involved in best interest discussions about their relative.

8.3 Routine monitoring

8.3.1 The team continued to monitor the following without any exceptions or concerns to report on:

- Ethnicity breakdown for referrals
- Breakdown of referrals by boroughs
- Number of patients admitted with dementia
- Number of patients with falls and fractures who have dementia
- Alerts raised with the Patient Advice and Liaison Service
- Clinical incidents involving adults at risk

9.0 **Achievements**

9.1 The London Dementia Strategic Clinical Network released new guidance for dementia training for health and social care staff in London involving three tiers of training for staff which will be commensurate with their roles and responsibilities. Barbara's Story DVD collection was sited as a good example of Tier 1 training which is dementia awareness training. Tier 1 training has been offered at corporate induction which consists of Barbara's Story (DVD 1) and the other five DVDs recommended as Tier 2 dementia training, have been included in the Level 2 Dementia training offered to staff.

9.2 Every member of Trust staff has been recognised as a Dementia Friend by the Alzheimer's Society. Normally, to become a Dementia Friend, you would need to attend a one hour Information Session, run by a Dementia Friends Champion. However, following an evaluation by the Alzheimer's Society, the Barbara's Story induction session has been recognised as covering the same key messages and resulting in as positive an outcome.

9.3 Barbara's Story – Her Whole Journey was nominated for a Nursing Times award under the Enhancing Patient Dignity Category and was a finalist.

9.4 The Safeguarding Adults team was nominated for an award and was a finalist in the Nursing Times Awards under the category for Team of the Year.

9.5 The YouTube video, 'Barbara's Story – the whole story' was nominated for the Older Person in the Media Award.

9.6 A communication booklet has recently been developed as a resource to help staff to communicate with patients with dementia. 1000 copies have been printed and are being disseminated to staff.

9.7 The Trust Dementia strategy together with a Dementia Care Pathway called "Get it Right for Me" has been developed that will drive the Dementia agenda over the next 3 years. Embedding the key priorities of the Dementia Strategy will enable the Trust to achieve Dementia Friendly Hospital Status. 2015 will see the start of the implementation of the Dementia across the Trust.

10.0 **Issues of Interest**

10.1 Number of patients admitted with dementia 2014-2015

| | Q1 | Q2 | Q3 | Q4 |
|--------------------|------------|------------|------------|------------|
| Day case | 37 | 33 | 22 | 35 |
| Elective | 28 | 33 | 41 | 32 |
| Non-Elective | 238 | 266 | 276 | 309 |
| Special | 364 | 312 | 295 | 349 |
| Grand Total | 667 | 644 | 634 | 725 |

10.2 Referrals to DaD

| | Q1 | Q2 | Q3 | Q4 |
|--------------|------------|------------|------------|------------|
| Delirium | 198 | 210 | 213 | 243 |
| Dementia | 131 | 108 | 137 | 159 |
| Total | 329 | 318 | 350 | 402 |

10.2.1 The referral to the DaD team continues to increase over the year with referrals being received from most areas in the acute Trust. The referrals are mainly for challenging behaviour, review of medication and non-compliance with care and treatment.

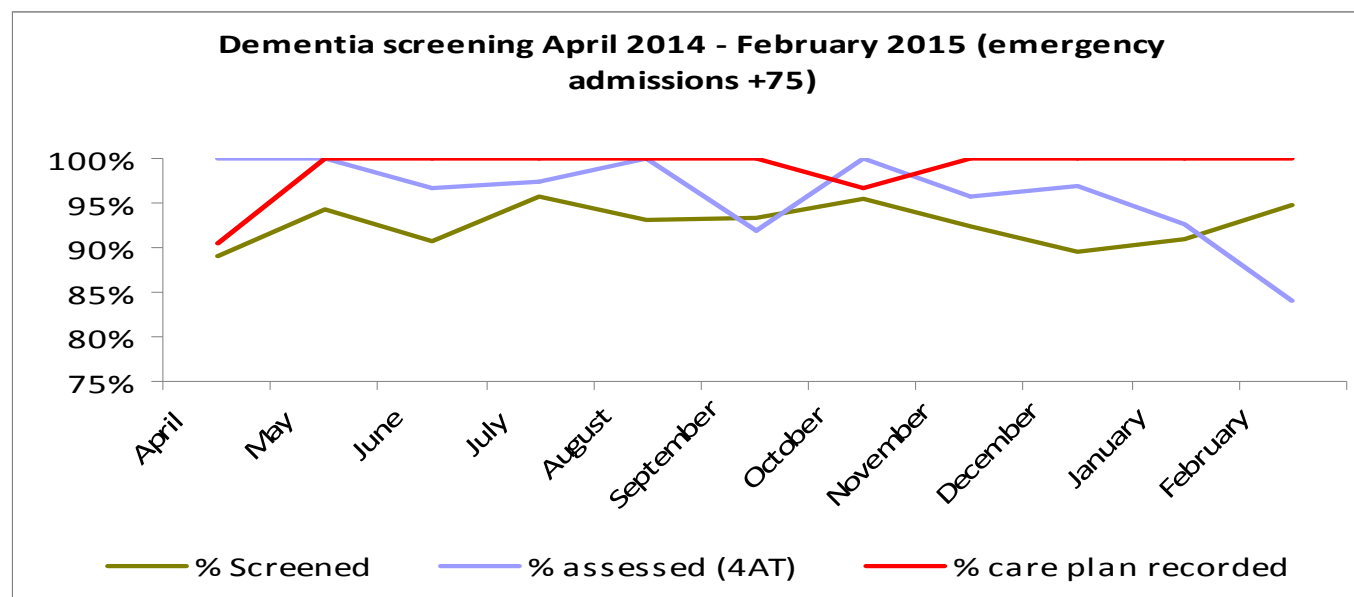
10.3 Dementia CQUIN programme

10.3.1 The National Dementia CQUIN Screening target for 2014 – 2015 was to achieve 90% compliance with screening all emergency patients over 75 year of age each quarter. The screening results are on the trajectory to achieving 90% compliance at the end of March 2015. The table and graph below demonstrate Trust activity with dementia screening over 2014-2015.

10.3.2 Dementia Screening and 4AT Assessment and Care Planning (Over 75s)

| 2014 - 2015 | April | May | June | July | August | September | October | November | December | January | February |
|-----------------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Emergency patients over 75 | 202 | 190 | 192 | 208 | 201 | 183 | 220 | 181 | 250 | 243 | 234 |
| Screened | 180 | 179 | 174 | 199 | 187 | 171 | 210 | 167 | 224 | 221 | 222 |
| % Screened | 89.1% | 94.2% | 90.6% | 95.7% | 93.0% | 93.4% | 95.5% | 92.3% | 89.6% | 90.9% | 94.9% |
| | | | | | | | | | | | |
| Patients needing 4AT assessment | 63 | 70 | 60 | 76 | 76 | 61 | 83 | 71 | 100 | 67 | 69 |
| Patients assessed | 63 | 70 | 58 | 74 | 76 | 56 | 83 | 68 | 97 | 62 | 58 |
| % assessed (4AT) | 100.0% | 100.0% | 96.7% | 97.4% | 100.0% | 91.8% | 100.0% | 95.8% | 97.0% | 92.5% | 84.1% |
| | | | | | | | | | | | |
| Patients needing onward care plan | 21 | 33 | 25 | 30 | 25 | 30 | 30 | 25 | 35 | 23 | 26 |
| Patients with care plan recorded | 19 | 33 | 25 | 30 | 25 | 30 | 29 | 25 | 35 | 23 | 26 |
| % care plan recorded | 90.5% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 96.7% | 100.0% | 100.0% | 100.0% | 100.0% |

10.3.3 Dementia screening for patients over the age of 75yrs.



10.3.2 Achieving over 90% compliance with screening of patients over the age of 75yrs has been challenging for the team. The practice across the Trust has improved but not enough to achieve 90% compliance at all times. The team continue to monitor compliance on a daily basis and remind staff to screen their patients within 72hrs of admission. The screening requirement is included in Level 2 dementia training and the team will continue to work with staff until the practice is embedded fully.

10.4 The National Dementia CQUIN training target for the Trust for 2014 – 2015 is as follows:

- 50% of nursing staff on the three elderly care wards will have received Level 2 Dementia training by quarter 4.
- 25% of nursing staff on Renal, Urology and Orthopaedic wards and A&E and Outpatients will have received Level 2 Dementia training
- 15% of junior doctors starting in the Trust on the August 2014 intake will have received Level 1 Dementia training.

10.4.1 The CQUIN training targets above are on the trajectory to being achieved at the end of March 2015. It has been a challenge to achieve the training target for Outpatient areas as it transpired that there were a large number of services classed as outpatients and some of them only had 1 or 2 members of staff. It was difficult to get staff in these areas to attend a day's training without disrupting the service. The safeguarding team had to think creatively and provided the training in modules where the staff only had to be released for a few hours at a time.

10.4.2 There were 335 junior doctors who joined the Trust in August 2014. To date over 50 junior doctors have received Level 1 Dementia awareness training which 15% of all new junior doctors is. The CQUIN target for this staff group has been achieved

10.5 Number of Patients Admitted with a Learning Disability

| Referrals | Q1 | Q2 | Q3 | Q4 |
|--------------|-----------|-----------|-----------|-----------|
| Acute | 67 | 30 | 72 | 89 |
| Community | 4 | 11 | 19 | 7 |
| Total | 71 | 41 | 91 | 96 |

10.5.1 The numbers of referrals for people with a learning disability has been rising over the last year. Many of the referrals were for people with very complex needs and staff required support with making reasonable adjustments to ensure that the patient received good quality care.

10.5.2 To provide support closer to clinical areas, an LD Champions group has been set up. The aim is to skill up a group of interested staff in strategies to respond to some of the issues identified above and who can then support ward staff appropriately. The meetings are well attended. The champions ensure that all patients who are admitted with a learning disability are flagged up to the safeguarding team and that their patient have a hospital passport with them or for their carer to have the opportunity to complete one for their relative. Copies of the passport are available in hard copies on the wards or electronically in the LD web page on GTi.

11.0 **Other risks and challenges**

11.1 There is a lack of alignment between two Acts namely the Mental Health Act 2007 and the Deprivation of Liberty Safeguards, an amendment of the Mental Capacity Act 2005. Psychiatrists have different interpretations of the MHA 2007 and this is creating a lacuna which results in the patient not being detained under either of the legislative powers. In practice this means that there are patients who are deprived of their liberty but without a legal basis to authorise the detention. The safeguarding team has sought legal advice on

this matter as this poses a risk to the Trust. The legal advice is that the Trust will ensure patient safety and continuously review the patient's care plan to minimise any restrictions where possible and expedite discharge to a safe place. Some guidance of this issue is expected in March 2015 from the Law Commission as part of its review of the DoLS legislation.

12.0 Assurance Statement

- 12.1 The Quality and Performance Committee is to be assured that over the last year the Trust has adhered to its statutory duties in safeguarding the welfare of adults at risk through early recognition, responding to and reporting concerns of abuse of adults at risk and achieving its safeguarding adults training target. The Trust will continue to question the extent to which the safeguarding of adults at risk is embedded within the organisation, including ensuring access to mandatory training, introducing internal assurance visits, undertaking audits to demonstrate that safeguarding procedures are appropriately used to identify, escalate and respond to safeguarding concerns.
- 12.2 The Trust safeguarding systems, processes and procedures provide controls for identifying and responding to risks of abuse. Safeguarding policy and procedures, training and supporting procedures are in place and has met the requirements of No Secrets and Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse.
- 12.3 The Trust is reviewing its safeguarding adults policy and procedures and arrangements in order to support safe and consistent practice in line with the changes to the safeguarding agenda set within the Care Act 2014. It will continue to respond positively and proactively to the changing local and national policy.
- 12.4 The Trust meets its statutory requirements in relation to pre-employment clearance of staff, including enhanced Disclosure and Baring Service checks. Compliance is monitored centrally.
- 12.5 The Trust has a safeguarding audit programme in place, which provides the Quality and Performance Committee with assurance that safeguarding systems and processes are working effectively.

13.0 Recommendations

13.1 The Board of Directors is asked to:

- 1) **Approve the work plans.**
- 2) **Note the information contained within the report and the actions taken**

Appendix 1

Improving Dementia and Delirium Care – Work Plan for 2015 – 2016

| Standard to be achieved | Actions for compliance | Progress to date | Responsible Person | When it will be achieved | Rag Status |
|---|---|---|---|--------------------------|------------|
| DaD team to review and audit response time for specialist assessments in Access to older persons MDT <ul style="list-style-type: none"> in A&E / MAU in non ECU wards where mental health issues are identified | <ul style="list-style-type: none"> Audit to be carried out by end of financial year Engage the following teams to support, STAT, OPAL, POPs, DAD and OAP. | <ul style="list-style-type: none"> To be discussed at DaD committee and DaD working group in June 2014 A Reality round has been undertaken 04/12/14 as a starting point | <ul style="list-style-type: none"> DaD team led by MK / BF /AO'R | March 2015 | A |
| Information about discharge & support to be made available to patients and relatives on admission Carers pack and information of carers assessments to be available on all adult | <ul style="list-style-type: none"> DaD team to review current information available to include dementia friendly information Pack to be agreed and created To obtain information on carers assessments To distribute and work with dementia champions and leads | <ul style="list-style-type: none"> Carer's pack has been created and currently being printed At present dementia leaflets and delirium leaflets are given and this has signposting to organisations on the back page. | <ul style="list-style-type: none"> DaD team, Dementia Champions and dementia leads | April 2015 | A |

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| wards | on distributing this appropriately | | | | |
| Dementia CQUIN 2014-15 | <ul style="list-style-type: none"> • Screening • Training • Carers Audit | <ul style="list-style-type: none"> • Achieved to date | <ul style="list-style-type: none"> • MK, BF, AO'R, DaD Champions | March 2015 | A |
| Falls Linked to Dementia / delirium diagnosis to be identified to exec board | <ul style="list-style-type: none"> • Review falls data and link to coding for dementia / delirium | <ul style="list-style-type: none"> • Currently only falls with harm identified via Datix via safeguarding | <ul style="list-style-type: none"> • DaD team, CNS | March 2015 | A |
| There is an effective communication plan between care workers from the hospital, community, social care and voluntary sector. | <ul style="list-style-type: none"> • Explore ways of adding the 'forget-me-not' symbols onto EDLs and patient transfer documents to raise staff awareness • Discuss similar approaches with private and voluntary sectors , (Care homes and voluntary organisations like the Irish pensioners etc) | <ul style="list-style-type: none"> • Agreement from Lambeth safeguarding board to use in community and local authority settings • Pathway of care from admission back into community ensuring screening and appropriate assessments and referrals | <ul style="list-style-type: none"> • DaD team, CNSs, Safeguarding team and Dignity champions | September 2015 | A |

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| Dementia Communication Booklet | <ul style="list-style-type: none"> To develop a booklet giving staff tips and information for communicating with a patient with dementia | <ul style="list-style-type: none"> Approved and achieved | <ul style="list-style-type: none"> CO'K | November 2014 | G |
| Dementia nursing management plan | <ul style="list-style-type: none"> To be reviewed and updated to reflect management of symptoms of dementia To be reviewed annually and update in line with best practice | <ul style="list-style-type: none"> Meeting to put plan together 16.06.14 Dementia level 2 focuses on symptom management and is now mandatory training | <ul style="list-style-type: none"> BF, ward managers. dementia champions | October 2014 | G |

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| Ensuring the carers audit for carers of those patients with dementia is reviewed with the patient experience team | <ul style="list-style-type: none"> Review sheet to be completed with audit document with as many carers as possible on the wards, face to face w/c 16.06.14 | <ul style="list-style-type: none"> Reviewed with feedback to Sarah Allen, minor changes made. | <ul style="list-style-type: none"> BF, SA, DP | 30 June 2014 | G |
| Dementia and Delirium Referrals via EPR | <ul style="list-style-type: none"> Triage all referrals received via EPR and offer telephone advice/clinical review | <ul style="list-style-type: none"> Achieved to date – Referrals for last quarter: | <ul style="list-style-type: none"> MK, AO'R, BF | Ongoing | G |

Learning Disabilities Clinical Nurse Specialist; work plan 2015-2016

| File section | Standard to be achieved | Actions for compliance | Progress to date | Responsible person(s) | When will it be achieved |
|--------------|---|---|---|-----------------------------------|--------------------------|
| 1 | The organisation can demonstrate safeguarding adults is integral in its work to prevent people from dying prematurely (Safeguarding Adults Assurance Framework), with unambiguous lines of referral & information flow (Francis Report) | Develop care pathways for patients with learning disabilities | <p>Identified examples from other organisations; (i) A&E, (ii) elective admissions</p> <p>Participants for working party to look at A&E pathway to be confirmed. Request for A&E staff input made.</p> <p>Working party initiated and met to look at outpatient & elective pathway. Comments received and amendments made.</p> <p>Audiology pathway for Learning Disability patients completed.</p> | Mala Karasu, LD champions, LD CNS | March 2015 |

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| | | | Working party to look at discharge pathway to be arranged. | | |
| 2 | Information should be provided in accessible format, including treatment options, complaints procedure, appointments (Safeguarding Adults Assurance Framework , Healthcare for All, DDA) | Develop a range of accessible information specific to different areas as per need, along with core resources i.e. complaints procedure/ main Trust leaflets | <p>Hospital communication book in place in all areas (previous achievement).</p> <p>Easy read leaflets written for LD CNS service, complaints, going into hospital & consent (completed).</p> <p>Proposal to utilise link nurse system & CNS forum to develop specific accessible information.</p> | LD CNS, directorate links & CNS', Manal Sadik, Amy Obradovic, SaLT? | Ongoing (review 2015) |

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| | | Set up resource library for patients & professionals – could this form part of the LD intranet page? | Electronic resource library for CNS use set up. (completed) Budget for visual & audio materials? Working party (including representative from LD Community Team) set up to start looking at the priority accessible information required. First meeting scheduled for December 2014 | LD CNS | November 2014 – Completed |
| 3 | Plans are in place to ensure locally available provision of the future mainstream and specialist health services needed to support young | Robust, person centred plans including health outcomes in place (14-25) | Liaison with Sue Donald (Discharge Coordinator) ECH regarding development of a working party to review transition, including | LD CNS/ A Community team objective | March 2015 |

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| | people with complex needs approaching adulthood - and their families (SEN Greenpaper) | Transition pathways for young people with learning disabilities | <p>development of a pathway, care plans & reasonable adjustments for young people with LD</p> <p>Review of identified examples from other organisations i.e. GOSH completed, no further progress to date</p> <p>LD CNS attended and supported the First Trial of Congenital Heart Disease Transition Open day in the Evelina Hospital.</p> <p>Currently exploring option of having the Hospital Passport used in paediatric services for those patients who are starting transition (age 16+).</p> | | |
| 4 | Increase staff awareness, knowledge & understanding | Mandatory training in place, development of | Training presentation covering learning disability | LD CNS | November |

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| | of the needs of patients who have a learning disability, including planning prior to admission/ appointments, key learning from national reviews | specific training on a needs basis | <p>awareness, legislation, human rights, PCP, communication & reasonable adjustments including proactive pre admission visits written.</p> <p>Proposal to utilise link nurse system & CNS forum to develop local awareness & support for staff, working towards completion of small initiatives. (Completed)</p> <p>Completed</p> | <p>LD CNS</p> <p>LD CNS, training department, Staynton Brown</p> <p>LD CNS/ Staynton Brown</p> | <p>2014 - completed</p> <p>September 2014 - completed</p> |
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| | | Development of resource pack for dissemination on corporate induction & to wards/ departments – profile of role will be raised through this exercise | Resource pack completed, to take to LDAG for comments | LD CNS | September 2014 - Completed |
| | | Attendance at site wide team meetings | Consultants meeting (medicine) Genetics meeting Womens directorate SNP meeting A&E – TBC Dental – completed Palliative care – completed Dieticians - completed | LD CNS | September 2014 - Completed |
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| | | | | | 2015) |
| 5 | Representation of people with learning disabilities & their families, seeking views & interests in the planning & development of health services (Healthcare for All) | Developing links with Partnership Boards, charities & Health Sub Groups | <p>Partnership Boards attended by LD CNS, obtaining views & feeding back hospital based developments</p> <p>Proposal to be written</p> <p>Currently exploring the possibility of learning disability patients commenting/giving views regarding Trust renovations and developments (e.g. A&E renovations and Cancer centre at Guys)</p> | LD CNS | <p>Ongoing (Review March 2015)</p> <p>September 2014</p> |

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| 6 | Practice development; audit of practice for patients with learning disabilities to improve standards of care & contribute to local reporting | Implementation of monthly audits i.e. case note reviews, environmental audits, incidents, use of passports & communication books, reasonable adjustments | <p>Review of audit tools currently in use completed. Specific case note audit tool for Learning Disability patients devised.</p> <p>Proposal to utilise link nurse system & CNS forum to complete regular audit across site.</p> | LD CNS, safeguarding team | November 2014 – ongoing |
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Safeguarding Adults at Risk: Work Plan following self-assessment on compliance with the Safeguarding Adults Assurance Framework for Health Care services 2015 - 2016



Complete




In Progress



Needs Attention

| Standard to be achieved | Actions for compliance | Progress to date | Responsible Person | When it will be achieved | Rag Status |
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| Incorporate DoLs Case law changes in to practice | <ul style="list-style-type: none"> Awareness raised through newsletters and training Change in practice with applications Changes to policy and procedures | <ul style="list-style-type: none"> Awareness raised across the Trust via newsletter Policy and procedures amended | <ul style="list-style-type: none"> Mala Karasu /Safeguarding Team | May 2015 | |
| Policy and Procedures are Care Act compliant | <ul style="list-style-type: none"> Review of all safeguarding adults policies and procedures Incorporate the requirements of the Care Act 2014 | <ul style="list-style-type: none"> Policy and Procedures are being reviewed | <ul style="list-style-type: none"> Mala Karasu | May 2015 | |
| The organisation has a policy that ensures that staff who are in contact with adults at risk receive regular supervision and an | <ul style="list-style-type: none"> Staff supervision policy for safeguarding adults team | <ul style="list-style-type: none"> Regular 121 is in place. All within the safeguarding team have supervision and 1:1 meetings 3 weekly | <ul style="list-style-type: none"> Mala Karasu | March 2015 | |

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| appraisal | | | | | |
| Where services are commissioned, agreements reflect the requirement between commissioners and providers to have regards to the need to safeguard and promote the well being of people who use the service. Invitations to tender, contracts and contracts monitoring should reflect this | <ul style="list-style-type: none"> • To review all Schedule 12 agreements and include PREVENT and MCA and DoLS requirements • To include specifications regarding Learning disability | <ul style="list-style-type: none"> • Schedule 12 includes requirements of commissioned services adhere to Trust safeguarding policy and procedures • Prevent requirements to be included | <ul style="list-style-type: none"> • MK/Safeguarding leads | May 2015 | |
| The safeguarding strategy, planning and delivery, involves and takes account of patients, users and carers experience | <ul style="list-style-type: none"> • A patient and carer audit of safeguarding process. • Audit programme agreed • Audit template required to meet needs of vulnerable adults • Audit of carers of people with dementia | <ul style="list-style-type: none"> • All Trust surveys are being reviewed with a focus on safeguarding. • Working with the patient experience team looking at specific questions to add to existing surveys rather than develop another • Working with Southwark on making safeguarding personal | <ul style="list-style-type: none"> • MK/LD staff/Manal/Sarah | May 2015 (on-going) | |

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| Identified staff to have to have WRAP3 training and a programme of training to be agreed and provided to staff | <ul style="list-style-type: none"> • A strategy for Prevent training agreed and signed off • 3 staff trained in WRAP3 • A Prevent training programme in place | <ul style="list-style-type: none"> • Wrap 3 training being provided since November 2014 • Regular training sessions and bespoke training now available to staff | <ul style="list-style-type: none"> • MK/Raja Ram | November 2014 |  |
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